## D03e

## Positive behaviour guidance for volunteers

This document is provided to Carers Trust Crossroads West Wales (now referred to as ‘the organisation’) as a Network Partner of Carers Trust.

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# 1.0 SCOPE

1.1 This guidance sets out how best to provide positive behaviour support to people of all ages who may display behaviours of concern[[1]](#footnote-1) (also known as challenging behaviour) and outlines the organisation’s commitment to providing safe, positive environments that allow our community to thrive.

1.2 As a volunteer[[2]](#footnote-2), you will never be asked or expected to single-handedly support a person who is known to display behaviours of concern that may require the use of restrictive intervention[[3]](#footnote-3). If an incident occurs, this will be dealt with by the care worker attending. However, as not all behavioural support incidents are foreseeable, this document provides information that may be of use to you in an emergency.

1.3 See also:

* guidelines on the use of restrictive intervention (D03f)
* safeguarding adults(B05d)
* safeguarding and child protection (C01d)
* lone working (F03d)
* autonomy and independence (D04)
* the organisation’s policy on harassment
* the organisation’s policy on whistleblowing.

# COMMUNICATION

2.1 It is important to develop positive, constructive relationships with the people you support, and good communication is essential to achieving this. Lack of clear communication can increase the risk of behavioural support incidents.

* 1. Communication is a two-way process, involving both the giving and receiving of information.
* A person’s behaviour may be their way of communicating their needs, emotions or distress to others.
* They may display behaviour of concern because they cannot understand what is being said to them, what is happening around them or what is expected of them.

2.3 A care planner / assessor will determine how each person is best able / prefers to communicate and will make sure you are given all the necessary information. In addition to using words, communication aids could include the use of:

* cue cards
* pictures and photos
* signs and gestures
* body language
* solutions circles
* sign language (for example Makaton, British Sign Language)
* electronic aids.

2.4 So that you can engage in meaningful conversations with the person you are supporting, you will be given information about how to:

* understand their preferred way of communicating with you
* speak to them / give them information in a way they can understand, that is appropriate to their age, ability and cognitive skills
* understand what they are trying to communicate through known behaviours of concern.

# 3.0 NECESSARY INFORMATION

3.1 The best way of dealing with behaviours of concern is to try to stop them from happening in the first place, but sometimes they are difficult to foresee or prevent.

3.2 If you are volunteering with a person who requires positive behaviour support, a care planner / assessor will carry out a risk assessment to identify how best to provide it and you will be given all the information you need to do so effectively. This will include:

* details of what the person finds stressful
* how to avoid stressful situations and how to plan for those that cannot be avoided
* what might trigger a behavioural support incident (see Appendix 2)
* the action to take if there is a behavioural support incident.

3.3 Let your volunteers’ co-ordinator / person on call know if:

* you think the information you have been given is not working or is inadequate
* you would like to access more training on a particular topic
* you are concerned about your own or the person with care needs’ safety.

# 4.0 IMPROVED SELF AWARENESS

4.1 Remember that your own actions, attitudes and behaviour can affect others and may contribute towards triggering a behavioural support incident.

4.2 Always be careful what you say and do.

* Follow the strategies laid out in the person’s care and support plan.
* Maintain a calm, polite, professional approach that demonstrates understanding and respect and gives the impression of being in control.
* Do not appear to be dismissive, patronising or overbearing.
* Maintain a non-critical, non-domineering attitude.
* Listen carefully to what the person is saying / communicating, showing empathy and acknowledging any grievance, concerns or frustrations they may express.
* Do not raise your voice or shout.
* Speak calmly, gently but firmly.
* Use clear, simple language.
  + Do not use words or actions that could be seen as challenging, undermining, threatening or aggressive.
  + Try not to do anything that might come across as condescending or superior.
  + Do not let yourself be provoked.
  + Be aware of your own body language and how you are coming across.
  + Avoid having a tense facial expression.
  + Sit or stand at eye level.
  + Be aware of / respect the person’s personal space; do not stand over them or stand too close.

