Challenging Behaviour Policy

Cross referenced (internal/external)

- Policy statement and standards for disciplinary procedures.
- Policy standards for Support Person Role
- Adults with incapacity act - Incapacity Policy

Relevant Legal Requirements & Scottish Statutory Instruments.

- The National Care Standards: Care Homes For People With Learning Disabilities particularly 5.10 and note 7; 6.2; 9.8; 10.12.
- The National Care Standards; Housing Support Services.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- The Regulation of Care (Scotland) Act 2001.
- Criminal Law Act 1967
- Scottish Social Services Commission Code Of Practice for Social Service Workers

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Statement of Intent

The Action Group is fully committed to:

i. Working with those who use its services to maintain and work towards their chosen lifestyles;

ii. Working in partnership with those who use its services to ensure that their quality of life is not impaired or that they or others around them are put at risk of injury;

iii. Using person centred approaches to plan and deliver its support in a way that suits the best interests of the service user;

iv. Recognising that adults with learning disabilities and other support needs retain full rights to consent or not to consent to support, intervention or treatment unless explicitly modified by the legal process. Should consent be unclear and guardianship is not in force The Action Group will work with others to maintain the principles of best interest;

v. Recognising that there is a purpose for behaviours which challenge services and that services may need to change in response to these behaviours;

vi. Using particular planning tools to plan behaviour intervention and management strategies and to seek consent for these;

vii. Using the least restrictive behaviour intervention or management strategy that is consistent with the agreed goals and outcomes;

viii. Using physical interventions only as agreed and in cases where there is a real danger to the quality of life of an individual or risk of injury to themselves or others;

ix. Recording all incidents of physical intervention with agreed tools and to use these records to assess the interventions and to plan any future interventions;

x. Recognising that all Action Group staff have a “duty of care” responsibility to use their experience and knowledge in the application of this policy and in the care they deliver;

xi. Recognising that the area of physical intervention is covered by a wide range of legislation and care standards and that this policy does not remove the need for staff at all times to act within the bounds of the law.
The Action Group

Section 1 - Introduction

1.1 The key to managing behaviours which challenge support services within The Action Group is through

   1. person centred planning (including regular review meetings with all involved);
   2. building relationships;
   3. establishing consent and understanding;
   4. and a consistent whole service approach.

1.2 Behaviours that challenge the service are understood to be only those that threaten the quality of life of the service user or significantly violate the rights of other people if they continue and that are not easily manageable in a straightforward manner.

1.3 Individuals retain the right to challenge services when they are unhappy or frustrated with them. This policy will support them to do this more effectively in a way which does not adversely affect the quality of their lives, or put themselves or others at risk.

1.4 Person centred support is at the heart of The Action Group’s way of working with individuals. By building support around the wishes and needs of the person using the service, a more comprehensive and effective service can be delivered. By improving the quality of life of the service user it is possible to reduce the need for challenging behaviours to be expressed.

1.5 The relationships between the user of a service and those who provide it are central to how people experience that service. The Action Group builds its work in partnership between the people it supports and the people it employs. Real and healthy relationships help people understand the lead up to and consequences of their own and others’ behaviour.

1.6 Everyone over the age of 16 has the right to determine their own consent to any support or intervention. Only a very few people have that right to consent modified by court order and in these cases someone else is nominated for particular responsibilities. Even where someone lacks understanding about an action, or its consequences, they do not lose their overall right to determine their own consent.

1.7 As a result the Action Group believes in working hard to establish consent despite any difficulties. This work can help and deepen understanding of behaviour, actions and plans.

1.8 Action Group staff will, in a number of circumstances, have a duty of care to intervene and work with individuals where their behaviour puts themselves and others at risk. This policy will help to outline the scope of this duty.

1.9 The Action Group is an organisation that exists to support people with learning disabilities and other support needs achieve their chosen lifestyles. It works in a coherent and coordinated way with each level of staff and management supporting each other in this work. It has a range of recording tools that it uses to support this strategy that helps everyone have a better understanding of how to help the people the organisation supports achieve their plans.
Section 2 – Understanding Behaviour

2.1 Behaviour is simply what we all do whenever we take any action. Without behaviour nothing would be done, nothing would be achieved.

2.2 Depending on context, behaviours can be interpreted in many ways. Understanding the context that it takes place in is essential, the place, relationships, time of day, and so on.

2.3 Shouting someone else’s name very loudly could be seen as:

HELPFUL – when they are lost in a crowd
ANNOYING - when shouted in the street late at night
LOVING – when shouted at a departing train
FRIGHTENING – when in the midst of an argument
DESPERATE – when falling off a cliff.

