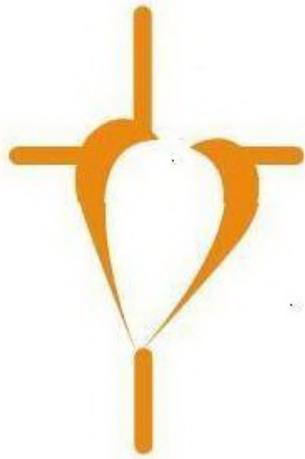# Daughters of Charity Service
Disability Support Services

Guidelines to Support Persons with Behaviours of Concern

Revision: D	Department: Quality and Risk	No: DOCS 011
Prepared By:	Behaviour of Concern Monitoring Committee (Dublin)	Date:
Approved By:	Mr. Denis Cronin, Chief Executive Officer	Date:

Amendments Page

No.	Old Rev. Status	New Rev. Status	Comments	Date	Authorised by
1	A	B	To amend Geographic Restriction in the Glossary of Terms	Oct. 2005	Kay Downey-Ennis
2	B	C	To amend Guidelines	November 2009	Kay Downey-Ennis
3	C	D	To update Guidelines	April 2014	Mary Reynolds
4	D	E	To update guidelines	September 2017	Mary Reynolds

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These guidelines should also be read in conjunction with the following service procedures and taking due consideration of National and International policies and guidelines.

- HIQA Standards for Residential Services for Children and Adults with Disabilities (2013)

- Safety, Health & Welfare at Work Act (2005)

- Mental Health Act 2001

- Assisted Decision Making act 2015

- United Nations Declaration of Human Rights (1948)

- Daughters of Charity Policy Document (DOCS 001)

- Daughters of Charity Booklet: Living our Core Values

- Daughters of Charity Booklet: Value-based Decision-making

- Daughters of Charity: Challenging Behaviour Risk Assessment

- Safety Statement (DOCS 005)

- Accident/Incident Reporting (DOCS 010)

- Medication Policy (DOCS 015)

- Guidelines on Occupational Injury and Referral to Occupational Health Physician (DOCS 016)

- Procedures for the Protection of Vulnerable Adults and the Management of Allegations of Abuse (DOCS 020)

- The Protection and Welfare Policy and Procedures for Children and Young People (DOCS 062)

- Policy on Risk Management (DOCS 052)

- The Restrictive Practices Policy for Adults and Children – A Person Centred Approach to Best Practice (DOCS 053)

- Challenging Behaviour and Learning Disabilities, Prevention and Interventions for people with Learning Disabilities whose behaviour challenges (NICE Guidelines NG11, publish date May 2015).

1. <u>INTRODUCTION</u>

1.1 The term 'challenging behaviour' has been debated and reinvented throughout the literature over the years. Individuals with intellectual disabilities often behave in ways that can be described as challenging if they have an unmet need in specific area. Over time use of the label 'challenging behaviour' has become stigmatizing for individuals and they have become labelled by the behaviours they exhibit. An alternative definition of "behaviours of concern" is being advocated. Behaviours of concern can be defined as "behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others" (Chan, 2012)

1.2 This document is the framework by which The Daughters of Charity Disability Support Services support people whose behaviour presents significant challenges to those services. These guidelines are underpinned by the ethos of the Daughters of Charity as outlined in the Policy Document (2004) and the Core Values. The Daughters of Charity embrace the philosophy of person centeredness.

1.3 The Daughters of Charity Disability Support Services are committed to supporting people to live better lives by supporting their emotional, physical and psychological wellbeing through the delivery of person centred, positive supports.

1.4 The Daughters of Charity Disability Support Services are committed to the provision of a model of Positive Behaviour Support which places emphasis on the development of effective and resilient social and physical environments so that the people whom we support can live better lives. This involves responding to behaviours of concern in an individualised, person-centred manner using respectful, non-aversive and non-restrictive strategies.

2. DEFINITIONS AND GLOSSARY OF TERMS

Capacity

Capacity relates broadly to decision making and a person's ability to do so. It refers to the ability of a person to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made. The Assisted Decision-Making (Capacity) Act 2015 governs the law in relation to adults who are experiencing difficulties with decision making. It places a legal requirement on service providers to comprehensively enable a person make a decision through the provision of a range of supports and information appropriate to their condition. The Act places importance on the "will and preferences" of the individual. The guiding principle is that it shall be presumed that a person whose capacity is in question has capacity unless the contrary is shown. These guidelines operate in the spirit of the legislation.

