Management of Challenging Behaviour Policy

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1. Policy Statement

The following policy states The Mungo Foundation’s position with regard to the management of behaviours that challenge services. It is concerned with all individuals we support who use our projects and the safeguarding of staff who provide care and support.

In the following sections there is guidance on some of the key issues in managing behaviours that can challenge services. It is important to recognise that behaviours that challenge occur in a range of settings and take many different forms, such as apparent disinterest in or disengagement from activities; behaviours which may generally be viewed as socially inappropriate and therefore jeopardise abuse of other individuals using services or the staff supporting them.

No policy or procedure can eliminate behaviours that challenge services. There can be a “one size fits all” prescriptive approach – each individual has needs that are particular to them alone and may present challenges that require to be managed in ways unique to them. However, a policy can help to provide a framework for the management of such behaviours and assist in the delivery of appropriately personalised support arrangements.

More extreme behaviours can present major management difficulties for all involved in the care of an individual we support. Where acts of violence or aggression occur it is important that they are recorded and investigated (if appropriate) and resolved sensitively. The Mungo Foundation will provide training opportunities to help staff understand the causes of such behaviour and support better and to help staff divert and diffuse difficult behaviour.

A fundamental tenet in these procedures is that each individual has different needs and requires a highly individualised approach to meet those needs. Services must be able to respond in a way that recognises and understands the unique nature of a person’s needs. A core principle of an approach to management of behaviours that challenge is to minimise the likelihood of behaviours that challenge from occurring. The foundation for achieving this is person centred planning, combined with appropriate risk assessment. The Mungo Foundation seeks to equip staff with person centred planning and risk assessment tools to create these outcomes.

Dignity and respect should always be given to all in our care especially those with challenging needs, as often they have feelings of low self esteem and worth. A
sense of community spirit can bring about the growth of personal and social awareness encompassing those we live with and the environment we live within. Behaviours that challenge services can be many and varied, across a broad spectrum. They are likely to be of a nature which presents challenges to the way a person is supported. No absolute definition exists but behaviours which could legitimately be described as challenging to services include:

- Stripping;
- Smearing faeces on clothing, walls etc;
- Spitting;
- Throwing objects indiscriminately at other individuals who use the service, support staff or visitors;
- Physical contacts such as nipping, biting, pulling hair, slapping, punching or kicking self directed towards other people;
- Inability to recognise or respect personal space or appropriate social boundaries e.g. inappropriate touching, standing too close, threatening body language etc;
- Shouting, swearing or gesticulating, again in ways or places that such behaviours would seem out of place or out of proportion;
- Impulsive or potentially reckless or dangerous behaviours such as running into traffic, trying to get into or leave moving vehicles etc;
- Abuse e.g. physical, emotional or sexual;
- Behaving in ways that could be termed anti-social e.g. playing loud music at inappropriate times.

The Mungo Foundation recognises that “challenging behaviour” rarely has a single “cause” but is often an expression of underlying needs, issues or factors that may influence behaviour such as:

- Communication and comprehension issues e.g. inability to express feelings, needs etc, not being understood/listened to;
- Personality/character e.g. is the person an introvert, extrovert, moody, impulsive etc;
- Sense of self e.g. does the person have a positive or negative self image, low or high self esteem, how self aware is the person etc;
- Lack of meaningful and rewarding activities;
- Effects of medication;
• Physical/mental health issues/learning difficulties;
• Noise/temperature/physical space;
• Under/over stimulation in the person’s social environment;
• Routine e.g. are routines predictable or boring or is the person constantly unaware of what will happen next;
• Choice (not enough or too much);
• Being seen as different or not being treated as an individual;
• Abuse e.g. physical, emotional or sexual.

The Mungo Foundation recognises that there are a relatively small but significant proportion of people in our services, who demonstrate behaviours which are seen as challenging and can be difficult to manage for staff. It is also sometimes the case that people are excluded from or receiving support because their behaviours are considered unmanageable in service settings.

Very often staff are managing such behaviours effectively despite the problems they experience in doing so and the constraints sometimes afforded by the setting in which people are supported. The Mungo Foundation recognises that the likelihood of experiencing violence and aggression at work is a genuine concern for some staff. The organisation’s Violence and Aggression, Health and Safety and Risk Assessment Policies provide an appropriate framework for support staff in these circumstances. Keeping people safe, both staff and individuals we support, is the top priority in this policy.