2.4 Many behaviours can be predicted if the things leading up to them are understood. The lead up to someone shouting at the departing train might include:

1. A couple buying one ticket at the booth
2. A slow walk to the waiting train
3. A tearful hug on the platform
4. A hoot on the train’s horn
5. The doors sliding shut
6. A person running along after the departing train
7. The shout

Having seen all the things that came before then no one would be surprised by what comes later.

2.5 Behaviours which challenge services are only different in intensity and context from other behaviours. Almost all of us have engaged in behaviour which challenges services at some time or other. Some of these might include:

- Getting angry when complaining about poor service or faulty goods and the other person doesn’t seem to be listening.
- Running out of the room when embarrassed in a meeting
- Talking about the manager behind their back
- Demonstrating against the city council’s plans to cut voluntary sector spending

Right or wrong behaviour, effective or ineffective behaviour, all of these potentially challenge a service that you receive.
The Action Group

BEHAVIOUR HAS MEANING

2.6 The Action Group recognises that behaviour:
   > Has a purpose for the individual
   > Has been learned in order to cope with the physical and social environment.

2.7 The Action Group subscribes to the view that behaviours which challenge services can be seen as serving one of four functions:
   - **Attention:** A person can engage in challenging behaviour to get another person to attend to or to spend time with them.
   - **Tangible:** A person can engage in such behaviours to gain access to an item, service, food or activity.
   - **Sensory:** the behaviour can produce a pay off by stimulating one of the sensory pathways.
   - **Escape:** behaviour can be designed to avoid a demand, task or activity.

2.8 **DEFINITION:** Within the context of this policy behaviours which challenge the service are defined as any behaviour which limits the ability of the service to support an agreed person centred plan or puts the service user, their quality of life or other people at risk.

2.9 The behaviours which challenge support services at The Action Group are generally uncomplicated. Most are managed daily within the context of an agreed care plan. They are easily dealt with through an agreed procedure.

2.10 Commonly understood as challenging behaviour are self-injury, aggressive language, slapping and punching. These are rare but there are many other behaviours which do not involve violence but that have a significant impact on quality of life. Often these can affect staff and the way they feel about that person deeply.

2.11 It should be noted that it is not just violent or aggressive behaviour which may challenge services or staff members. Behaviours such as withdrawal, self-imposed isolation or refusal to accept support may also significantly challenge the service delivery for an individual. Some staff may also find repetitive or obsessive behaviour patterns challenging at times.

2.12 In understanding behaviour which challenges the service the following terms are important in understanding.

2.13 **BEHAVIOUR:** Behaviour is anything a person does that can be seen, heard or felt. This could include shouting, screaming and running away but not thoughts, feelings or emotions.
The Action Group

2.14 AGGRESSION: Aggression is any behaviour that may lead to, or contribute towards violence. This may include verbal threats and/or aggressive posturing. Verbal threats are where a person threatens physical violence. Aggressive posturing is where a person signals his or her intention to attack. Examples of this may be by excessive eye contact, screaming, fist shaking, and throwing objects to the floor. Not all challenging behaviour is aggressive behaviour.

2.15 EARLY WARNINGS: Early warnings signal the onset of a challenging incident. These could be behaviours such as a nervous tic or staring that indicate internal stress is building up. They are likely to be specific to each individual.

2.16 TRIGGER: A trigger is something that happens that makes the actual behaviour more likely to happen. If we are good at spotting early warnings and avoiding triggers then we have a good chance of defusing the incident.

2.17 VIOLENCE: Violence is any behaviour that results in unwanted aggressive physical contact for example: a push, hit, slap, shove etc, which may cause an individual to suffer fear, distress, pain or actual physical injury (excluding physical injury through play). It can include self-harm, where the individual is directing the violence towards themselves. Not all challenging behaviour is violent.

2.18 PHYSICAL INTERVENTION: Physical interventions have been defined by BILD as:

   "A method of responding to the challenging behaviour of people … which involves some degree of direct physical force which limits or restricts the movement or mobility of the person concerned"

2.19 Categories of Physical Intervention are further defined by BILD as follows:

   > **Direct physical contact** between a member of staff and a service user e.g. holding a person’s arms and legs to stop them attacking someone;
   
   > **The use of barriers**, such as locked doors, to limit freedom of movement e.g. placing door catches or bolts beyond the reach of service users;
   
   > **Materials or equipment which restricts or prevents movement** e.g. placing splints on a person’s arms to restrict movement; and
   
   > **Indirect obstruction**, such as standing in a door way and blocking exit for someone in a wheelchair.

2.20 Medication Intervention

It is worth considering medicinal approaches such as sedatives as also being a form of physical intervention.

2.21 Some medications are given as a regular programme of treatment of long term mental illnesses such as depression or schizophrenia. Others are given as required to sedate or manage other behavioural problems.
The Action Group

2.22 Other medications may be given to manage aggression or sex drive. There are specific rules on these under the Mental Health (Care and Treatment) (Scotland) Act 2003 covering the review of these programmes and the need to have an independent opinion.

