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| Approved by | Name | Date |
| Registered Manager | Daniel O Dowd | May 2021 |
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**Review Sheet**

The information in the table below provides details of this document’s reviews, and where appropriate amendments, which will have been made to a newer version and the reason why.

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| 1 | Reviewed | May 2021 |
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1. INTRODUCTION

1.1 Our staff provide support to people who may from time to time exhibit behaviour which is defined as challenging, or which may pose a risk of harm to themselves or others, and will need support to ensure that their welfare and safety is managed and safeguarded, along with others who may be affected by their behaviour.

1.2 Our approach to supporting people whose behaviour presents a challenge is based on the principles of the Positive Behaviour Support framework. The principle is that through raising people’s quality of life, we reduce challenging behaviours. The PBS framework recognises that all behaviour has a meaning or function, and there is likely to be a range of causes. People often respond with challenging behaviour when they have difficulty in understanding what is happening around them, or in communicating what they want (or don’t want)- Difficult behaviours are messages which can tell us important things about a person and their quality of life.

1.3 This policy and guidance, with its focus on reducing and preventing behaviours which challenge, aims to increase staff skills and confidence in working with people who need behavioural support; helping them to act in an appropriate, safe and consistent manner, ensuring effective responses in difficult situations.

2. POLICY STATEMENT

2.1 All people whose behaviour presents a challenge have the right to the full protection of the law and to be supported, through all practicable means, to exercise their human rights, achieve positive outcomes and live meaningful lives.

2.2 At all times, and in all circumstances the people we support, including those whose behaviour presents a challenge will be treated with respect, care, dignity and protection from all forms of abuse or harm.

2.3 Our staff have a duty to recognise and support the choices which people make, promoting their independence and developing their skills and confidence to make decisions for themselves. People will be assumed to have capacity to make choices and decisions unless assessed as otherwise and also have the right to make inappropriate, poor or even bad decisions. Where this is the case we will work positively with them to manage the risks, and to support them to better understand the risks to aid future decision making.

2.4 Working in partnership with the person being supported and the people who are important to them, including family, friends, advocates, and other professionals- an assessment will be undertaken to:-

* establish the need for behaviour support;

* provide a baseline on the frequency and intensity of the behaviours which present a challenge;

* support the development of person centred behaviour support plans which will focus on improving their overall quality of life.

2.5 Where a person is referred to our service and is known to present with behaviours which challenge; the behavioural assessment and support planning will be undertaken before the service commences.

2.6 Risk assessment and risk management will be core components of the assessment and support planning process.

2.7 The principles of the Mental Capacity Act 2005 (England & Wales) will be adhered to, with regard to all decisions and interventions made on behalf of a person who may lack capacity (staff must refer to the Company policy on Mental Capacity and Best Interest decisions for further guidance)

2.8 Behaviour Support Plans will be based on the findings of the behavioural assessment and risk assessment and will include proactive strategies aimed at preventing behaviours occurring.

Proactive strategies will-

* support the development of skills (especially with regard to communication, daily living and coping / tolerance skills);
* increase opportunities for meaningful activities and social inclusion;

* address environmental contributory factors;

* identify the situations or triggers for challenging behaviour, and develop clear guidelines for staff so that they can recognise the early signs, identify and remove or manage the triggers, thereby preventing behaviours from escalating.

2.9 Behaviour Support Plans and Individual Risk Assessments may also require reactive strategies for supporting the person when their behaviour becomes challenging in order to minimise the risks and impact of the behaviour, and to support the person to achieve their desired outcomes by alternative means.

2.10 Planned restrictive physical interventions may form part of the reactive strategy for some people. However they should only be considered when all other reasonable alternatives have been considered and found to be ineffective or inappropriate.

2.11 Restrictive physical interventions will only be used as a last resort and only under clearly defined conditions, when the risks of not intervening are judged to be greater than those associated with the intervention. The aim of restrictive physical intervention is to minimise the use of force required to manage a high risk situation, and to restore self control to the person being restricted as soon as possible.

2.12 There is an expectation that the need for reactive strategies (and especially the use of restrictive physical interventions) will reduce over time with the implementation of effective proactive strategies.

2.13 The evaluation of the effectiveness of Behaviour Support Plans will look not only at frequency and intensity of behaviours which challenge , but will also look for indicators that the person’s quality of life is improving e.g. through development of skills, and increased opportunities for meaningful activities and social inclusion. The lessons learned will be used to share good practice.

2.14 The provision of support to staff, and others affected by critical incidents involving challenging behaviour will recognise, and meet their emotional needs.

2.15 The monitoring of critical incidents, where restrictive physical interventions were used, will be used to review the effectiveness of behaviour support plans. Lessons learned will be shared within the home and will also be used to inform the review of this policy.

2.16 The people we support, and their families and advocates will be made aware of how to make a complaint if they are unhappy with any aspect of our service (including how we support people with behaviour which presents a challenge)

2.17 Staff will be made aware of the implications of Safeguarding Children/Adult Protection in relation to supporting people whose behaviour presents a challenge, and their responsibility to challenge poor practice and to report any concerns about the care and support of the people who use our services (staff must refer to Company policies on Safeguarding Children/Adult Protection and Whistleblowing for further guidance)

2.18 Definitions:

Challenging Behaviour

“Severely challenging behaviour refers to behaviours of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to, and use of ordinary community facilities”. Emerson et al (1987)

The term ‘challenging behaviour’ is an umbrella term which covers a diverse range of behaviours which staff may find difficult to manage and which may threaten the person’s quality of life, or pose a risk to their safety or the safety of others, and is likely to lead to responses that are restrictive, or result in exclusion.

Behaviours which present a challenge may:-

- put a person’s (or other’s) safety at risk

- disrupt home life

- stop a person taking part in ordinary community activities (including leisure, social, work and education)

- affect a person’s development or ability to learn

Restrictive Physical Intervention

A number of terms are used to describe action taken in response to behaviours which challenge, where there is a risk of serious harm to the person being supported, or to others, e.g. restraint, physical intervention, care and control, crisis intervention.

For the purposes of this policy, Restrictive Physical Intervention is defined as:

“any direct interference, by a member of staff to limit or restrict the movement of the person being supported, whether by direct action or by other means, and continuing to do so whether the person resists or not.”

There are a range of restrictive practices which fall into one or more of the following categories:-

Physical: direct physical contact between a staff member and a person being supported that is more than a guiding technique e.g. guiding a person’s arm downwards, or away to stop them hitting themselves or another person.

NB- there is a distinct difference between the type of physical contact to prevent a specific action and the type used to support a person to complete a task or engage in an activity e.g. using hand over hand guidance when teaching a new skill, or guiding someone to find their way.