2. Principles of Managing Challenging Behaviour

Some individuals have risks associated with their individual character, history or method of communication (communication difficulties, past history, personality traits). In the following sections some of these risks are described and possible support measures are set out.

In order to assess whether someone’s behaviour poses a significant risk to themselves or others it is vital that a full history of the person being supported is identified and an assessment completed. If there are any concerns that such a full picture cannot be identified then contact should be made with any significant people involved with the individual being supported. In some cases this may be a Social Worker, or some other professional acting in the role of Care Manager, in other cases this might be other staff or carers such as family members or friends.
When managing challenging behaviour we must find out what the person is getting or not getting out of repeating behaviour. Many consequences of the behaviour are externally motivating e.g. an increase in attention from staff, avoidance of a task/activity. There are also internally motivating consequences i.e. someone banging their head because they are bored may be stimulated by doing so or they may be trying to communicate with others.

2.1 Behaviours Harmful to Others

People can sometimes act in ways that might cause significant risk to others. The reasons for such behaviour is often complex and can take time for staff to fully understand. Some possible explanations for such behaviours can include:

- Ill health or a possible response to physical pain – whether the cause of pain is known or not;
- The consequences or severe mental ill health;
- Learned behaviours – ways of dealing with certain situations;
- A way of communicating something;
- A way of expressing emotions or frustrations;
- A way of expressing needs e.g. hunger, tiredness etc.

Some behaviour may well be linked to a particular environment, so if staff can work out where someone will be happier the behaviour should reduce. However, this can also mean that difficult behaviours that did not appear on one environment may be “rediscovered” in a new environment.

2.2 Person Centred Planning

Developing particular responses for this kind of behaviour is vital. When considering how to deal with behaviours that challenge services the following principles are important in order to avoid the common response of blaming the individual for their behaviour:

- Think about the individual and their whole life, not just the behaviour that is causing difficulties;
- Take time, don’t jump to conclusions, don’t make assumptions, don’t judge the behaviour from your own personal situation or perspective;
- Assess the situation fully;
- Ask for help, do not feel as if you are on your own;
- Remember that change will take time so be patient;
Encourage the individual to make informed choices – don’t limit the choices available, but don’t overload the person with choices either;

- Be firm but flexible in your responses;
- Be consistent don’t change your approach from incident to incident, from day to day or between different members of the staff team. Any changes in approach should be discussed, planned and recorded;
- Continually monitor the situation;
- Re-evaluate and amend your responses, Care Plan and Risk Assessment in light of new information and experiences.

A key part of good planning will be to ensure that, where possible, the individual is achieving those aspects of their preferred or chosen lifestyle, which they have identified as essential to their wellbeing. All individuals we support must have an individual care/support plan centred on their chosen lifestyles reflecting choice, goals, wishes and desires. Evaluation timescales must be included within each individual plan.

If there are any known behaviours that present a significant risk to the person or to others, there should be specific plans worked out as part of the care/support plan for that person. A Risk Assessment will help identify the ways in which the person can be supported and managed to minimise any difficulties identified. These strategies should be recorded as part of the overall care plan for the individual.

It is also very important to carefully review any significant changes that have or are about to happen in an individual’s life. Change is always traumatic and we all find it difficult to cope with and adjust to changes in the boundaries and patterns of our lives. Some examples of significant life changes can include moving home; leaving school; getting a job; death of a loved one or leaving hospital.

In general it is easier to manage behaviours that challenge when the person’s needs are being met and the support for the person is individualised. This means that the person can be supported in the community to meet his/her needs safely in an individualised or person centred way. It also reduces the impact of some behaviour on other people with their own support needs.

Completion of this part of the support plan will be the responsibility of the Key Worker with the support of their Line Manager. Where it is appropriate to do so, specialist advice may be sought from the identified specialist training provider,
Care Manager or psychologist etc, contracted by the Council to ensure any interventions are appropriate to the needs of the individual.

