

Equality Impact Assessment Tool: Policy, Strategy and Plans
(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Challenging Behaviour Policy

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan X

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The Challenging Behaviour Policy has been developed to:

- Promote the safety of service users, staff and others
- Support a culture of positive role modelling
- Ensure a person centred approach is adopted at all times, with an awareness and adherence to individual risk assessments
- Ensure provision of a trained, professional, supported workforce
- Outline Responsibility and Accountability of managers and workers
- Guide staff on the importance of effectively Reporting, Recording and Monitoring instances of challenging behaviour

The Policy will not in itself change provision of services but will serve to further ensure the rights of our service users are upheld and that our duty of care to the HSCP workforce is clear.

3 Lead Reviewer

Donna MacInnes – Team Manager

4. Please list all participants in carrying out this EQIA:

Richard Murphy – Adult Day Services Manager

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality		
<p>Yes – the policy includes the statement –</p> <p><i>East Dunbartonshire understands it's responsibilities in meeting the requirements of the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012. This policy supports our requirement to demonstrate due regard to the need to:</i></p> <ul style="list-style-type: none"> • <i>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.</i> • <i>Advance equality of opportunity between people who share a characteristic and those who don't</i> • <i>Foster good relations between people who share a characteristic and those who don't</i> <p>To achieve this services will take a person centred approach that understands the possible barriers posed by the legally protected characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation and Socio Economic Status.</p>		
B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?		
		Source
All	Challenging behaviour often results when individuals have difficulty in making themselves understood. Communication problems can be a result from a diverse range of issues including age-related emotional literacy, cognitive impairment and other communication barriers. This Policy will give guidance to staff on how to help overcome some of these challenges and mitigate against the disadvantage these	

	groups may encounter.	
Sex	<p>Young men and women in care are at heightened risk of historical sexual exploitation and may have related trauma or related behaviours which challenge those charged with their care. Sexual Exploitation of Looked After and Accommodated Children in Scotland research conducted by the Centre for Excellence for Looked After and Accommodated Children in Scotland suggests around a third of children in these settings have experienced some form of sexual exploitation. This matched similar studies carried out across care home settings.</p> <p>Both women and men may be victims of ongoing or historical violence and this may serve to shape behaviours that challenge those charged with providing care.</p>	
Gender Reassignment	The majority of trans people across the age spectrum will experience bullying and harassment that could impact on their mental health and wellbeing. The sustained exposure to a range of hate-related incidents may manifest itself in behaviours seen as challenging by those charged with providing care.	
Race	<p>People from Black and Minority Ethnic (BME) communities may experience or have historical experience of racial abuse or trauma associated conflict. BME people in care may find themselves isolated in terms of cultural context and could be subjected to ongoing racial abuse. Ongoing exposure to hate incidents may manifest itself in behaviours perceived as challenging by those charged with providing care.</p> <p>Some BME people may experience significant barriers to accessing services or communicating within services without appropriate and timely interpreting and translation services. Inability to communicate effectively could result in behaviours perceived to be challenging by those charged with delivering care.</p>	

Disability	Disabled people may have ongoing experience of discrimination and this may inform behaviours perceived to be challenging. Also some disabled people may have difficulty in communicating with those charged with delivering their care. For instance perceived challenging behavior may be the expression of discomfort with environmental changes, an indicator of experience of abuse or a response to inadequate interpreting support being made available.	
Sexual Orientation	People who identify as LGB are at heightened risk of experiencing discrimination across their life course and continued exposure to this may reflect in behavior perceived to be challenging by those charged with providing care. Fear of being outed in residential care environments where there may be a risk of homophobic bullying can contribute to this.	
Religion and Belief	People with a faith conviction may experience abuse and discrimination across their life course that could lead to perceived challenging behavior by those charged with delivering care. It could also be that isolation from fellow members of a faith community while receiving care may place additional stress on an individual.	
Age	People of all ages experience emotions that could give rise to difficult or challenging behaviour if there is no appropriate outlet for them. Young people may lack the emotional intelligence or means to positively express these emotions; older people may experience a range of degenerative cognitive functions that can result in perceived challenging behaviour.	
Pregnancy and Maternity	Limited evidence	
Marriage and Civil Partnership	Limited evidence	

