

Title of POL: Behaviours that Challenge

Custodian: Group Managing Director

Version Number: 02

Issue date: 27.03.26

Review date: 27.03.29

POLICY (POL)

Title of Policy	Behaviours that Challenge		
What type of document is this?	Policy (POL)	Policy Reference Number	HHH-POL-061
Purpose of POL	To define behaviours that challenge and how they should be managed with the least negative impact to all involved.		
ROLES AND RESPONSIBILITIES Include in this section details of the key roles and associated responsibilities relevant to the document			
Roles	Responsibility		
Branch Employees	Where the service has identified 'behaviours that challenge', ensure person centred risk assessments are in place/implemented. Where concerns or incidents have been raised by staff, ensure to complete relevant incident reports, investigations, review risk assessment/care plan, consider actions and learning.		
Carers	To ensure safety of the customer and staff, ensure that 'behaviours that challenge' risk assessments are read and understood prior to providing care for the customer. Follow applicable control measures outlined within risk assessments. Report concerns or incidents to line manager promptly.		
Scope of POL	This policy outlines the definition of behaviours that challenge and emphasizes the importance of understanding the underlying causes of such behaviour. It applies to all customers receiving care and support from Helping Hands and provides guidance for staff in managing, supporting, and responding appropriately to these behaviours.		

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POLICY (POL)**1.0 Definition**

1.1 Behaviour is challenging if it poses safety risks to the person or others, disrupts daily life, or impairs a person's ability to engage in activities. Behaviour that challenges is not a learning disability, but people with a disability are more likely to show challenging behaviour. (*Mencap, 2023*).

1.2 There is no single cause for behaviours that challenge, but environment, relationships, discomfort, and frustration are all common reasons. People with a disability affecting the brain are more likely to show challenging behaviour in order to express themselves. Behaviours that challenge are more prevalent in people who have a learning disability co-existing with (ASD) autistic spectrum disorder. '*Challenging behaviour: assessing risk factors in people with learning disability*', (*Rauf, 2012*).

1.3 Behaviours that challenge can include:

- Aggression
- Self-harm
- Destructiveness
- Disruptiveness

These behaviours can appear as:

- 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., spitting, smearing, removing clothes in public, running off)

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1.4 Behaviours that challenge can also include sexually inappropriate behaviour in adults. This can be a result of a mental health or neurological condition, such as dementia. It may include:

- Undressing in public
- Fondling genitals
- Touching someone inappropriately

2.0 Purpose

2.1 It is important to understand why a person is behaving in a challenging way. In many cases, it's a way for a person to control what is going on around them and to get their needs met. Identifying the potential triggers can improve the use of constructive interventions to alleviate behavioural issues. Challenging behaviour may be associated with various physical health problems such as Epilepsy, urinary tract infection, uncontrolled pain, constipation, hypo/hyperglycaemia.

2.2 Excluding physical health problems as a cause can help to identify other possible causes such as mental health causes, this may include seeking social attention, using certain behaviours to get a 'reward' such as food or objects, avoidance of certain situations that the person does not like such as blood tests or going to the dentist, or gaining sensory pleasure through behaviours such as repetitive rocking or masturbation.

3.0 Process

3.1 According to the Challenging Behaviour Foundation, challenging behaviour is unlikely to be spontaneous. It usually develops in stages:

- Green 'Proactive' phase: where a person is mostly calm and relaxed
- Amber 'Active' phase: where a person starts to become anxious. Quick action must be taken to avoid challenging behaviour
- Red 'Reactive' phase: where challenging behaviour occurs
- Blue 'post-reactive' phase: where the person starts to relax again

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3.2 Keeping a record can help healthcare professionals find out why a person is behaving in a certain way and identify a trend or triggers. It is important to record:

- Description of the behaviour – exactly what happened?
- Early warning signs such as becoming red in the face or pacing
- What happens before the behaviour, does something trigger the behaviours? Noisy environment, being told no, etc.
- What happens after the event? What methods help to calm down the behaviour?

3.3 A 'Behaviour Support Plan' is used based on the information shared with health and social care professionals to plan how to manage the challenging behaviour or lessen the impact on the person and those caring for them. Two important parts of the plan are:

3.3.1 *Proactive strategies*. These are used to make sure that the person has got what they need to avoid challenging behaviours. They also describe ways to teach the person communication and other skills. Examples include:

- Looking for triggers
- Teach skills for communication such as a sign for "finished"
- Be aware of how to talk to the person – keeping firm, funny and calm voice
- Adjusting the environment – dim the lights, carers to tie their hair back to stop someone pulling hair.
- Rewards in response for positive behaviour
- Routine and structure
- Maintain non-threatening body language
- Boundaries

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3.3.2 *Reactive strategies.* These are designed to keep the person and those around them safe in the event of challenging behaviour. Examples include:

- Do not respond to the undesired behaviour
- Give reminders of expectations
- De-escalation techniques such as distraction
- Give the person what they want if safe to do so
- Remove yourself from the situation if immediate risk to your safety is anticipated e.g., leave the room
- Escalate concerns and ask for help from an appropriate source

3.4 A good plan has more proactive than reactive strategies. In the situation of harm or potential harm, an Accident and Incident Form should be completed promptly and appropriate actions taken. A safeguarding must be raised if there is risk of significant harm to an individual.

TRAINING	Yes
Is training required?	
Details of training	All Helping Hands staff working with behaviours that challenge should undertake the LMS Positive Behaviours module.
COMPLIANCE	In the event of change to internal process this policy will be reviewed. Care Mangers to monitor understanding and compliance with requirements through one-to-one discussions and team meetings.
How is compliance within this document going to be monitored?	

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EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION		
	Positive/Negative/N/A	Comments
Does the document have a positive or negative impact on one group of people over another based on their:		
• Age?	N/A	
• Disability	Yes	As described within section 1.0 of the policy, people with a learning disability are more likely to show challenging behaviour, but these individuals should not all be automatically judged and determined as at risk of displaying behaviours that challenge.
• Gender assignment?	N/A	
• Pregnancy and maternity (which includes breastfeeding)	N/A	
• Race (including nationality, ethnic or national origins or colour)?	N/A	
• Marriage or civil partnership?	N/A	
• Religion or belief?	N/A	
• Sex?	N/A	
• Sexual orientation?	N/A	

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<p>If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?</p>		
<p>If the impact on one of the above groups is likely to be negative:</p>		
<p>Can the impact be avoided?</p>	<p>N/A</p>	
<p>What alternatives are there to achieving the document's aim without the impact?</p>	<p>N/A</p>	
<p>Can the impact be reduced by taking different action?</p>	<p>N/A</p>	
<p>Is there an impact on staff, customer or someone else's privacy?</p>	<p>N/A</p>	
<p>Changes since previous version</p>	<p>Added to new policy template Definition of challenging behaviour updated Details around accident and incident form and safeguarding referral</p>	
<p>Who was involved in developing /reviewing/amending the document? (list titles)</p>	<p>Clinical Manager</p>	
<p>How confidential is this document</p>	<p>Restricted</p>	<p>Can be shared freely within Helping Hands but NOT outside</p>
<p>References</p>	<p><i>Mencap.org.uk :- Challenging behaviour</i> <i>Challengingbehaviour.org.uk :- The Challenging Behaviour Foundation</i> <i>NHS.uk :- How to deal with challenging behaviour in adults</i></p>	

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Associated Documents	<i>Accident, Near Miss, and Incident Report</i> <i>Quality Assurance – HHH-SOP-008</i> <i>Behaviours that Challenge Lessons Learnt Feb23</i>
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CONTROLLED DOCUMENT