2.3 Recording and Monitoring Behaviour

Challenging behaviours can be managed in a more positive way where care support planning is individualised and person centred. This enables the individual person to be supported within the community to meet his/her needs safely. This also reduces the effects that certain behaviours can make to the life of other people who depend on their own needs being met. This will enable us to work effectively with people who exhibit challenging behaviour and we must ensure we accurately observe and record the behaviours when they occur. We will then plan our responses to the behaviour. Planned responses cause less distress to the person who uses the service and may result in fewer injuries to both staff and service users. There are a number of tools we can use to effectively monitor behaviour and behaviour patterns; these include ABC Charts and Scatter Plots ((See forms 1, 2 & 3 (pages 26, 27 & 28) for examples and guidance regarding use)).

The recordings will form part of the Risk Assessment process and will be an essential part of the ongoing Risk Assessment and Support Plan Evaluation process.

2.4 Risk Assessing Challenging Behaviour

2.4.1 Clearly Define Issues being Assessed

- Get clarity around exactly what the perceived risk is;
- Use clear and unambiguous language;
- Be respectful to the person;
- Make sure that everyone agrees that this is the issue;
- Make sure this is something which you have responsibility for.

2.4.2 Breaking Down the Behaviour (use of ABC Charts and/or Scatter Plots is essential here):

- Find out if there is a pattern to the behaviour/event;
- Does it happen at a particular time of the day/week/month/year?
- Is there something usually going on immediately before or after?
- Is there any indication that it is going to happen?
- Are there particular circumstances or places in which the behaviour occurs?
- How frequently has it happened in the past? This should be evidence based, not conjecture;
• How recently has this happened?
• Does the physical environment increase or decrease risk?
• Is space restricted or open?
• Are there physical hazards?

2.4.3 Consequence of Behaviour
What impact will the behaviour have upon:
• The person;
• The public (including family, neighbours as well as the general public);
• The organisation (including staff).
Think about impact in terms of injury, damage to property or goods, status and how the person may be perceived as a consequence of their behaviour. Be clear and precise. Make sure that these are based upon evidence from the past, common sense or likely occurrence.
Weigh up the likely impact of the behaviour/issue happening in relation to what has been identified in the person centred support plan with regard to:
• What is essential?
• What is important?
• What are preferences?
• Which of these will not happen or is at risk of happening if the behaviour/issue occurs?

2.4.4 Strategies to Reduce/Manage the Behaviour
Thinking about when the behaviour occurs and how it occurs, the planning groups should think about ways to help either reduce or prevent the likelihood of the issue happening or reduce its impact. Thought should be given to:
• Adaptations to the immediate environment;
• Accommodations to change what is usually going on;
• Support to the individual;
• Training for staff;
• Further work which needs to be done to find out more about the issue.
It is important at this stage to come up with lots of different ideas. Staff can evaluate the effectiveness of these strategies as relationships develop.
Each strategy to manage the behaviour needs to be evaluated against what impact the response is going to have in relation to the safety of the person and others, and the happiness of the person.

2.4.5 Summary

In following a Risk Assessment model staff should be in a position to have now:

- Become clear about the behaviour/issues(s);
- Become clear about when and maybe why it happens;
- Understood the potential consequences of the behaviour/issue(s);
- Understood the impact of the physical environment;
- Understood the potential opportunity lost in relation to what is important to the person;
- Devised strategies to reduce or manage the behaviour/issue(s);
- Evaluated these strategies in terms of their effectiveness in reducing or managing the behaviour/issue(s);
- Evaluated these strategies in terms of the impact upon the safety of the person and others and their happiness;
- Made a decision as to which strategies will be adopted and record this process clearly in the Care Plan.

All instances of challenging behaviour may not involve violent or aggressive behaviour. If such instances occur, please refer to the Violence and Aggression Policy.