Environmental: the use of barriers e.g. locked doors, electronic key pads, complicated door handles, door handles fitted out of reach of the person, or the placing of furniture to restrict freedom of movement.

Mechanical: Materials or equipment which restrict or prevent movement - including wheelchair belts, lap straps, harnesses, cuffs, belts, cot sides, stair gates, specialist chairs, lap trays etc.

Chemical: The use of medication for the symptomatic treatment of restlessness or agitated behaviour which causes sedation.

Detailed guidance on the use of Physical Intervention can be found in Appendix 5 of this policy

Although breakaway techniques are not generally considered to be restrictive physical interventions as they are designed to facilitate a safe escape, without the need to contain the person, they may require the use of force in their application and as such should be always agreed within the Behaviour Support Plan, and when used should always be recorded and reported.

2.19 This policy, along with attached procedures and guidelines will support staff to deliver high quality, appropriate, person centred services, ensuring that people whose behaviour presents a challenge are supported to achieve as good a quality of life as possible.

2.20 This policy will ensure that we:-

* operate within the appropriate legal framework as defined within the policy, ensuring that the people we support are afforded the full rights and protection of the law;
* meet our duty of care, under Health and Safety legislation to ensure the health, safety and welfare of our staff, the people we support and any visitors or members of the public who may have contact with our services;
* provide a service which adheres to good practice and professional standards;
* maintain a service, which meet the best interests of the people who we support.

3. POLICY SCOPE

3.1 This policy also covers the use of Physical Intervention (there is specific guidance re its use in Appendix 7)

3.2 All staff are required to comply with this policy at all times and in all circumstances.

3.3 Specific responsibilities are further defined in the procedures and guidance attached to this policy.

3.4 Procedures and guidelines for the implementation of this policy are set out in the appendices. However, they are not an exhaustive list and where a situation arises which is not covered by the guidelines the appropriate course of action should be determined by reference to the policy statement.

3.5 This policy should be used in conjunction with other company policies, particularly, though not exclusively, those which cover Safeguarding Children/Adult Protection, Mental Capacity, Dignity and Respect, Management of Medicines, Complaints, Equality & Diversity, Whistleblowing, Risk Assessment & Management.

3.6 Violation of any aspect of this policy will be considered grounds for disciplinary action, including possible termination of employment.

4. REFERENCES

4.1 This policy has taken into account the requirements and guiding principles of the following legislation:-

o Mental Capacity Act 2005

o Mental Health Act 1983 (amended 2009)

o Adults with Incapacity (Scotland) Act 2000

o Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

o Safeguarding Vulnerable Groups Act 2006

o Human Rights Act 1998

o Equality Act 2010

o Children Act 1989

o Health and Safety at Work Act 1974 & Management of Health and Safety at Work Regulations 1999

4.2 In addition, the policy is informed by the following guidance:

o Mental Health Act 1983: Code of Practice 2008

o Mental Capacity Act 2005: Code of Practice 2007

o Deprivation of Liberty Safeguards: Code of Practice 2009

o Rights, Risks and Limits to Freedom (Mental Welfare Commission Scotland) 2006

o Guidance on the Regulation and the Use of Restraint:2010 (SCSWIS)

o Framework for Restrictive Physical Intervention: Policy and Practice (Welsh Assembly Government)2005

o Guidance on Restrictive Physical Interventions for People with Learning Disabilities and Autistic Spectrum Disorder in Health, Education, and Social Care Settings: DfES/DoH:2002

o Code of Practice for the use and reduction of restrictive physical interventions: Fourth Edition BILD 2014

o The Handling of Medicines in Social Care. Royal Pharmaceutical Society of Great Britain: 2007

5. DISSEMINATION AND IMPLEMENTATION

5.1 This policy is disseminated and implemented in accordance with the Company’s Quality Assurance system.

5.2 The understanding of company policies and procedures forms part of the induction completed by each new employee.

5.3 Staff will receive training which adheres to the BILD Code of Practice, to a level appropriate to their role. The training will include Positive Behaviour Support and Physical Intervention as required by their role and the needs of the person(s) they are supporting (see Appendix 9 for further details).

5.4 Queries and issues relating to this policy should be referred to the appropriate line manager for clarification and direction.

5.5 This policy is readily available to the people we support and their representatives, in alternative formats.

6. COMPLIANCE AND EFFECTIVENESS

6.1 Each employee’s line manager must ensure that their members of staff are aware of their roles, responsibilities, and limitations regarding supporting people whose behaviour presents a challenge.

6.2 The principles and detail of this policy are to be reaffirmed at regular supervision and team meetings. Staff knowledge and competence will be maintained using a blended learning approach.

6.3 Each employee’s line manager is also responsible for monitoring compliance to this policy, and to ensure that staff’s knowledge and competence is maintained to the required level.

6.4 Compliance is assessed through direct observation, monitoring and supervision of staff, regular audit of behaviour support plans, audit of restrictive practices and review of documentation e.g. records and incident reports.

6.5 The review of this policy will include consultation with the people we support and our staff, review of support plans, incident reports, quality audits and feedback from other agencies.

7. RELATED DOCUMENTATION

7.1 Associated Company Policies:

* Mental Capacity and Decision Making
* Safeguarding Adults (England & Wales)
* Safeguarding Children
* Dignity and Respect
* Management of Medicines
* Information and Records Management
* Equality & Diversity
* Risk Assessment and Management
* Disciplinary Policy
* Complaints
* Whistleblowing

7.2 Key Associated Documentation and Records

• Initial Assessment of Needs

• Multi Disciplinary Team Functional Analysis input

• Individual Risk assessment

• Annual Reviews

• Behaviour Support Plan

• Behaviour records

• Risk assessment for use of Restrictive Physical Interventions

• Authorisation for use of Restrictive Physical Interventions

Mental Capacity Assessment, Best Interest Decisions, Deprivation of Liberty Safeguards

• Record of use of Restrictive Physical Interventions

7.3 Procedures and Guidance

Appendix 1 Positive Behaviour Support

Appendix 2 Risk Assessment

Appendix 3 Behavioural Assessments

Appendix 4 Behaviour Support Plans / Risk Management Plans

Appendix 5 Restrictive Physical Interventions

Appendix 6 Responding to emergency situations involving extreme violence and/or the use of weapons

Appendix 7 Post incident procedures and support

Appendix 8 Recording, reporting, monitoring and evaluation

Appendix 9 Staff skills, knowledge, competence and support

APPENDIX 1 Positive Behaviour Support

1. All behaviour has a meaning or function, and there is likely to be a range of causes. People often respond with behaviours that may challenge when they have difficulty in understanding what is happening around them, or in communicating what they want (or don’t want).

