

# Unacceptable Behaviour

**At PCHA we are passionate about providing a great service. We are proud of the open and honest relationship we have with our residents and work hard to be proactive and responsive to residents' queries and complaints. However, occasionally residents may behave or act in ways that make it challenging for PCHA to provide an effective service, either to them or other residents. We are a small team with limited resources and we have to allocate those resources wisely and fairly. If someone's behaviour starts to have an impact on our staff, our service or the organisation, we need to take clear action to manage the impact of this behaviour.**

**This leaflet aims to inform residents what PCHA deems to be unacceptable behaviour and how we will manage this behaviour if it occurs.**

## **What is considered unacceptable behaviour?**

Examples of behaviour that is considered unacceptable include (but are not limited to):

- Using abusive or foul language directed at staff
- Using discriminatory language or behaviours directed at staff
- Physical, verbal or psychological threats towards staff
- Making continued, unsubstantiated allegations about staff
- Harassment of staff using any communication method
- Making excessive or unreasonable demands on staff
- Excessive communication (in any format)
- Refusing to accept an answer and making repetitive demands.



## **Types of unacceptable behaviour**

To describe in more detail the behaviours that PCHA considers to be unacceptable, we have grouped these under three main headings:

### **1. Aggressive or abusive behaviour**

As well as physical aggression, this can include behaviour or language (whether spoken or written) that may cause staff to feel afraid, threatened or abused.

This may include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. We also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

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PCHA staff understand the difference between anger and aggression. For example, a resident may be angry at something that has happened to them and may be (rightly or wrongly) angry with PCHA. We do not view behaviour as unacceptable just because someone is angry, forceful, challenging or determined. However, it is not acceptable when anger escalates into aggression directed towards staff. We expect our staff to be treated courteously and with respect at all times.

## **2. Unreasonable demands**

Residents may make what we consider unreasonable demands on PCHA through the amount of information they seek, the nature or scale of service they expect, or the number of approaches they make.

Examples of actions grouped under this heading include demanding responses within an unreasonable timescale, insisting on seeing or speaking to a particular member of staff, continual phone calls, emails, or letters, repeatedly changing the substance of the complaint/query or raising unrelated concerns.

We consider these demands as unacceptable and unreasonable if they start to impact substantially on our work, such as taking up an excessive amount of staff time to the disadvantage of other residents or functions. As a small association this can be very difficult to manage as it often falls to an individual member of staff, where the impact can be significant.

## **3. Unreasonable persistence**

Occasionally a resident does not, or cannot, accept that PCHA is unable to assist them further or provide a level of service greater than that provided already.

Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a request or complaint, persistent refusal to accept explanations relating to what PCHA can or cannot do, contacting PCHA persistently about the same issue, and continuing to pursue a case without presenting any new information. The way in which these residents approach PCHA may be entirely reasonable, but their persistent behaviour in continuing to do so is not.



## Managing unacceptable behaviour

### Restricting contact

If a resident's behaviour affects our ability to do our work and provide a service to others, we may need to restrict that person's contact with our staff. Wherever possible, we aim to do this in a way that preserves the resident's right to process everyday issues such as reporting repairs.

We may restrict contact in person, by phone, letter, or electronic communications or any combination of these. We will try to maintain at least one form of contact. In extreme situations, we will tell the resident in writing that their name is on a 'no personal contact' list. This means that they must restrict contact with our staff to either written communication or through a third party.

The threat or use of physical violence, verbal abuse, or harassment towards PCHA or its staff is likely to result in the ending of all direct contact. Incidents may be reported to the Police. This will always be the case if physical violence is used or threatened. Tenancy enforcement action will be robustly pursued in these cases.

### Managing abusive or offensive communication

If we receive communication that in any form that is abusive to staff or contains allegations that lack substantive evidence, we will tell the sender that we consider their language offensive, unnecessary, and unhelpful. Whenever possible we will ask them to stop using such language and state that we will not respond to them if they do not stop. We may require future contact to be through a third party, and if they do not agree, we will no longer deal with them.

PCHA staff will end telephone calls if the caller is considered aggressive, abusive, or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable, and end the call if the behaviour does not stop. There may be other occasions when a member of staff needs to end a call without the agreement of the resident, for example if the resident isn't listening and/or the call is going round in circles. However, in any case where we terminate a call, we will always warn the resident at least twice before terminating a call. We will also always explain what will happen next, e.g. that we will ring them back another time, or that we will ask another member of



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## Limiting access to PCHA (managing 'unreasonable persistence')

When someone repeatedly phones, visits the office without appointment, sends irrelevant or duplicate documents, or raises the same issues already considered, we may decide to:

- Only take telephone calls from the resident at set times on set days, or put an arrangement in place for only one member of staff to deal with calls or correspondence from that person
- Require the person to make an appointment to see a named member of staff before visiting the office
- Insist on 'no person contact' – that the resident only contacts the office in writing (via email or letter)
- Return the documents to the person or, in extreme cases, advise them that further irrelevant documents will be destroyed
- Take other action that we consider appropriate. We will, however, always say what action we are taking and why.

When a resident continues to correspond on a wide range of issues, and this action is considered excessive, then we will tell them that only a certain number of issues will be considered in a given period and/or responding in a specific timescale. We will ask them to limit or focus their requests accordingly.



## How do we decide to restrict resident contact?

Decisions to restrict contact with PCHA are only taken after careful consideration of the situation with the approval of the Chief Executive. Wherever possible, we will give the resident the opportunity to modify their behaviour or action before this decision is taken. Residents will be told in writing why a decision has been made to restrict contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

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## Disability or vulnerability

PCHA also recognises that some disabilities may make it difficult for residents to appreciate the impact that their behaviour may have on themselves, staff, and other residents. Where we are aware that a resident is vulnerable, disabled or has particular needs, staff will make reasonable adjustments to meet their needs. Examples of adjustments that may be made include (but are not limited to):

- Using different ways to communicate
- Signposting the resident to other support services
- Arranging for a particular member of staff to act as a single point of contact.

## Process

We will manage all cases of unacceptable behaviour in three stages, providing residents with the opportunity to change their behaviour at each stage.

### Stage 1—Informing the resident



The resident will be informed that there have been times that their behaviour has been challenging and/or unacceptable. This will be provided in writing, with specific details of what has occurred and the impact that this has had. They will be asked to adjust their behaviour and offered the opportunity to explain any circumstances that may need to be considered by staff.



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## Stage 2—Formal action

If a resident does not make reasonable efforts to change their behaviour or engage with staff to resolve the issue, formal action may be taken. This includes (but is not limited to):

- Limiting contact to a specific channel for all non-urgent enquiries, such as emails or letters only
- Arranging for a named member of staff to act as a single point of contact for the customer
- Responding to correspondence in a specified timescale, for example weekly or fortnightly emails responding to non-urgent enquiries.

Residents will be informed in writing if formal action is taken, including the reasons why action has been taken and the review period. In the formal correspondence, residents will be informed that they have the right to appeal any arrangements, how to do so and when this should be submitted by.

## Stage 3—Appeal

A resident can appeal a decision to restrict contact. Appeals should be made in writing to the Chief Executive, stating why the restrictions should not be put in place and what actions the resident will be taking to change their behaviour. A PCHA Board member who was not involved in the original decision will consider the appeal. They will advise the resident in writing either that the restricted contact arrangements still apply or that a different course of action has been adopted.

**If you have any queries on the content of this leaflet or would like further information on PCHA's Unacceptable Behaviour Policy, please contact us on 020 8659 3055 or email [housing@pcha.co.uk](mailto:housing@pcha.co.uk).**

