

	Positive Behaviour Support – Managing Behaviour of Concern Policy - Children and Young People	Author	M. Davies
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Document History:			
Issue level	Page No(s)	Date	Brief details of amendment(s) to Policy

1. This Policy is concerned with:

- 1.1. The organisation’s ethos and practice in regards to supporting children and young people with behaviour of concern.
- 1.2. The recognition of Positive Behaviour Support as the best and most ethical way to work with the individuals we support.

2. Definitions:

2.1. **Behaviour of Concern** – “Culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities” (**Emerson, 1995**) Sometimes referred to as challenging behaviour, Aspens uses the term ‘behaviour of concern’

2.2. **Positive Behaviour Support (PBS)** - A multi-component framework for:

- Developing an understanding of the behaviour of concern displayed by an individual, based on the assessment of the social and physical environment and broader context within which it occurs
- Including stakeholder perspectives and involvement
- Using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support
- Enhances the quality of life outcomes for the focal person and other stakeholders ‘**Definition and scope for positive behavioural support**’, **Gore et al., International Journal of Positive Behavioural Support, Vol 3 No 2, Autumn 2013**

2.3. **Reactive Strategies** – planned interventions which are used when an identifiable behaviour of concern is occurring and the use of proactive and preventative strategies has not been effective

3. Core Components of Positive Behaviour Support:

Aspens is committed to adhering to the 10 core components of Positive Behaviour Support as defined by Gore et al, 2013

Values	1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	2. Constructional approaches to intervention design build stakeholder skills and opportunities and reject aversive and restrictive practices
	3. Stakeholder participation informs, implements, and validates assessment and intervention practices
Theory and evidence base	4. An understanding that challenging behaviour develops to serve important functions for people
	5. The primary use of constructional principles and procedures from behaviour analysis you assess and support behaviour change
	6. The secondary use of other complementary, evidence based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessments to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring, and evaluation of interventions over the long term

4. Positive Behaviour Support Plans (BSP) are an integral part of supporting the child or young people we work with. BSP's are:

- 4.1. Are a legal document and must be adhered to
- 4.2. The plan must be agreed with the child or young person's multi-disciplinary team and others such as parents or guardians, support staff, care managers and the Aspens PBS team and service manager
- 4.3. Will include input from parents/carers, other key stakeholders and carers of staff who familiar with the individual
- 4.4. Provide a planned and consistent framework which addresses behaviour that is not sufficiently addressed via the standard principles of good practice and process
- 4.5. Will be written by key workers, deputies, managers, and PBS specialist who are trained in functional assessments and the principles of Applied Behaviour Analysis
- 4.6. Will be based on functional assessments, evidence, and data which clearly outlines the behaviour of concern as well as the frequency, intensity, and duration of which it takes place
- 4.7. Will contain positive preventative and proactive strategies as well as reactive strategies
- 4.8. Will focus on managing behaviour of concern through the teaching of skills
- 4.9. Where the behaviour of concern is of high frequency, duration, or intensity and is therefore putting the individual and those around them at significant risk, or, if the behaviour is significantly impacting the individual's ability to access the community, then a referral will be made to the PBS team who will then provide support

5. Positive Behaviour Support Plans/Traffic Light Support Plans

- 5.1 All children and young people will have holistic personalised plans for staff and volunteers to follow which include aspects such as communication, personal care, health care etc. Plans for support around behaviour management will be included if needed.
- 5.2 They will be both proactive and reactive in their design. A 'traffic light' template is available on the 'G' Drive.

Green How do we know that the child or young person is in a good place?
What needs to be done to maintain this?

Amber What are the signs and triggers that cause the young person to behave in a challenging way?
How do we know when it is close to happening?
What needs to be done to stop this happening?

Red What does the child or young person do when they behave in a challenging way?
How should we respond?

Blue How do we know the situation is calmed?
What should we do to help make sure the situation stays calm?

- 5.3 No child or young person will be subjected to any form of punishment. However, there may well be responses resulting from their behaviour. For example, if a child is attacking another child they may be removed from the immediate area.

5.4 We **will not**:

- Use corporal punishment (any act that causes pain or harm such as smacking or rough handling a child or young person)
- Use disrespectful language or shout at a child or young person
- Withhold essential items such as food, drink or medication or equipment/aids such as a wheelchair or a walking frame
- Restrict a child or young person's liberty such as lock them in a room
- Put a child or young person in restrictive clothing or anything that may demean them (unless identified in their support plan such as all-in-one underwear)
- Impose any fines or confiscate any personal belongings

5.5 The positive behaviour support plan will set out any consequential interventions that staff may use in response to behaviour. These must be proportionate to the type of behaviour.

5.6 The types of consequential based interventions will vary according to the child or young person but could include:

- Increased supervision
- Verbal reprimand using appropriate tone and language
- 'Assertive commands' which clearly state what the child or young person should or should not do
- Stopping the activity
- Supervised time out (not seclusion or isolation)
- Restrictive Physical Intervention (RPI)
- Mechanical intervention such as splints or cushioned helmet
- Chemical intervention such as prescribed medication

5.7 Consequence based interventions will be recorded in the Consequence based interventions book and on our database. They will also be monitored and reviewed regularly to make sure that they are still helping reduce, manage or stop the behaviour of concern and that there is no less restrictive alternative that could be used.