2. The Company is committed to working in partnership with the person being supported in ways that positively engage and support them, and with the people who are important to them, including family, friends, advocates, and other professionals.

3. Following a detailed behavioural assessment incorporated within the initial assessment of needs each person will have an individualised behaviour support plan based on the principles of Positive Behaviour Support.

4. Positive Behaviour Support (PBS) is a person centred approach which promotes the person’s choices, control and independence, opportunities for inclusion, involvement in meaningful activities and improved quality of life.

5. Positive Behaviour Support, ensures that an holistic approach is maintained - looking at the whole person, not just the behaviour which is challenging, incorporating any relevant elements from their Health Action Plan and/or Communication Plan as required, and working within a multi disciplinary team.

* The aim is to prevent behaviours from occurring and to maximise opportunities for the person to achieve positive outcomes, living a life which is meaningful to them.

* Rather than looking at a person’s behaviour in isolation, it also looks at environmental aspects which cause difficulties for the person, along with the opportunities the person has to make choices and engage in meaningful activities.

* Supporting and developing skills in communication and independence will in turn increase the choice and control a person has over how they live their life.

6. The most effective way to manage challenging behaviour is to prevent it from happening in the first place, therefore all interventions will be based on the principles of-

* Developing an understanding of what is important to the person, what their interests and skills are, and building opportunities for them to experience these in their daily lives.

* Establishing what the person is trying to achieve and/or communicate through their behaviour.

* Supporting the development and maintenance of communication and independent living skills, and more positive, constructive behaviours.

* Recognising, rewarding and reinforcing progress and achievements.

* Establishing what the situations or triggers for challenging behaviour are and developing clear guidelines for staff so that they can recognise the early signs, identify, and remove or manage the triggers, thereby preventing behaviours from escalating.

* Recognising that emotional expression should not be suppressed and supporting the development and maintenance of coping strategies, enabling the person to be as self managing and as resilient as possible.

* Being creative and flexible in finding solutions which might, for example, include looking at environmental adaptations that may be required to better meet the person’s needs, or changing staff rotas, numbers or skill mix to ensure a safe and therapeutic environment.

* Planning clearly structured interventions for when inappropriate or challenging behaviours occur, using the least intrusive means possible e.g. distraction, redirection.

7. The use of physical intervention will only be allowed as a last resort, must always be in the best interests of the person, and used only under the following conditions-

* a robust proactive plan is in place as a preventative measure and has been properly followed;
* physical intervention plans must be structured to give clear guidance to staff as to what physical interventions can be used and when, and identifying any contra indications for the use of physical intervention as assessed by a medical professional
* physical intervention plans must ensure that the least restrictive, minimal, non aversive interventions are employed for the minimum duration necessary , and that the person is treated with dignity, care and respect at all times;
* any physical intervention must justifiably satisfy the criteria of ‘reasonable, appropriate and necessary use of force’;
* any ‘Advance Request’ made by the person with regard to how they wish to be supported to manage their behaviour must be taken into account;
* all physical intervention plans must be

- agreed with the person being supported (where possible),

- agreed with others who are involved with/important to the person, with Best Interests decisions made where required,

- regularly reviewed.

8. The emotional needs of the person being supported, other people who use our service and their support staff will be addressed after any incidents (see Appendix 7 – Post Incident Procedures/ Debrief & Support)

9. Accurate and comprehensive records will be kept for any incidents of behaviours which challenge and for all occasions when Physical Interventions are used, and must be monitored and evaluated for ongoing review and adaptation of the behaviour support plan.

10. There is an expectation that the need for reactive strategies (especially those requiring physical interventions) will reduce over time with the implementation of effective proactive behaviour support plans.

APPENDIX 2 Risk Assessments

1. It is recognised that some behaviours will significantly increase the risk of harm being caused to the person being supported and to others, and/or significant detriment to quality of life (e.g. through loss of rights, choices, independence and opportunities for inclusion).

2. Risk assessment and risk management must be a key part of all strategies for supporting people whose behaviour presents a high risk.

3. Examples of high risk behaviours include, for example-

* Aggression and violence directed at other people.
* Aggression and violence directed at self (e.g. self injury).
* Impulsive, reckless actions e.g. running into the road.
* Serious damage to the environment leading to intentional, or non intentional harm to self or to others e.g. smashing glass, throwing objects.
* Any of the above behaviours which are likely to seriously limit or delay access to, and use of ordinary community facilities, resulting in psychological / psychosocial risks to the person e.g. with regard to their self esteem, mental health, or social isolation.

4. A risk assessment must take a broad and holistic view of the individual, the circumstances or conditions in which the behaviour is likely to happen, and be relevant to the support they require to maintain their safety, wellbeing and quality of life.

5. The purpose of the Positive Behaviour Support Plan identifies risks of-

a) the behaviours which present significant risk of harm, and to whom;

b) the behaviours which present significant risk of detriment to quality of life, and to whom;

c) the frequency, duration and intensity of the behaviours;

d) the situations or circumstances in which the behaviours occur;

e) what would be reasonable measures to reduce the level of risk.

6. Identifying the elements of risk, and taking into account all of the variables will ensure a proportionate response, with any interventions made or actions taken to manage the risk being clearly in the person’s best interest and the least intrusive and restrictive options possible.

7. Risk factors to be considered include:-

a) The individual: specific behaviours which present a challenge, known triggers, history/frequency of incidents, the individual’s awareness and understanding of the situation, any potential risks and consequences of their behaviour.

b) The environment: elements which may affect behaviour, e.g. temperature, light, noise, the presence or behaviour of other people. This is of particular importance for people who have autistic spectrum conditions. Assessment of environmental factors should also include staffing levels and staff skills/experience.

c) The potential outcomes: what are the possible positive and negative results of the person’s behaviour, what will be the impact on them and on other people?

8. Risk Assessments will be undertaken, in partnership with the person being supported and the people who are important to them, including family, friends, advocates, and members of the multi disciplinary team for all people whose behaviour presents a challenge.

9. Risk Assessments should not result in risk averse responses or approaches to managing behaviours which challenge.

10. A separate risk assessment must always be undertaken with regard to any proposed use of physical interventions. Any contra indications for the use of physical intervention must be assessed by a health professional

11. There may be occasions when, despite our best efforts to risk assess all behaviours which challenge, a new behaviour which poses a severe risk, can be displayed for the first time. Any new behaviour presented will be recorded on a new behaviours notification form and be submitted to a line manager for review of the positive behaviour support plan.

Staff should, at all times, be aware of their duty to take care of their own health and safety and that of others who may be affected by their actions.

Where it is an exceptional, emergency or life threatening situation it may not be possible to carry out a detailed risk assessment before having to carry out an intervention to protect the person being supported (or others).

