NHS Conflict Resolution

*Level 1- All frontline staff
who have contact with the public
Core Skills Reader*

Introduction to the Core Skills

The Core Skills standardises the training for 10 subjects commonly delivered as part of statutory and mandatory training requirements for health and social care organisations.

For each subject a set of learning outcomes has been agreed nationally and is set out in the UK Core Skills and Training Framework (a copy of the framework is available on the Skills for Health website: www.skillsforhealth.org.uk/).

The learning outcomes specify what needs to be covered in the training for each Core Skills subject. This ensures a quality standard is set and provides clear guidance for organisations to deliver against these requirements as well as recognise the equivalent training delivered externally. This allows for Core Skills training to be portable between organisations and prevents the needless waste and duplication of statutory and mandatory training where it is not required.

To aid organisations in the delivery of the Core Skills subjects, these education resources have been developed to be aligned to the learning outcomes in the UK training framework. Organisations have the flexibility to deliver these resources in a variety of formats as well as adapting them, for example adding localised content alongside the Core Skills Materials.

If you require any further information about the Core Skills, in the first instance please contact the Learning and Development Lead in your organisation.

In the North West the implementation and management of the Core Skills is overseen by the North West Core Skills Programme on behalf of Health Education North West. The programme can be contacted on: CoreSkills.Programme@nhs.net

Introduction to Conflict Resolution

This reader covers the Core Skills learning outcomes for Conflict Resolution. It can be used either as a standalone document or as supporting material alongside the Conflict Resolution presentation or eLearning package (the relevant slide numbers and eLearning pages are given with each sub-heading). Whichever way the reader is used, it is recommended that the Conflict Resolution Assessment is completed afterwards to allow the learner to demonstrate they have retained the knowledge and learning required to support best practice.

This resource has been designed to cover induction level training and addresses the key principles in Conflict Resolution. It covers the general information about Conflict Resolution that all employees should be aware of. It is mapped against the learning outcomes in the UK Core Skills Training Framework. The framework is supported by NHS Protect.

The training covered here is likely to be a minimum requirement for all staff working in a health setting and specific staff groups may require additional training dependent upon their role.

It is anticipated that it will take you approximately 20-30 mins to complete this reader. Current national guidelines recommend that the subject of Conflict Resolution is repeated a minimum of every three years.

NHS Protect provide further guidance on implementing the learning outcomes in the following document on their website:
http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Conflict_resolution_training_guidance_July_2013.pdf

What you will learn in this session

The objectives below covered by this reader are aligned to the Learning Outcomes for Conflict Resolution in the Core Skills and Training Framework.

1. The role of NHS Protect
2. The role of Specialist Security personnel
3. Common causes and the different stages of conflict
4. Reducing the risk of conflict including use of reflection of previous experiences
5. Methods of communicating and the role of verbal and non-verbal communication
6. Causes of communication breakdown including cultural differences
7. Communication models for conflict resolution
8. Behavioural pattern of individuals during conflict
9. Warning and danger signs of conflict
10. Procedural and environmental factors affecting conflict situations
11. Using safe distances in conflict situations
12. Different methods of dealing with diverse conflict situations
13. The appropriate use of 'reasonable force'
14. The range of support available for those affected by a violent incident
15. The need to provide support and the wider benefits

The learning outcomes are based on de-escalation techniques. The focus of this reader is placed on the way individuals communicate, patterns of behaviour, recognition of warning signs, impact factors and preventative strategies.

Why is this so important?
(Slide No 3 / E-learning Page 2)

Conflict Resolution is a major concern within the NHS. In 2012/13, there were 63,199 reported physical assaults against NHS staff in England.

It is essential that all staff feel safe whilst at work. Violent behaviour can have an adverse effect on staff and impact negatively on the standards of patient care.

In terms of tackling violence against staff, conflict resolution training is a significant preventative measure. It is part of a number of measures that are put in place to make the NHS a 'safer place to work'.

NHS Protect
(Slide No 4 / E-learning Page 3)

NHS Protect leads on a wide portfolio of work to protect NHS staff and resources from crime. It has national responsibility for tackling the following areas:

- Fraud
- Violence
- Bribery
- Corruption
- Criminal damage
- Theft
- Other unlawful action such as market-fixing.

