

**Unreasonable Behaviour Policy**

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| **Date Last Approved** | September 2022 |
| **Next review date** | September 2025 |
| **Responsible officer**  | Temi Awolaja, Head of Housing Services  |
| **Approver**  | Board of Management  |

This policy applies only to CDS staff and the ~~customers~~ residents, clients, and members of the public who interact with CDS staff. However, clients may wish to adopt their own version of this policy.

# **Introduction & Purpose**

## ~~This policy has been produced~~ The purpose of this policy is to clearly define ~~make clear~~ the types of behavior that we consider ~~to be~~ unacceptable or unreasonable on the part of ~~customers~~ residents, advocates acting on their behalf, clients, or members of the public toward our staff. It outlines how we will respond to protect the well-being of our employees and our ability to provide service to all ~~customers~~ residents on the rare occasions when people behave in unreasonable or unacceptable ways.

## We are committed to providing a high-quality service and aim to treat everyone fairly, with dignity, and respect. Most residents are polite and respectful and only a minority behaves unreasonably. However, this minority can often consume a disproportionate amount of staff time, which may prevent us from providing a high-quality service to others, and can be a source of stress for staff and other residents. This policy aims to ensure a consistent approach that is appropriate and proportionate to every situation.

## This policy provides a clear framework so that employees can act confidently and in line with our values if they are experiencing unreasonable or unacceptable behaviour from ~~customers,~~ residents, their advocates, clients, or members of the public.

## The policy aims to ensure that we respect our residents’ rights to be heard, regardless of any restrictions.

# **What is NOT covered by this policy?**

* 1. We recognise that when ~~customers~~ residents, their advocates, clients, or members of the public contact us, they may sometimes display frustration, feel upset, aggrieved, or distressed, and may express their concerns in an assertive or angry ~~way~~ manner. This policy does not seek to avoid those moments, but to prevent this behaviour from becoming a habit or causing damage to our service or staff.

# **What is unreasonable or unacceptable behaviour?**

## Definition

## Unreasonable behaviour may include one or two isolated incidents, as well as unreasonably persistent behaviour, which is usually an accumulation of incidents or behaviour over a longer period.

* 1. We consider behaviour to be unacceptable when it is rude, derogatory, intimidating, abusive or unkind, where employees are regularly subjected to such behaviour, or where unreasonable demands are placed on our staff, potentially to the detriment of other ~~customers~~ residents.
	2. Unreasonable demands would include repeated requests for services that are outside the contract, or for a quality or speed of service that exceeds our service standards, or for our team to make undertakings or promises about issues that are outside our control.
	3. Both unreasonable and unacceptable behaviour can happen via any medium, including face-to-face communication, email, letter, phone, or social media.
	4. Unacceptable behaviour includes (but is not limited to):
1. Threats of any kind
2. Verbal abuse
3. Any form of physical abuse
4. Racist, sexist, homophobic, transphobic, ableist, sectarian or any other discriminatory language
5. Offensive or abusive language include swearing
6. Rudeness
7. Inflammatory statements
8. Unsubstantiated allegations
9. Personal insults or insults about other staff
10. Unreasonable behaviour may include:
11. ~~A high volume of communication~~ Unreasonable demands, for example, requesting large volumes of information, demanding responses within an unreasonable timescale, or outside of our service standards
12. Overload of letters, calls, emails, or contact via social media (this could include the frequency of contact as well as the volume of correspondence received, as well as the frequency and length of telephone calls).
13. Repeatedly contacting us about an issue that has already been decided and where the person has been notified or responded to in previous communication – refusing to accept the answer that has been provided.
14. Insisting on communicating with a particular member of staff or refusing to speak to an individual.
15. Repeatedly raising issues or continuing to raise the same issues that have been the subject of a complaint that has been through our full complaints process, raising issues without providing any new evidence, continually adding to or changing the subject matter of the complaint or where the complaints process has been offered as a route for conclusion of a disputed matter, but this offer has not been taken up by the ~~customer~~ resident, client, or member of the public.

# **How will we respond to unacceptable or unreasonable behaviour?**

* 1. **Isolated incident**

5.1.1 We expect all our team to act in a friendly, polite, and courteous manner when dealing with our c~~ustomers~~,residents, advocates acting on their behalf, clients, and members of the public. We also expect our staff to be treated with courtesy. All staff members have the right to ~~terminate~~ end phone calls or take steps to end face-to-face, email, or social media conversations if they are subject to unacceptable or unreasonable behaviour as defined here.

* + 1. We have zero tolerance in relation to violence, threats, or threatening behaviour against our staff. All staff have the right to ~~terminate~~ end contact if they are concerned for their safety or well-being at any time.
		2. If a member of staff experiences unacceptable or unreasonable behaviour, they will report it to their manager.

5.2 Informal action

5.2.1 Where we find unreasonable behaviour is affecting how we can work with a resident, advocate acting on their behalf, client or member of the public we will make them aware of the impact of their behaviour and ask them to make changes so we can continue to work with them effectively. We may make an informal arrangement with a resident in the first instance as to how they will communicate with us before taking formal action. This also allows the individual time to consider and adjust their behaviour.