<p>Social and Economic Status</p> <p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</p>	<p>Continued exposure to poverty has been shown to have an impact on social, emotional and behavioural outcomes. Experience of poverty increases the risk of poor mental health and wellbeing. Continued exposure may lead to behaviours perceived as challenging by those charged with providing care.</p> <p>As above, groups such as prisoners, asylum seekers and travellers may all experience significant levels of discrimination across their life course. In some extreme situations this could extend to serious trauma.</p>		
<p>C Do you expect the policy to have any positive impact on people with protected characteristics?</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>	<p>Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. As such the policy supports a rights based approach to working through</p>		

	challenging behaviour.		
Sex	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. This would extend to understanding any experience in relation to sexual exploitation and or gender based violence and how this impacts on behaviour and identifying appropriate intervention.		
Gender Reassignment	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping		

	<p>strategies and integrates all responses with an understanding of the individuals agreed care plan. Taking a person-centred approach means understanding the lived experience of the individual including historical experience of abuse and discrimination and the importance of providing a safe therapeutic environment and working relationship.</p>		
Race	<p>Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. The policy sits alongside related policies to ensure that all identified communication barriers are addressed to alleviate any additional stress experienced.</p>		

Disability	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care planned. The policy sits alongside related policies to ensure all steps are taken to provide appropriate and timely communication and support is provided to alleviate additional stress. Re - direction and de-escalation are vital components of the training material to encourage a policy of minimal intervention.		
Sexual Orientation	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. Putting the person at the centre of care planning means that LGB people can feel confident about		

	being their genuine selves in care and that understanding experience of discrimination and homophobic abuse informs any response to perceived challenging behaviour.		
Religion and Belief	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. This would extend to contextualising someone’s faith and belief convictions in respect of detriment of experience and these would be considered as part of any sensitive response to perceived challenging behaviour.		
Age	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals		

	agreed care plan. Taking an age-sensitive approach to responding to perceived challenging behaviour is central to the intent of the policy.		
Marriage and Civil Partnership		Any aggravating or escalating factors connected to experience of marriage and civil partnership would be raised through the core person-centred approach and appropriate response to perceived challenging behaviour put in place.	
Pregnancy and Maternity		Any aggravating or escalating factors connected to experience of pregnancy and maternity would be raised through the core person-centred approach and appropriate response to perceived challenging behaviour put in place.	
Social and Economic Status	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individual		

	care plan. Understanding that sustained experience of poverty can be socially disconnecting and potentially brutalising will be at the forefront of a person-centred approach.		
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	Yes – the policy is clearly underpinned by a person-centred approach that focuses on the person’s view of events, explores alternative coping strategies and integrates all responses with an understanding of the individuals agreed care plan. Factors that can shape behaviours will be clearly documented and integrated into a sensitive response to perceived challenging behaviours.		

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	No negative impact expected	No negative impact expected	No negative impact expected
Sex	No negative impact expected	No negative impact expected	No negative impact expected
Gender Reassignment	No negative impact expected	No negative impact expected	No negative impact expected
Race	No negative impact expected	No negative impact expected	No negative impact expected
Disability	No negative impact expected	No negative impact expected	No negative impact expected

Sexual Orientation	No negative impact expected	No negative impact expected	No negative impact expected
Religion and Belief	No negative impact expected	No negative impact expected	No negative impact expected
Age	No negative impact expected	No negative impact expected	No negative impact expected
Marriage and Civil Partnership	No negative impact expected	No negative impact expected	No negative impact expected
Pregnancy and Maternity	No negative impact expected	No negative impact expected	No negative impact expected
Social and Economic Status	No negative impact expected	No negative impact expected	No negative impact expected

Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	No negative impact expected	No negative impact expected	No negative impact expected
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E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	Insert Equality Act statement and name characteristics.	
E2 action to compensate for identified negative impact		
E3 Further monitoring – potential positive or negative impact		
E4 Further information required		

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

The policy will be due to be reviewed in 2021

Lead Reviewer: Name: Donna MacInnes
Sign Off: Job Title Team Manager
Signature Donna MacInnes
Date:1/5/18

Please email copy of the completed EQIA form to EQIA1@ggc.scot.nhs.uk

Or send hard copy to:

**Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055
Great Western Road, Glasgow, G12 0XH**