These are all activities that would otherwise undermine the effectiveness of the health service and its ability to meet the needs of patients and professionals. The work of NHS Protect addresses three main objectives:

- To educate and inform those who work for or use the NHS about crime in the health service and how to tackle it
- To prevent and deter crime in the NHS by removing opportunities for it to occur or to re-occur
- To hold to account those who have committed crime against the NHS by detecting and prosecuting offenders and seeking redress where viable.

NHS Protect also provides NHS anti-fraud services to the Welsh Assembly Government (under section 83 of the Government of Wales Act 2006) as well as leading on:

- NHS counter terrorism security preparedness
- National data analysis and risk assessment
- Anti-fraud and pro-security research.

Further information can be found on their website: www.nhsbsa.nhs.uk/Protect.aspx

NHS Security Management roles and responsibilities
(Slide No 5 / E-learning Page 4)

Below is further information about the key security management roles and their responsibilities within the NHS.

Security Management Director (SMD)
All NHS health bodies need to designate an Executive Director or Officer to the role of SMD. They must be a voting member of the board and ensure that adequate security management provision is made in the organisation, as specified in the Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006). www.nhsbsa.nhs.uk/3647.aspx

Ultimate responsibility for security management sits with the SMD, regardless of whether or not the Local Security Management Specialist (see below) and / or security staff are directly employed by the organisation or provided by an external contractor. The SMD must emphasise the security management needs at board level. This ensures that responsibilities are taken seriously at the highest level, enabling compliance with Secretary of State Directions and NHS SMS guidance.

Nominated Non-Executive Director (NED)
All NHS health bodies need to designate a Non-Executive Director or non-officer member to promote and champion security management work at board level. The NED must be a voting member of the board, give support and where appropriate, challenge the SMD on issues relating to security management. The requirement for an NED is set out in Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006).

Local Security Management Specialist (LSMS)

An LSMS may be employed internally, shared with neighbouring NHS health bodies or employed through an external contractor. The LSMS has an important role in ensuring that the NHS health body complies with Secretary of State Directions and any further guidance from the NHS SMS, tailoring National Strategy to local requirements. The LSMS is likely to be a member of audit, risk management and health and safety committees. With the SMD, they will produce and submit the annual security management report on behalf of the organisation to NHS SMS.

Senior Quality and Compliance Inspectors (SQCIs)

SQCIs are available to support Directors of Finance, Security Management Directors and local specialists in matters relating to quality and compliance within their region. They support organisations with their anti-fraud and security management qualitative assessments. This allows NHS Protect to improve support to organisations and enable good practice to be identified and promote continuous professional development.

Area Security Management Specialists (ASMSs)

ASMSs give guidance and operational support to LSMSs and assist them to enable their organisation to maintain and deliver a high standard in security management. This may include assessing risks of violence, addressing these through prevention work and pursuing legal action where appropriate.

Common causes of conflict
(Slide No 6 / E-learning Page 5)

Conflict arises from differing needs. It is common in any workplace, and health care is no exception. Health care workers encounter many different kinds of internal and external challenges every day. Conflict is inevitable, but the key is effective conflict management. Causes of conflict with patients can come about because of:

- Unreasonable demands and expectations by patients, colleagues and managers
- A perceived poor level of service or difficulty in accessing services
- Long waiting times and delays in service provision

- In a health care environment emotions are often high because patients have a heightened sense of vulnerability or anxiety
- Delayed or cancelled appointments
- Patients can also be under the influence of drink or drugs influencing their behaviour which can quickly lead to an escalation of conflict
- Mental illness.

Causes for conflict are multi-faceted and are not always about the individual. Our actions can exacerbate conflict. Likewise systems that may seem to be very sensible to staff can be unfamiliar or obtuse for patients and/or carers. Similarly, building design and signage can be very confusing and frustrating for users and visitors.

You need to remember that most people engage with health services when they are vulnerable. Fear and anxiety can easily manifest itself as aggression. For example, consider the following scenarios and how they may trigger a conflict situation:

- A patient in a drop-in centre not realising that they need to pick up a ticket before they sit down
- A family member expecting an immediate response to a question about a patient's condition
- A drunk person coming in off the street
- A patient being told that a consultant can't make an arranged appointment due to an emergency.

What is Assault?
(Slide No 7 / E-learning Page 6)

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

Physical assault is defined as the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.

Non-physical assault is the use of inappropriate words or behaviour causing distress and / or constituting harassment. Like physical assault it can be very debilitating and should not be taken lightly.