However staff will be expected to ensure that only the least restrictive, minimal, non aversive interventions are employed for the minimum duration necessary, and that the person is treated with dignity, care and respect at all times.

NB: any restrictive physical intervention, whether planned or unplanned must justifiably satisfy the criteria of ‘reasonable, appropriate and necessary use of force’.

At all times staff must comply with the principles of Mental Capacity Act legislation (e.g. best interest of the person and least restrictive intervention), and ensure that the person’s Human Rights are not disregarded.

Staff will also be required to complete a detailed report of the incident, including the circumstances which led up it; and the preventative and reactive strategies which were implemented prior to use of restrictive physical interventions (or an explanation as to why they were not).

12. Following the use of restrictive physical interventions in an emergency situation, a detailed risk assessment must be completed to assess the likelihood of that situation arising again, and to identify whether an existing behaviour support plan needs to be revised, or a new one implemented.

APPENDIX 3 Behavioural Assessments

1. The assessment process is underpinned by person centred values with a requirement that the assessment must look at the whole person, not just the behaviours; developing an understanding of what is important to the person, and what their interests and skills are. It must also look at how well the service is meeting the person’s individual needs, wishes and preferences and consider what’s going well in their life as well, as what is not.

2. The purpose of the assessment is to collect and evaluate all the relevant information about the person to inform the development of behaviour support plan which is aimed at increasing inclusion, participation, choice, personal competence and respect rather than simply trying to achieve behavioural change in isolation.

3. The assessment will be undertaken in partnership with the person being supported and the people who are important to them, including family, friends, advocates, and members of the multi disciplinary team.

4. Behaviours which present a challenge are the result of the interaction of personal (individual) factors - also known as ‘personal setting conditions’, environmental factors - also known as ‘environment setting conditions’ and the relationship between them. Therefore any assessment and intervention must address all of these elements.

5. Holistic behavioural assessment will address the following key areas-

Personal factors, environmental factors, functional purpose of behaviours, personal preferences for support, and any risks.

1. Personal Factors (personal ‘setting conditions’), communication ability.
2. Sensory impairment, sensory processing difficulties or sensitivities – is the person hypo/hyper sensitive to touch, sound, smell, taste?
3. Physical Health issues – always consider whether the person might be suffering any pain.
4. Mental Health issues – including stress, anxiety, phobias, delusions, command hallucinations.
5. Medication, side effects, lethargy, confusion
6. Personal history including major life changes e.g. bereavement or other significant losses history of abuse.
7. Emotional needs, coping strategies.
8. Issues relating to equality and diversity.
9. Behaviours Environmental factors (environment ‘setting conditions’)

Environmental factors (environment ‘setting conditions’)

a) Staff – levels, training, experience, skills, quality of interactions with the person being supported.

b) Private space/space for each person to be alone.

c) Easy access to personal possessions.

d) Financial distress.

e) Poor living conditions, including lack of space to move around freely.

f) Safe outside space.

g) Noise levels.

h) Behaviour of others (e.g. other people being supported, visitors, family & friends, members of the public).

i) Meaningful activities – planned and predictable, ability to respond flexibly. j) Opportunities and support to the person for making choices and decisions. k) Opportunities available to the person for community inclusion.

l) Opportunities and support to the person for learning new skills and experiencing new activities.

Functional purpose of behaviour-

The purpose of a functional assessment is to establish what the person is trying to achieve and/or communicate through their behaviour. Information is gathered through direct observation, review of records, discussion with staff, the person being supported and the people who are important to them (including family, friends, advocates, and other professionals). Information gathered includes-

a) A description of the behaviour.

b) A history of each type of behaviour, including frequency, severity and circumstances in which it occurs.

c) Identifying setting conditions, triggers and warning signs for each type of behaviour

d) Identifying consequences of each behaviour

e) Analysing the personal and environmental factors, including the outcomes of previous interventions.

Personal preferences (for support) – need to consider-

1. What’s working, what’s not working?
2. Capacity to consent to any proposed interventions?
3. How best to support the person with proactive and reactive strategies e.g. do they like/dislike physical contact, what type of relaxation/anxiety management/self calming techniques or strategies do they prefer?
4. Has any ‘Advance Request’ made by the person with regard to how they prefer to be supported?

Risks - a risk assessment is required to-

a) Identify those behaviours which present significant risk of harm, in which situations or circumstances, and to whom.

b) Consider what would be reasonable measures to reduce the level of risk.

NB. A separate risk assessment must always be undertaken with regard to any proposed use of Restrictive Physical Interventions.

APPENDIX 4 Behaviour Support Plans / Risk Management Plans

1. The focus of the behaviour support plan/ risk management plan should be determined by the findings of the behavioural assessment and reflect the impact of the behaviour(s) on the person being supported and others around them, including-

* The risk and degree of harm to the person and others.
* The risk of detriment to quality of life (e.g. through loss of rights, choices, independence and opportunities for inclusion) for the person and others.
* The levels of distress experienced by the person and others.
* The capacity and motivation for personal and environmental change.

2. The behaviour support plan/ risk management plan must be individualised in respect of the person being supported, the specific behaviours which are presenting a challenge, and the settings in which they occur. It should describe how the person will be supported in ways that will promote their rights, choices, independence and inclusion.

3. The emphasis throughout the behaviour support plan should be on working in partnership to ensure-

* Positive lifestyle changes to support and maintain a good quality of life.
* Prevention of behaviours which challenge.
* Best interests of the person (taking into account any ‘Advance Request’ made by the person).
* Risks are managed with proportionate responses and the least restrictive interventions.

4. An effective behaviour support plan should reduce the likelihood of staff finding themselves in a situation in which they are unsure of how to respond, and should include the following information:-

a) Detailed descriptions of the target behaviours.

b) What might be specific triggers for each behaviour – (often a mix of personal and environmental factors) and how staff should remove or manage them?

c) What might be the signs of a behavioural sequence starting and how staff should respond.

d) Positive development plans for communication and daily living skills, and opportunities for structured and meaningful activities.

e) Primary Prevention - giving a detailed description of the full range of preventative strategies which are to be used, and when.

f) Reactive Plans – giving a detailed description of the full range of reactive strategies, including de-escalation, diffusion, redirection, and when the use of breakaway techniques is called for.

g) Specific instructions with regard to the use of restrictive physical interventions, which can be used only after implementation of the preventative and first stage reactive strategies, and if the behaviour continues to escalate.

h) Consideration of adverse outcomes to health from specific interventions.

i) Approach to be taken in response to unpredicted incidents of disturbed or violent behaviour where immediate serious harm is likely.

j) Support/ debrief required for the person being supported during the post-incident phase.

k) Post incident/ debrief support for other people affected (including staff).

l) Specified review dates for when a review will be undertaken of the effectiveness of all strategies and physical interventions, and of any best interest decisions made.