Managers have the responsibility to monitor and review the following if documentation shows:

- Physical interventions are used more frequently than anticipated from the Risk Assessments;
- Physical interventions are used with increasing frequency and/or increased duration over time;
- There are regular patterns emerging e.g. same staff, same person using the service, same time and same place etc;
- Injuries are occurring to staff and individuals who use the service;
- There are any indications that the agreed interventions are not being implemented according to the policy and procedures.
3. **Information and Training**

It is an aim of The Mungo Foundation that all staff supporting individuals who use services should undertake professional training appropriate to their roles and the needs of the people being supported. Many staff within The Mungo Foundation has undertaken formal training in the area of Social Care e.g. HNC and/or SVQ level 3. It is important that staff involved in direct support services receive training that covers areas such as:-

- Communication skills including forms of non-verbal communication;
- Recording, covering areas such as case notes, support planning, report writing etc;
- The Mungo Foundation’s values;
- Person centred planning;
- Specific approaches to dealing with behaviours that challenge;
- Health and Safety Awareness and Risk Assessment.

De-escalation training for staff is extremely important. Training in breakaway techniques on occasion could also be helpful and in exceptional cases, training on restraint. These techniques should not be used unless staff are fully trained, confident and competent to do so.

It is important to remember that some situations may require staff to withdraw from a challenging behaviour situation. This does not mean staff have failed to manage the situation, but it may have been the only safe course of action to take.

3.1 **CALM Training**

Please refer to The Mungo Foundation’s CALM Physical Intervention Protocol.

4. **Post Incident Support**

After an episode of challenging behaviour, a debriefing session must take place. This will be conducted by a Line Manager and should take place within a few days of the incident, although it may take place immediately afterwards.

The session can take the form of an informal chat, a supervision session or group debriefing sessions, possibly during a team meeting. These sessions will include discussion on how staff feel regarding the incident, a review of the incident and staff action during it, it could also be a forum for Line Management advice and support for individuals or staff team.
It is essential staff are given the opportunity to talk about incidents, particularly if they are of a serious, violent nature. A helpful feature of coping with challenging behaviour is to identify other people who have or are experiencing similar difficulties and to share experiences and strategies for coping. These discussions may form the basis of a new approach to specific challenging behaviour situations. Many projects within The Mungo Foundation have staff who have a wealth of experience in working with people whose behaviour can challenge. In addition, many projects have information resources which can help to inform best practice. The organisation seeks to encourage a culture of supporting each other and sharing information which may benefit other projects. This can be achieved through our Staff Practice Forums. It will be the ultimate responsibility of Managers to ensure the sharing of best practice across the range of services operated by the organisation.

All staff will be responsible for following any policies and procedures relating to the management of behaviours that challenge services. Policies that are in place to safeguard the individual and others are of the utmost importance and breaching such policies may be considered under The Mungo Foundation’s disciplinary procedures.

5. The Use of Physical Interventions

Please refer to The Mungo Foundation’s CALM Physical Interventions Protocol.

6. Inappropriate Interventions

The following actions are not to be included in the support planning process:-

- Will not highlight physical interventions as a ‘first resort’ technique;
- Will not include the use of any forms of punishment or threats;
- Will not include “non approved” techniques;
- Will not include techniques that involve un-necessary force;
- Will not include techniques that will cause pain;
- Will not include the use of any type of restraining materials e.g. bed sheets, wheelchair belts etc, or the inappropriate use of safety equipment e.g. seat belts, wheelchair belts etc, as a means of restraint;
- Will not involve the practices of locking an individual in a room or subjecting them to long periods of isolation;
• Will not include practices such as restricting social contacts, the denial of food or the withdrawal of personal care and attention;
• Will not include courses of action that involve removal of a person’s clothing.

7. Links to other Policies
• Violence and Aggression Policy;
• Incident Reporting Policy and Procedures;
• Risk Assessment Policy;
• Restraint Policy.

8. Introduction to Appendices
The next section of this policy includes specific information about people who may display self-injurious behaviour; people with mental health problems; older people and people with dementia; people with learning disabilities; people with addictions; and children and young people with disabilities.

The purpose of this information is to alert staff to some more specific factors which may lead to behaviours that challenge. Some of the information provided relates to a wide range of people but may be more likely within certain service areas. It does not mean that all people within a service area have similar needs – the opposite is much more likely to be the case.

It is not possible for a policy to provide exhaustive details about certain illnesses or conditions. Staff who work in various settings will need more detailed information and training to enable them to effectively support individuals. The following appendices focuses on generic groups where there are more likely to be present some kind of cognitive impairment that may contribute to behaviours that challenge. If staff are not sure about any illness, condition or issues affecting people they support, they should seek advice from their Line Manager about appropriate sources of guidance, information and training.