Other related definitions are:

- **Violence**: Incidents where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being, or health.
- **Aggression**: Any behaviour that is perceived by the victim as being deliberately harmful or damaging either psychologically or physically.
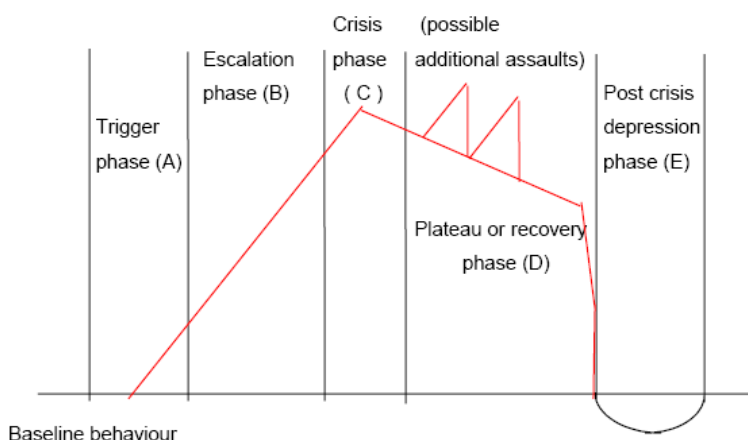
The "Assault Cycle"
(Slide No 8 / E-learning Page 7)

The "Assault Cycle" (Kaplan and Wheeler 1983) is a model that helps to identify:

- Why the assault has occurred
- The most appropriate type of intervention

It is made up of the following 5 phases:

A. The trigger phase
B. The escalation phase
C. The crisis phase
D. The plateau or recovery phase
E. The post crisis depression phase.

Trigger phase:
This is the event which sets off the anger reaction. This event is seen as threatening to the individual and starts off 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.

Escalation phase:
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.

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.

Recovery phase:

An individual returns to baseline behaviour and mood. Heightened adrenaline remains in the body for at least ninety minutes and can last up to 3 days, causing an individual to react more forcefully if provoked or if demands are placed upon them. The Crisis phase can be re-ignited during this phase and may result if an inappropriate intervention is attempted.

Post-crisis depression phase:

An individual's ability to think clearly begins to return at this stage and the person may feel guilty about what has happened.

Reference: Kaplan, S.G., Wheeler, E.G. (1983), Survival skills for working with potentially violent clients. Social Casework; 64, 339–374.

Communication
(Slide No 9 / E-learning Page 8)

There are three main forms of communication:

- **Verbal Communication:** The spoken word (in which we can include the written word), "what" we actually say.
- **Para-verbal:** This builds on verbal communication, underlines the message we are sending using vocal emphasis through tone, pitch, volume.
- **Non-Verbal:** 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.

Body language to avoid conflict
(Slide No 10 / E-learning Page 9)

The importance of body language is often overlooked. It is a key part of good communication. We can use our body language 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, we need to ask them. We can then listen to their reply and use our body language to build a rapport with them. Follow the simple tips below:

- Keep your body relaxed and open
- Use open hand gestures
- Breathe deeply and calmly
- Respect the other person's personal space
- Don't make sudden movements.

Remember your facial expressions will have a big influence on the other person, look interested in them but don't stare.

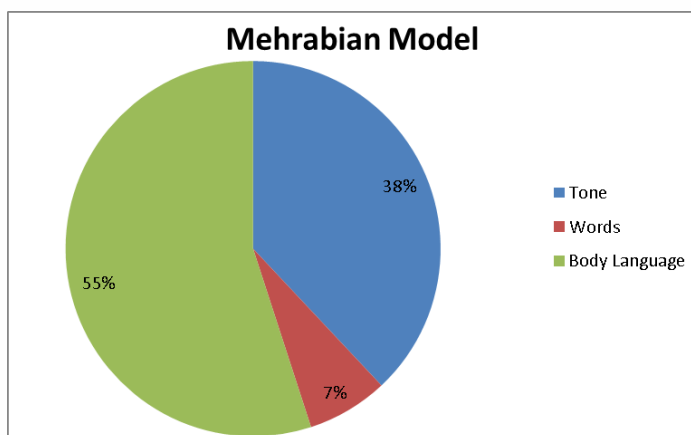## Communicating feelings & attitudes
(Slide No 11 / E-learning Page 10)

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's being said and how it is said is very important. So try and make your facial expression reflect what you're saying. In contrast for example, saying 'I'm fine' through clenched teeth will not be believed. This is also known as non-matching behaviour. Studies show that what you say is less important than how you say it and people believe what they see before they believe what they hear.

