
Working with Challenging Behaviour Policy

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1 Purpose

- 1.1 The purpose of this policy is to set out the guiding principles of how staff in social care settings should work with people who behave in ways that seriously and/or persistently challenge staff, services and other service users.
- 1.2 This policy is a set of generic guiding principles that should apply to anyone in receipt of social care. Each service area is required to develop its own specific procedures based on these principles.
- 1.3 This policy applies to all settings where care is delivered, i.e. residential and nursing care, in peoples' own homes, day care, education and work settings. It applies to both internal and external care providers.
- 1.4 The Chief Executive and Corporate Board have approved the Working with Challenging Behaviour Policy.
- 1.5 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 non-school based employees working for the Council, including those working from home or at non-Council locations.
- 2.2 Other persons including Elected Members, Consultants, Agency staff and Contractors working for the Council, external organisations working with the Council, whilst engaged on Council business .
- 2.3 It is the responsibility of each employee and other person mentioned in Section 2.1. to familiarise themselves with and adhere to this Policy.
- 2.4 Adherence to this Policy is a condition of working for the council or using its assets.
- 2.5 This document is published separately as well as being incorporated into the WBC Employee handbooks.
- 2.6 This Policy has had consultation with Heads of Service and Trade Unions and has been ratified by the Council's Corporate Board.

3 Policy

- 3.1 It is the Policy of the Council 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.
- 3.2 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 (*1).

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- 3.3 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 a cognitive impairment. Both of these factors may be temporary or permanent. It can apply to a broad range of individuals, e.g. people with learning disabilities, autistic spectrum disorders, sensory impairments, acute mental illness, brain injury, substances misuse problems, dementia, and some forms of physical illness.
- 3.4 Respect for peoples' rights to dignity, freedom, and respect underpin good quality social care.
- 3.5 People using care services are free to do what they want, and to go where they want unless limited by law.
- 3.6 Enabling people in care settings to take risks, make choices and keep safe is a difficult balance.
- 3.7 The most effective way of managing challenging behaviour is to ensure that everyone receiving care has an individualised assessment which outlines their needs and aspirations and an individualised care plan that details how they wish their services to be delivered and takes account of the competency of the care providers to do this. The assessment should take account of any potential challenging behaviour, should include a risk assessment, and should give clear guidance to staff about how to prevent and manage this. The service user should be involved in the whole process of assessment and care planning preferable via a self assessment process. **The whole process should be person-centred.**

4 Restraint

- 4.1 Restraint is illegal unless it can be demonstrated that for an individual in particular circumstances, not being restrained would conflict with the duty of care of the service.
- 4.2 Where people have capacity restraint may only take place with their consent or in an emergency to prevent harm to themselves and others.
- 4.3 In all cases restraint should be seen very much as the "last resort". Other techniques and strategies should always be employed before restraint is considered.
- 4.4 Any restraint should be in the best interests of the person based upon the level of risk present, taking account of the person's size, gender, age and medical conditions. It should always be used for the minimum amount of time and with the least amount of intervention.
- 4.5 Any restraint should always follow agreed policies and procedures that focus on best practice and improved outcomes for the individual.
- 4.6 The misuse of restraint can result in injury or even death of the person being restrained. Therefore if restraint is seen to be necessary the agreed methods of how and when it should be used must be clearly detailed, and those involved in the intervention must have received the appropriate training.
- 4.7 Wherever possible the person concerned, their family and any other carers should be involved in any risk assessment and agreed procedures that might lead to restraint.

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4.8 All incidents where restraint has been used should be recorded appropriately and staff concerned debriefed. Restraint can take many forms and can be acceptable or unacceptable.