5. A behaviour support plan should be a ‘live’ document, which is continuously updated to reflect any increased knowledge or understanding of the person, and how best to support them.

6. Positive Behaviour Support Plans

6.1 A proactive plan considers all aspects of the person’s life and is designed to produce changes in a persons’ behaviour over time. It also describes what should be done on a day-to-day basis, to help minimise the likelihood that someone will resort to challenging behaviour in the first place.

6.2 A good proactive plan should aim to enhance a person’s quality of life and make the reactive plan redundant in the long term.

6.3 A proactive plan should include:-

a) Positive development plans

- incorporating Active Support approaches to develop communication and daily living skills, maintain important routines, address sensory impairment and sensory processing difficulties, and ensure the person can participate in structured and meaningful activities.

b) Primary Prevention Strategies to identify when a behaviour could develop or occur, and what action should be taken to prevent it, for each behaviour by:-

* identifying the potential triggers, and the personal and environmental setting conditions and describing how to avoid, eliminate or modify them;
* managing the environmental factors- considering environmental modifications to reduce the impact of incidents e.g. If somebody throws objects - limiting the number of objects that can be thrown and ensuring that the available objects are less likely to cause injury. If somebody pulls hair, staff should ensure that their hair is tied back. If somebody breaks windows, consider replacing the windows with toughened glass. - addressing other factors such noise, space, or the behaviour of other people.
* describing how to support the person to develop alternative behaviours e.g. teaching them to use a sign to indicate they have enough of an activity or want to go out;
* describing how to support the person to use existing, or to develop new coping strategies e.g. introduce the person to a trigger situation in a more gradual way, or teach them relaxation or self calming techniques.

c) Secondary Prevention strategies will describe what to do in response to the early warning signs, to ensure intervention as early as possible, before the person has had to resort to challenging behaviour. For each behaviour, the strategy should-

* include step-by-step advice on how to minimise the likelihood that the challenging behaviour will escalate;
* implement the least intrusive and least restrictive intervention first, e.g. distracting someone with a preferred object or activity, or encouraging them to use their preferred coping strategies, as opposed to responding to their behaviour directly by telling them to stop doing what they are doing;
* strategies might include non-physical responses such as:

• Distraction – not responding directly to the behaviour, but encouraging other options;

• De-escalation – reducing the level of demands – switching from a high demand (difficult) task to a low demand, leisure activity, or moving to a quieter environment

• Defusing – supporting the person with agreed relaxation or self calming techniques and activities, or removing the trigger e.g. turning off the TV if violent or noisy scenes are the trigger.

7. Reactive Plans

7.1 Reactive plans are used should the preventative strategies have been tried, and failed, and are designed to manage the behaviour at the time it occurs.

7.2 A good reactive plan should:-

a) describe planned responses for when incidents do occur;

b) use a ‘gradient’ approach to ensure that any intervention is proportionate, and least restrictive;

c) set out exactly how staff should react and respond to specific behaviours and situations, including use of non physical interventions such as distraction, defusing, re-direction and de-escalation, how to ensure the safety of others (e.g. moving people to a safer place), as well as when the use of breakaway techniques is called for;

d) give clear guidance for when PRN medication can be used;

e) identify explicitly when any agreed Restrictive Physical Interventions may be used – ensuring that they are only used as a last resort, after the proactive interventions have been implemented fully, and there is a risk of significant harm to the person or others which cannot be managed by any other means

7.3 The use of Physical Intervention will require a detailed plan which must specify for which behaviours, and in which circumstances it should be used, how and when staff should intervene, details of which intervention is to be used (e.g. what type of hold, how long for), how to reassure and monitor the person during the intervention, and how to support them afterwards.

APPENDIX 5 Restrictive Physical Interventions

1. This policy recognises that for some of the people we support, there will be occasions when they will present with behaviour which does not respond to the proactive and preventative interventions being implemented, resulting in a situation which poses a significant risk of harm to them, or to others. Such situations may require staff to physically intervene in order to manage the risk.

2. A number of terms are used to describe physical interventions, made in situations where there is a risk of serious harm to the person being supported, or to others, e.g. restraint, physical intervention, care and control, crisis intervention.

3. For the purposes of this policy, Physical Intervention is defined as: ‘any direct interference, by a member of staff to limit or restrict the movement of the person being supported, whether by direct action or by other means, and continuing to do so whether the person resists or not.’

4. Physical Intervention encompasses a range of restrictive practices which fall into one or more of the following categories:-

• Physical- direct physical contact between a staff member and a person being supported that is more than a guiding technique e.g. guiding a person’s arm downwards, or away to stop them hitting themselves or another person

NB- there is a distinct difference between the type of physical contact to prevent a specific action and the type used to support a person to complete a task or engage in an activity e.g. using hand over hand guidance when teaching a new skill, or guiding someone to find their way.

Breakaway techniques are not considered to be restrictive physical interventions as they are a technique designed to facilitate escape without the need to contain the person.

• Environmental- the use of barriers e.g. locked doors, electronic key pads, complicated door handles, handles fitted out of reach of the person, or the placing of furniture to restrict freedom of movement

• Mechanical- Materials or equipment which restrict or prevent movement including wheelchair belts, lap straps, harnesses, belts, cot sides, specialist chairs, lap trays etc.

• Chemical- The use of medication for the symptomatic treatment of restlessness or agitated behaviour which causes sedation.

Physical Interventions should only be considered when all other reasonable alternatives have been considered and found to be ineffective or inappropriate.

5. The Law and Physical Interventions

5.1 People whose behaviour presents a challenge are entitled to the same level of legal protection as any other citizen. The use of Physical Intervention must always be legally justified.

5.2 Duty of Care: Staff must at all times be aware of their ‘duty of care’ which exists when any person, or group of people have responsibility for the care of another person.

The ‘duty of care’ requires all staff to take reasonable care to avoid causing harm to the person by any actions they take, or any actions they fail to take.

This means that when they are supporting a person during an incident of challenging behaviour staff must take appropriate action to protect that person, (and any others at risk) from harm. Not taking action could be a failure in their duty of care.

‘Appropriate action’ must be proportionate to the situation, i.e. being the least restrictive option - using the minimum force, for the shortest time required, to bring the situation under control. If staff are following the guidance for preventing and responding to challenging behaviour, as defined within the person’s behaviour support plan, and act in accordance with the guidance within this policy, their action would be deemed to be appropriate.

