**FORM 1**

**ZERO TOLERANCE POLICY**

**BEHAVIOURAL AGREEMENT**

Tameside Council and Tameside and Glossop CCG have a ‘zero tolerance’ attitude towards violence and aggression to care staff providing support to person’s in their own home resulting from behaviours that challenge.

*“Challenging behaviour also known as behaviours which challenge, is defined as “culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities”****[Source: Emerson, E (1995), cited in Emerson, E (2001, 2nd edition): Challenging Behaviour]***

Persistent episodes of challenging behaviour towards care staff from a person in receipt of support, their family members, their neighbours, their advocates or anyone acting on their behalf may lead to a termination of support.

In order for carers to maintain good relations with the people they support we would like to ask you to read and take note of the occasional types of behaviour that would be found unacceptable:

* Aggressive behaviour, hitting, shouting, swearing, screaming, scratching, spitting, biting, punching, kicking, derogatory comments about a person’s race, religion etc. as defined by the Equality Act 2010.
* Manipulation of staff
* Making care workers job difficult to perform due to harassment whilst trying to complete tasks.
* Involving care workers in grievances/situations that are of no concern to them.
* Telling lies, being deceitful, causing upset and stress.
* Refusal of Support
* Contacting the care office and/or care staff by telephone and being abusive over the telephone
* Sending abusive emails to the care office and/or care staff
* Using social media to disparage care workers and/or the care organisation

**Part A – I confirm that I have read and understand what behaviours are deemed unacceptable and I am aware that the consequences of persistent episodes of challenging behaviour could lead to a termination of my support.**

**………………………………………………….**

**Signature (Service User)**

**………………………………………………… .................................................................**

**Signature (Service User Representative) Relationship to Service User**

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**Part B - Tick to confirm that the service user does not have capacity to understand the terms of the Behavioural Agreement, the relevant Healthcare Professionals have been consulted and a joint plan is in place to manage behaviours.**