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**Positive Behaviour Support (Adults) Policy**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
| Date of Issue: | [Date of Issue] |
| Date for Review: | [Date of Review] |

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# Introduction

Positive behaviour support is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. It involves a range of tools and methods that aim to help a person reduce challenging behaviour and increase their quality of life through the learning of new skills. It also helps us to adjust environments to promote lasting, positive behavioural changes.

# Policy Statement

[Company Name] will ensure that standards of best practice are consistently adhered to when helping people make positive behavioural changes. This policy provides guidance to all staff providing behavioural support to persons in our care and adheres to NICEs quality care standards.

# Scope

This policy and the procedures apply to all employees who support the persons in our care with behaviour and general conduct. The Registered Manager is responsible for ensuring that the principles within this policy are observed.

# Procedures

Positive Behaviour Support involves changing situations and events that people experience so they can increase their quality of life and reduce the likelihood that challenging behaviours will occur. It is an approach that blends our values and the rights of people with disabilities with constructive behavioural approaches.

Positive Behaviour Support recognises that every person is unique. It also enables us to understand when and why certain behaviours are likely, and focuses on changing the context, as well as building the capacity and skills of the person and those supporting them. A key feature of Positive Behaviour Support is its rejection of punishment as an acceptable response to challenging behaviour.

Positive Behaviour Support (PBS) interventions are considered effective when they enhance positive social interactions and result in a persons’ increased quality of life. Some key aspects of positive behaviour support include:

* there is a usually always a reason behind the most challenging behaviours, such as a need not being met
* every person should be treated with compassion and respect regardless of their behaviour
* we should not try to control other people, but should support them in their own behaviour change process
* every person has unique strengths and talents that can be utilised
* everyone is entitled to quality of life and effective services
* positive responses will be more effective than coercion and punishment
* the knowledge that is available about how to provide support for positive behaviour can make a big difference
* the views of those important to the patient about their future care.

# Why does challenging behaviour happen?

Challenging behaviour always happens for a reason. If we can understand what purpose the behaviour serves, we can respond effectively. We should find out what led up to an episode or period of challenging behaviour. Challenging behaviours rarely occurs ‘out of the blue’. There are always links between the **behaviour** and what happened before **(antecedents)** and after **(consequences)**. Understanding how these are related helps us identify the function of the behaviour and has direct implications for how we respond to it. Antecedents can be broken down into two types:

* **Setting Events**: longer term underlying factors (e.g., health issues, changes in emotional states, particular activities or sensations, places, individuals, objects and/or changes to the routine earlier in the day).
* **Triggers**: things that happen immediately before the behaviour (e.g., hearing a particular sound, seeing a specific person and/or experiencing a sharp pain).

If triggers occur when the person has already experienced one or more of the setting events, it is more likely that challenging behaviour will also occur.

**Consequences** are the things that happen after the behaviour. While these always impact on the person they are not always obvious. They include:

* things that are added or taken away (e.g., conversation or contact, activities or sounds)
* the way other people react or respond
* things that happen immediately and later
* changes in feelings or sensations.

Gathering information about antecedents and consequences involves direct and indirect methods to understand the function of the behaviour from the person’s perspective.

* **Indirect** methods include asking people and looking at existing information, such as care records to assess the broader physical or social environment.
* **Direct** methods involve observing and recording the person’s behaviour and events happening while the behaviour is occurring.

Indirect methods provide a lot of descriptive information, whereas direct methods confirm ideas about what actually affects behaviour. All assessments must include direct observation so that direct information can be gathered about the specific nature of the challenging behaviour. You should also consider the context in which it occurs and gauge the reaction it causes in others. Direct observation helps us to double check information we have gathered from other sources.

# What is a Positive Behaviour Support plan?

All persons in our care must have a support plan, which includes details of what actions should be taken to reduce the need for the person to behave in challenging ways over time **(primary/proactive strategies)**, and how to respond to a person’s challenging behaviour when it occurs **(secondary/reactive strategies)**. For a blank copy of [Company Name]’s support plan please refer to Appendix I. Primary or proactive strategies focus on:

* the quality and range of activities the person participates in and with whom
* the physical surroundings of the person and who he/she interacts with
* how predictable these factors are and how staff and others communicate with the person
* how those who support the person manage possible risks of challenging behaviour occurring
* how other people might improve their understanding of the person and his/her behaviour.

Secondary or reactive strategies must not include punishment. They might include:

* distraction
* reducing expectations
* reassurance.

Tertiary strategies are only used as a last resort and include:

* restraint
* other restrictive interventions that reduce risk and protect people from harm.

Primary/proactive strategies can prevent an escalation to crisis level and keep the person and others safe. Crisis level occurs when the person behaves in a way that places either themselves or others at risk and may require the use of restraint or other restrictive interventions designed to reduce risk and protect people from harm.

All behaviour support plans must focus more on primary (proactive) strategies than secondary or tertiary approaches. It must also be consistent with the requirements of the Mental Health Act Code of Practice 2015 and the Mental Capacity Act 2005.

**What behaviour(s) should I focus on when writing the plan?**

When deciding which behaviour to focus on, you should aim to achieve a balance between what is most challenging for the person we support and who else supports them. Be realistic about what you can change within the limits of the environment you are working in. It is important not to try to address everything at once. Break things down into manageable parts to support staff in being able to concentrate on one issue at a time.