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 shown in the model on the next page.

- 7% comes from the spoken words
- 38% from the tone of voice
- 55% from non-verbal or body language

Don't forget people are persuaded by attitude and appearance.

Mehrabian Model

Communication breakdown
(Slide No 12 / E-learning Page 11)

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:** May be an outcome of a personal distress or discomfort, caused, for example, by ill health, poor eye sight 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. Many companies (e.g. banks) have removed these as a result.
- **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:** Differing educational backgrounds may hinder the understanding of the listener and cause confusion or anger. Avoid using technical language or acronyms for instance.

- **Non-matching behaviour:** This is conflict between what you say and how you say it (as covered previously). People pick up on this. You will find that genuineness, being open and honesty reduces the probability of conflict.

- **System errors:** This refers to poorly designed structures and the lack of role-clarity with staff being uncertain about what is expected of them.

- **Culture:** Cross cultural communications is very often hampered by a lack of understanding between the participants and even when both parties want the same outcome these differences can lead to conflict. Be aware that what you say and how you say it as it can be misunderstood. (The next section gives more examples on cultural differences.)

Cultural differences
(Slide No 13 / E-learning Page 12)

This relates to the potential difference in cultural norms and expectations between individuals. For example, social etiquette rules for men and women can vary between countries. In addition, cultural groups may display different body language. Cultural differences are not just about different ethnicities, but can relate to class, age or background. What is seen as acceptable in one culture is not necessarily acceptable in another. For example, extended eye contact can be taken as a challenge of authority in Asian cultures; the 'thumbs-up' gesture is a sign of approval in America, but a sign of obscenity in Iran; and the 'OK' gesture is seen as positive in Australia, but a sign of vulgarity in Brazil.

Another example is shaking hands. In some cultures and religions non-essential touching (such as shaking hands) with a person of the opposite gender is prohibited, with the exception of immediate family members. It is seen as a sign of modesty, humility and chastity. It is also a form of respect, acknowledging no one has the right to touch the individual except for their nearest and dearest.

Communication models for conflict resolution
(Slide No 14 / E-learning Page 13)

Conflict is part of everyday life and can be present in healthy relationships. If it is handled well, it can result in something positive. For instance it can improve understanding, build trust and strengthen relationships. If it's not managed properly it can have negative consequences such as hurt feelings, damage to a relationship, cause formal complaints or even in extreme situations result in violence.

Using effective communication models can reduce conflict and resolve tension. They promote understanding, can be useful for finding common ground as well as providing a framework to support resolution. 3 of the most well-known communication models (PALMS, LEAPS and the 5 Step Appeal models) are summarised in sections below.

Communication models: 1 - LEAPS
(Slide No 15 / E-learning Page 14)

LEAPS is an acronym that provides a communication model that might help if you are confronted with aggressive behaviour. The acronym stands for:

- **L**isten to what the person has to say
- **E**mpathise with what is being said
- **A**sk questions to find out more
- **P**araphrase facts into your own words
- **S**ummarise a course of agreed action

- **L** • listen
- **E** • empathise
- **A** • ask
- **P** • paraphrase
- **S** • summarise

