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**Conflict Resolution Policy**

**[Date of Issue]**

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# Introduction

[Company Name] is committed to ensuring that all individuals associated with the business are able to work in safe working conditions, in an environment free from harassment, bullying or violence. All individuals who work with [Company Name] have a moral and legal entitlement to be treated fairly, equally and without discrimination. This policy aims to protect and safeguard these rights.

[Company Name] will not tolerate or condone any unacceptable behaviour, including any form of bullying, harassment, verbal or physical abuse of any individuals working with the business. This behaviour could stem from clients, their friends or family, other staff members or members of the public. When this happens, it is important for individuals to recognise and manage this type of behaviour effectively and the guidance in this policy will provide support in this respect.

# Policy Statement

All individuals cared for by [Company Name] have the right to be cared for in a safe and secure environment. [Company Name] also aims to minimise the risk of violence and aggression against staff and contractors in line with the requirements of health and safety legislation.

The aim of this policy is to provide a framework outlining how [Company Name] will fulfil its statutory duty to ensure, so far as reasonably practicable, the health, safety and welfare of all stakeholders of [Company Name], and others, in respect of managing the risks associated with violence and aggression.

# Scope

This policy applies to all staff members working on behalf of [Company Name]. However, this policy does not cover incidents of harassment and bullying where the perpetrator is another member of staff. In these cases, employment policies such as the Grievance Policy and Disciplinary Policy should be referred to.

# Definitions

**Violence in the workplace** – The Health and Safety Executive defines violence in the workplace as ‘any incident in which a person is abused, threatened or assaulted in circumstances relating to their work’

**Physical Assault** – means the intentional application of force against the person of another without lawful justification, resulting from physical injury or personal discomfort.

**Non-Physical Assault** – means the use of inappropriate words or behaviour causing distress and / or constituting harassment.

# Roles and Responsibilities

The Registered Manager is responsible for:

* Ensuring this policy is implemented.
* Overseeing the monitoring and effectiveness of this policy and of the other measures put in place to eliminate or reduce workplace violence and aggression and to generally promote workplace health and safety.
* Ensure that there is a support mechanism in pace for individuals who experience violence and aggression.
* Ensuring that necessary conflict resolution training is available for all individuals working with [Company Name].
* Monitoring incident themes and trends of incidents involving conflict.
* Ensuring risk assessments are carried out where appropriate.
* Liaising with customers where incidents have taken place to ensure that incidents of physical assault are investigated thoroughly, and lessons learned and shared.
* Ensuring appropriate contact is made with an individual after an assault.

All individuals who work with [Company Name] are responsible for:

* Reporting violence and aggression related incidents and co-operating with any investigations
* Attending any training / awareness sessions when provided.

# Common Causes of Conflict

Conflict arises from differing needs. It is common in any workplace, and healthcare is no exception. Healthcare workers may encounter many kinds of internal and external challenges every day. Conflict can be a normal and seemingly inevitable consequence of working with and for others, but the key is effective conflict management. Causes of conflict with both clients and staff can come about because of:

* Unreasonable demands and expectations by clients, colleagues and managers.
* A perceived poor level of service or difficulty in accessing services.
* Long waiting times and delays in service provision.
* In healthcare environment emotions are often high because clients may have a heightened sense of vulnerability or anxiety.
* Clients can also be under the influence of drink, medications or illegal drugs influencing their behaviour which can quickly lead to an escalation of conflict.
* Mental illness, age related cognitive decline and pain/physical discomfort.

Causes of conflict are multi-faceted and are not always about the individual. Some actions can exacerbate conflict. Systems and ways of working that may seem to be sensible to workers can seem overly complex, bureaucratic and obtuse for clients, their families and carers.

It should be remembered that the majority of people supported by [Company Name] have underlying mental and/or physical impairments. Fear and anxiety can easily manifest itself as aggression or perceived aggression.