Some people present challenges to services yet have no known cognitive impairment. They may be an adult or a child; they may have a disability they may not. They way they act may be associated with past experience or it may not. This policy has a general application across all The Mungo Foundation’s service areas. In all cases, the emphasis on treating each person as an individual and remaining person centred must always remain as the focal point for interventions.
Appendix 1

People who Display Self-Harming Behaviour

The reasons that cause individuals to self harm are many and varied such as a coping mechanism when the person is tense, angry or upset; a method of gaining the attention of peers or staff. It is important to understand that gaining attention is usually not an end in itself but will be the obvious symptom of some underlying issues. Many people actually feel better and more relaxed after self-harming. Self harm is a complex issue and therefore self-harming behaviour should be examined in the same detailed way as behaviour that is harmful to others.

For specific individuals who are at risk of harming themselves there must be specific plans in place. It will be important to think about:-

- How medication is stored;
- Where knives, other sharp or heavy objects or DIY tools are kept;
- How cleaning materials are stored;
- How to appropriately respond to episodes of self-harm.

One of the most important principles when an individual regularly threatens suicide or self-harm is to ensure that staff do not become complacent and minimise or ignore what is being communicated.
People with Mental Health Problems

Many people experience mental health problems at some time in their life. Most people with mental health problems make a full recovery and do not have ongoing needs for support. Others may experience episodes of ill health, during which support may be necessary and may be in addition to their usual support needs. Others will have significant long term requirements for support.

In certain circumstances the nature of a person’s mental ill health may present challenges in the way they are supported to lead their lives. In severe instances of illnesses it is possible that their behaviour may be affected in the following ways:

- Withdrawal from usual patterns of life;
- Deterioration in self care;
- Disruption to sleep patterns;
- Loss of appetite and associated problems;
- Disturbed language and communication problems;
- Raised levels of anxiety and agitation;
- Inability to cope with routine tasks;
- Holding ideas and beliefs that appear irrational to others;
- Auditory and visual hallucinations.

In a very small minority of cases the nature of the mental illness may result in aggressive behaviour towards themselves or others. It is, though, important to remember that the reason for some of these behaviours may have nothing to do with mental illness. A person may withdraw from a service simply because it does not meet their needs. Other presenting symptoms may have other underlying, physical reasons, often it is a number of symptoms or behaviours that, taken together, can be seen as constituting a mental illness.

In such circumstances it will often be necessary to speak to others who are close to the person to assess changes in someone’s usual levels of functioning. It may be necessary to seek or facilitate medical advice in such circumstances.

Where someone has a diagnosed mental illness for which they are receiving treatment it is important that staff are familiar with the nature of the illness and the potential impact on their behaviour. Staff should be aware of any medication that may be prescribed, together with the likely consequences of not taking it or exceeding the stated dosage, as
well as any side effects that may exist. This information must be contained within the support plan.
Older Adults and People with Dementia

Dementia is an impairment of intelligence, memory and personality which can occur at any age but becomes much more frequent with increasing age. 20% in those aged over 80 years will suffer from some form of dementia. Impairment of intelligence can result in the making of rash, inappropriate decisions, out of keeping with previous behaviour. As the person’s dementia progresses habits, standards and personal hygiene can all deteriorate, causing distress and worry for others. Impairment of memory is well recognised but often wrongly considered to be the only symptom of dementia. Short term memory is usually affected first with the long term memory remaining unaffected for some time. Impairment of personality is the most distressing for carers, and can potentially cause greatest difficulty for staff supporting the individual with the individual becoming a “different” person. Extremes in emotional responses are often seen, sometimes building to a very severe reaction, where a trivial incident such as failure to tie a shoelace leads to severe emotional distress or anger.

Memory problems and disorientation is a common feature of dementia. Often carers and staff will “argue” with the dementia sufferer, correcting their mistakes and sometimes becoming angry or impatient themselves. This can lead to an escalation in behaviours ultimately ending in a very severe emotional reaction, aggressive behaviour or contributing to the development of depressive illness or social withdrawal.