Communication models: 2 - PALMS
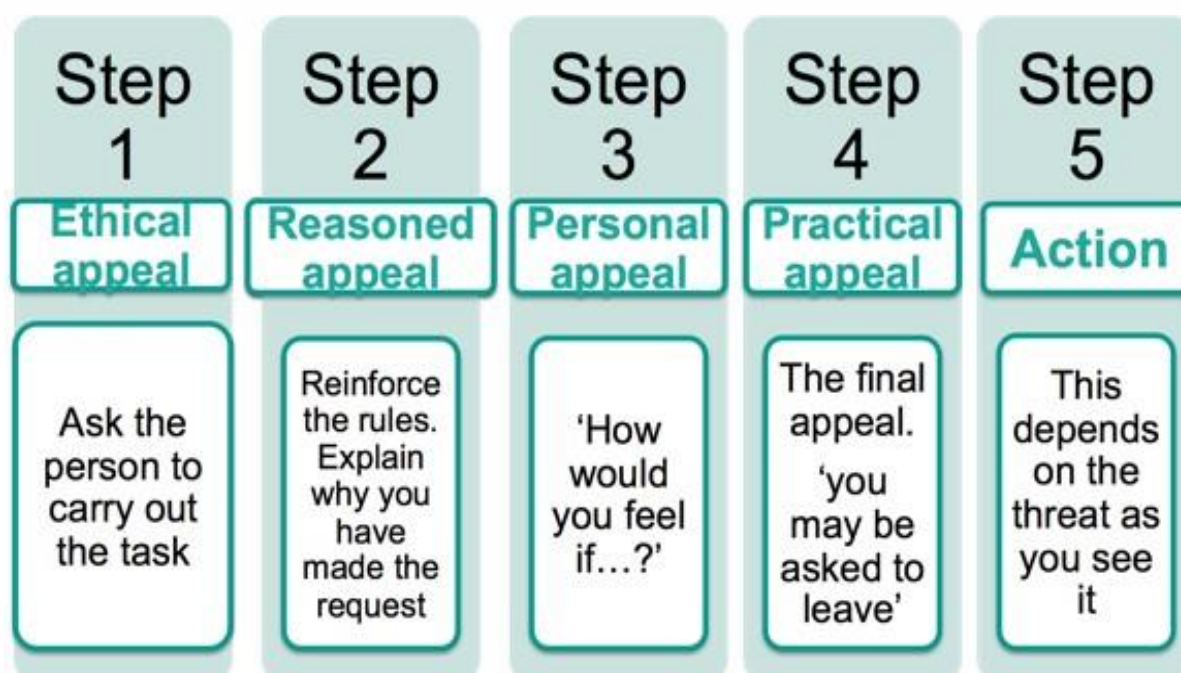(Slide No 16 / E-learning Page 15)

The open **PALMS** model is a non-aggressive stance designed to help you communicate to the other person that you do not want to confront or fight them, but instead you want to help them.

- **P**osition - Be aware of where you are and what is around, i.e. exit routes
  Make sure the person does not feel trapped or hemmed in. Let them see any exit routes. The person needs to see a way past you. If you block the possibility of "flight" they may see little choice but to fight. Equally, ensure that you are not blocked in.

- **A**ttitude – Display a positive & helpful attitude
  Avoid sending the conflict around in a circle. Avoid trigger phrases that can be misunderstood. Smile and talk calmly as it is your responsibility to emphasise a willingness to help and find a solution to the problem.

- **L**ook & Listen – Normal eye contact & active listening
  Eye contact is vital in signalling non-aggression. Maintain as normal a level of eye contact, do not stare. Demonstrate active listening with appropriate head nodding, gestures and repeating phrases you hear to show you understand.

- **M**ake Space – Maintain a comfortable distance
  Do not invade someone's intimate space. Create and measure personal space using the following as guidance:
  - Can you see the other person's feet?
  - Do you feel a vague sense of discomfort?
  - Would they have to take a step forward to touch (hit) you?

- **S**tance – Relaxed and slightly side on for safety and balance
  Stand slightly to one side of the person and place one foot backwards to support you. Open your stance to show the route to an exit.

Communication models: 3 - Five Step Appeal
(Slide No 17 / E-learning Page 16)

Another model that can help to resolve a difficult situation, or one in which a person refuses to comply with a request, is the 5-step appeal. This is a method of communication that, when used effectively, can de-escalate conflict.

Step 1	Step 2	Step 3	Step 4	Step 5
Ethical appeal	Reasoned appeal	Personal appeal	Practical appeal	Action
Ask the person to carry out the task	Reinforce the rules. Explain why you have made the request	'How would you feel if…?'	The final appeal. 'you may be asked to leave'	This depends on the threat as you see it

The attitude and behavioural cycle
(Slide No 18 / E-learning Page 17)

Attitudes play a large role in the exhibition of behaviour. If people are feeling motivated and positive, then they act in such a way that reflects their positive state of mind. Smiling, using particular words or a tone of voice are all examples of signals we use to indicate our attitude. Likewise, if they are feeling negative they can get impatient or angry and may even shout at or argue with people. These behaviours usually affect the people around them. They then turn those negative behaviours back on themselves and the conflict gets worse.

The attitude and behavioural cycle establishes a link between attitude and behaviour so creating a positive attitude constructs a virtuous cycle of positive behaviour and vice versa. It is our responsibility to recognise this cycle and break it, if it is escalating out of control. While we can manage our own behaviour, the communication models described previously may help to influence the attitude and behaviour of the other person.