Behaviours of concern

"Culturally abnormal behaviour(s) 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 use of, or result in the person being denied access to, ordinary community facilities." Emerson, 1995, cited in Emerson, E (2001, 2nd edition).
The behaviour presents significant risks to the health and safety of the person and / or others, or has a significant negative impact on the person's quality of life or the quality of life of others or which are likely to limit a person's access to ordinary activities.

Human Rights

Are universal, fundamental rights to which a person is inherently entitled simply because she or he is a human being. The rights of individuals with disabilities are grounded in a human rights framework based on the United Nations Charter, the Universal Declaration of Human Rights, international covenants on human rights and related human rights instruments. Persons with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others under all the international treaties (UN Convention on Rights of Persons with Disabilities, (2007).

Multi-disciplinary Team

Refers to a group of people with complementary skills who are committed to a common purpose / performance goals and approach, for which they hold themselves mutually accountable (Mental Health Commission, 2006). For the purpose of decision-making process, a MDT consists of three or more team members who's expertise is pertinent to the decision under consideration.

Multi-element Model
This is the model used by the service to implement Positive Behaviour Support. It is based on a thorough functional assessment of the behaviour and consists of non-aversive proactive and reactive strategies. It also incorporates a regular evaluation system.

Positive Behaviour Support (PBS)
Refers to a model of assessment and intervention for people with intellectual disabilities and challenging behaviour that utilises a range of evidence based methods and approaches in order to enhance quality of life and minimise problem behaviour.   PBS has evolved through bringing together three major guiding sources that have shaped support services for people with learning disabilities over the last 30 years.

Applied Behaviour Analysis

Normalisation / Social Role Valorisation / Inclusion Movement Wolfensberger, W. (1983)

Person Centred Values (Horner, 2000)

Restrictive Practices
Also referred to as Restrictive Interventions and means "any intervention that is used to restrict the rights or freedom of movement of a person with a disability" (Australian Disability Act, 2006). They include, but are not limited to, the use of mechanical restraint, physical restraint, psychotropic medication as restraint and seclusion

Risk Assessment
Across our services a core objective is to support individuals maximise their quality of life while maximising their safety and wellbeing and that of others. On a ongoing basis we need to assess if there is any threats to this objective for an individual or others. Risk assessment is the careful examination of what, in your work could cause harm to individuals you support and others, so that you have to weigh up if you have taken enough precautions or should do more to prevent harm (Section 19 HSW Act, 2005).

A completed risk assessment should give enough guidance and a positive management plan to staff members in relation to the specific issues that are considered to entail a level of risk, control measures are then developed to lower the identified risk. See section 10 Service user support structures.

3. <u>RESPONSIBILITIES</u>

3.1   It is the responsibility of the Service to:

- Develop, review and disseminate the information contained in this guidance document.
- Ensure that there is access to MDT support within available resources.
- Ensure there is appropriate oversight and governance systems in place to support staff in carrying out their duties.
- Have systems in place to allow access to the Service Ethics Committee when the need arises.
- Ensure that risk management procedures are in place.

3.2   It is the responsibility of the line manager to:

- Ensure that all staff, including agency / relief staff, are aware of and adhere to this guidance document.
- Ensure that work practices are in line with this guidance document.
- Ensure that Risk Assessments and Behaviour Support interventions are completed and reviewed regularly.
- Provide supervision and support to staff working in their area of responsibility.
- Ensure all records and reports are maintained for each person regarding their Behaviour Support interventions.
- Adhere to the agreed behaviour support strategies as outlined in the person's Behaviour Support / Personal/ Care Plan.

3.3   It is the responsibility of each staff member to:

- Familiarise themselves with this guidance document.
- Ensure that their work practices are in line with the guiding principles of this document.
- Ensure that consent is sought from the person regarding the implementation of their Behaviour Support Plan.
- Ensure all records and reports are maintained for each person regarding their Behaviour Support interventions.
  Adhere to the agreed behaviour support strategies as outlined in the person's Behaviour Support / Personal/ Care Plan.

