



Early Learning and Childcare Centre

## **REDUCTION OF VIOLENCE AT WORK POLICY**

The Care Inspectorate's Health and Social Care Standards inform the standard of practice expected of Ferryfield's staff, when following this policy they are adhering to:

### **Standard 1: I experience high quality care and support that is right for me.**

#### Be included

1.11 – I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

#### Responsive care and support

##### Assessing my care and support needs

1.12 – I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.13 – I am assessed by a qualified person, who involves other people and professionals as required.

##### Experiencing my care and support

1.24 – Any training or intervention that I experience is safe and effective.

### **Standard 2: I am fully involved in all decisions about my care and support.**

#### Dignity and respect

2.3 – I am supported to understand and uphold my rights.

2.4 – I am supported to use independent advocacy if I want or need this.

#### Be included

2.13 – If a decision is taken against my wishes, I am supported to understand why.

2.15 – I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.

##### Responsive care and support

2.18 – I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

### **Standard 3: I have confidence in the people who support and care for me.**

#### Dignity and respect

3.3 – I have agreed clear expectations with people about how we behave towards each other, and these are respected.

#### Responsive care and support

3.14 – I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

3.18 – I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

### Wellbeing

3.20 – I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

3.24 – If I might harm myself or others, I know that people have a duty to protect me or others, which may involve contacting relevant agencies.

3.25 – I am helped to feel safe and secure in my local community

## **Standard 4: I have confidence in the organisation providing my care and support**

### Dignity and respected

4.1 – My human rights are central to the organisations that support and care for me.

### Compassion

4.3 – I experience care and support where all people are respected and valued.

### Wellbeing

4.23 – I use a service and organisation that are well led and managed.

4.25 – I am confident that people are encouraged to be innovative in the way they support and care for me.

4.27 – I experience high quality care and support because people have the necessary information and resources.

## **Standard 5: I experience a high quality environment if the organisation provides the premises.**

### Wellbeing

5.17 – My environment is secure and safe.

5.19 – My environment has plenty of light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes

The aim of this policy is to provide guidance to the management committee, manager and staff on the prevention of violence, threats of violence/aggression and how to deal with such incidents.

Ferryfield aims to minimise the incidents of violence and aggression, but recognises that due to the unpredictable nature of violence, it cannot be totally eliminated. Ferryfield recognises that the aggressor could be the general public, a member of staff or service users.

## **Definitions**

- The Health & Safety Executive defines violence as “Any incident in which a person is verbally abused, threatened or assaulted by a service user, member of the public or a member of staff arising out of the course of their work”
- Physical Assault–“The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.”
- Non-Physical Assault–“The use of inappropriate words or behaviour causing distress and/or constituting harassment.” This includes intimidating abuse, serious or persistent harassment, including racial or sexual harassment, victimisation, or bullying and/or threats with or without weapon.

## Factors Which Influence Violent Incidents

It is widely recognised that changes to environment and routine can cause aggressive behaviour, similarly persons whose health has deteriorated can often display aggressive behaviour. The following points, whilst not exhaustive, should be considered when carrying out an assessment:

### Physical conditions:

- People may be confused because of an illness, medication, intoxication or substance abuse. This may result in aggression and/or violent situations. In many instances, this may be through fear and frustration.

### Information and communication:

- Aggressive outbursts can occur when people are asked for personal information, or need to discuss a highly personal situation for example relating to their parenting skills, substance misuse or a child protection matter.

### Attitude and Inter-Personal Skills:

- Aggressors may have a perception that they are not being respected; feel they are being patronised or simply misunderstood.

### Environment:

- Physical factors in the environment may contribute to violence and frustration leading to aggression.

## Indicators of Violence

The best way to avoid becoming involved in violence is to prevent it happening. Such prevention is not always possible, but greater awareness of causes and early recognition of signs and signals could assist in reducing incidents of violent episodes. Remember violent situations do not just happen – they develop.

The following list of indicators to possible violent behavior is not exhaustive:

- Restless behaviour
- Deliberate provocative conduct
- Facial expression/body language
- Attention seeking
- Reactions to instructions
- Tension
- Threats
- Verbal abuse
- Influence of alcohol
- Possessive behaviour

## Police Involvement

Police guidance regarding when to dial 999 is as follows: “An emergency call should be made whenever there is the immediate threat of injury to a person, or damage to or theft of property.”

- It is vitally important that all staff understand this and will take responsibility for the call if necessary.
- Management/supervisory authorisation are absolutely not required before calling the police. Staff should err on the side of caution and “If in doubt, call the police”.
- It is vitally important that the crime/incident number, person making the call and time of call are recorded.

## Security Equipment

Several different types can be used to reduce the risk of violence to staff.

- Locks
- Intercoms
- Intruder/personal alarms

## Managers actions in the event of Physical or Non-Physical Violence

- Ensure the Police are involved in all incidents of physical assault or non-physical violence.
- Ensure the member of staff assaulted seeks medical attention as soon as possible.
- Ensure witnesses are available to give statements to the police if they have been called. If this is not done the police can only act on the basis of what they have seen, which can result in a less serious charge.
- Ensure a record is kept of everybody present at the time to ensure witnesses are not inadvertently overlooked.
- Ensure all the effects of the incident are well documented, for example treatment received, time off work and any psychological damage.
- Ensure appropriate support is in place for staff affected.

Adopted by the Committee .....

Date .....

August 2019