De-escalation - The basics
(Slide No 19 / E-learning Page 18)

Up until this point, the focus has been on acting to discourage or prevent conflict. At this stage we need to consider what to do when conflict has occurred. De-escalation is the process of reducing the intensity of the situation. Some basic tips are given below:

- **Assess** the individual's emotional state. Are they for example angry or frustrated or under the influence of alcohol or drugs?
- **Identify** trigger factors. What is the crisis? What do they want or need?
- **Reassure** to reduce anxiety. Explain what you will do but do not make promises.
- **Talk / listen** - Speak to them calmly and actively listen to them, empathise and check your understanding.
- **Problem solving** - Once you understand what they want or need you need to resolve the issue. Explain what you will do, when you will do it and how you will keep them informed of progress.

De-escalation - Personal safety
(Slide No 20 / E-learning Page 19)

Staying with the theme of de-escalation, the focus of this section is how people can look after themselves and should react in a conflict situation to try and ensure their personal safety, particularly in cases where someone may be armed.

- You need to maintain an adequate distance. Distance will give you time to think and react.
- Allow space and time - back off if they advance. Take time to think about what's happening and don't rush into a situation. Step back physically and mentally.
- Stand side-on to protect yourself, hold your hands in front of you about waist high, open with your palms facing down, bring your right leg in behind your left or the reverse, this gives less of a target and you are in a defensive stance position, this stops any surprise attacks.
- Move towards a safe place. Don't isolate yourself, keep out of corners. 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 you need to get the appropriate assistance!

Patterns of behaviour
(Slide No 21 / E-learning Page 20)

The ways in which people typically react in line with how problems might escalate is described below. It is usual for individuals to progress through these as distinct stages, so recognising each stage might alert you to any potential danger.

- **Compliance** - This is the most usual state where a person acts in accordance with your request. We need to remember that most people do not want conflict and are usually willing to be reasonable.
- **Verbal resistance and gestures** - When people become non-compliant they often initially manifest this through words or body language.
- **Passive resistance** - May signal the initiation of a physical confrontation. Here, for example, the individual may refuse to move or acknowledge you.
- **Active resistance** - Points to an escalation of the above may be indicated when a person shrugs off a touch, pulls away or pushes. It is not violent in nature.
- **Aggressive resistance** - This is when the person physically attacks.
- **Serious or aggravated resistance** - This is the final stage and most dangerous. It can relate to the use of weapons or actions that lead to serious injury.

Be aware though, even if these stages usually present in the above order, certain factors may cause an individual to jump between stages without warning.

Warning signs
(Slide No 22 / E-learning Page 21)

As a general rule an attacker displays non-verbal signs that they are preparing to attack. Recognising these signs may give you a significant advantage, enabling you to prepare yourself, call for help or remove yourself from the situation.

Warning signs indicate that something may happen. The following can signal the possibility of aggressive behaviour (this is not an exhaustive list):

- Prolonged eye contact
- Darkening facial colour
- Increased breathing rate
- Kicking the ground
- Standing tall
- Head held back
- Large movements
- Erratic behaviour

Danger Signs
(Slide No 23 / E-learning Page 22)

Danger signs suggest a much higher probability of something happening in comparison to warning signs. Neglecting or ignoring the following signs may place you at a serious disadvantage (again this is not an exhaustive list):

- Facial colour paled
- Lips tightened over teeth
- Eyebrows dropped
- Chin drops
- Hands above waist height
- Shoulders tensed
- Staring at intended target
- Body lowered

Impact factors
(Slide No 24 / E-learning Page 23)

These are some key factors that will have an impact on an individual's behaviour and may result in them acting in an aggressive manner. These include:

- Sex – Age – Size relative to both parties
- Relative strength
- Lone working or the surrounding space
- Being under the influence of Alcohol/Drugs
- Mental illness/Mental state
- Injury or exhaustion of either person
- Position of disadvantage
- Numbers present
- Weapons

You need to consider these factors and the influence they may have on the other person.

