Document Name	Dealing with Behaviors of Concern/ that Challenge			
Document Number	5			
Issue Date	Revision	Review Date	Policy Owner	Signature
01/01/2026	01	01/01/2029	Emily Boyd on behalf of Silvergrove Home Care	

1. Policy statement

1.1 Silvergrove Home Care supports every person using our service—including those who may present with behaviours of concern/behaviours that challenge—to be treated with dignity, respect, and without degrading treatment. We commit to positive, person-centred, least-restrictive strategies when responding to behaviours we find challenging.

1.2 We recognise that behaviours of concern are often a form of communication and may indicate unmet needs (e.g., pain, fear, confusion, distress, environmental triggers). Our approach is to understand why the behaviour occurs and to respond in a way that promotes safety, wellbeing, and quality of life.

2. Purpose

This policy aims to:

- Ensure interventions respect the person's rights, dignity and preferences and align with best practice.
- Protect the safety and welfare of the person receiving care, family/others in the home, staff, and members of the public.
- Identify triggers, understand unmet needs, and prevent recurrence through proactive support.
- Provide clear guidance for staff, including escalation pathways and post-incident supports (debriefing, learning, care plan updates).

3. Scope

This policy applies to all Silvergrove Home Care service delivery, including:

- Personal care in the person's home
- Community support (appointments, outings)
- Respite / home sitting
- Dementia support and cognitive impairment support
- Support where behaviours may place the person or others at risk

4. Definitions

- Behaviours of Concern / Behaviours that Challenge: Behaviour of such intensity, frequency, or duration that safety or quality of life is at risk, or the behaviour leads to restrictive responses or exclusion.
- Behaviour: Anything a person does that can be observed (e.g., shouting, pacing, hitting, refusing care). It does not include thoughts or feelings.
- Responsive behaviours: Behaviours (common in dementia) that may be a response to the environment, physical discomfort, stress, or unmet needs.
- Triggers / cue behaviours: Early signs or events that increase the likelihood of an episode (e.g., certain tasks, times of day, people, noise, pain, fatigue).

- Proactive strategies: Actions to reduce the likelihood of behaviours occurring (environment changes, routine, pain management, communication approaches).
- Reactive strategies: Actions used when the behaviour occurs to reduce distress and risk (low arousal approach, offering choices, distraction).
- ABC chart / functional recording: A structured record of Antecedent (what happened before), Behaviour (what happened), Consequence (what happened after) to understand patterns and needs.

5. Related policies (read alongside)

- Safeguarding of Vulnerable Adults / Protection from Abuse
- Respect & Dignity / Person-Centred Care
- Incident Reporting & Risk Management
- Lone Working Policy
- Medication Management (including PRN guidance where applicable)
- Restraint / Restrictive Practice Policy (if in place)
- Complaints Policy

Where your current Silvergrove Home Care versions exist, they take precedence.

6. Roles and responsibilities

6.1 Registered Provider / Senior Management Team

- Ensure the policy is implemented, resourced, reviewed, and audited.
- Ensure training is available and up to date (dementia care, de-escalation, safeguarding, lone working).

6.2 Care Manager / Clinical Lead / Nurse Manager (where applicable)

- Lead care planning for behaviours of concern, including risk assessment and review.
- Ensure incident trends are reviewed and learning is implemented.
- Ensure debriefing/support for staff after incidents.

6.3 Care Staff (Healthcare Assistants / Home Support Workers)

- Follow the care plan, use proactive and reactive strategies, and document accurately.
- Seek guidance if unsure or untrained; do not exceed competence.
- Escalate concerns promptly where risk increases.

6.4 New or untrained staff

New or untrained staff must not manage high-risk incidents alone (especially where physical risk is present) except in an emergency to prevent serious harm, and must escalate immediately.

7. Prevention and planning (proactive approach)

7.1 Person-centred assessment

On commencement of service and when needs change, the Care Manager/Lead will ensure:

- Life story/preferences and “what matters” details are recorded.
- Communication needs and cognitive status are considered.
- Known triggers, routines, and effective calming approaches are identified.
- Environmental factors are reviewed (noise, lighting, clutter, privacy, pets, visitors).

7.2 Risk assessment

Where behaviours are known or emerging, a risk assessment must be completed and reviewed, including:

- Risks to the person, staff (including lone-working risk), family members, and others.
- Safest times/tasks for personal care.
- Required staffing levels (e.g., two-person calls).
- Escalation plan (who to call, when to stop care, emergency actions).

7.3 Training

All staff will receive induction and ongoing training to support safe, low-arousal, person-centred responses to behaviours of concern, with refreshers at least every two years or sooner if required.

8. Recording and monitoring

8.1 When to record

Record any behaviour that is new, increasing, high intensity, or deviates from baseline, or any incident involving harm, near miss, intimidation, property damage, or safeguarding concerns.