4. PURPOSE OF GUIDELINES

The purpose of these guidelines is to promote a safe, caring, least restrictive and person centred environment within all areas of the Service. These guidelines provide a framework for a collaborative and consistent approach in supporting individuals with behaviours of concern. These guidelines are underpinned by a commitment to enhance and increase the wellbeing of each Service user through a person centred approach.

5. AIMS

The aims of the policy are:

5.1   To ensure that each Service user who displays behaviour of concern is supported in a person centred manner.

5.2   To promote and enhance the quality of life of Service users who exhibit behaviours of concern.

5.3   To ensure supports, within available resources, are made available to parents, siblings, family members, staff and other Service users supporting people with behaviours of concern.

6. HEALTH AND WELLBEING

There is an emerging influence of positive psychology within the field of autism and behavioural supports which focuses on the wellbeing and happiness of Service users. "Positive psychology is concerned with the pleasant life, the engaged life and the meaningful life " (Carr, 2011, pp2). McDonnell (2010) suggests that the focus of a wellbeing model is on strengths rather than deficits and in terms of behaviours of concern, focuses on the development of skills and building resilience through the development of better coping strategies for people with behaviours of concern and those who support them. The wellbeing model outlines 6 core components of wellbeing, spiritual, emotional, physical, social, environmental and mental.

6.1   A fundamental element in the provision of Positive Behaviour Support within the Service involves placing the focus on strategies which aim to prevent / minimise the occurrence of and impact of behaviours of concern.

6.2   Improving general healthcare through the implementation of various health promotion projects, access to a wide range of health care professionals, health and dental assessments and the development of Individual Health Action Plans for Service users where appropriate.

6.3 Reducing exposure to known risk factors by providing a range of person-centred living, leisure and educational opportunities within the Service from early childhood through to old-age, depending on the individual needs of the person. Clinical support is provided to children and their families across a range of campus-based, community and mainstream educational services. Behavioural intervention and support is put in place at the earliest opportunity where a need is identified regarding a child's behavior.

6.4 Ensuring that all persons who present with behaviours that challenge have access to Positive Behaviour Supports and person centred approaches in order to promote positive behavioural change, reduce risk and improve quality of life (Emerson et al., 2009).

6.5 Promoting the development of more adaptive behaviours through the development of multi-disciplinary skills teaching programmes, communication programmes, person-centred plans and individual education plans.

6.6 Using a risk management framework to guide the focus of supports for those identified at higher risk for displaying behaviours of concern, for example, people with autism; mental health or communication issues.

7. RISK MANAGEMENT

There is a wide range of personal and environmental factors that can influence an individuals behaviour and prompt the occurrence of behaviours of concern . Risk Management is about being aware of the potential things that can adversely affect someone's behaviour and putting in place actions (controls) to make sure that the likelihood of them happening, and their potential impact is reduced is as far as is reasonably possible.

7.1 In seeking to deliver on the above objective the service is committed to reducing the risk associated with behaviours of concern by reducing exposure to known risk factors by providing a range of person-centred living, leisure and educational opportunities within the Service from early childhood through to old-age, depending on the individual needs of the person.

7.2 Managing risk relating to behaviours of concern on a daily basis requires one to:
- Anticipate
- Vigilance
- Respond
- Review and Learn

7.3   All relevant staff need to be aware of the requirement to carry out challenging behaviour risk assessments for all Service users who display behaviours of concern.

7.4   Service users who at a point in time, are identified as displaying potential behaviours that concern will have access to a range of multi-disciplinary supports. This is to plan and develop actions that seek to minimise the risks associated with such behaviours. This should reflect the positive potential and stated goals of the individuals, and at the same time protect the safety of others.

7.5   The service has a proactive approach to risk management and tracks trends and changes in risk patterns relating to behaviours of concern. This data is reviewed and discussed at a number of levels within the service including, Service Health and Safety Committee, Quality and Risk group, Behaviour of Concern Monitoring Committee and influences training allocation, resources and development of policies and procedures.

8. REFERRAL PROCESS FOR MDT SUPPORT

8.1   In advance of a referral being made it is the responsibility of the local manager to ensure that a review of the Service user is undertaken within the unit / bungalow / house with relevant clinicians. This should include a full review of the persons physical, environmental and mental health needs.

8.2   The local manager will make a referral to the relevant MDT members and organise a meeting, which in turn will determine the assessments or other MDT intervention required.