Lone Workers
(Slide No 25 / E-learning Page 24)

Lone workers are more vulnerable and face an increased risk of being involved in a conflict situation and being victims of physical and / or verbal abuse from patients, relatives or members of the public compared to other groups.
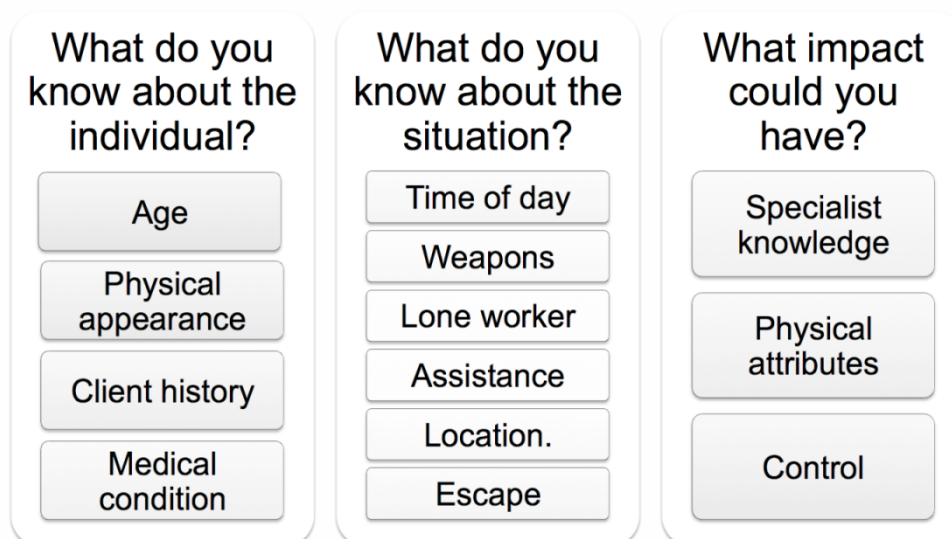
Remember that if you are a lone worker, your employer has a responsibility to ensure the appropriate measures are taken to reduce any risks. For example they need to conduct risk assessments and may provide you with lone worker devices.

Also you have to be proactive and take practical steps to improve your own safety by not placing yourself in a compromising situation where possible. Similarly you need to attend any relevant training provided by your employer, adhere to your organisation's Lone Workers policy and procedures and report near misses and incidents in line with these policies.

Risk assessment

You may be aware of the concept of risk assessment in the context of Health & Safety. A risk assessment is completed and recorded so that everyone can be made aware of the risk to health and safety when undertaking a task in the workplace. In a conflict situation you need to undertake a mental risk assessment of the situation in order to prepare yourself for any potential escalation of the conflict. The notion of risk assessment outlined here is more immediate and less formal than the usual concept of a written risk assessment. However, it is no less valuable, so it is of vital importance to think though the steps below in potential conflict situations. By understanding the factors that are driving the conflict you have a chance to control the situation.

What do you know about the individual?	What do you know about the situation?	What impact could you have?
Age	Time of day	Specialist knowledge
Physical appearance	Weapons	Physical attributes
Client history	Lone worker	
	Assistance	
Medical condition	Location.	Control
	Escape	

Personal space

It is very important recognising and respecting personal space. This is the area around an individual that they see as psychologically theirs. People set great store by their personal space and feel threatened, anxious, uncomfortable or angry when it is 'invaded'. In some cases, particularly with respect to people with mental health problems, reactions can be quite intense. However, in other instances, for example with drink, their respect of other's space might diminish.

How far we let others into 'our space' is an indication of our relationship, as shown in the table below. However, in healthcare contexts, it is not unusual for strangers to move into personal or even intimate space because of the nature of their role.

Intimate (up to 0.5m)	People we feel very close to
Personal (about 1.2m)	Friends and associates
Social (about 2.4m)	New acquaintances
Public (2.4m plus)	Larger audiences

The use of 'distance' for dealing with conflict
(Slide No 28 / E-learning Page 27)

We can use distance to help us de-escalate potential conflict by understanding the boundaries of personal space and not provoking someone by transgressing into theirs. Distance also gives us time to think, react and to get away.

We must also consider distance as the "reactionary gap". This is the space needed between you and a potential attacker that will allow you time to take evasive action if they try to attack you.

At a minimum it is the distance between the extremities of your reach and the extremities of your opponents reach. You need to consider if your opponent is armed with any weapons and increase the distance to allow for them.

Fight or flight?
(Slide No 29 / E-learning Page 28)

The 'fight or flight response' is our body's own protective response to danger. In essence, it is a mechanism designed to protect us from harm. It puts us in our best shape to run away from a threat - **flight** - or to hit the threat head on - **fight**. It may be in our nature to respond to the situation in an assertive manner and if we are "right" not to back down. This stance though may inflame the situation.