As with other people, it is important to consider whether there are physical causes to behaviours that challenge. Constipation can be a common condition in older adults, and can contribute to a worsening of confusion often associated with irritability or aggression as well.

Mislaying and forgetting where possessions should be can lead to accusations of theft against staff or others. This can be upsetting and stressful to both the person (as the accusation may be true) and the member of staff (as it may be false). In some people accusations may progress from single occasions to a complete set of delusional ideas.
Appendix 4

People who Misuse Substances

A high percentage of people take a variety of substances e.g. alcohol, tobacco, prescription drugs or illegal drugs, for different reasons. For some, the desire or perceived need to use excessive or damaging levels of any of these can cause problems and may result in physical, mental and emotional damage, as well as difficulties in their relationships with others. Those misusing illegal substances can face the additional difficulty of criminal charges or potential imprisonment.

There are many myths in relation to expected behaviours displayed by those who misuse substances and there is a tendency to view those who misuse alcohol more positively or, with more acceptance than, for example, a person who injects heroin. These myths appear to be borne of the general acceptance of alcohol and the hype and regular media demonisation of others (e.g. heroin, cocaine, cannabis etc). Often, an individual choosing to misuse substances may have underlying mental health or emotional difficulties and may decide to use substances as a means of escape or simply to assist them to deal with their various problems. People who enjoy alcohol in moderation and limit their intake to social events, weekends, nights out etc, often adopt a similar strategy, although they can generally control their use and will often attribute the alcohol to the overall enjoyment of the event.

In some cases, people feel that they simply cannot function without their chosen substance, and develop a high level of dependence, both physically and psychologically. Attempts are often made by specialist agencies to either stabilise use, or work towards total abstinence. For many the goal of abstinence is not realistic (cigarette smokers are a good example – many try to fail!!) therefore programmes are often planned to reduce or stabilise use. Examples of this are where an individual undertakes a controlled drinking programme, attempting to limit damage. Another is the prescribing of methadone for those injecting heroin, with the goal being the reduction in the risks associated with injection and the potential for use of infected or bad heroin.

Due to the variety of potential underlying difficulties and each individuals’ potential to react differently to any particular substance, it is difficult to list expected or anticipated behaviours. There could be one, or a combination of the following, although this list is not exhaustive:-

- Lowering of inhibition;
- Lack of awareness/control;
- Slowed response;
- Slurred speech;
- Hyperactivity;
- Paranoia;
- Aggression.

It should be noted that many people can continue to function relatively “normally” when using substances, with no particularly obvious signs or behaviours. There should never be assumptions made regarding an individual’s behaviour and suggested use of substances. It is generally not possible to fully determine the presence of substances without blood or urine screening, therefore, any concerning behaviours should be managed in the context of other information known about an individual via their care plan and assistance sought if this presents as being different from usually observed behaviour.
Appendix 5

People with Learning Disabilities

People with learning disabilities have a significant, lifelong condition that started before adulthood and affected their development. It means they may require support to understand information, learn skills and cope independently. Whilst a significant number of people with a learning disability are able to lead full lives with relatively little support, many others are likely to have high support needs.

Many people with learning disabilities who have high levels of needs experience difficulties in communicating. Their needs, wishes and desires may not be obvious to people who support them because of this. Being unable to communicate effectively is a barrier to:

- Making relationships;
- Learning new skills;
- Making choices;
- Projecting our own identity and personality;
- Being accepted as a full member of a community.

Being able to communicate in ways that others understand can be extremely frustrating and is often a cause of behaviours that challenge services in people with learning disabilities. It can lead to outbursts of anger and perhaps physically aggressive behaviour or more, cause people to become despondent or depressed. Often people who try to express dissatisfaction or communicate a need through means that we see as different or anti-social find themselves labelled as “difficult” or “challenging”. This can become a permanent label and people develop reputations as problems rather than victims of services that are unable to understand or respond successfully to their needs.

