

Supporting People with Challenging or Distressed Behaviours

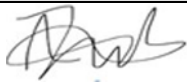
Adult Social Care

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Supporting People with Challenging or Distressed Behaviours

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1. CQC Assurance Key Areas:

2. This policy document supports CQC Assurance Key Areas (detailed in section 13):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

Contents

1. Introduction	4
2. Legislation and Regulatory Framework	4
3. Principles of the Policy	5
4. Supporting a person with challenging or distressed behaviour	6
5. Conflict or challenging behaviour between people using services.	7
6. Positive Behaviour Support.....	7
7. Disengagement Physical Intervention (Breakaway)	8
8. Reporting.....	9
9. Learning Disabilities Intensive Support Team.....	9
10. Equality and Diversity.....	10
11. Information and Training Responsibilities	10
12. Related Policies	10
13. Policy Monitoring and Reporting Arrangements	11
14. Evaluation and Review	12
15. Appendices	12
16. Reader Confirmation	13

1. Introduction

- 1.1 Central Bedfordshire Council Adult Social Care Service is responsible for ensuring that those who are in receipt of support, obtain the right level of support they require to meet their needs and that they are safeguarded.

“Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe.”

The Kings Fund

- 1.2 This policy applies to all staff who have contact with people who use services and particularly contact with those who demonstrate behaviours that challenge or distressed behaviours.
- 1.3 The policy aims to ensure that people who receive services and are known to present or begin to present behaviours that challenge or distressed behaviours, receive the same standard and quality of service as anyone else who receives adult social care support.

2. Legislation and Regulatory Framework

The Care Act 2014

- 2.1 The Care Act recognises that ‘Wellbeing’ is a broad concept and describes it as relating to the following nine areas in particular:

- Personal dignity (including treating of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life (including over care and/or support provided and the way it is provided)
- Participation in work, education, training, or recreation
- Social and economic wellbeing
- Domestic, family, and personal relationships
- Suitability of living accommodation
- The individual’s contribution to society

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

- 2.2 The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

Mental Capacity 2005

- 2.3 The five principles of the Mental Capacity Act are:

- Presumption of capacity
- Support to make a decision.
- Ability to make unwise decisions.
- Best interest
- Least restrictive

2.4 Where a person lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, staff must follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and/or Community DoLS order where appropriate.

Other Relevant legislation:

- Human Rights Act 1998
- The Health and Care Act 2022
- Care and Support Statutory Guidance.
- Outcome 4 of Essential Standards of Quality and Safety – CQC
- Equality Act 2010
- Deprivation of Liberty Safeguards 2009
- Health and Safety at Work etc. Act 1974
- Data Protection Act 2018
- General Data Protection Regulations

3. Principles of the Policy

3.1 What are challenging or distressed behaviours?

- Distressed behaviours are when a person demonstrates their distress through actions which are risky or harmful to themselves or others.
- Behaviours that challenge (also known as challenging behaviour) describes behaviour that is challenging to parents, carers, other people who use services and professionals.

3.2 When a person in receipt of services is presenting this type of behaviour, this will usually have a purpose, in that it meets a particular need for the individual.

3.3 All behaviour is a form of communication and there is a reason for all behaviour. It could be the only way the person can communicate at that time; it could be due to factors such as expressing frustrations or an expression of their feelings or of pain.

3.4 Challenging or distressed behaviours could include, but are not limited to:

- **Hurting others** (e.g. hair pulling, hitting, head-butting)
- **Self-injury** (e.g. head banging, eye poking, hand biting)
- **Destructive behaviours** (e.g. throwing things, breaking furniture, tearing things up)
- **Eating inedible objects** (e.g. cigarette butts, pen lids, bedding)
- **Other behaviours** (e.g. screaming, spitting, smearing, removing clothes in public, running off, sexual behaviours, sundowning)
- **Hallucinations/Paranoia** (e.g. see things that are not there, hear sounds or voices that nobody else hears)
- **Declining support / Repeated behaviour and sayings** (e.g. saying “I don't live here”, “I hate it here”).

