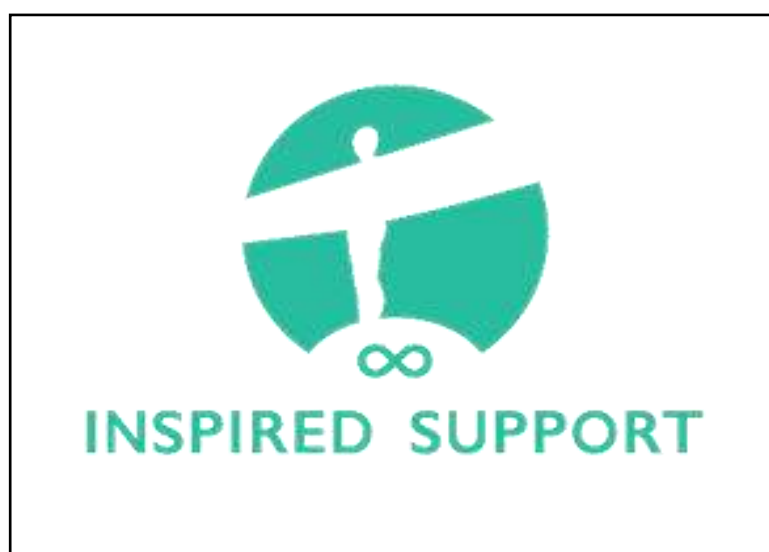


## INSPIRED SUPPORT

### WORKING WITH CHALLENGING BEHAVIOUR POLICY



<b>Effective from:</b>	January 2025	<b>Review Date:</b>	January 2028
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Inspired Support's Autism Consultant and Deputy Safeguarding Lead receives email updates from Skills for Care, 39 Essex Chambers and the Social Care Institute for Excellence and will update this policy as needed prior to the review date.

## **CONTENTS**

	<b>PAGE</b>
1. Purpose	2
2. Applicability	2
3. Policy	2 – 3
4. Legal framework – relevant legislation	3 – 4
5. What is the purpose or function of the challenging behaviour	5
6. Identifying triggers	6
7. Restrictive interventions	6 – 7
8. De-escalation	7 – 9
9. Debriefing	9
10. Record, monitor and review	9 – 11
Appendix A – How to complete the ABC form	12

## **1. Purpose**

- 1.1 The purpose of this policy is to set out the generic guiding principles of how mentors within Inspired Support should work with people who behave in ways that seriously and/or persistently challenge mentors, services and other customers.
- 1.2 The Director has approved this working with challenging behaviour policy.
- 1.3 This policy is based on current legislation and national guidance which is listed at section 5.4.

## **2. Applicability**

This policy applies to:

- 2.1 All volunteers, visitors and mentors contracted to Inspired Support.
- 2.2 Other persons from external organisations whilst engaged on Inspired Support's premises.
- 2.3 It is the responsibility of each mentor and other persons mentioned in section 2.1 to familiarise themselves and adhere to this policy.
- 2.4 Adherence to this policy is a condition of working for the organisation or using its assets.
- 2.5 This document is published separately as well as being incorporated into the Safeguarding and Positive and Proactive Support policies.

## **3. Policy**

- 3.1 Enabling people in care settings to take risks, make choices and keep safe is a difficult balance. Respect for people's rights to dignity, freedom and respect underpin good quality social care.
- 3.2 People using care services are free to do what they want, and to go where they want unless limited by law.
- 3.3 It is the policy of Inspired Support to ensure that people who behave in ways that are challenging, receive the same standard and quality of service as anyone else who needs social care.

3.4 A working definition of challenging behaviour has been proposed as:

“severely challenging behaviour refers to behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities” Emerson et al 1987

3.5 Challenging behaviour can happen anywhere. It is a product of individual and environmental factors interacting together. Generally it occurs when an individual is unhappy with or cannot understand the situation they are in and have difficulty expressing their wishes and feelings. This may be due to an inability to communicate and/or cognitive impairment, and can apply to any individual.