5.3 Mental Capacity Act legislation

a) The principles of UK Mental Capacity Act legislation must be followed when staff are undertaking any physical interventions. They must at all times, and in all circumstances act in accordance with the company policy on Mental Capacity, Best Interest and Deprivation of Liberty Safeguards and must follow the agreed physical intervention plan for the individual concerned (except in emergency, life threatening situations, where there is no physical intervention plan in place)

b) In all situations; whether planned or unplanned, any use of physical intervention, and the amount of time it lasts, must be a proportionate response to the likelihood and seriousness of the potential harm, and staff must reasonably believe that the action is necessary to prevent harm to the person who lacks capacity.

5.4 Safeguarding

* The Company recognises that people whose behaviour presents a challenge are more vulnerable to the risk of abuse/risk of harm because the use of physical interventions is potentially harmful.
* All staff have a responsibility to challenge poor practice and report any concerns about the care and support of the people who use our service.
* Where necessary the Whistleblowing Policy should be used.
* Staff are required, at all times and in all circumstances, to follow the Company policy on Safeguarding/ Adult Protection, in conjunction with this policy, to ensure that the people we support are able to maintain their independence, wellbeing, dignity and choice, and live a life that is free from abuse and/ or neglect.

6. Using Physical Interventions

6.1 The use of physical interventions should only be considered as a last resort, where the risk of harm is of such a degree to justify such a major intervention.

6.2 Unless it is an emergency, staff must never use physical interventions which have not been agreed as part of a Positive Behaviour Support Plan.

6.3 Details of the agreed restrictive physical interventions procedures must be part of the person’s behaviour support plan, following a full consultation and decision making process with all relevant people, and will be subject to regular reviews. Review dates will be specified in the plan. All positive behaviour support plans which include use of physical interventions must be approved by the manager before being implemented.

6.4 All means possible for managing a situation must have been employed before physical interventions are considered.

6.5 If the use of physical interventions is considered necessary it must be the minimum level required to manage the risk, and must be applied for the minimum possible time.

6.6 The person must be offered support during and debrief after the use of physical interventions and be given an explanation for the use of them.

6.7 Physical interventions must never be used because of a deficiency in the environment or a lack of skills or resources.

6.8 Physical interventions should not cause pain and must never be used as punishment, or to threaten, or control what is regarded as unacceptable behaviour

6.9 Recording and Reporting- Whenever physical intervention is used, it must be recorded in the person’s daily notes, behaviour monitoring booklets, incident/ physical intervention and debrief forms , including details of the nature of the intervention, how long it was applied for and the reasons.

7. Risk Assessment

7.1 Before any physical interventions are planned there must be a multi professional assessment to consider what risk the intervention is planned to alleviate and whether there are alternative/ less restrictive options.

7.2 Risk Assessments must always be undertaken with regard to any proposed use of Physical Interventions and must identify the benefits and risks associated with different intervention techniques and must also address the risk of not intervening, as well as the risks (including contra indications) posed to the person being supported, and staff, from the use of the interventions.

7.3 Some degree of risk taking is inherent in life, and positive behaviour support plans should enable people to live their life how they choose, recognising what are acceptable risks, to understand the risks of unwise decisions, and should strike a balance between the risks arising from not intervening with the risks arising from any physical interventions.

7.4 The person being supported, along with their representative/advocate or family, carers, and other people who are important to them, including members of the multi disciplinary team must be as fully involved, as possible, in the decision making process for the plan for use of restrictive physical interventions (with a Best Interests Decision recorded, if required).

1. Risks to be considered for the person being supported include-
   * that the interventions could be used unnecessarily, i.e. when other less intrusive methods could achieve the desired outcome;
   * that the interventions could cause injury, pain, distress or psychological trauma;
   * that the interventions could become routine, rather than exceptional;
   * that the interventions could increase the risk of abuse or harm;
   * that the interventions could undermine the dignity of the person being supported or otherwise humiliate or degrade them or others involved;
   * that the interventions could create distrust and undermine personal relationships;
   * that interventions may cause social isolation.

1. Risks to be considered for the staff using restrictive physical interventions include

* as a result of using a physical intervention they suffer injury or they experience distress or psychological trauma;
* the legal justification for the use of a physical intervention is challenged in the courts;
* disciplinary action.

1. The main risks of not intervening include:

* staff may be in breach of the duty of care;
* the person(s) being supported, staff or other people may be injured or abused;
* serious damage to property may occur;
* the possibility of litigation in respect of these matters.

8. Use of Seclusion and Time Out

8.1 The Mental Health Act Code of Practice (England & Wales) 2008 describes seclusion as ‘the supervised confinement of a person in a room which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause serious harm to others’

8.2 Seclusion can be described as ‘the restriction of a person’s freedom of association without their consent, by locking them in a room. Seclusion can only be justified on the basis of a clearly identified and significant risk of serious harm to others that cannot be managed with greater safety by any other means”

8.3 Any form of restrictive physical intervention which requires a person to be removed to an environment where they are by themselves and cannot leave is seclusion.

8.4 In England and Wales, the use of seclusion is **not lawful** under the Mental Capacity Act 2005. The use of seclusion is only legal under specific sections of the Mental Health Act 1983.

8.5 The use of seclusion for people who use our service is **strictly prohibited**, other than in an exceptional and emergency situation which is life threatening. If such a situation should arise then an urgent assessment under the relevant Mental Health Act legislation **must** be sought.

8.6 Staff need to be aware that the use of ‘Time Out’ could potentially be seclusion. Time out is a restrictive physical intervention designed to prevent a person being involved in activities which reinforce their behaviour, and might include-

* preventing a person being involved in the activities which reinforce their target behaviour until the behaviour stops and the person engages appropriately;
* asking/instructing the person to leave the activity and return when they feel ready to be involved and stop the behaviour that is of concern;
* accompanying the person to another setting and preventing them from taking part in the activity they were undertaking/ participating in for a set period of time.

8.7 Time out is considered to be an aversive and potentially punitive approach which if not strictly managed or controlled, may become a form of seclusion.

The Company considers that the use of ‘Time Out’ is not an acceptable intervention within a Positive Behaviour Support Plan, and as such does not authorise its use in the service.

Alternative strategies should be utilised, such as:

• distraction – not responding directly to the behaviour, but encouraging other options;

• de-escalation – reducing the level of demands – switching from a high demand (difficult) task to a low demand activity, or moving to a quieter environment;

• defusion – supporting the person to use relaxation or self calming techniques and activities, or removing the trigger e.g. turning off the TV if violent or noisy scenes are the trigger.

8.8 It is important that the use of the term ‘Time Out’ should not be confused with similarly named interventions such as-

‘Withdrawal’ from a situation causing anxiety or distress to the person, or ‘Time Away’, which is used as a positive intervention for people with specific sensory processing needs e.g. those with Autism Spectrum Conditions, to provide time away from overwhelming sensory experience which is causing them stress.