2.23 The Action Group requires that 'as required' medication given to manage behavioural issues is to be recorded on the appropriate medication form and linked to an incident form.
Section 3 – Making Planning Work

Personal Support Planning

3.1 At the heart of The Action Group’s support structure is person centred planning, using two main tools – Personal Support Plans and Life Plans.

3.2 Every service user of The Action Group has a Personal Support Plan which describes in detail their support arrangements. This plan directs the support given by The Action Group. Further information on these plans is available in separate guidance and staff will be given assistance in supporting individuals through the process of drawing up these plans.

3.3 Personal Support Planning can reduce behaviours which challenge services or otherwise damage the quality of life of an individual by understanding the person’s needs and wishes in great detail and leading in more positive ways to the type of outcomes that an individual wants.

3.4 Personal Support Plans should also address areas of behaviour that may negatively affect the quality of life of an individual or risk injury to them or to others around them.

3.5 Personal support plans should contain:

1. A description of the behaviour
2. A description of when the behaviour occurs and how often
3. Any background factors which lead up to the behaviour or advice on managing the situation
4. Productive and counter-productive staff responses to the behaviour.
5. At what stage support staff should intervene.
6. What form this intervention should take

3.6 The Life Planning model is used to support an individual’s dreams and wishes. Such planning deals with whole life aspects for the individual, including past, present and future. It helps the individual plan to meet their needs and to live their life according to their chosen lifestyle. It is about the support and relationships from The Action Group but it is also about much wider issues. It will seek to bring in resources and relationships which will support the needs and wishes of an individual and help them grow so that they have more experience and knowledge of alternatives to limiting behaviours.

3.7 Not everyone who uses The Action Group services will choose to have a Life Plan. Its use for people with challenging behaviours can be very positive.

3.8 All support plans should take place in the context of regular review meetings and continuous monitoring of the service with all relevant parties. Support plan documentation should be seen very much as a record to be held under continuous review and assessment, and updated as frequently as required. (See review guidelines for further detail)
Crisis Intervention Support Plan  
(See also Section 4-When Things are Difficult)

3.9 When a behaviour is violent, aggressive, self injurious or otherwise challenging to ongoing service delivery, a Crisis Intervention Support Plan (C.R.I.S.P.) should be completed. They may also be used to plan for any behaviours which limit individual’s lives. Standard forms are available (see Appendix A) and include:

1. A statement of the purpose of the plan
2. Descriptions of
   i. The settings and triggers that increase the likelihood of the behaviour occurring.
   ii. The early signs of distress or upset
   iii. How the violence or aggression is expressed
3. A plan for Intervention Strategies covering
   i. Verbal and Physical Contact
   ii. Changing the Environment
   iii. Defusing by Distraction
   iv. Relaxation Activities and Techniques
   v. Communication
4. Approved Physical Interventions
5. Actions after an intervention has taken place

3.10 In this process service users are entitled to expect:

1. That the way such behaviour is managed ensures the safety and dignity of everyone;
2. That they will be treated fairly and with courtesy and respect;
3. That physical interventions are only employed when absolutely necessary and for the minimum of time; and
4. That Action Group staff are able to cope with the emotions such behaviours can arouse in them and manage incidents in a calm and professional manner.

Risk Assessments

3.11 Risk assessments are the third element in supporting service users with behaviours which challenge services. Risk Assessments are the tool which examines the effect of work tasks on support staff. Every employee of the Action Group is responsible to protecting their own health and safety and that of others likely to be affected by their work. Carrying out these assessments is an important aspect of all staff’s jobs.

3.12 Assessing risk should be carried out in all situations from crossing the road, where a simple Look Right, Look Left and Look Right again should suffice. These risk assessments are completed as an when they are required –ad hoc- and are generally not written down as they are common sense, obvious and easily repeated by others. All staff should routinely assess the risk of their practice in all situations.
3.13 Other situations will require written evidence that these assessments were carried out and the following points should be covered clearly in this situation.

> Description of the situation
> Who is involved
> What has happened in the past
> What risk can be foreseen
> How can these risks be managed
> What unmanageable risks remain.
> What actions or resources would help manage these risks
> Whether based on this assessment the situation should be allowed to proceed.

3.14 Properly used risk assessments allow for safe working for all concerned. It is important that risk assessments, especially those written down, are regularly reviewed.

3.15 **Informing others of change**
Whenever any of the planning documents are updated, all support staff, including casual staff, volunteers and students, should be made aware that there is a change that they should familiarise themselves with.
Section 4 – Consent

**Giving Consent**

4.1 Where employees of The Action Group are involved in supporting any treatment or support plan which includes aspects of behavioural support or physical intervention, then the service users must give informed consent.