# 5.0 IN EVENT OF AN INCIDENT

5.1 If a person speaks to you aggressively or abusively, it may not be meant as a personal attack on you. They may not be acting that way deliberately and may not be able to control what they are doing or saying; it might just be the way they communicate. Although this does not make it right, it does call for a different response from a situation where abuse is directed at you personally.

5.2 If a person becomes agitated or begins to display behaviours of concern, they may not be able to take in or accept anything you try to tell them. It is important to calmly repeat information as many times as necessary to avoid them becoming frustrated and possibly challenged.

5.3 There may well be an understandable reason why a person is angry. If you can understand the reason and the events that led up to it, you may be able to think of ways of tackling it. Showing you understand can often shift anger away from physical aggression.

5.4 Try to let them back down without losing face. Be prepared to put your own feelings aside; don’t try to save face yourself as this could increase the risk of an incident.

5.5 Don’t feel you must continue with an activity that is obviously distressing or annoying to the person receiving support. Instead:

* + leave them alone for a time, or
  + try a different activity, or
  + change the conversation to a less sensitive subject, and
  + make sure to tell them what you are doing and why.

5.6 If there are other people about and you think this is making the situation worse, either ask them to leave or to move away. However, if there is any risk of physical harm to yourself or others, always try to keep one person with you.

5.7  Restrictive intervention must only be used as a last resort. The organisation is committed to exploring other options to achieve a positive outcome (see D03f for details).

# 6.0 SUMMONING HELP

6.1 When you are volunteering, you always have a duty to protect yourself and others from harm and to maintain a safe environment for the person with care needs. If you face a behavioural support incident, always put safety first.

6.2 Your organisation will have an emergency alert system in place. Make sure you know how to use it, including how to operate any electronic devices involved.

6.3 A responsible and competent person will always be on call and contactable when you are volunteering. Make sure you:

* carry a charged mobile phone (with enough credit / minutes on it) and that office staff have a record of your mobile number
* know whom to call in an emergency
* have ready access to all necessary emergency contact telephone numbers.

6.4 Your co-ordinator will discuss with you whether you need a personal alarm.

6.5 If you feel unsafe, in danger, or there is an immediate threat to your own or someone else’s physical safety, and known, effective de-escalation strategies have failed:

* + maintain a viable exit route, avoiding being trapped in a corner
  + move towards a safe place
* if necessary, remove yourself from the situation
* activate your organisation’s emergency alert system, as appropriate
* contact your co-ordinator / person on call for advice and support, if appropriate
* if necessary, contact the police directly by calling 999 / 112 or ask your co-ordinator / person on call to contact them for you – they will need your location and contact telephone number.

# 7.0 REPORTING AND RECORDING

7.1 If you are involved in a behavioural support incident:

* inform your co-ordinator / person on call as soon as possible
* clarify with them who will inform the person’s parent / carer.
  1. It is important that you make a full record of what happened as soon as you can after the incident happened while the details are still clear in your mind. You will also be asked to fill in an incident report form.

7.3 Your co-ordinator will offer you follow-up support to debrief and to reflect on learning points from what happened.

7.4 If you know or suspect that the person you are supporting or someone else in the home (for example, their parent / carer, family member, visitor or friend) is misusing drugs or alcohol, report this to your volunteers’ co-ordinator / person on call straight away. What they are doing may make them aggressive, abusive or violent or present other risks and the matter will need to be addressed.

# 8.0 BRIEFING AND INDUCTION

8.1 Your co-ordinator is responsible for assessing the roles undertaken by volunteers in the organisation and the level of briefing / induction you need in relation to this guidance.

# 9.0 ACCEPTANCE

9.1 You are required to evidence that you have received, read and understood the content of this guidance as directed by your volunteers’ co-ordinator.

9.2 If you have not understood or have questions about its content, inform your co-ordinator; you will be given the opportunity to discuss your concerns and provided with additional information / instruction as necessary.