3.6 All individuals requiring a service from Inspired Support should receive an assessment from the Local Authority, and this assessment should take account of any potential challenging behaviour. Some individuals may also have a Positive Behaviour Support plan written by health and this should give clear guidance to mentors about how to prevent and manage challenging behaviour.

3.7 Inspired Support will identify cognitive, language, communication and cultural factors that may increase the risk of violence or aggression in the individual.

3.8 Inspired Support will work with the individual to develop a person centred plan that details how they wish their service to be delivered. The individual should be involved in the whole process of assessment and care planning as this is the most effective way of ensuring their needs and aspirations are met, and in managing challenging behaviour.

## **4. Legal Framework – Relevant Legislation**

### **4.1 The Human Rights Act 1998**

Article 3 prohibits torture and inhuman or degrading treatment.

Article 5 acknowledges that everyone has the right to liberty and that it should only be restricted if there is specific legal justification.

Article 14 outlaws discrimination of all types.

### **4.2 Mental Capacity Act 2005**

Designed to protect people who lack the ability to take decisions for themselves. There are 5 key principles to the act, those being:

- A person is assumed to have capacity.
- People must be helped to make decisions.
- Unwise decisions do not necessarily mean lack of capacity.
- Decisions must be taken in the person's best interest.

- Decisions must entail the least possible restriction of freedom.

The act defines restraint and gives criteria that need to be met for restraint to legally occur, they are:

- The person lacks capacity and it will be in the person's best interest **and**
- It is reasonable to believe that it is necessary to restrain the person to prevent harm to them **and**
- Any restraint is a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm.

#### 4.3 Equality Act 2010

This act states that all settings and services must ensure that they comply with the Equality Act 2010 which requires that they do not discriminate against individuals in relation to protected characteristics (these are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).

Having 'due regard' to the need to advance equality of opportunity is defined further in the Equality Act 2010 as including having due regard to the need to:

- remove or minimise disadvantages;
- take steps to meet different needs; and
- encourage participation when it is disproportionately low.

#### 4.4 Deprivation of Liberty

The Mental Capacity Act 2005 empowers individuals to make their own decisions where possible and protects the rights of adults and young persons (aged sixteen and over) who lack the mental capacity to make a specific decision at a particular time. The Act provides a legal framework for others to act in the best interests, and make decisions on behalf, of persons who lack capacity to make a specific decision at a particular time and provides for Court authorisation of certain decisions and treatment. It also includes a system for authorising deprivations of liberty.

#### 4.5 NICE Guidelines

NICE Guidelines make evidence-based recommendations on a wide range of topics and represent best practice. Inspired Support will have regard to the following NICE Guidelines:

- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- Autism in under 19s: support and management
- Learning disabilities and behaviour that challenges: service design and delivery

## 5. What is the purpose or function of the Challenging Behaviour

When challenging behaviour happens it may seem as though there is no obvious reason, however there will always be a reason why the behaviour has happened although the reason why the behaviour is happening now may not necessarily be the reason the behaviour started. There are many reasons why a person may display challenging behaviour, however there are four common purposes:

### 5.1 Social Attention

For a variety of reasons (e.g. limited communication skills, boredom or an inability to occupy themselves in a meaningful way) may result in people learning that behaving in a particular way is a reliable way of attracting any kind of attention from others. Instead of viewing a particular behaviour as “attention seeking”, it should be viewed as connection seeking. Social connections are important to our mental and physical health and workers need to be mindful that staying connected to others creates feelings of belonging, being cared for and valued.

### 5.2 Tangibles

Sometimes the desires for certain things (e.g. food, drink, objects of activities) provides the motivation for behaviour, however it can become a problem when the person learns to act inappropriately to get these things.