4.2 Consent is defined as freely given and continuing permission to participate in a particular arrangement, based on adequate knowledge of the purpose, nature, likely effects and risks of that arrangement.

4.3 In order to have capacity to consent a person must be able to:

- Take in the information about the purpose and nature of the arrangement,
- Understand the principal benefits, risks and alternatives of the participating in the arrangement and of any consequences for refusing to participate in the arrangement,
- Make a free choice,
- Retain the information long enough to make an informed decision.

**The Legal Position on Consent**

4.4 If an adult service user is unable to give consent then no other adult can give consent, unless that person has been legally appointed to do under Adults with Incapacity (Scotland) Act 2000.

4.5 Local authorities or any person claiming an interest in the adult’s affairs may make applications for intervention and guardianship orders. Where a welfare guardian has been appointed under the Adults with Incapacity (Scotland) Act 2000 then that guardian must be consulted on all programmes and interventions.

4.6 Where a service user is under the age of 16 the parent or legal guardian is usually able to give consent to treatment, however the young person’s views should be taken into account.

4.7 Except for young people under the age of 16, next of kin and other family members in general terms have no authority to give consent but their views should be taken into account in reaching any decision.

**Where Consent is unclear**

4.8 Some people with learning disabilities are not able to meet the conditions of capacity to consent described above, yet no one has been appointed by the courts as a legal or welfare guardian.
4.9 The legal process is not appropriate for everyone. Once someone else has been granted powers of guardianship over them, they may lose many opportunities to control their lives. The Action Group will seek out relevant others who could act on behalf of the individual.

4.10 In this situation, The Action Group will accept as consent, the considered decision of:

- An assigned social worker with statutory responsibilities
- A relative who has been closely involved with the long term care and support of the individual.
- An independent advocate

Each of these individuals will be asked to sign a “consent for others” form. Appendix C The agreement of two parties will be required for the Action Group to proceed.

Where consent is refused

4.11 Where a service user or other appropriate person refuses their consent for the proposed behaviour support strategy, the situation should be discussed and the reason for refusal ascertained.

4.12 If the situation is not resolved, the Development Manager should be informed and should discuss the situation with the service user or other appropriate person as soon as possible and in any event within 24 hours of the refusal occurring.

4.13 Serious consideration must be given to any alternative provision or strategy which could meet the service user’s identified behaviour need consistent with The Action Group’s policy. If an alternative is agreed, the service user’s risk assessment and personal support plan should be amended and the new provision put into practice.

4.14 Where the service user or other appropriate person continues to refuse consent for an agreed strategy, the situation should be immediately reported to the Senior Manager. An assessment should be made about whether the support service can be maintained without the behavioural interventions and whether service should be suspended. The service user or other appropriate person should be informed of this process in writing.

4.15 At no point will the Action Group agree to provide or continue a service which has an unacceptable level of risk for the individual service user or the staff that support them.

Where consent is not yet given.

4.16 People experience new situations every day. Some of these can throw up unexpected responses from service users. It is not possible to always seek consent in advance for these types of situations.

4.17 In these situations Action Group staff and other staff have a duty of care to act in the best interests of the individual while making every effort to inform them of their plans and to help them understand this.
4.18 This means taking reasonable care to avoid situations or settings which are likely to cause harm to service users, other staff or members of the public. This means that certain courses of action may be risky.

4.19 Judgements about what is or is not a "reasonable" course of action may be made with reference to the following:
   1. What would other staff with similar skills and responsibilities do in the situation?
   2. What would "experts" say about the risk?
   3. What foreseeable risks are associated with a course of action?
   4. Is the action proportionate to the risk?

4.20 Staff and other people can be confident that if they follow this type of process they will have properly met their legal requirements in respect of “duty of care.”

4.21 Following such incidents, the normal process of recording and analysing must take place and consent for similar situations in the future sought.

4.22 New behaviours can also place a stress upon service delivery as at this point there may not be any documentation about any problem behaviour available to support decision making. A service user may begin to express a range of behaviours because of a significant life change, such as moving home, gaining employment, experiencing a death in their family or developing a chronic health condition, or it may relate to the natural process of development and aging such as transitioning from childhood to adulthood or the development of dementia.

4.23 In these circumstances it is vital that the service responds to the changing circumstances in a timely manner and begins the recording and analysis of the data gathered so they can best alter service delivery to meet the changed needs. There is significant danger in hoping that the new behaviour and problems surrounding it will resolve itself. Situations can quickly escalate and overwhelm a team resulting in flawed decision making at a later date.

