

**Document History:**

Issue level	Page No(s)	Date	Brief details of amendment(s) to Policy

This Policy is concerned with:

- a) The organisation’s ethos and practice in supporting people with behaviour of concern.
- b) The recognition of Positive Behaviour Support as the best and most ethical way to work with the individuals we support.

**1. Definitions:**

- a) **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, Autism Sussex prefers the term ‘behaviour of concern.
- b) **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
  - and that 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*
- c) **Reactive Strategies** – planned interventions which are used when an identifiable behaviour of concern occurs, and the use of proactive and preventative strategies has not been effective.

## 2. 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

### **3. Positive Behaviour Support Plans.**

BSPs are an integral part of supporting the individuals with which we work and:

- a) Are a legal document and must be adhered to.
- b) Require consent from the individual themselves or via a best interest meeting if they do not have the capacity to be able to consent.
- c) Provide a planned and consistent framework which addresses behaviour that is not sufficiently addressed via the standard principles of good practice and process.
- d) Will be written by key workers, deputies, managers, and PBS specialist who are trained in functional assessments and the principles of Applied Behaviour Analysis.
- e) Will include the input of staff who are familiar with the individual and key stakeholders such as parents, carers, and friends.
- f) 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.
- g) Will contain positive preventative and proactive strategies as well as reactive strategies.
- h) Will focus on managing behaviour of concern through the teaching of skills.
- i) 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

Aspens understands that behaviour of concern serves an important function for the individual 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

### **4. Supporting Staff**

All Aspens staff should feel well supported to work with the individuals that may display behaviour of concern. Aspens will ensure that:

- a) Staff will undertake PBS training as part of their induction period
- b) Staff will work towards evidencing the PBS Competency Framework as part of their CPD
- c) Staff who are responsible for writing Positive Behaviour Support Plans will have completed in house functional assessment training which will be refreshed annually
- d) In-house PBS training will be reviewed annually
- e) Aspens aim is that all service managers will complete the 3-day BILD PBS Coaches programme to ensure that PBS is embedded throughout the services we provide. At the very least, Service Managers will complete 1 Day PBS Training.
- f) A PBS lead will be appointed to ensure that PBS can be evidenced as happening in all of our services
- g) All staff working with individuals who may display behaviour of concern will be trained in the correct use of physical intervention. Non-Aversive Psychological and Physical Intervention (NAPPI) has been chosen as the physical intervention training which fits best with the ethos of Aspens. NAPPI is BILD-accredited and fits well with Positive Behaviour Support.

### **5. Reactive Strategies**

On occasion reactive strategies are necessary to keep an individual safe. Aspens will ensure that:

- a) If an individual that we support needs reactive strategies in place then these will be included in the Positive Behaviour Support Plan.

- b) 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.
- c) Wherever possible proactive and preventative strategies should have been used to try and prevent the behaviour from occurring.
- d) 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 graduated approach.
- e) 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.

## **6. Factors which may increase the likelihood of individuals displaying behaviour of concern.**

Individuals may be more likely to display behaviour of concern at different times. Factors which may affect this could include:

- a) 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
- b) The individual 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
- c) The individual is physically unwell or in pain –
  - Sick
  - Injured
  - Pain due to aging

## **7. Reporting/Documentation of Incidents**

- a) All incidents of physical intervention must be reported to the Manager immediately. In her/ his absence, the 2<sup>nd</sup> level on-call will be informed.
- b) All incidents should be reported to the Head of Operations or a Senior Manager at the earliest opportunity. In particular, details of injuries and any time off work resulting from injuries to staff that must be reported and recorded (Health & Safety at Work Act 1974).
- c) Because of the legal requirements upon the CEO, the Head of Operations or CEO needs to be immediately aware of any problem, i.e. injury or complaint, resulting from the use of physical intervention.
- d) The staff members involved must complete an incident report form for each occasion physical intervention is required.
- e) 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, because of the incident, absent from work for a period of three or more days.
- f) The Manager must ensure all incidents are reported to the Safeguarding Duty Team Local Office.

- g) All serious incidents must be reported to the Care Quality Commission (CQC).
- h) Any service user or member of the public should be informed of Aspens complaint procedure in the event of an incident of physical intervention.
- i) 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.

## **8. Monitoring**

- a) Guidelines for a service user's physical intervention must be reviewed every 6 months as part of their Positive Behaviour Support Plan process. This includes the risk assessment agreed by the service user, advocate, relatives, other professionals and the Manager at the original multi-disciplinary meeting.
- b) This policy will be reviewed regularly in line with good practice developments within the care sector.

## **9. Physical intervention training**

- a) All staff members supporting individuals with planned physical intervention **must** be trained in safe techniques. Aspens supports the use of NAPPI training, which follows good practice and subscribes to the **BILD** policy framework for physical interventions.
- b) 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.
- c) Staff members who are not trained in safe techniques cannot use physical intervention for planned intervention at any times and therefore the management of each service must ensure a frequent training programme is in place for all new staff.

## **10. Associated Policies**

Use of Restrictive Intervention and Use of Seclusion Policy  
Mental Capacity and Deprivation of Liberty Safeguards Policy

## **11. 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](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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)
- Mental Capacity Act 2005: Deprivation of Liberty Safeguards

## **12. Applicability and scope**

- a) This policy applies to all staff and volunteers working in, or for the organisation with Service Users.
- b) All staff have responsibility for ensuring that they work within the remit of this policy and in the way they have been trained.

### **13. Review**

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