Everyone communicates in some form even if they use little or no language. Staff who support someone need to know the person well enough to understand how they express themselves and what it means. This can only be gained through the compilation of a person centred plan and the design of services sensitive to their needs. Sometimes behaviours that are challenging to manage arise because new staff are brought in and they are not familiar with the person or their plan. It is vital that staff deployed in these circumstances is aware of what the plan says about the person and what responses to certain situations are part of that plan. If they are not aware, we are helping to create the conditions for such behaviours to manifest themselves.
Children and Young People with Disabilities

All children behave, at times, in ways that can be perceived as challenging, including children with disabilities. It is important, therefore, that children are supported to participate in day-to-day activities in a way that is supportive of their needs and respectful of their rights as children first and foremost. When any child displays behaviour that is at times difficult to cope with it is important to attempt to identify and understand the underlying causes; often this sort of behaviour is a sign that the child is upset and needs an environment that is calm or as reassuring as possible.

Many children with disabilities have problems with language and communication and maybe unable to let you know what is causing their upset. They may be tired, or unwell or experiencing a change in routine or simply bored. Some children may behave in certain ways as a result of their impairment or medical condition.

Some medical treatments or conditions can affect a child’s behaviour. For example, a child with diabetes may have changes in behaviour because of varying insulin levels. Epilepsy and any form of the seizure activity, even though it is not always discernible, can interfere with mood and behaviour.

It is important for staff who are working with children who are perceived as challenging, to be positive instead of disciplining bad behaviour, encourage and praise good behaviour – be clear and consistent in your approach. It is important that all staff working with the child is clear about what approaches work with the child and how to minimise the risk of behaviours occurring. The child may have an agreed programme. Any programme or approach needs to be written into the child’s care plan.
Appendix 7

Reporting of Accidents and Incidents including Sudden Death

Guidance Note
Service providers are required to report significant accidents/incidents/sudden death in respect of people with mental health disorders (as defined in the Mental Health (Scotland) Act 1984) including dementia and learning disability. Incidents must be reported to Social Care & Social Work Improvement Scotland (formerly the Care Commission), Mental Welfare Commission and relevant Local Authority department.

Definition of a serious incident:
- Sudden death;
- Suicide;
- Serious injury;
- Violent incident directed against an individual;
- Incidents of actual or intended abuse, emotional, physical or sexual;
- Maladministration of service user’s funds or property;
- Incidents of financial exploitation;
- Serious loss or damage to property;
- Illegal restraint or restrictions on liberty;
- Missing persons from establishments or community.

The completed forms should be processed in consultation with Line Management.
ABC Charts

ABC Charts (Page 26) are useful tools in monitoring and recording challenging behaviours. They can provide us with the baseline from which we can devise and implement strategies to decrease the frequency or eliminate the behaviours in question.

Definition:

A: Antecedent – Things that have happened prior to the behaviour occurring and may have been the trigger. Antecedent events can be activities; settings; other people; objects; thoughts or feelings. These events/things usually, but not always, happen immediately prior to the behaviour being exhibited e.g. someone wants to go out but is informed staff cannot go out at this time. The person responds to this news by being verbally aggressive towards the staff member.

B: Behaviour – The actions of an individual in responses to an antecedent.

C: Consequence – What happens after the behaviour; this will normally be the immediate aftermath of the incident.

ABC Charts do not replace The Mungo Foundation’s Violent Incident Recording Forms they are used in conjunction with them.
Appendix 9

Scatter Plots

A Scatter Plot can be a useful tool to provide an immediate at a glance overview of the frequency of behaviour but importantly can identify patterns of behaviour. When completing ABC Charts workers may not be aware of any patterns to the behaviour that may be emerging. Completing a Scatter Plot alongside an ABC Chart may alert us to patterns and frequencies of behaviours.

Scatter Plots are completed as follows -

Behaviours are grouped together and assigned a letter:

A:  Verbal aggression directed towards individuals we support.
B:  Physical aggression directed towards individuals we support.
C:  Verbal aggression directed towards staff and others.
D:  Physical aggression directed towards staff and others.
E:  Physical aggression directed towards objects.

The number of letters assigned to behaviours should be minimised to avoid confusion. The above list is an example of coding but should not be taken as how behaviours must be coded.

Scatter Plots are not a substitute for an ABC Chart but an additional recording mechanism to enable workers to effectively support people who present with challenging behaviours. The following forms on pages 27 & 28 cover weekly and monthly recordings.
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