Examples of informal action may include:

* Agreeing to call at a particular time
* Setting a limit on the length of telephone calls
* Agreeing on the frequency of corresponding, i.e, (agreeing to correspond once a week or fortnight)
* Limiting the number of issues raised within a set time period.
	+ 1. We may also consider mediation, involving advocacy through third parties who can act as an independent party to support the landlord and resident to agree a way forward to try to improve the situation.
		2. It may not always be possible to reach an agreement, or we may not consider it appropriate to attempt this in some circumstances.
		3. If no agreement can be reached, we will issue a warning to the resident before implementing any formal restrictions. The warning issued will include examples of where the resident’s behaviour has been considered unacceptable, along with reference to the formal steps that will be taken if the behaviour continues.
	1. **Formal actions**
		1. **Repeated incidents**
		2. If an individual persistently behaves in an unacceptable or unreasonable way, and informal arrangements have not been successful, we will notify them of our intention to restrict contact. ~~if any further incidents occur~~.
		3. The types of restrictions that we would normally put in place may include:
* providing a single point of contact
* limiting contact to a specific form ie, to writing, email, or telephone only
* limiting contact to certain times or to a limited number of times per week or month
* declining to give any further consideration to an issue unless additional evidence or information is provided
* communication only via an advocate or representative
* only considering a certain number of issues in a specific period.
	+ 1. In exceptional circumstances, we may consider stopping all direct contact with a resident, taking legal action, or notifying the Police.
	1. Specifically in relation to social media, we will also consider the following:
* Hiding or deleting posts
* Blocking a user’s access to CDS’s social media accounts
* Reporting the post to the social media platform
* Considering legal action (police investigation)
	1. The Operations Director will review and approve formal actions to be taken. We aim to carry this out within ten working days.
	2. If contact is restricted, we will be transparent and explain the nature of the restricted contact, the reason for the restriction, and the duration of the restriction.
	3. If restrictions are put in place or direct contact is ended, we’ll inform the resident of the procedures for reporting emergency incidents.
	4. Any restrictions we make will be reviewed periodically. This may be after 3, 6 or 12 months depending on the situation. When we tell a resident, advocate on their behalf, client or member of the public about any new restrictions we will tell them when it will be reviewed, who by, and how long it will take us to tell them the outcome of the review.
	5. If a resident’s behaviour has improved at the point of review, consideration will be given to lifting the restriction. If it has not improved, an explanation will be provided as to why the restriction will remain in force for a further period pending the next agreed review date.
	6. Once a case is closed or the contact restriction expires, we will remove the information relating to the managed behaviour restriction in line with data protection rules.
	7. Residents can contact the Housing Ombudsman Service at any time for advice regarding the application of this policy.
	8. **Violent, abusive, or threatening behaviour**
		1. In extreme cases, such as physical violence, ~~We will report~~ ~~violent~~, abusive, threatening behaviour or harassment towards a member of staff, we will report this to the police.

5.13 If a resident raises counter allegations about the behaviour of a member of staff, these will be investigated properly, even on occasions where they may appear to be solely raised in retaliation.

# **Appeal and Review**

6.1 A resident has the right to challenge a restriction on contact and request that it be altered or removed within twenty working days of the decision being made. Our Chief Executive will consider this appeal or request. Any appeal or request will only be considered once every three months.

6.2 We will keep records to demonstrate the behaviours being experienced and the steps taken to try and address them before any formal action is taken

6.3 We’ll let the resident know how to appeal, and this will be followed up in writing, and they will be notified of any appeal outcomes.

1. **Multi-agency approach**
	1. We will take into account whether a multi-agency approach is necessary when a resident is receiving support from other agencies such as the social services. We will also consider if there are other individuals who may be best placed to represent a resident in the handling of their complaint, such as a family member, support worker or friend.

# **Equality and Diversity, and Inclusion**

* 1. CDS will ensure that this policy is applied fairly and consistently and will not directly or indirectly discriminate against any person or group in line with equality laws and principles.
	2. We will act sensitively towards the diverse needs of individuals and communities, and will take positive action or make reasonable adjustments, where appropriate.
	3. We follow the legal requirements in the Equalities Act 2010 and our own EDI Policy which are applied fairly and consistently across CDS and our policies.

# **Monitoring and Compliance**

9.1 The status of all restricted contact arrangements will be reviewed at least yearly by Heads of Services.

# **10 Confidentiality**

10.1 CDS will collect and process data in line with our current Data Protection Policy.

# **11 Legislation and Regulation**

This policy is framed within the context of the following legislation:

* Equalities Act 2010
* Human Rights Act 1998
* Data protection Act 2018

# **12 Associated Policies and Procedures**

The following procedures are associated with this policy:

* Antisocial behaviour procedure
* Complaints procedure
* Lone worker process
* Unreasonable behaviour procedure

This policy is supported by:

* Antisocial behaviour policy
* Complaints policy
* Management of health and safety at work policy
* Equality, Diversity and Inclusion policy
* Vulnerable tenants’ policy??
* Data protection policy
* Safeguarding policy
* Reasonable adjustment policy

**Version control**

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| *September 2019* | *Created*  | *v.1.0* |
| *19 September 2022* | *Reviewed by Board* | *v.1.1* |
| *12 June 2025* | *Reviewed by SMT* | *v.1.1* |
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