8.2 How to record

- Use an ABC record for pattern-finding (Antecedent–Behaviour–Consequence).
- Complete an incident report where injury, significant risk, or safeguarding concerns occur.
- Document objectively: what was seen/heard, time, location, who was present, and what actions were effective.

8.3 Review

The Care Manager/Lead will review ABC/incident patterns and update the care plan accordingly, including strategies and triggers.

9. Guidance for staff during an incident (reactive approach)

Silvergrove Home Care uses a low arousal, de-escalation approach, adapted for home environments.

9.1 Core principles

- Stay calm, speak slowly, use a gentle tone; do not shout.
- Keep a safe distance; do not crowd the person or block exits.
- Use non-threatening body language (open hands, relaxed posture).
- Avoid arguments, lengthy reasoning, or “telling off.”
- Use positive language; avoid repeated “no/stop/can’t.”
- If safe, ask simple supportive questions (e.g., “You seem upset—can I help?”).

9.2 Practical de-escalation steps

1) Pause and scan risk (objects, exits, other people, pets).

2) Reduce stimulation (turn down TV/radio, lower lights if appropriate, reduce crowding).

3) Offer one simple choice at a time (e.g., tea / sit / short walk).

4) Use meaningful distraction that fits the person’s preferences and history.

5) If the person is distressed due to confusion, acknowledge feelings and provide gentle reassurance; avoid confrontation.

6) If risk escalates, end the task, move to safety, and escalate (see 9.4).

9.3 If the person becomes physically aggressive or threatening

- Do not attempt to physically restrain unless there is an immediate and serious risk and no safer alternative.
- Move away; maintain safety; do not allow yourself to be cornered.
- If others are present and safe to do so, encourage them to move away from the area.

9.4 Lone working escalation (home care specific)

If you are alone and feel unsafe:

- Stop the intervention and move to a safe location (near an exit).
- Call your line manager/on-call immediately.
- If there is imminent danger, call emergency services.
- Leave the home if needed for safety and report immediately, following incident reporting procedures.

10. Weapons or objects used as weapons (home environment)

10.1 Staff are not trained to forcibly remove objects being used as weapons where this may cause injury. Do not attempt unless it can be done safely without escalating risk.

10.2 Move away, create distance, and escalate per section 9.4.

11. After the incident

11.1 Support the person

- Provide reassurance, comfort and a calm environment.
- Do not attempt to “reason” with a person who is confused or distressed immediately after the event.

11.2 Clinical follow-up

- Report relevant concerns to the person’s GP/appropriate clinician (with consent and per care plan/agreements), especially if the behaviour may relate to pain, infection, medication effects, delirium, or mental health deterioration.
- Consider referral pathways (e.g., dementia supports/psychiatric services) as appropriate via the care manager and family/decision-maker.

11.3 Care plan review

Update the care plan with: triggers, effective approaches, early warning signs, what to avoid, staffing requirements (e.g., two-person calls), and escalation actions.

12. Restrictive practices and PRN medication

12.1 Least restrictive principle

Any restrictive practice must be exceptional, proportionate, time-limited, and in the person’s best interests, consistent with relevant law, safeguarding obligations, and Silvergrove policies.

12.2 Medication

- Care staff do not initiate PRN medication decisions; they follow the person’s medication plan and prescriber instructions.
- Where PRN is administered by a responsible party, documentation should include: trigger, rationale, and effect, and should be supported by behaviour recording where relevant.
- PRN use should be minimised and reviewed for ongoing appropriateness.

13. Legal, ethical and safeguarding considerations

- Staff must act within the law and within their competence. Any force used in an emergency must be reasonable and proportionate to prevent serious harm.
- Zero tolerance of abuse: striking, humiliating, or degrading a person is unacceptable and may constitute assault and/or abuse.
- Safeguarding: any suspected abuse, neglect, exploitation, coercive control, or unsafe environment must be escalated immediately via Silvergrove safeguarding procedures.

14. Staff wellbeing and debriefing

Silvergrove Home Care recognises incidents may be stressful. Staff involved should receive timely debriefing and support (including access to additional supervision/training).

15. Reporting and notification

All significant incidents must be recorded and escalated according to Silvergrove incident reporting procedures, health and safety reporting requirements (including work-related injuries and near misses), and safeguarding escalation requirements where relevant.

16. Care planning standards

When documenting behaviours of concern, staff/lead clinicians should:

- Use person-centred language, avoid labels, and describe what actually occurs.
- Document baseline behaviours and what usually helps.
- Use ABC records for deviations from baseline and feed learning back into the plan.
- Set clear goals, actions, and evaluation measures, and revise when not effective.

Appendix 1: ABC Recording Template

Date/Time	Antecedent (what happened before?)	Behaviour (what happened?)	Consequence (what happened after?)	Staff response / Outcome