Services should begin the documentation and planning process as soon as problems become apparent.
Section 5 – When Things Are Difficult

5.1 The **Behaviour Support Strategies (BSS)** System has been adopted by The Action Group as the method for managing challenging behaviour; and for promoting greater self care and independence for service users in a positive way. Staff working directly with service users who require support to manage their behaviour will be trained in the BSS System.

5.2 The BSS System is a complete methodology of proactive behavioural interventions which includes a range of proactive techniques and physical interventions; supported by monitoring and recording systems, a training programme, and appropriate review and evaluation.

Central to the BSS System is the assessment of the individual needs of service users; and methods of preventing crises which have been tailored to meet their individual needs.

5.3 By use of the BSS System, staff assist service users to maintain their self control and to use proactive methods to meet needs and so reduce unwanted behaviours. In order to achieve this outcome, near the point of crisis, staff utilise a variety of both verbal and non verbal calming techniques depending on the individual service user.

Throughout, the BSS System places the main emphasis on crisis prevention and proactive behaviour intervention. However, the BSS System also recognises that there are occasions when it becomes necessary to respond to a behaviour crisis by the use of some form of physical intervention.

5.4 Support Staff will only employ physical intervention as a last resort in the following instances:

1. Prevent injury to themselves or colleagues
2. Prevent injury to another service user
3. Prevent injury to a member of the public
4. Prevent serious and significant property damage belonging to a third party
5. Prevent injury to the individual
6. To stop a significant violation of someone else’s rights

5.5 Any physical intervention designed to restrain will:

- Be considered only when all other methods have been examined and judged ineffective
- Be used only by workers who have been fully trained in BSS stage 3 interventions (unless in an emergency situation)
- Only be used as a last resort, or where unavoidable
- Employ the minimum reasonable amount of force
- Be used for the shortest possible of time
- Be fully detailed in a CRISP document
- Form part of the Personal Life Plan and be subject to regular review.
- Be used only in the context of the legal framework, Action Group policies and best practice guidance
The Action Group

5.6 Individual behaviours and needs are assessed before any decision is made on which interventions are most appropriate for the service user. The aim of both the assessment and subsequent actions is to promote positive behaviour changes as far as possible.

5.7 Depending on a range of circumstances it will be a requirement of the service to share the information gathered through a planning process with third parties. The information would need to be tailored, but should be shared with others who are likely to come in contact with the person and who would very likely experience the behaviour and need to know how to respond appropriately so as not to escalate the situation further. Only those trained in physical interventions by the organisations BSS instructors can use them, however there will be other more active and proactive techniques that may be suitable for others who have occasional contact with the person. This would include for example, Action Group office staff or key people within college or day placements. The decision when to share information will be made by the service Team Manager.

Legal Context

5.8 It is generally illegal to lay hands on a person without their consent. This policy is written to provide staff with guidance and protection in carrying out their duties.

5.9 Staff failing to follow this guidance may find themselves in breach of the law and subject to the Action Group’s Disciplinary Process.

5.10 There is also a common law legal responsibility of “Duty of Care” requiring that an individual adheres to a reasonable standard of care while performing any acts in which it could be foreseeable the others could be harmed.
Section 6 – Reporting and Recording

6.1 Following any incident of aggression or violence, consideration must be given as to whether the incident was sufficiently serious as to merit the involvement of the police, social work or other statutory agencies. Staff must always seek the advice of a development manager or senior manager about the involvement of any such agency. It is only imagined in extreme circumstances where there is significant and imminent danger to a worker or others that it would be acceptable for the worker to directly contact the police without prior discussion with their manager.

6.2 Where a development manager or senior manager considers it likely that the incident could be a child or an adult protection issue then the social work department must be contacted immediately and their advice sought.

Staff, and managers in particular, must be familiar with The Action Group policy – Policy Statement and Standards for Child and Adult Protection, with particular regard to Section 2.21-2.24.

Incident Form

6.3 The Challenging Behaviour Incident Form (Appendix B) must be filled in separately by each member of staff involved in any incident. This is crucial to having a full understanding of the incident and what led up to it.

6.4 Completed and signed Incident Forms should be given to the Team Manager for the team as soon as possible, preferably within 24 hours of the incident.

Significant events must be reported immediately to the line manager or to an appropriate on-call manager if out of hours. The incident report must then be passed to the relevant Development Manager within a week (within 24 hrs for ‘new’ behaviours or more serious incidents).

6.5 The incident form should be analysed to assess the accuracy and usefulness of the service user’s current plans. The Development Manager may make one of four assessments

1. The appropriate plans should be reviewed immediately.
2. The current plans should be reviewed at the next scheduled date.
3. The current plans are working well and alternative resources or training should be made available.
4. Request that copies of the Debrief Form are provided prior to a further investigation of the incident.

The Development Manager must always give consideration that the situation may be developing into a child or adult protection concern and gaining advice must be considered.