# Procedures

Healthcare professionals are responsible for ensuring that they remain competent in the identification, assessment and management of clients who fall under the requirements of the Mental Capacity Act 2005 (MCA). All assessments and resulting actions must be clearly documented and regularly reviewed to ensure they remain current and appropriate. [Company Name] will provide all staff with training on the Mental Capacity Act, the Care Act, Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Safeguards. Regular supervision and discussions on the following will also be encouraged:

* good safeguarding practices
* person-centred care and support planning
* good practice in challenging decisions and effective decision-making process
* how to effectively support an individual who is having trouble with decision-making.

# Assault

Assault is an extreme form of conflict and can be distinguished between physical and non-physical assault.

The ‘assault cycle’ (Kaplan and Wheeler 1983) is a model that helps to identify:

* Why the assault has occurred;
* Chart

  Description automatically generated with medium confidenceThe most appropriate type of intervention.

It is made up of the following 5 phases:

1. The trigger phase;
2. The escalation phase;
3. The crisis phase;
4. The plateau or recovery phase;
5. The post crisis depression phase.

The trigger phase is the event which sets off the anger reaction. The event is seen as threatening to the individual and starts of the chain of angry responses. The person may exhibit changes in their ‘baseline’ behaviour or mood and appear upset, angry, withdrawn or demanding. At this stage it is still possible to intervene to calm the person down or for the person to calm himself or herself down.

The escalation phase is where the individual progresses to the point where they show signs of clear agitation. Adrenaline is building up in the body, which interferes with the ability to think and react rationally. Once this stage has been reached there is less chance of calming the person down, as this is the phase where the body prepares for fight or flight.

In the crisis phase an individual is now definitely out of control or physically threatening. At this point the safety of others is jeopardised. They are unlikely or unable to respond to calming techniques and may find it very difficult to respond to others once this phase has been reached.

In the recovery phase the individual returns to baseline behaviour and mood. Heightened adrenaline remains in the body for at least 90 minutes and can last up to 3 days, causing an individual to react more forcefully if provoked or if demands are placed upon them.

In the post-crisis depression phase an individual’s ability to think clearly begins to return and the person may feel guilty about what has happened.

# Communication

There are three main forms of communication:

* Verbal communication is the spoken or written word
* Para-verbal communication builds on verbal communication and underlines the message being set using vocal emphasis through tone pitch and volume.
* Non-verbal communication is the means by which messages are sent using more physical means, facial expression, eye movement and physical gestures including crossed or uncrossed arms or legs and posture.

The importance of body language is often overlooked. It is a key part of good communication. Body language can be used to build rapport and reduce conflict. The simplest way to quickly resolve conflict is to find out what the person wants and to provide it for them. This is of course not always realistic. To find out what an individual wants, they should be asked. Their reply should be listened to, and body language used to build a rapport with them. The simple tips below should be followed:

* Keeping body language relaxed and open.
* Using open hand gestures.
* Breathing deeply and calmly.
* Respecting the other person’s personal space.
* Not making sudden movements.

It should be remembered that facial expressions will have a big influence on the other person.

Facial expression is generally understood as playing a crucial role in communication, conveying both information and emotion. A smile can go a long way to easing communication. Congruence between what is being said and how it is said is very important.

According to Mehrabian’s model, when people communicate emotions and body language, tone of voice and words conflict with each other, it is non-verbal communication that is significantly more important than verbal communication. More specifically the impact of different forms of communication are demonstrated below:

* 7% of communication comes from spoken word.
* 38% comes from the tone of voice.
* 55% comes from non-verbal or body language.

There are many factors that can lead to a breakdown in communication, bringing with it conflict escalation. There are certain barriers that every individual faces in understanding or being understood. These can include overload (when a person receives too many messages at the same time) and complexity (when messages are too sophisticated for the recipient). In a healthcare environment, these are very real possibilities. More specific barriers to communication include:

* **Physiological barriers** – these may be an outcome of a personal distress or discomfort caused, for example, by ill health, poor eyesight, or hearing difficulties. They may also be an outcome of the use and misuse of alcohol and other non-prescription drugs. Logic dictates that this will be a significant issue in healthcare. Similarly, tiredness can hinder communication.
* **Physical barriers** can be distractions, for example background noise, poor lighting or uncomfortable heating, can interfere with effective communication. Likewise physical barriers such as desks, counters or hatches can present both a symbolic and material barrier between individuals.
* **Attitudinal barriers** can relate to the perception that workers have about users and visitors, and this may be exacerbated by discriminatory views or stereotypes about certain groups of people. It can also be an outcome of entrenched views about the relationship between themselves and others.
* **Linguistic capacity** relates to the extent that individuals can convey or interpret thoughts, feelings or instructions. This can be exacerbated by the use of ambiguous words or phrases.
* **Educational background** may also hinder the understanding of the listener and cause confusion or anger. Technical language and acronyms should be avoided.
* **Non-matching behaviour** arises when there is conflict between what is being said and how it is said. Genuineness and being open and honest reduces the probability of conflict.
* **System errors** can occur with poorly designed structures and a lack of role-clarity with some individuals being uncertain about what is expected of them.
* **Cross-cultural communications** can often be hampered by a lack of understanding between the participants and even when both parties want the same outcomes these differences can lead to conflict.

# De-Escalation

**Staff members primary concern should always be the safety of themselves, their colleagues and the clients they support. Staff should always assess if attempting to de-escalate the situation is the most appropriate action. Retreating and allowing the person to de-escalate by themselves is often the safest and most prudent course of action.**

De-escalation is the process of reducing the intensity of a situation. Some basic tips are given below:

* Assess the individual’s emotional state
* Identify trigger factors
* Reassure to reduce anxiety
* Talk / listen
* Problem solving – once it is understood what is wanted or needed, the issues should be resolved.

In order to ensure personal safety, the following process should be adopted:

* Maintain an adequate distance. This will give sufficient time to think and react
* Allow space and time – back off if they advance. Take time to think about what is happening and do not rush into a situation. Step back physically and mentally
* Stand side-on to ensure protection. Hands should be held at the front of the body, about waist height, open with palms facing down. The right leg should be brought in behind the left leg (or vice-versa). This is the defensive stance and gives less of a target. It also stops any surprise attacks.
* Move towards a safe place. Stay out of corners and do not allow yourself to become isolated. Go to somewhere where there are other people. Avoid stairs or other obvious obstacles.
* Ask for any weapon to be put down (not handed over)
* Never attempt to deal with an armed individual. Attempting to de-arm an individual is dangerous and it is essential that the appropriate assistance is sought.

# Risk Management Process

A risk assessment is a process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to staff members and others. It is the first step in deciding what prevention or control measures need to be taken to protect individuals from harm. [Company Name] will carry out a violence and aggression risk assessment for any individual with a history or violence and aggression and this should be used as a basis for developing a person-centred care plan.

# Process Following Physical Assault

Where a physical assault takes place against an individual working with [Company Name] the following process should be followed:

The police should be contacted immediately, if the assaulted individual consents to it. If the assaulted individual lacks capacity to consent or is deemed unable to consent due to injury or shock the police become the decision maker under the Mental Capacity Act 2005 and should be informed. They may ask for the following information:

* Your name and telephone number, in case you are disconnected.
* Your location and how to access it.
* What has happened.
* Whether the assailant is still present or if they have fled, in what direction they went.
* A description of the assailant.
* Any injuries.

The most senior person on duty should be informed immediately. The Registered Manager should be made aware at the earliest opportunity if they are not available the time of the incident.

The incident should be recorded on the incident management system within the area of the assault

The assaulted person should be offered a debrief by a senior member of staff.

# Monitoring

Compliance with this policy will be monitored through the incident management process as well as [Company Name]’s training matrix.

# Related Policies

* Disciplinary Policy
* Grievance Policy
* Health and Safety Policy
* Incident Management Policy
* Mental Capacity Act and DoLS Policy

# Legislation and Guidance

**Relevant Legislation**

* Health and Safety at Work, etc Act 1974
* The Management of Health and Safety at Work Regulations 1999
* Human Rights Act 1998
* Mental Capacity Act 2005

**Guidance**

* NHS Protect –Unacceptable behaviour; Guidance on warning letters and other written communications

# Summary of Review

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