This enables us to work through things carefully and systematically, and to have a positive impact in a short space of time. Often, situations involving challenging behaviour that seem overwhelming, become much more manageable following focused interventions. It is common for teams to find that when they have begun to work in a proactive way with one behaviour, they notice that other behaviours reduce also.

Having a clear and concise definition of the behaviour is an essential step in developing a Positive Behaviour Support plan. It enables us to be objective and to avoid emotive and/or judgemental language. A clear, unbiased definition also guards against preconceptions about the cause and effect of the behaviour. It also ensures everyone has exactly the same behaviour in mind when recording or discussing it and can identify when the behaviour is occurring.

A good definition is observable and measurable, it describes the behaviour in terms of what you can see and hear. For example, it is better to say “screaming and kicking furniture” than “angry and resentful” and “sits on the floor with feet in front of him rocking from side to side while flicking his right thumb and forefinger in front of his eyes” is clearer than “self-stimulation”.

**Carrying out (implementing) the plan**

Before you spend time with a person under our care, read their support plan thoroughly and remember the key points. This will help you to be able to action any strategies without having to leave the person if their behaviour becomes challenging.

A range of different methods including role play, discussion of scenarios and modelling should be used to ensure everyone understands and has the confidence needed to implement the plan consistently.

Current strategies and recording tools should be kept wherever they are most accessible and easy for staff to use when needed. We should continually use the proactive and reactive strategies that we have developed if they are to remain useful.

**Reviewing the plan**

Plans are never set in stone. They should be developed continually over time and reviewed and updated as we learn more about people in our care. Success can be measured by how quickly and how much the plan has reduced a challenging behaviour.

Positive Behaviour Support requires us to also see how our interventions impact the quality of the person’s daily experiences, the effectiveness of the support they receive, the knock on effect for others and any changes in attitudes to the person or the behaviour over time.

You can use existing tools, such as learning logs, shift rotas and assessment tools (e.g., behaviour tick charts, ABC forms and interviews), to monitor behaviour before introducing anything new. The most important thing you can do is to ensure that information recorded to monitor the effect of the intervention is regularly checked, analysed and fed back to the relevant people. This not only ensures that we develop a clearer understanding of the function of the behaviour and the effectiveness of the intervention, but also demonstrates to staff that accurate recording is worthwhile.

# The UK Positive Behavioural Support (PBS) Competency Framework

The UK Positive Behavioural Support (PBS) Competence Framework provides a detailed framework of the things that you need to know and the things that you need to do when delivering best practice PBS to people with learning disabilities who are at risk of behaviour that challenges. The framework states that:

* More people with learning disabilities and behaviours that challenge do benefit from high-quality, evidence-based support delivered by competent professionals within a multi-disciplinary team.
* Practitioners will benefit from professional development and occupational standards.
* Organisations supporting individuals with learning disabilities and behaviours that challenge can employ practitioners with a greater degree of certainty about competence and quality.
* Commissioners will have a greater understanding of the nature and use of PBS in practice.
* Practice based research will contribute to the growing evidence base for PBS.

In order to support the implementation of the PBS Competence Framework in practice, the PBS Academy has developed a set of resources suitable for the following groups:

* people with learning disabilities
* people with autism
* family carers
* support workers
* service providers
* commissioners.

These can be accessed through the following website: [The PBS Academy UK | UK Positive Behavioural Support (PBS) Competence Framework](http://pbsacademy.org.uk/pbs-competence-framework/)

# Monitoring

Compliance with this policy will be monitored through routine auditing as well as patient, visitor and staff feedback.

# Related Policies

* Advocacy and Decision-Making (Adults) Policy
* Care Planning Policy
* Mental Capacity Act and DoLS Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* Care Act 2014
* Health and Social Care Act 2012
* Human Rights Act 1998
* Mental Capacity Act 2005

**Guidance**

* Care Quality Commission: <https://www.cqc.org.uk/sites/default/files/20180705_900824_briefguide-positive_behaviour_support_for_people_with_behaviours_that_challenge_v4.pdf>
* NICE guideline [NG11] Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015).
* NICE guideline [NG93] Learning disabilities and behaviour that challenges: service design and delivery (2018)
* PBS Academy website: [www.pbsacademy.org.uk](http://www.pbsacademy.org.uk)
* The Challenging Behaviour Foundation guides: <https://www.challengingbehaviour.org.uk/information/policy-and-best-practice.html>

# Appendix I: Simple Support Plan for Non-Complex Behaviours

Patient name:

DOB:

**This plan is to address the following behaviours:**

**Identified settings and triggers for the behaviours:**

**The** **behaviour seems to serve the following functions:**

# Appendix II: Support Plan for Complex Behaviours

Patient name:

DOB:

**Replacement Behaviour:**

**Problem Behaviour:**

**Antecedent:**

**Setting Event:**

**Maintaining Consequences:**

**Intervention Strategies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Setting event Strategies | Antecedent Strategies | Teaching Strategies | Consequence Strategies |
|  |  |  | Replacement behaviours: |
| Problem Behaviour: |

# Summary of Review

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| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, Managers |
| Next Review Date | [Date of Review] |