6.6 It is worth remembering that all incident forms may be read by The Care Inspectorate and may also be read by others (social workers, relatives, police, etc) and therefore that the information contained on them needs to be:

1. Legible
2. Factual and accurate (not opinions or feelings)
3. As detailed as possible about the situation
4. Using positive and professional language

Physical Intervention Form

6.7 Where a physical intervention has been used then the Physical Intervention Form Appendix D must also be completed (in addition to the incident form). This does not duplicate information in the Incident Form but adds to it an understanding of why physical intervention was used and what can be learned from the process.

6.8 Completed and signed Physical Intervention Forms must be given to the Team Manager as soon as possible and preferably within 24 hours of the incident.

Debrief

6.9 The line manager should carry out a separate debrief with:
   > each of the staff who were involved in the incident
     • within 48 hours when:
       a) A serious incident occurs where there was no pre-identified means of defusing the situation.
       b) A serious incident occurs and the pre-identified means of defusing the situation seriously fails.
       c) Or where a previously unidentified situation escalated into violence.
     • otherwise at their next supervision session or alternative available opportunity.
     Under general circumstances a telephone debrief may well be sufficient for both parties.
   > the service user when they are in a position to take part. The participation of a relative or advocate may be appropriate.

6.10 The debrief should:
   > Take place at a time and place that is quiet, unhurried and free from interruption;
   > Be conducted in a supportive and blame free environment;
   > Provide a detailed account of the incident;
   > Attempt to identify contributory environmental and interpersonal factors;
   > Cover the response to the incident, identifying areas for improvement;
   > Discuss staff feelings and emotional response;
   > Conclude with actions to be taken (including changes to the personal support plan / other documents and additional training or support for the member of staff involved)

6.11 The Line Manager should record each session on a debrief form, which should be filed in the staff member’s supervision file (staff debriefs) or the service user’s personal file (service user debriefs).

6.12 All staff should be offered access to The Action Group’s Employee Assistance Programme following their involvement in a physical intervention or serious incident of challenging behaviour.
Section 7 – Responsibilities

Responsibility of the line manager

7.1 Ensure that all staff are
   > familiar with the policy and procedures.
   > know what is expected of them in each individual case, and
   > able to carry out procedures within their remit.

7.2 Ensure that the appropriate level of support/care is afforded to the client and staff, ensuring that the needs of specific service users are met.

7.3 Take the opportunity to identify and action the needs of the individual and teams in terms of:
   > staff support,
   > appropriate staffing levels,
   > seek professional and other external support when needed,
   > training and approved techniques.

7.4 Maintain appropriate records including monitoring all incident and physical intervention forms as quickly as possible following an incident and ensuring CRISP documents, risk assessments and personal support plans are reviewed regularly.

7.5 Communicate effectively with the development manager for the service about all incidents of challenging behaviour and any concerns that emerge.

7.6 Provide regular supervision and debriefing, ensuring that debriefing forms are accurately and legibly completed.

7.7 Identify their own and their teams’ training needs.

7.8 Pass any staff-related health and safety concerns to the relevant people, namely the Development Manager or Senior Manager for the service and the Health and Safety Committee.

Responsibility of all staff

7.9 Read and understand all care and support plans and risk assessments relating to service users that they are working with;

7.10 Engage positively with training and development as required;

7.11 In the event of an incident take the appropriate action as laid down in the policy;
The Action Group

7.12 Report and monitor any behaviours that challenge services using the appropriate recording methods;

7.13 Work within The Action Group’s policy and guidelines framework;

7.14 Be familiar with and adhere to external regulations and codes of practice, in particular The Care Commission Standards and SSSC codes of conduct;

7.15 Consult management for support and supervision;

7.16 Monitor their own training needs and communicate any gaps to their line manager.

7.17 Staff are required to address competency issues with the support of their manager as soon as possible.

7.18 The Action Group acknowledges that the work can be intensive and stressful and will encourage staff to be honest in their self appraisal of coping with particular events. The service will endeavour to respond appropriately and sympathetically.

Responsibility of Senior Managers

7.19 To ensure that all staff receive adequate supervision in line with The Action Group’s supervision policy;

7.20 To ensure that there is good quality training available to all staff that require it;

7.21 To ensure compliance with the BILD Codes of Practice;

7.22 Ensure that all efforts are made to gain consent of service users to any behavioural interventions;

7.23 Ensure that all service users have access to the Action Group’s Complaints Policy;

7.24 To communicate effectively with external agencies around any issues of challenging behaviour (in line with local practice standards – eg Local authority child and adult protection reporting procedures and Care Inspectorate reporting requirements)

Responsibility of the Action Group’s BSS Instructors
7.25 Delivering high quality, flexible, responsive and person-centred training as required by staff and managers working within services;