3.5 Behaviours that challenge or distressed behaviours are often seen in people with health problems or disabilities that affect communication and their cognitive abilities, including but not limited to, learning disabilities, autistic spectrum disorder and dementia.

3.6 This policy is intended to provide guidance to staff, within the context of adult social care, who support vulnerable adults who present behaviours that challenge. It is not intended to provide guidance to those dealing with anti-social behaviours or other types of violence and aggression in the workplace. There are separate policies (see related policies) available for these situations.

4. Supporting a person with challenging or distressed behaviour

- 4.1. Anyone who could be offered a place within a service will be assessed to ensure that the placement is suitable and can meet their needs.
- 4.2. It is important to have a good understanding of the person's needs. Everyone receiving care and support will have an individualised assessment which outlines their needs, aspirations, and details of how to support the person and should include a risk assessment.
- 4.3. All people in receipt of services will also have a care and support plan. People who present with behaviours that challenge may also have/require a Behavioural Support Plan/Positive Behaviour Plan.
- 4.4. Adult Social Care staff should involve the person in the development of their care and support plan(s), as well as working with families and other carers to build a picture of the person's background which can help with understanding the reasons behind behaviours. Where appropriate, and if they are trained to do so, staff may also complete and use Motivational Assessment Scales to look to identify the purpose behind the behaviour.
- 4.5. The care and support plan, behaviour plan and the assessments should give clear guidance to staff about how to prevent, manage and de-escalate behaviours that challenge. It should also include information about precipitating factors/triggers to the behaviours.
- 4.6. Acting on early signs of behaviour can help to minimise the potential for it to develop further, therefore a person-centred approach must be used at all times when working with people in adult social care services. Staff working with people who may present behaviours that challenge should be aware of the person's care and support plan, and any potential causes for behaviours and how to help manage them.
3. When a person's behaviour changes and becomes more challenging, investigations must be carried out to identify the cause and the remedial action to be taken. This includes a care plan approach meeting and medication review(s) where applicable. Staff should involve the person and/or their family or advocate, in these reviews where possible/appropriate.
- 4.7. If a person living with dementia becomes aggressive, their behaviour may be a direct result of changes in their brain, or be caused by a general health problem, such as pain from an infection. If a person is being aggressive, they should be assessed by their GP in the first instance to identify any possible underlying causes.
- 4.8. Any staff who work with or could work with, and support people who may present with behaviours that challenge should undertake all relevant training provided by Central Bedfordshire Council's Learning & Development team.
- 4.9. Any techniques used to support a person presenting behaviours that challenge should be planned and sanctioned by involved health professionals. Where a person lacks mental capacity, should be subject to Mental Capacity Act 2005 Deprivation of Liberty Safeguards or Community DoLS order.

5. Conflict or challenging behaviour between people using services.

- 5.1. Conflict or challenging behaviour between people using services is frequently related to distress, frustration or needs not being met. Reasons could include:
- **Biological** – caused by infections, pain, discomfort, or side effects from medication.
 - **Social** – feeling isolated, being unable to communicate or being bored.
 - **Environmental** - loud noises, the wrong temperature
 - **Psychological** - misunderstandings due to dementia, learning difficulties or mental health problems. Control over their lives.
- 5.2. Where a risk of conflict or challenging behaviour is identified, plans will be put in place to support the person and reduce the risk of aggressive or violent behaviour. These will form part of the person's Care and Support Plan.
- 5.3. When supporting people displaying challenging behaviour, de-escalation or break away techniques should be used. Staff should not attempt to restrain the individual.
- 5.4. Where there is an ongoing issue between individuals the service will take a multi-agency approach to identifying a long-term solution.