### 5.3 Escape

Whilst many people like attention, some would prefer to be left alone at times. Some people will behave in a way that helps them to avoid/escape situations or activities that they don't like or don't find that rewarding

### 5.4 Sensory

Sensory processing difficulties can impact on an individual's ability to self-regulate and manage their behaviour. Sometimes behaviour is internally rewarding, or self-reinforcing (i.e. what is happening around the person is not as important as what is happening inside the person). The behaviour displayed may appear pointless, annoying or distressing to the observer, however for the person themselves, the behaviour may serve the function of helping them cope with unpleasant negative feelings such as boredom or anxiety. Although a challenging behaviour may appear negative to us, the behaviour may serve as a positive coping strategy for the individual.

## 6. Identifying Triggers

A trigger is the event that happens immediately before the challenging behaviour to 'cause' it. This is also known as the 'antecedent'. Being aware of the potential triggers for challenging behaviour can be the first step in reducing the behaviour. Knowing what the triggers are can help you to avoid them and prevent the individual from becoming dysregulated. If you can't avoid them, it can help you to predict specific times that challenging behaviour may be more likely to happen, so you can help the person to cope better and ensure the safety and dignity of the individual.

## 7. Restrictive Interventions

The term restrictive physical intervention refers to planned or reactive acts that restrict an individual's movement, liberty and or freedom to act independently.

Physical intervention describes a wide range of actions, however, broad distinctions can be made between non-restrictive and restrictive physical interventions. Non-restrictive physical interventions is a term used to describe contact between mentor and client when no restrictive force is involved. Examples are:

- when the individual's movement is not restricted and they are held supportively, but in such a way that they will be released immediately if they so wish;
- guiding/shepherding a person from A to B;
- removing a cause of distress.

Restrictive physical interventions are techniques that are used to prevent, impede or restrict movement or mobility using direct force or restraint to prevent harm to the individual or others in situations where there is an immediate risk of violence or injury.

Examples of restrictive physical interventions include:

- **Direct physical contact:** Holding a person's arms or legs to prevent them from moving.
- **Blocking:** Standing in front of the individual to block their path and limit their movement.
- **Seclusion:** Isolating a person in a room to prevent them from harming themselves or others.
- **Use of objects or equipment:** Using restraints or other devices to limit movement.

7.1 The Mental Capacity Act 2005 (MCA) defines restraint as when someone:

“uses, or threatens to use force to secure the doing of an act which the person resists, **OR** restricts a persons liberty whether or not they were resisting”

7.2 Section 6 of the MCA states that restraining people who lack capacity will only be permitted if, in addition to it being in their best interests, the person taking action reasonably believes that it is necessary to prevent harm to the person. In addition, the amount or type of restraint used, as well as the amount of time it lasts, needs to be proportionate to the likelihood and seriousness of potential harm.

7.3 **Principles:** *Positive and Proactive Care* states that: “The legal and ethical basis for organisations to allow their staff to use restrictive interventions as a last resort is founded on eight overarching principles”. These are:

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.
- There must be a real possibility of harm to the person or to staff, the public or others if no action is undertaken.
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm.
- Any action take to restrict a person’s freedom of movement must be the least restrictive option that will meet the need.
- Any restriction should be imposed for no longer than absolutely necessary.
- What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent.
- Restrictive interventions should only ever be used as a last resort.
- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

7.4 **Inspired Support adopt a hands off approach to managing challenging behaviour with the focus being on preventative approaches and de-escalation. Diversionary tactics are our primary preventative focus to ensure the safety and dignity of both mentors and customers when anticipating and managing violence and aggression. This is achieved through identifying early signs of agitation and employing techniques such as distraction and relaxation to defuse potential situations. By maintaining personal space and responding appropriately and reasonably to individual needs, the likelihood of escalation can be significantly reduced.**

## 8. De-escalation

Inspired Support adopts a strengths-based approach to developing individualized services. It ensures that all mentors have a person-centred, values based approach to supporting people and all mentors support people in small group ratios in order for them to develop their relationships with the individual. This ensures that mentors are able to:



- Recognise the early signs of agitation, imitation, anger and aggression.
- Understand the likely causes of aggression or violence, for each individual.
- Recognise any relationship that the individual has between mental health problems and the risk of violence and aggression.
- Use techniques for distraction and calming, and ways to encourage relaxation based on individual need.
- Recognise the importance of personal space.
- Respond to an individual's anger in an appropriate, measured and reasonable way and avoid provocation.

