Brief guide: positive behaviour support for people with behaviours that challenge

Context

Positive behaviour support (PBS) is: "a multi-component framework for delivering a range of evidence-based supports to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge" (NHS LGA 2014)[1]. Staff use the framework to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists staff to design more supportive environments and to better support individuals in developing skills that will improve their quality of life.

Evidence required

1. Provider's policy, strategy and procedures for challenging behaviour.
2. Care records to confirm people with challenging behaviour have had a recent holistic assessment and an individualised behaviour support plan.
3. Staff interactions with people with challenging behaviour during the green proactive phase, amber active phase, red reactive phase and blue post-reactive phase.
4. Discussions with staff to assess their understanding of PBS and receipt of appropriate supervision and to elicit examples of investigating and reflecting on challenging behaviour.
5. Provider records for evidence of audits, monitoring and reports, staff training and supervision.

Reporting

1. In the **'assessing of needs and planning of care'** section of **'effective'** describe the quality of the assessment and care plan and whether they follow the principles of PBS.

2. In the **'best practice in treatment and care'** section of '**effective'** state whether the staff apply effective proactive strategies to de-escalate or prevent challenging behaviour and whether staff apply the reactive strategies described in the care plan effectively and safely. Also report whether the provider has audited the effectiveness of PBS.

3. In the **'skilled staff to deliver care'** section of '**effective'** report whether the provider supports staff to implement PBS, through protected time, training and supervision.

4. In the '**involvement of people in the care they receive'** section of **'caring'** comment on whether patients and families/carers were involved in developing the care plan.

5. In the **'good governance'** section of '**well-led'** comment on whether the provider monitors the attainment of specific objectives identified in PBS plans, such as changes in people's abilities and health and reduction of restrictive interventions.

Policy position

Providers must take account of the Department of Health's guidance Positive and Proactive Care: reducing the need for restrictive interventions.[2] This states that services that support people whose needs and histories mean that they can reasonably be predicted to present with behaviours that challenge should use 'recovery-based approaches and delivery of care

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[1] http://www.local.gov.uk/documents/10180/12137/L14-105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

in accordance with the principles of positive behavioural support'. This applies to acute psychiatric settings (including secure services) and residential units that work with people with learning disabilities who present with 'challenging behaviour' and services for people who are elderly and confused who may become agitated. Providers should also act in line with NICE Guideline[3] and adopt the framework to anticipate violence and aggression in in-patient psychiatric wards to identify ways to reduce violence and aggression and the use of restrictive interventions.

CQC's position for the purpose of its inspections is that:

- Staff should have made a recent assessment of their behaviour and created an associated behaviour support plan (or equivalent) and those making assessments should be adequately trained and supervised.

- Assessments should be individualised and holistic, and include a functional assessment of behaviour.

- Staff should be trained to avoid or minimise restrictive interventions, and in de-escalation techniques.

- The behaviour support plan (or equivalent) should state in detail the multi-component interventions to change behaviour pro-actively and to manage behaviour reactively.

- The provider should support staff to implement, monitor and evaluate interventions over the long term, using a data-driven approach to make decisions at every stage.

- Providers should have a transparent policy on the use of restrictive interventions, with an overarching restrictive intervention reduction programme.

- Where there are any incidents of physical restraint, the multidisciplinary team should conduct an immediate post-incident debrief, monitor and respond to ongoing risks, and contribute to formal external reviews.

In addition, chapter 26 of the Mental Health Act Code of Practice[4] provides statutory guidance relevant for all patients receiving treatment for a mental disorder in a hospital and who are liable to present with behavioural disturbances, regardless of their detention status. Providers should be applying the requirements of that guidance when managing challenging or disturbed behaviour.

Link to regulations
CQC should take action under:

- **Regulation 9** when staff have not implemented effective PBS plans.

- **Regulation 12** when staff have not assessed or managed the challenging behaviour effectively.

- **Regulation 13** when staff have not taken reasonable steps to use the least-restrictive strategies to manage challenging behaviour.

- **Regulation 17** when the provider has not audited and monitored the number of challenging behaviour incidents or other PBS plan outcomes.

- **Regulation 18** when staff are not suitably competent or skilled in PBS or supervised by people with the necessary experience.