Below is a list of some of the different types of restraint:-

- **Physical restraint** – e.g. stopping an individual's movement by the use of equipment that is not specifically designed for that purpose, holding or moving the person or blocking their movement, the use of equipment to limit movements to prevent self injury or harm to others.
- **Environmental restraint** – designing the environment to limit people's ability to move as they might wish e.g. door locks, electronic key pads, or not providing mobility aids.
- **Chemical restraint** – the use of drugs and prescriptions to change or moderate peoples' behaviour.
- **Forced care** – the act of forcing someone to receive care e.g. food, medication, clothing etc.
- **Threatening or verbal intimidation** – could be used to make a person subservient or scared or could be acts calculated to lead people to believe that they have no option but accept the care they receive.
- **Electronic surveillance** – e.g. electronic tags, exit alarms, CCTV, pressure pads etc.
- **Cultural restraint** – e.g. constantly telling a person not to do something, or that what they want to do is dangerous, or having to go to bed, eat meals etc to suit staff.
- **Medical restraint** – fixing of medical equipment e.g. catheters to deliberately restrict movement.

4.9 Some of the above are unacceptable in any circumstances e.g. intimidation or medical restraint, whilst others may be acceptable in particular circumstances to particular degrees.

5 Legal Framework – relevant legislation

5.1 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.

5.2 Mental Capacity Act 2005.

5.3 Designed to protect people who lack the ability to take decisions for themselves.

There are 5 key principles:

- 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.

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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.

5.4 Other relevant legislation and guidance is:

- Care Standards Act 2000
- Care Homes Regulations 2001
- Domiciliary Care Agencies Regulations 2002
- Guidance for restrictive physical interventions. How to provide safe services for people with learning disability and autistic spectrum disorder. DH 2002
- Independence, choice and risk a guide to best practice in supported decision making. DH 2007
- Mental Health Act Code of Practice (Chapter 15). Revised 2008
- Services for people with learning disability and challenging behaviour or mental health needs. Mansell Report. DH 2007
- A summary of the key policy principles on physical interventions. British Institute of Learning Disabilities (bild)
- Guidance for inspectors: How to move towards restraint free care. CSCI 2007
- Deprivation of Liberty

6 Implementation

6.1 This Policy will be supported and implemented by the development and publication of Standards (requirements), Procedures (how to) and Guidance (advice) produced by each service area.

6.2 Each service area should identify individual service users who are likely to present With challenging behaviour and ensure that full assessment, risk assessment and care plan (which gives specific guidance to staff on how to prevent and manage challenging behaviour) are all in place.

6.3 Attention should be paid to any general as well as specific environmental factors and steps taken to minimise potential environmental triggers.

6.4 Specific training, guidance and support is given to staff to assist them to manage challenging behaviour. Each service area should agree what that training should be.

7 Roles and Responsibilities

The overall responsibility for * within WBC rests with *.

7.1 WBC has established a * Committee (top-level management steering group), chaired by Head of * and including *, * and other relevant stakeholders to support the * framework and periodically review the * Policy.

7.2 The responsibility for day-to-day management of * throughout West Berkshire Council rests with the Head of *, they are also responsible for maintaining this Policy, for

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reviewing all other security policies and procedures and for providing advice and guidance on their implementation.

7.3 All managers are directly responsible for implementing this Policy and any sub policies and procedures within their service areas, and for the adherence of their staff and others (2.1.).

7.4 All personnel detailed at 2.1. and 2.2 have an individual responsibility to adhere to this Policy and any relevant Standards and/or Procedures.

8 Failure to comply with WBC * Policy

8.1 This document provides staff and others with essential information regarding * and sets out conditions to be followed. It is the responsibility of all to whom this Policy document applies to adhere to these conditions. Failure to do so may result in:

- withdrawal of access to relevant services
- informal disciplinary processes
- formal disciplinary action (in accordance with Section * of the Employee Handbooks)

8.2 Additionally if, after internal investigation, a criminal offence is suspected (for example under * act), the Council may contact the police or other appropriate enforcement authority to investigate whether a criminal offence has been committed.

9 Review

9.1 This policy will be reviewed to respond to any changes and at least every * years.

9.2 The Service/Committee/Group responsible for reviewing and maintaining this Policy is *.

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10 Glossary

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11 Other Relevant Documentation

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