## 8.1 [General Principles](#)

Our mentors are skilled in de-escalation that is based around highly developed communication skills and the fostering of good relationships. The mentor will:

- Establish a close working relationship with the individual at the earliest opportunity and develop a one page profile which identifies how the individual likes to be supported
- Sensitively monitor changes in the individuals' mood or composure that may lead to aggression or violence.
- Separate agitated or dysregulated individuals from others using quiet spaces to aid de-escalation and self-regulation.
- Use a wide range of verbal and non-verbal skills and interactional techniques to avoid or manage known 'flashpoint' situations, without provoking aggression.
- Encourage individuals to recognise their own triggers and early warning signs and other vulnerabilities. This information to be included in their one page profile.
- Communicate, have respect for, and empathy with the individual at all stages of de-escalation.
- Be familiar with the emotional regulation and self-management techniques of the individual and attempt to use these in order to resolve the situation safely.

Should these be ineffective, the mentor should find a quiet space for the individual to reduce emotional arousal or agitation, so that the individual can self-regulate. The mentor should give the individual space, whilst observing them for any changes in presentation and ensure the safety and dignity of the individual and their peers and themselves, is maintained.

In contrast to seclusion, this would be a proactive strategy to give the individual time and space to self-regulate and regain emotional equilibrium.

8.2 If an individual is not responding to emotional and behaviour management strategies and their emotional state is escalating, another mentor should step in, either as a "change of face" or to provide additional support. This change can ensure safety, objectivity, calm control, and witness any incident that occurs.

Inspired Support adopts a comprehensive approach to behaviour management, promoting reflective practice at every level. Mentors are encouraged to engage in reflective practice as a means of continuous learning and adaptation, both informally and through formal supervision processes.

## **9. Debriefing**

- 9.1 Conducting a debriefing following an incident is crucial for informing best practices. This process can occur individually or as part of a team and may serve to update existing risk assessments and behaviour support plans. Additionally, it may help identify areas where training or support for mentors is required.
- 9.2 Individuals receive debriefs as appropriate after an incident to help them understand what happened. This may include discussing the incident with a mentor or utilizing social stories or other communication aids, as deemed appropriate for the individual.
- 9.3 Following an incident involving behaviour of concern, the individual should have the opportunity to talk through and reflect on the circumstances. The purpose of this debrief is to explore what occurred and identify alternative strategies to prevent similar situations in the future. If the individual cannot articulate their reflections verbally, other debrief methods should be considered.
- 9.4 Exercising judgement regarding the timing of this meeting is essential. It is important to balance allowing enough time for the individual to fully calm down, while ensuring that not too much time passes to maintain the immediacy and impact of the meeting. This discussion should be facilitated by someone who has a positive relationship with the individual.
- 9.5 The aims of the debrief is to encourage change and help the individual develop better self-regulation or strategies to manage stimuli. Mentors must understand how a dysregulated state affects reflection, and ensure the process is calm and supportive so the person finds it helpful and positive.

## **10. Recording, Monitor and Review**

- 10.1 All incidents of difficult and challenging behaviour will be recorded on an ABC form and logged in the incident recording book, before being filed in the individual's file.
- 10.2 The mentor will assess ABC forms for individuals, gather data to understand the behaviour, and formulate an intervention.
- 10.3 All interventions will be grounded in an evidence-based assessment that explains the development and persistence of challenging behaviours. This approach enhances the probability of making informed decisions regarding the most effective assistance for

the individual, thereby resulting in a personalised plan tailored to their unique needs and specific behaviours.

An individualised behaviour assessment should include:

- A clear description of the behaviours being assessed, including information frequency, severity, intensity and duration.
- An understanding of a person's daily life including meaningful activities and support systems.
- Identifying triggers, maintaining factors, early warning signs, and escalation features.
- Consideration of environmental and contextual factors including contextual factors affecting the person.
- Patterns of when behaviour occurrences and absences.
- Background information, traumatic events, diagnoses and physical health considerations.
- Assessments tailored to the individual's needs.