7.26 Liaising with managers to provide information on the BSS System;

7.27 Assisting managers and staff with BSS System interventions where an assessment of risk is being carried out for the challenging behaviour needs of individual service users;

7.28 Advising on best practice in all areas of BSS, from recording, to monitoring, to practical interventions
Crisis Intervention Support Plan

These guidelines are designed to help the workers think about and construct a Crisis Intervention Support Plan for any individual who exhibits or expresses themselves through violent, aggressive and self injurious behaviour. For the purposes of this document Self injurious behaviour should come within the definition of violence. Standard headings are offered within which information will be placed that will be specific and personal to the particular individual who’s plan it is. In addition some standard statements relating to the purpose and the principles underpinning these plans have been developed and must form part of every C.R.I.S.P.

Background: A brief introduction to the individual and a little detail as to why it is necessary to have this support plan in place.

Purpose of this Plan: The following statements should be included as standard in every C.R.I.S.P.

To provide agreed and understood guidelines to help staff anticipate and diffuse potentially violent situations.

To provide a safe environment for XXX and others around them.

To provide agreed and understood guidelines for staff to manage XXX violent aggressive and self injurious behaviour.

To help staff and XXX to work together to minimise the effects that such behaviour may have on anyone around XXX and XXX themselves.

To identify which if any physical interventions have been approved for use by Action Group staff in supporting XXX

Principles:

This support plan should not be seen in isolation of the overall support provided to XXX. It follows therefore that it will be integrated within his/her general support plan and will reflect the Action Group’s aims as detailed in our Mission and Vision Statement.

This support plan will reflect XXX uniqueness as an individual and will consistently portray them in positive and non judgmental terms.

It must be recognised and accepted that XXX will be and is entitled to be frustrated, angry and upset and that they have the right to express these feelings appropriately. One of our aims therefore, in working with XXX is to assist them to express these feelings without resorting to physical or verbal violence.

As a general principal and on the understanding that no blame is intended to be or should be apportioned to any individual, almost all violent and aggressive behaviour should be
The Action Group

viewed as the consequence of a failed attempt to have a need, a want or a feeling understood and responded to. It therefore follows that as part of the analysis of an incident every effort will be made to establish what it was XXX was trying to communicate so that a strategy can be developed to help ensure that the communication does not get missed or misunderstood again.

Knowledge About The Person And The Behaviour:

Settings and Triggers

*Describe the people, situations, things, places, activities etc. that create frustration for the individual and increase the likelihood of an incident occurring.*

Early Signs of Distress or Upset

*Describe the behaviour or range of behaviours that the person exhibits that has in the past indicated that all is not well and that is an indicator that the person is becoming upset or distressed about something.*
How the Problem or Crisis Behaviour Expressed?

As precisely as possible describe the range of behaviours that the individual exhibits when they are being violent and aggressive. It is important here to be as precise and as detailed as possible because this information will help staff to be a little better prepared when the behaviour is exhibited. It will also help when it comes to identifying appropriate intervention strategies and defining any physical moves to be employed.

Intervention Strategies:

The following strategies should be viewed as a “menu of approaches” that vary in their degree of restrictiveness. Staff will need to use their own judgement at the time in deciding which strategy or strategies to employ, however, the expectation will be that the least restrictive strategy that produces success will be used.

There are a wide range of strategies that could be employed and what is offered here are some general headings and examples of generally recognised approaches to prompt your thinking.
Verbal and Physical Contact

Some Examples -
The appropriate use of humour / Speaking to the person in a manner that is most likely to elicit a positive response / Acknowledging how the person is actually feeling and offering reassurance in a form that you know the person is comfortable with / Avoiding making statements or taking up a position that you know the person will find confrontational / The temporary removal of all unnecessary and non essential demands and requests / Proximity control

Changing the Environment

Some Examples
Suggesting that the person move with you to another room to talk / Suggesting that the person move to somewhere that is more private and where they can relax or calm down / Asking other people in the immediate environment to move to another part of the house.
The Action Group

Diffusion By Distraction

*Defusing a situation by encouraging the person to get engaged in an activity that they usually enjoy. Detailing such a strategy should include the identification of activities that the person is known to enjoy.*

Relaxation Activities and Techniques

*Perhaps built into the persons normal daily or weekly routine.*

Communication

*Strategies for effective communication with the individual will be an essential part of almost every support plan. Mechanisms must be specified that ensure that the person can have their needs, wants and feelings understood and responded to.*
Other Considerations

*The safety of others, anything else?*

**Approved Physical Interventions:**

*Detail each of the moves that have been taught by the trainers or state that no physical interventions are necessary.*

*Any other practices that might be defined as a physical intervention but that are not recognised BSS interventions, must be detailed within this section of the plan. This will enable the Development Manager to consider and if appropriate approve any such action.*
After An Incident:

All the people that were involved/affected will be debriefed in the manner described in policy.
An incident report form will be completed.
If physical interventions have been used a record of physical interventions form will be completed.