6. Positive Behaviour Support

- 6.1. Positive Behaviour Support (PBS) is the approach used by staff in Central Bedfordshire Council Adult Social Care when supporting people who may present with behaviours that challenge or distressed behaviours.
- 6.2. PBS is a person-centred approach to people with a disability who may be at risk of displaying these types of behaviours.
- 6.3. Key Components of Positive Behaviour Support:

Values	1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	2. Constructional approaches to intervention design build stakeholder skills and opportunities and reject aversive and restrictive practices
	3. Stakeholder participation informs, implements and validates assessment and intervention practices
Theory and Evidence Base	4. An understanding that challenging behaviour develops to serve important functions for people
	5. The primary use of constructional principles and procedures from behaviour analysis to assess and support behaviour change
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessment to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring and evaluation of interventions over the long term

De-escalation

- 6.4. De-escalation refers to the process of diffusing situations as they begin to prevent them from getting worse. It is based on a knowledgeable understanding of the causes of violence and aggression, which is aimed at the prevention, reduction, or management of the probability of violent or aggressive behaviour.
- 6.5. Staff should always try to de-escalate instances of challenging behaviour first. This may involve:
- Talking down the situation using de-escalation techniques (providing that the member of staff has been trained in these techniques and they are an agreed response to the person).
 - Safely escalating the situation to allow the release of tension or emotion through verbal rather than physical expression (providing the member of staff has been trained in these techniques and they are an agreed response to the person – see 4.10).
 - Remove other people from the situation.
 - Consider sensory needs when making the area safe such as turn lights down, music and tv's off etc.
 - Summon assistance from colleagues.
 - Use distraction techniques.
 - Use of dis-engagement (Breakaway) techniques if required (where staff have received training in these techniques, and they are an agreed response to the person – see 4.5)

7. Disengagement Physical Intervention (Breakaway)

- 7.1. Breakaway interventions are those techniques used in 1:1 defence and disengagement from a physical behaviour from a person presenting behaviours that challenge. Training in these techniques can be accessed via Success Factors Learning and Development Portal.
- 7.2. Where there are instances where staff are unable to de-escalate a situation, and the person become unable to manage their emotion and behaviour, breakaway (dis-engagement) techniques may be required (as a response to hair pulls, bites, punching, kicking).
- 7.3. Disengagement should only be used by staff who have received training to perform the breakaway techniques.
- 7.4. Staff should ensure that other people who use services are moved away from the immediate area to prevent any potential upset or injury. Staff should contact the IST 24-hour crisis service for support.
- 7.5. A range of intervention and breakaway strategies can be used, if necessary, these techniques should only be used when the member of staff has been trained and they are an agreed response to the person.
- 7.6. In the unlikely event that interventions have failed and there is a risk of serious harm to the person, the support worker, other people using the service or a member of the public, staff should contact police or other external agencies such as mental health service or Intensive Support Team (IST) for advice. The ICT will complete a welfare call at an agreed period and may visit post incident.

8. Reporting

- 8.1. When there are instances where a person using services displays challenging or distressed behaviour that requires intervention, a verbal report, or written report via email, should be made to the most senior member of staff at the earliest opportunity. If a serious incident has occurred, contact should be made with the Head of Service. If the incident occurs out of hours, the emergency duty team should be informed.
- 8.2. Staff on subsequent shifts should be informed of the incident both verbally and through communication records.
- 8.3. Any physical and/or verbal aggression from a person in receipt of care and support should be dealt with in line with Council's [health and safety policy on aggression and violence](#)
- 8.4. If the behaviour is towards another person using services, it may be necessary to report this to the Adult Safeguarding team.
- 8.5. When reporting an incident, respectful language should always be used when describing what happened.
- 8.6. Managers should arrange a wellbeing/support meeting for the worker involved if required.
- 8.7. The Manager may consider the involvement of Police or other external agencies.

Recording

- 8.8. Where there are instances of aggression towards a member of staff, that staff member should complete an [accident, incident and near miss reporting and investigation form](#) and ensure this is made available to the service manager/Head of Service within 72 hours of the incident.
- 8.9. The incident should also be recorded in the persons daily records; and may require the persons care and support plan and or behaviour plan to be updated together with a risk assessment that should identify ways to mitigate behaviours.