5.8 Aspens understands that behaviour of concern serves an important function for the child or young person and may be the best way they have of communicating their needs. Functional assessments will establish the probable function of the behaviour (escape, avoidance, attention, sensory, tangible) and inform interventions which teach more effective and efficient behaviours

6. Supporting Staff

6.1 All Aspens staff should feel well supported to work with the children and young people who may display behaviour of concern. Aspens will ensure that:

6.2 Staff will undertake PBS training as part of their induction period

6.3 Staff will work towards evidencing the PBS Competency Framework as part of their CPD

6.4 Staff who are responsible for writing Positive Behaviour Support Plans will have completed in house functional assessment training which will be refreshed annually

6.4 In-house PBS training will be reviewed annually

6.5 All service managers will complete the 3 day BILD PBS Coaches programme to ensure that PBS is embedded throughout the services we provide

6.6 A PBS lead will be appointed to ensure that PBS can be evidenced as happening in all of our services

6.7 All staff working with children and young people who may display behaviour of concern will be trained in the correct use of physical intervention. PROACT-SCIP-UK has been chosen as the physical intervention training for those working with children and young people and which fits best with the ethos of Aspens . PROACT-SCIP is BILD accredited and fits well with Positive Behaviour Support.

7 Reactive Strategies – on occasion reactive strategies are necessary to keep a child or young person safe. Aspens will ensure that:

7.4 If a child or young person needs reactive strategies in place then these will be included in the Positive Behaviour Support Plan

7.5 Reactive strategies will only be used if the behaviour is occurring and is likely to place the individual or those around them at risk of harm

7.6 Wherever possible proactive and preventative strategies should have been used to try and prevent the behaviour from occurring

7.7 In situations where a restrictive intervention has been deemed to be necessary (see RI policy) the least restrictive intervention necessary to ensure safety will be used as part of a graded approach

7.8 Medication (PRN) is only used when there are clear guidelines in place and its use is monitored. Guidelines for medication must be drawn up in consultation with a medical professional, usually the Consultant Psychiatrist. Unnecessary use of medication would be considered a form of chemical restraint and unlawful.

8 Factors which may increase the likelihood of a child or young person displaying behaviour of concern.

8.1 A child or young person may be more likely to display behaviour of concern at different times. Factors which may affect this could include:

8.1 The environment is unsuitable –

- Space/building is too big/small
- Temperature is too hot/cold
- It is too noisy/cold
- It is too crowded
- Too many or too few visual stimulus
- Aversive smells

8.2 The child or young person is experiencing emotional distress –

- Upset or distressed – missing someone or something
- Bereavement
- Frightened, scared, confused
- Bored, lack of stimulation, lack of structure
- Incompatible peers group

8.3 The child or young person is physically unwell or in pain –

- Sick
- Injured
- Pain due to aging

9 Reporting/Documentation of Incidents

- 9.1 All incidents of physical intervention must be reported to the Manager immediately. In her/ his absence the 2nd level on-call will be informed.
- 9.2 All incidents must be reported to Head of Operations – Children's Services at the earliest opportunity. In particular, details of injuries and any time off work resulting from injuries to staff, must be reported and recorded (Health & Safety At Work Act 1974).
- 9.3 Because of the legal requirements upon the CEO, the CEO or Head of Operations- Children's needs to be immediately aware of any problem, i.e. injury or complaint, resulting from the use of physical intervention.
- 9.4 All serious incidents must be reported to the Care Quality Commission (CQC) and Office for Standards in Education (OFSTED) without delay.
- 9.5 The staff members involved must complete an incident report form for each occasion physical intervention is required.
- 9.6 The Manager must complete a RIDDOR reporting form should the incident be deemed dangerous, with the possibility of serious injury or loss of life or where a member of staff is, as a result of the incident, absent from work for a period of three or more days.
- 9.7 Any child or young person's parent or guardian or member of the public should be informed of Aspens 's complaint procedure in the event of an incident of physical intervention.
- 9.8 Staff members are advised not to wear expensive items, and should either consider wearing an alternative item or insuring it themselves. Any damage to staff member's property (including glasses or clothes) must be documented and only reasonable expense claims will be reimbursed.

10 Monitoring

- 10.1 Guidelines for a child or young person's physical intervention must be reviewed every 6 months as part of their Positive Behaviour Support Plan process. This includes the risk assessment which must be agreed by the child or young person's multi-disciplinary team and others such as parents or guardians, support staff, care managers and the Aspens PBS team and service manager.
- 10.2 The policy for "The Management of Challenging Behaviour, including Physical intervention" will be reviewed every year in line with good practice developments within the care sector.

11 Physical Intervention Training

- 11.1 All staff members supporting individuals with planned physical intervention **must** be trained in safe techniques. Aspens supports the use of PROACT-SCIP, which follows good practice and subscribes to the **BILD** policy framework for physical interventions.
- 11.2 Professional accredited trainers must deliver all physical intervention training provided for staff working for Aspens and the values of all training must equate to those of Aspens .

11.4 Staff members not trained in safe techniques cannot use physical intervention for planned intervention at any time and therefore the management of each service must ensure a frequent training programme is in place for all new staff.

12. Associated Policies

Use of Restrictive Intervention and Use of Seclusion Policy
Mental Capacity and Deprivation of Liberty Safeguards Policy (16 plus)
Safeguarding Children's Policy and Alert

13. Legal Context and Policy Guidance

- Positive and Proactive Care: Reducing the Need for Restrictive Interventions DoH 2014:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf
- Positive and Proactive Workforce: A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in health and social care (Skills for Care & Skills for Health April 2014)
- Transforming Care: A national response to the Winterbourne View Hospital DoH 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf
- Mental Capacity Act 2005: Deprivation of Liberty Safeguards

14. Review

This policy should be reviewed annually or if the service is notified of any changes of legislation, guidance, national or local policies.