9.3 On completion of training, it is your responsibility to comply with this guidance.

# APPENDIX 1 - BEHAVIOURS OF CONCERN

A behaviour of concern (also known as challenging behaviour’) is any behaviour that causes stress, worry, risk of or actual harm to the person, their carers, staff, family members or those around them.

Behaviours of concern are often seen in people with conditions that affect their ability to communicate, such as those with learning disabilities, autism, dementia or other mental health needs (resulting for example from a stroke or brain injury).

**Examples**

Self-injury behaviours such as:

* hitting themselves and head-banging
* biting and scratching themselves
* failing to recognise danger.

Aggressive behaviours directed towards others, such as:

* hitting and head-butting
* kicking and punching
* scratching and biting
* screaming and spitting.

Inappropriate sexual behaviours such as:

* public masturbation
* groping.

Behaviours directed at property such as:

* throwing / breaking things
* stealing.

Stereotyped behaviours such as:

* repetitive rocking
* pacing
* hand flapping
* echolalia (meaningless repetition of another person’s spoken words).

# APPENDIX 2 - ENVIRONMENTAL FACTORS

The following situations may aggravate a person’s behaviour. The list is not exhaustive.

* Uncomfortable room temperature (either too hot or too cold).
* An excessively noisy or quiet environment.
* Bad lighting, including harsh, glaring light (uncomfortable), flickering light (distracting, may trigger fits), dark or disturbing shadows or reflections.
* Textures or sounds known to trigger stress or anxiety.
* Space that is inappropriate to the task, including tight spaces.
* Crowds, closeness to other people.
* Accessible items that may be used as weapons or broken to form sharp edges or points.

# APPENDIX 3 - POSSIBLE CAUSES / TRIGGERS / STRESSORS

These could include:

* changes to a person’s established routine
* your own actions, such as arriving late for a visit or not completing agreed tasks
* family not being informed about a change of care worker or time of visit
* belief that a care worker is inappropriate / inadequate to the task
* need for an element of control
* feelings of vulnerability from exposure of personal details
  + the need for privacy (responses can be heightened in shy or private personalities)
  + insensitivity to an individual’s wishes and needs
  + feeling excluded, lonely, devalued, labelled, disempowered
  + loss of confidence or loss of face
  + a history of behavioural support needs
  + unpredictable personality
  + illness, pain, discomfort, fatigue or other sources of temporary or long-term distress
  + conflicting, negative, uncertain or unrealistic expectations
  + frustration, for example, due to difficulty in communicating
  + boredom
  + seeking social interaction
  + lack of knowledge of social norms
  + living up to people’s negative expectations
  + bereavement or loss
  + confusion
  + alcohol or substance misuse

Some examples of possible triggers and strategies for handling them are listed below.

* Lack of explanation can lead to actions being misunderstood or wrongly interpreted. For instance, putting on a person’s coat without informing them first of what is happening and why, could be misunderstood and cause them to react. It is important that you always explain what you are going to do before you do it.

* Boredom, frustration and lack of stimulation can cause stress levels to build up. You will be given details of a range of age-appropriate activities that the person enjoys, to increase stimulation and enhance your visit.
* There may be certain topics of conversation or places the person has strong feelings or reservations about. You will be given such details to avoid triggering a reaction.

1. A person’s behaviour can be defined as being ‘of concern’ if it puts them or those around them at risk or leads to a poorer quality of life by impacting on their ability to join in everyday activities. See Appendix 1 [↑](#footnote-ref-1)
2. National Council for Voluntary Organisations states that ‘volunteers give their time, carrying out activities that aim to benefit community or society. Volunteers are unpaid and choose how they wish to give their time’. Central to this definition is the fact that volunteering must be a choice freely made by each individual. [↑](#footnote-ref-2)
3. Restrictive intervention includes all forms of restraint, including physical, mechanical and chemical means. [↑](#footnote-ref-3)