Staff should be aware that sometimes the person being supported may use the term ‘Time Out’ when asking for a break from a situation which is causing stress through sensory overload. This should not be taken to mean that a ‘Time Out’ intervention is required and staff must follow the guidance in the person’s behaviour support plan to ensure that the person is supported in an appropriate and acceptable manner. (see guidance below re Time Away)

8.9 In order to ensure that ‘Time Away’ or ‘Withdrawal’ does not constitute seclusion, the following questions should be asked:-

* Do the staff have to take the person to another room?
* Is the person left in the room alone?
* Is the person is unable to leave the room independently or are they unable to understand how to leave the room when they choose to?
* Do people watch/monitor the person from outside the room?
* Is the practice dependent on a room or space which is available at the place where the person lives, works or is educated?

If the answer is yes to any of the above questions, the practice is more likely to be considered to be seclusion, and should not be implemented without further assessment and agreement with the person being supported, their representative/advocate or family carers and other people who are important to them or involved in their care, including members of the multi professional team as an assessment under the Mental Health Act would be required before this could be constituted as a legal act.

APPENDIX 6 Responding to emergency situations involving extreme violence and/or the use of weapons

1. Staff should not tackle any situation involving a threat, or attack using a weapon i.e. knife, broken glass, needles or sharp objects.

2. If such a situation occurs, staff should:

a. remove themselves and others to a safe area and maintain a safe distance,

b. inform other staff and people using the service in the building,

c. contact the Police, informing them fully of the situation,

d. contact the On-call Manager,

e. where possible, maintain observation in case of self harm or escalation of the situation,

f. attempt to use calming and diffusion techniques from a safe distance (if appropriate).

3. Staff may also find it necessary to summon the Police in a number of circumstances, including but not limited to situations where:

a. staff believe a criminal offence has been committed;

b. police help is necessary to prevent a violent situation occurring;

c. police help is part of a service user’s behaviour support plan.

4. In all circumstances where it has been necessary to contact the Police, staff must inform the On-Call manager as soon as it is practicable to do so.

5. Managers should ensure that all staff are also aware of the guidance in the Company Policies on Lone Working and Violence & Aggression at Work.

APPENDIX 7 Post incident procedures and support

1. Staff should check if the person being supported has sustained any injuries and seek medical advice if necessary.

2. A body map should be completed to record any injuries sustained, and even if no apparent injuries, to identify any possible sites of injury where bruising may arise and log it in the person’s daily notes.

3. If there is any reason to suspect that a service user or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

4. A record of the incident should be made as soon as practicable (see Appendix 8 for further guidance), and the line manager for the service, or the on call manager should be notified.

5. Following an incident in which physical interventions are employed, the person being supported, and others involved in or affected by the incident e.g. staff and other people being supported should be given separate opportunities for debrief to talk about what happened in a calm and safe environment.

6. Post incident debriefs should be held to discover exactly what happened.

* Interviews should only take place when those involved have recovered their composure.

NB: staff should be aware that for some people it could take up to 90 minutes before they are calm enough to participate in a discussion

* Debriefs should reassure people and not be used to apportion blame or to punish those involved.

7. Following the use of physical interventions a review of the behaviour support plan should be carried out, (by the manager of the service) to assess the effectiveness of the overall plan and the use of the restrictive physical intervention. It is good practice to involve, wherever possible, family carers and independent advocates in monitoring and reviewing how and when restrictive physical interventions are used.

8. Post Incident De-briefing should be offered to staff – (see Appendix 9 for further details)

APPENDIX 8 Recording, reporting, monitoring and evaluation

1. Records required for agreed behaviour support plans, including approved restrictive physical intervention plans:

If it is foreseeable that a person being supported will require some form of support to manage their behaviour, or will require any restrictive physical interventions, there must be a written protocol for each person, which includes-

a) a risk assessment to identify those behaviours which present significant risk of harm, or risk of significant detriment to quality of life, and to whom;

b) a description of behaviour sequences and settings which may require proactive and preventative interventions;

c) a description of behaviour sequences and settings which may require reactive interventions, including restrictive physical interventions;

d) a risk assessment which balances the risk of using a restrictive physical intervention against the risk of not using a physical intervention, and which determines any contra indications for use of physical interventions;

e) a description of the specific physical intervention techniques which are sanctioned, and the dates on which they will be reviewed;

f) a record of the views of the person being supported and the people important to them;

g) only trained staff are judged competent to use these methods with each person;

h) the ways in which the behaviour support plan and the specific physical interventions will be reviewed, including the frequency of review meetings and who will be involved in the review;

i) an up-to-date copy of the protocol must be included in the person’s individual support file.

2. Records and reports required for incidents of challenging behaviour-

For each person being supported who requires some form of support to manage their behaviour, and for any restrictive physical interventions, there must be a clear system and process for-

* recording behaviours, including ABC charts, and incident reports;

* recording the use of breakaway techniques, (which are not generally considered to be restrictive physical interventions as they are designed to facilitate a safe escape, without the need to contain the person), but they may require the use of force in their application and as such their use should be always be recorded as part of the behaviour recording process.

3. Records and reports required for use of restrictive physical interventions-

The use of a restrictive physical intervention, whether planned or unplanned (emergency) should be recorded in the person’s daily support notes & behaviour records, and to the line manager for the service as quickly as practicable.

Details of the nature of the intervention, how long it was applied for and the reasons must always be recorded by the staff involved in the incident, in the service Physical Intervention Record Book with numbered pages. This written record should include-

* the names of the staff and person(s) being supported;
* a description of the behaviour and what primary & secondary prevention strategies had been implemented
* the reason for using a physical intervention (rather than another strategy);
* the type of physical intervention employed;
* the date and the duration of the physical intervention;
* whether the person being supported or anyone else experienced injury or distress and, if they did, what action was taken.

The views of the person(s) being supported should also be recorded. Any complaints made, or concerns raised by the person being supported, their family/representative, or any staff must be processed in accordance with Company policies on Safeguarding/Adult Protection, and Complaints.