10.4 Comprehensive reporting is crucial when an individual shows challenging behaviour, especially if it is potentially harmful or requires physical intervention.

Within 24 hours a written record of the incident (ABC) form should be completed detailing:

- The Antecedent: What was happening prior to the incident.
- The behaviour displayed.
- The consequence: How the situation was resolved.

This should then be logged and numbered in a dedicated book, and the ABC form filed in the individual's file. (see appendix A for how to complete an ABC chart).

10.5 Mentors must be aware of how their own behaviour and responses can influence the individual, and accurately document this.

10.6 If an accident occurs due to challenging behaviour, mentors must document the event on an accident form and inform the service manager, who will decide if RIDDOR 2013 notification is needed.

10.7 The Area Lead will monitor the ABC record book on challenging behaviour and control measures. The completed records and documents serve as safeguards and aid in developing good practice.

10.8 Meetings with senior management will be held as needed to discuss and make decisions, plan consistent approaches, evaluate success, ensure policy compliance, and review care practices.

10.9 If the behaviour of concern involves peer on peer, mentors need to complete both a safeguarding form and an ABC form. These forms need to be cross-referenced with

the Local Authority's Safeguarding Framework and submitted to the Designated Safeguarding Lead if they meet safeguarding criteria. Additionally, log and number the safeguarding form in the dedicated bound safeguarding book.

- 10.10 In the event that an individual has witnessed or been physically contacted by another person, mentors should promptly take action to provide support to all parties involved. The mentor must prioritise the safety and wellbeing of those involved to minimise harm.
- 10.11 It is essential for mentors to recognize that the individual responsible for the incident may also be experiencing harm. Mentors should endeavour to ensure that the perpetrator is treated with sensitivity and regarded as a victim. Efforts should be made to help the perpetrator understand the nature of their behaviour and its impact on others.

## Appendix A

### How to complete the ABC Chart

<p style="text-align: center;"><b><u>A</u></b> <b>ANTECEDENT</b> Location, people, activity – things that happened <u>BEFORE</u> the behaviour</p>
<p style="text-align: center;">Record such things as:</p> <ul style="list-style-type: none"><li>• Where was the person? Exactly what were they doing?</li><li>• Was anyone else around or had anyone just left?</li><li>• Had a request been made of the person?</li><li>• Had the person asked for or did they want something specific to eat or drink?</li><li>• Had the person asked for, or did they want a specific person, object or activity?</li><li>• Had an activity just ended or been cancelled?</li><li>• Where were you? What were you doing?</li><li>• How did the person's mood appear?</li><li>• Did the person seem to be communicating anything through their behaviour (e.g. I want/don't want something/)</li><li>• Were there any obvious triggers, e.g. too noisy, sitting alone?</li><li>• Are there any obvious events, e.g. feeling ill, bad night's sleep?</li></ul>
<p style="text-align: center;"><b><u>B</u></b> <b>BEHAVIOUR</b> Describe what you saw</p>
<p style="text-align: center;">Record a detailed description of the actual behaviour</p> <ul style="list-style-type: none"><li>• Provide a step-by-step description of exactly what happened, e.g. he ran out of the room, stood in the kitchen doorway and punched his head with his right hand for approximately 1 minute</li></ul>
<p style="text-align: center;"><b><u>C</u></b> <b>CONSEQUENCE</b> What did the carer do/how did the person react?</p>
<p style="text-align: center;">Record the consequences of the behaviour - what happened <u>AFTER</u>. This involves recording:</p> <ul style="list-style-type: none"><li>• Exactly how did you respond to the behaviour? Give a step-by-step description.</li><li>• How did the person respond to your reaction?</li><li>• Was there anyone else around who responded to or showed a reaction to this behaviour?</li><li>• Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive/negative), an object, food or drink, or escape from an activity or situation.</li></ul>