Significant incidents will be reviewed by the team using this support plan as the focus for that discussion. The discussion will be aimed at answering the following;

Is there anything within the detail of the plan that needs to change.
Is there anything about our practice or the execution of the plan that needs to be addressed.
Do we understand what the person was trying to communicate to us at the time.

Signatures:

Team Manager Date........................................
Development Manager Date..................................
Instructor Approval for Interventions Date................................
Signature for Consent to Physical Interventions Date................................

Signature for Consent to Physical Interventions (2) Date................................
If required Date........................................
## Record of Challenging Behaviour Incident Form

**Name of Service User:**

**Address:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Day of Week:</th>
<th>Time:</th>
<th>Place:</th>
</tr>
</thead>
</table>

**Category**

- Verbal Confrontation
- Physical Confrontation
- Property Damage
- Self Harm or Injury
- Physical Harm to Others
- Other: Please Name If Possible.

**Incidents not dealing with challenging behavior should be recorded the standard incident form**

**Who was present at the time?**

**Describe the person’s mood before the incident**

**Were there any significant events within the last 24 hours?**
<table>
<thead>
<tr>
<th>The Action Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe what the person was actually doing at the time the behaviour started.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>What happened immediately before the behaviour started? Any potential triggers?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Give a full description of the behaviour / incident.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Approximately how long did the behaviour last?</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
| **What were the immediate results of the behaviour?**  
*what happened afterwards, reaction of individual, their carers/peers and any impact on the environment)* |
<p>| | |
| | |</p>
<table>
<thead>
<tr>
<th><strong>The Action Group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What further action was taken (eg Prescribed Medication given, who was informed, other actions)?</strong></td>
</tr>
</tbody>
</table>

| **What issues need to be considered further?** |

| **Was a physical Intervention Form completed?** | Yes / No | If yes, please attach a copy |

| **Name and job title of the person completing this form** | Signature and Date: |

| **Read and signed by Team Manager:** | Date: | Any further actions / comments? |

| **Development Manager:** | Date: | Any further actions / comments? |

| **Debriefing carried out by:** | Date: | Person being debriefed: |
## Consent for others form

<table>
<thead>
<tr>
<th>Name of service user this form applies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

| Name and title of person completing form: |

### One of the following sections must be completed.

<table>
<thead>
<tr>
<th>Reason person cannot consent?</th>
</tr>
</thead>
</table>

| Reason person chooses not to consent? |

| Is welfare guardian applicable, is it being sought, if not, why? |

<p>| Reason decision is being made without consent? |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>1:</th>
<th>2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who has made this decision?</td>
<td>1:</td>
<td>2:</td>
</tr>
<tr>
<td>Only two of the following can sign this form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The service user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>independent advocate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The service user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What date will this decision be reviewed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe how this decision meets the best interests of the service user.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of the two parties:</td>
<td>1:</td>
<td>2:</td>
</tr>
<tr>
<td>Title and organization or Relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has any other party disagreed with the use of physical interventions and what were the reasons stated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Action Group

Appendix D

Record of Physical Intervention Form

<table>
<thead>
<tr>
<th>Name of Service User:</th>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Duration of incident</th>
<th>Location:</th>
</tr>
</thead>
</table>

Name and job title of staff involved

<table>
<thead>
<tr>
<th>Sign and Date:</th>
</tr>
</thead>
</table>

De-escalation Details

<table>
<thead>
<tr>
<th>Was de-escalation used? If so how?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did this technique work?</th>
<th>Yes</th>
<th>/</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the technique used did not work, do you know why?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Link to Incident Number ________
<table>
<thead>
<tr>
<th>Could you have used a different technique? If so which one?</th>
<th>Do you feel you need more training or support?</th>
</tr>
</thead>
</table>

### Physical Intervention Details

**Why did you need to use restraint/physical intervention?**

Continue over….

**Why did you need to use restraint/physical intervention? – Cont…**

<table>
<thead>
<tr>
<th>What technique was used?</th>
<th>How long did you use the intervention for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Answer 1</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Did the technique you used work?</td>
<td>Yes</td>
</tr>
<tr>
<td>In hindsight should you have used a different technique? If so which one?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Did you or the service user sustain any real or potential injuries during this incident? If yes, please detail.</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Read and signed by Team Manager:</strong></td>
<td><strong>Date:</strong></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Development Manager:</strong></th>
<th><strong>Date:</strong></th>
<th><strong>Any further actions / comments?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Date of debrief – with staff member(s):

- With service user(s) / others:

*Please attach all appropriate records or forward as soon as they are available.*