9. Learning Disabilities Intensive Support Team

- 9.1. The Intensive Support Team (IST) provide support to people who have a learning disability who may be experiencing a mental health or behaviour crisis requiring urgent assessment and treatment.
- 9.2. Where there is an identifiable escalation in someone's behaviours, a service can refer the person to the IST service: [ELFT Learning Disabilities Intensive Support Team \(Bedfordshire\)](#)
 - IST are available Monday- Sunday between the hours of 08:00hrs and 21:00hrs, contact the team on 01234 310538.
 - Support out of these hours (21:00hrs and 08:00hrs), call NHS Mental Health Crisis Line on 111 (option 2) which is a 24-hour mental health crisis line.
- 9.3. In an emergency, irrespective of whether the person that challenges is known to IST, staff can request support via the 24-hour phone line. Ongoing support both proactive and reactive will then be agreed via a need's led assessment, where a PBP (Positive Behaviour Plan) will then be devised and introduced.

10. Equality and Diversity

- 10.1. All Adult Social Care policies are accompanied by an EIA (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 10.2. The Council should be proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their protected characteristics. Equality should be integral to the way in which any support is prioritised and delivered.

11. Information and Training Responsibilities

- 11.1. Central Bedfordshire Council staff can access various training to support people with behaviours that challenge:

- Risk Assessments for Care & Support
- Mental Capacity Awareness
- Positive Behavioural Support & Breakaway Training
- Mental Health, Dementia, and Learning Disabilities in Care
- Understanding Autism

The Oliver McGowan Mandatory Training

- 11.2. The Health and Care Act 2022 introduced a requirement that all CQC registered service providers must ensure their staff have training on learning disability and autism that is appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff.
- 11.3. Two training packages have been co-designed with people with a learning disability, autistic people and their family members and carers.
- Tier 1 package of The Oliver McGowan Mandatory Training on Learning Disability and Autism - for people who require a general awareness of the support that autistic people or people with a learning disability may need.
 - Tier 2 package of The Oliver McGowan Mandatory Training on Learning Disability and Autism - for people who may need to provide care and support for autistic people or people with a learning disability.
- 11.4. Central Bedfordshire Council requires all health and social care staff, including those that are not CQC registered to undertake the Oliver McGowan training program. This training can be accessed via Success Factors Learning and Development Portal.
- 11.5. If there are any additional learning needs or requirements identified, a [Development Request](#) form would need to be completed and returned to the department detailed on the form. There is a process that then needs to be followed by Workforce Development and the request would have to go through an approvals process. The [Development Request](#) form can be accessed through the intranet.

12. Related Policies

- Person Centred Care

- Medication Management
- Multi-agency Safeguarding Policy
- MCA Policy
- Community DOLS
- CBC Violence, aggression and lone working policy and guidance
- Lone Working
- Staff wellbeing

13. Policy Monitoring and Reporting Arrangements

CQC Assurance Key Questions and Quality Statements

13.1. This policy document supports CQC Assurance Key Questions and Quality Statements:

[Key questions and quality statements - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Key question:	Quality statements we will use to assess quality
Safe	<p>Learning culture We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safe systems, pathways, and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.</p> <p>Safeguarding We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p> <p>Involving people to manage risks We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.</p> <p>Safe environments We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.</p> <p>Safe and effective staffing We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p>

Effective	<p>Assessing needs We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Delivering evidence-based care and treatment We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.</p> <p>Consent to care and treatment We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>
Caring	<p>Treating people as individuals We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control We promote people’s independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people’s immediate needs We listen to and understand people’s needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p> <p>Workforce wellbeing and enablement We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care</p>
Responsive	<p>Person Centred Care We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Equity in access We make sure that everyone can access the care, support, and treatment they need when they need it.</p>
Well-led	<p>Governance, management, and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>

14. Evaluation and Review

14.1. This document will be reviewed every 2 years unless statutory guidance changes where a review will take place sooner.

15. Appendices

- [Positive Behavioural Support Competence Framework](#)
- [Supporting People with challenging or distressed behaviour \(Skills for Care\)](#)

16. Reader Confirmation

Reader Confirmation

Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document:

[ASC Policy Reader Confirmation Form](#)