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[3] Violence and aggression: short-term management in mental health, health and community settings (May 2015)
[4] https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

Appendix 1

Case Study Example

P can become anxious when there is a lot of noise or when there are a lot of people he doesn't know around him. His level of anxiety worsens when he has not slept well. It is also worse when the symptoms of psychotic disorder are worse. He feels better when he can have some time to himself. He has limited ability to communicate how he feels and what helps him feel less anxious. When the ward is noisy and there are too many people around, he usually tries to avoid too much stress by sitting by himself.

When he gets more anxious, often because other patients become more noisy or approach him, he starts to shout and will tip over furniture. This usually results in staff coming over to him and telling him to calm down. P finds this adds to his distress. He then tries to make staff go away by pushing them. Staff then usually remove him from the environment to the seclusion room, where he calms down. One hypothesis is that he behaves in this way in order to communicate his need to be in a quiet place.

Case Study Analysis

Positive behaviour support is: a framework used to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists people in:
- designing more supportive environments; and
- supporting individuals in developing skills that will improve their quality of life.

Staff developing an individualised assessment and care plan (which may be referred to as a positive behaviour support plan in some services) for P would have made an assessment of his behaviour. This might have concluded that: *P wants to avoid the demands placed on him by noise, people and the way that staff interact with him when he is very upset.*

The functional assessment should consider:
- the person's history;
- immediate antecedents and consequences of the behaviour;
- physical health, mental health, and broader social environment; communication and social skills;
- involvement or attempted involvement of relevant people (including healthcare assistants); and
- a coherent formulation of the factors above influencing behaviour.
It should also be consistent with the Mental Health Act Code of Practice (2015) and the Mental Capacity Act 2005.

P's care plan would note that the environment and P's physiological state can also affect P's behaviour. It would include an assessment of and plan for increasing P's skills, such as how P can communicate anxiety in a more appropriate way. In particular, the plan should teach skills that assist P's independence, manage P's anxiety and manage the symptoms of P's psychosis. These are called **primary or proactive strategies**.

It would also include **secondary strategies** such as distraction or diversion, in order to prevent escalation to crisis level and to keep the person and others safe. Crisis level occurs when the person behaves in a way that places either themselves or others at risk and may require the use of **tertiary strategies**, such as restraint and other restrictive interventions, to reduce risk and protect people from harm.

A good behaviour support plan should have more emphasis on primary (proactive) strategies then tertiary (reactive) strategies. There should be clear evidence of measurement of effectiveness of the behaviour support plan. The provider would monitor whether P's behaviour or any restrictive practices reduced and that P's experienced an improvement in his quality of life.

Appendix 2

References

Chapter 26 Safe and therapeutic responses to disturbed behaviour, Mental Health Act Code of Practice (2015) [pages 281 – 314][5]

For additional information, also see:
- International Journal of Positive Behaviour Support or publications produced by: the Challenging Behaviour Foundation[6] (2012).
- Skills for Care and the National Development Team for inclusion[7] (2013), Department of Health.
- Skills for Health and Skills for Care[8] (2014), and NHS England and the Local Government Association[9] (2014).

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[5] https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

[6] McGill, P. Challenging Behaviour Foundation (November 2012). Understanding challenging behaviour: part 1. Addison, M. Challenging Behaviour Foundation. Finding the causes of challenging behaviour: part 2. Challenging Behaviour Foundation. Positive behaviour support planning: part 3. http://www.challengingbehaviour.org.uk/cbf-resources/information-sheets/understandingcb.html

[7] Skills for Care and the National Development Team for inclusion. (February 2013) Supporting staff working with people who challenge services. Guidance for employers. http://www.skillsforcare.org.uk/restrictivepractices

[8] Department of Health, Skills for Health, and Skills for Care (2014). A positive and proactive workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health. http://www.skillsforcare.org.uk/restrictivepractices

[9] NHS England and the Local Government Association (2014). Ensuring Quality Services : Core principles for the commissioning of services for children, young people, adults and older adults with learning disabilities and/or autism who display or at risk of displaying behaviour that challenges. http://www.local.gov.uk/documents/10180/12137/L14-105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f