4. Monitoring and evaluation

1. Records will be used for a number of different purposes:

• compliance with statutory requirements;

• monitoring the welfare of the person being supported;

• monitoring staff performance and identifying training needs or outcomes;

• contributing to service audit and evaluation;

• updating medical/health records.

b) The behaviour and incident records should be reviewed on a weekly basis by the Registered Manager of the service and on a monthly basis by the Director to monitor and evaluate the effectiveness of the behaviour support plan, whether the restrictive physical intervention plan is being implemented appropriately and consistently, whether it is effective and whether it is still required.

c) It is good practice to involve, wherever possible, the person being supported, their family carers and independent advocates in monitoring and reviewing how and when restrictive physical interventions are used.

d) The Registered Manager or the Health & Safety Manager will include details of the use of restrictive physical interventions in their monthly Health & Safety Report.

e) An annual audit of restrictive physical interventions and other restrictive practices will be undertaken by the Director. A report of the finding of these audits will be made to the Executive Director, and the lessons learned will be used to share good practice.

f) The annual audit of service quality will also assess whether the quality of life for people whose behaviour presents a challenge is improving.

APPENDIX 9 Staff skills, knowledge, competence and support

1. Skills knowledge and competence

1.1 The training provided by the company ensures that it fits with our values and approach (as defined in this policy), and is relevant to the staff working in the home.

1.2 Training will comply with the BILD Code of Practice for Minimising the Use of Restrictive Physical Interventions (Fourth Edition 2014)

1.3 The training which is provided to our staff is accredited with BILD

1.4 A summary of training & development requirements is show below.

NB this is not an exhaustive list may be subject to change in response to organisational, legislative or statutory requirements.

1.5 Positive Behaviour Support training will build on the induction and preliminary training completed by all staff which covers the value base and underpinning principles of social care services, as well as key Company policies and procedures which are relevant to Behaviour Support, such as Dignity & Respect, Mental Capacity, Adult Safeguarding, Complaints, Whistleblowing.

1.6 Delivery of Positive Behaviour Support Training will be provided to all staff as required by their role and by the needs of the people they support.

This includes-

Induction & Preliminary Training-

* Common Induction Standards
* Understanding of key Company Policies

Proactive interventions (including Primary Prevention) It should include the following elements-

* Person Centred Approaches
* Sensory Awareness
* Promoting good health
* Promoting inclusion – Building Positive Relationships and Circles of Support
* Developing and promoting communication
* How to support people to develop skills to increase their independence and participation
* Environmental adaptations – how to create supportive environments
* Understanding behaviour support plans and how to recognise what the situations or triggers for challenging behaviour are.
* Understanding specific conditions/diagnoses e.g. Autism, epilepsy, mental health conditions, sensory impairment, acquired brain injury
* Monitoring, recording and reporting requirements.

Secondary Prevention Strategies-

This element of training is targeted at staff for working with people who require more complex behaviour support e.g. who have multi element behaviour support plans and may require specific intervention strategies such as de-escalation, and/or breakaway.

It should include the following elements:-

* Company Policy requirements and legal responsibilities
* Basic Functional Behaviour Assessments
* Behaviour Risk Assessments
* Developing multi element behaviour support plans, including positive support, primary prevention and secondary prevention strategies
* De-escalation
* Breakaway
* Post incident support and de-brief
* Monitoring, recording and reporting requirements.

Reactive Strategies-

This element of training is targeted at staff for working with people who require intensive support strategies.

It includes the following elements-

* Complex Functional Behaviour Assessments
* Multi element behaviour support plans, including positive support, primary prevention and secondary prevention strategies
* Intensive support strategies
* Company Policy requirements and legal responsibilities
* Restrictive Physical Interventions, including gradient of support to ensure least restrictive intervention
* Post incident support and de-brief
* Monitoring, recording and reporting requirements.

NB: All staff who work with a person who may require physical intervention must be trained in the specific interventions which have been agreed for that person.

1.7. Staff knowledge, understanding, skills and competence will be assessed on a regular basis and refresher/update training will be provided as required.

2. Staff support

2.1 The Registered Manager has the overall responsibility for ensuring that staff are aware of their roles, responsibilities and limitations regarding supporting people whose behaviour presents a challenge.

2.2. Each member of staff should ensure that they have a clear understanding about how they are to support each person whose behaviour presents a challenge, and must seek further advice/guidance from their manager if they are unsure or have any concerns.

2.3 New staff will work ‘shadow shifts’, alongside a duty manager or experienced team member. The purpose of this is to be introduced to the person they will be supporting, to be taken through the behaviour support plans with the opportunity to ask questions and seek clarification to ensure they fully understand how the person is to be supported.

2.4. Regular Team Meetings will be held to ensure that on-going learning, development and confidence is maintained and that good practice is shared and built on. Line managers must ensure that all staff have the opportunity at these meetings to:

• review experiences and practice

• reflect on, and discuss how each person’s behaviour support plan is working,

• comment on the way in which restrictive physical interventions are being used, whether they are effective, and whether they are still required.

NB: Any concerns raised by staff must be recorded and followed up.

2.5. Line managers must also ensure that staff have the opportunity during their individual supervision meetings to discuss any concerns they may have with regard to behaviour support plans and the use of restrictive physical interventions. Any concerns raised by staff must be recorded and followed up.

2.6. Debriefing

a) De-briefing is an important part of the support process which not only helps to prevent and/or mitigate any adverse psychological reactions, but is also used as a learning tool providing an opportunity to review the effectiveness of the behaviour support plan.

b) During a de-brief the manager should also check if staff have any concerns about the incident with regard to-

* inappropriate behaviour of others (e.g. contact or comments made)
* any mistreatment of the person
* any poor performance e.g. lack of skills, knowledge or attitude of self or others.

c) Support to staff in response to critical incidents may be provided by their line manager in the first instance or the on- call manager, if there is a need for immediate debrief where staff have been adversely affected by an incident which occurs outside of office hours.

d) Staff should be offered follow up de-briefing, in a face to face meeting with a manager, either individually or in groups, and be actively encouraged to make use of this

3. Management processes

3.1 Rotas-

Line Managers should ensure that rota’s are planned to avoid staff having long periods of lone working with people whose behaviour presents a challenge.

Line Managers should ensure that new staff have completed the required training, have worked shadow shifts, and been inducted to the person’s Behaviour Support Plan before they are allocated to work with the person. Managers should also satisfy themselves that the member of staff feels sufficiently prepared and confident to support that person.

3.2 Staff matching will take into account any specific requirements including training or experience which is identified in the Behaviour Support Plan.

3.3 Support Plans-

Line managers must ensure that all staff are fully conversant with the Behaviour Support Plans and any associated support documentation, and that where changes are made to an existing behaviour support plan for any person they support each member of staff is informed of any changes made before they next work with that person.

Appendix 10 Quality Assurance -

1. The annual audit of service quality will assess whether the quality of life for people whose behaviour presents a challenge is improving.

1.2 Additional audits by the Head of Behaviour will look specifically at Behaviour Support Plans and use of restrictive practices and physical interventions, along with monitoring and analysis of other relevant data (e.g. H&S incident reports, safeguarding alerts, and complaints).