When things have gone out of control people need to extract themselves safely from the situations. It is 'better to give up than get beaten up'. If we walk away, the situation may not be resolved but our action will probably diffuse the situation and allow the protagonist time and space to calm down.

There is no shame in not fighting back.
We must always put our personal safety and the safety of patients first.

Reasonable force
(Slide No 30 / E-learning Page 29)

It is relatively rare that a conflict situation escalates into a physical attack, but it does happen. You have a right to self-defence under UK law. You may exercise the "minimum force" necessary to defend yourself, this right does not generally extend to verbal abuse as to physically defend yourself from verbal abuse may be disproportional to the issues faced. The use of force in self-defence must be reasonable. Section 3 of the Criminal Law Act 1967 states that "A person may use such force as is reasonable in the circumstances in the prevention of crime, or in the effecting or assisting in the lawful arrest of offenders or suspected offenders or persons unlawfully at large".

Anyone can use "reasonable" force to protect themselves or others and not face prosecution as long as they act "honestly and instinctively" in the heat of the moment. Reasonable force is force that is deemed as proportionate and necessary. You may only exercise such force as is reasonable under the circumstances in order to prevent or repel the attack.

Range of support available following a violent incident
(Slide No 31 & 32 / E-learning Page 30 & 31)

Immediately after a violent incident a number of actions need to be taken. The following list of questions provide a useful guide (this list is not exhaustive):

- Has anyone been injured?
- Do they need medical or any other assistance?
- Have the individuals affected been moved to a place of safety?
- Does the cause of the incident remain and is there risk of further incidents?
- Has the incident been reported or the alarm raised?
- Have the police been called?
- Has an incident report form been completed?

If the incident is not reported and documented, it is like it did not happen. Without reporting it, steps can't be taken to prevent it happening again. The role of the Local Security Management Specialist in the organisation should be reinforced in relation to the investigation of incidents relating to violence and aggression against individuals.

Following a violent incident, longer term support may also be required. People requiring support may include those directly affected by the incident, anyone who witnessed the incident and those who are based or work in the vicinity where the incident took place.

Post incident support may involve and include (this list is not exhaustive):

- Peer support from colleagues
- Staff side or trade union support
- An individual's line manager
- Occupational Health services
- HR (for example in relation to a phased return to work)
- Employee counselling services
- Victim Support
- Criminal Injuries Compensation Authority

The need and benefits of providing support
(Slide No 33 / E-learning Page 32)

It's important an organisation has the procedures and mechanisms in place to ensure it can provide appropriate support to its employees, particularly if they have been involved in a violent incident. The reasons for doing this include:

- The organisation has a legal duty to ensure the safety of all its employees
- No-one should be placed needlessly at risk and preventative measures should be taken where possible
- Appropriate support can reduce the potential impact of an incident
- All incidents need to be documented and fully investigated
- Appropriate training should be provided, after an incident this should be reviewed and adapted accordingly in relation to the incident

By being proactive and providing a supportive environment to its employees, there are a number of benefits an organisation can realise, these include:

- Employees will feel valued and respected which in turn will make them more committed to the organisation
- Preventative measures in place will provide assurance and security to employees and make them feel safer
- Positive employee welfare will have a wider positive impact on the organisation
- Lessons learnt following an incident can prevent future incidents from occurring
- Employees will feel empowered
- Potential financial and reputational cost or impact to the organisation can be reduced

Personal safety DO NOTs and DOs
(Slide No 34-35 / E-learning Page 33 & 34)

Remember it is best to avoid conflict if at all possible. In order to avoid conflict:

DO NOT:

- Show hostility
- Use provocative language
- Show signs of irritation
- Adopt a 'square-on' stance
- Behave in an overly authoritative manner
- Give an ultimatum unless you are prepared and able to follow it through.

DO:

- Be prepared for problems
- Avoid behaviour that is likely to provoke patients
- Keep calm and don't raise your voice
- Be respectful and tolerant
- Remember that silence can be helpful
- Listen and try to understand
- Get help if you fear that violence is likely or the situation is liable to escalate

Remember

It is in your best interest to avoid conflict whenever possible and the use of appropriate inter-personal skills in any potentially difficult situation will help towards this end. In any conflict situation use your common sense, rely on your experience but also tailor your response to the situation.

If your gut instinct tells you a situation is escalating out of control, listen to it, walk away and seek help.

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