8.3   While awaiting assessment and the development of a support plan for the Service user, an approved reactive strategy may be developed by the local manager with the relevant MDT members, staff and families.

8.4   Referral priority from each department will be given when a crisis / emergency restrictive reactive strategy has been employed and / or the person's risk rating has increased.

9. <u>BEHAVIOUR SUPPORT</u>

9.1   Positive Behaviour Support is a core element of the Daughters of Charity approach to behaviours that challenge service delivery. Effective behaviour support should be multi element in nature i.e. include a range of non aversive proactive and reactive strategies based on evidence and international best practice guidelines e.g. adapting the person's environment, developing communication, TEACCH, PBS, sensory strategies. This will be reflected in different ways in the person's documentation and or care plan depending on the nature of supports required.

9.2   Reactive strategies using low arousal approach: if required Service users who display behaviours of concern should have an individual, non-aversive reactive strategy outlining a planned response to incidents of behaviours. These are based on the Managing Challenging Behaviour Training which aims to 'alter staff behaviour by avoiding confrontational situations and seeking the least line of resistance' (McDonnell et. Al., 1998).

9.3   If a restrictive reactive strategy is required please refer to DOCS 053: Restrictive practices policy for adults and children - a person centred approach to best practice.

10. <u>SUPPORT STRUCTURES</u>

The Daughters of Charity Disability Support Services recognise that providing appropriate and timely support to service users, families and staff is a key aspect of ensuring best practice and is part of our core values. The service recognises that it has a responsibility to ensure that it provides a safe environment for service users, families and staff and takes this responsibility seriously. Each manager will ensure that there are structures in place to support service users, families and staff within specific service locations.

10.1   **Service user- support structures**
- Each person with behaviours of concern will have a comprehensive written care plan/ personal plan that provides details of how the person's needs are supported. There should always be an emphasis on promoting quality of life outcomes important to the person. This should contain all MDT recommendations including behaviour support. There should also be detailed supports outlined in the event of an incident of behaviours of concern occurring.

- Each person with behaviours of concern should have a comprehensive 'challenging behaviour risk assessment' in place that is reviewed every year or sooner if required. All necessary control measures that reduce or eliminate the risk associated with the behaviours should be cited in this risk assessment.

- The procedures for the protection of vulnerable adults and the management of allegations of abuse (DOCS 020) and the protection and welfare policy and procedures for children and young people (DOCS 062) will be utilised when the behaviours exhibited by a person are impacting on the safety, health and wellbeing of another person.

- All staff will ensure that incidents are documented and reviewed in accordance with DOCS 010 – Accident / Incident reporting. Accident / Incident statistics are audited through the Quality and Risk Officer; statistics related to behaviours of concern are also reviewed at the Behaviours of Concern Monitoring Group and the Service Health and Safety Committee.

- The Service users will be supported to access Independent Advocates should the need arise.

10.2 Families / key support person- support structure

- Family centred support is a fundamental aspect of service provision and the service recognises that families are partners in the decision making process.

- A range of supports are offered to families of persons with behaviours of concern including family training, intensive direct support from MDT members in times of crisis and overnight and day respite and family support hours.

- The type of support offered depends on a number of factors including the individual needs and preferences of the person with behaviours of concern and their family, the resources available and input from the MDT.

10.3 Staff Support structure

- Each service location will provide appropriate education, training or information to staff as identified as a requirement to support individuals in that area. This is identified through training needs analysis. The purpose of this is to ensure staff have the knowledge and skills appropriate to the individuals they provide support to.

- Each service location will ensure the systems of staff support are in place. This can include for example regular team meetings, regular MDT presence, effective leadership and sources of advice and support and a clear and accessible line management structure.

- Each local area will have written guidelines in place in relation to calling for assistance, on call services, risk register, orientation procedures for new / agency staff members and agreed minimum staff requirements.

- Each service location has clear procedures to follow after an incident of behaviours of concern has occurred. This may include provision of first aid treatment and a clear pathway if further medical treatment is required e.g. referral to Accident and Emergency or contracted clinic. Refer to guidelines for on occupational injury and referral to occupational health (DOCS 016).

- Staff involved in an incident will be afforded the opportunity to talk informally with a colleague or manager about an incident and offered a break away from the immediate area.

- The local manager may decide to consider organising a formal review with the appropriate team members for additional actions following an incident; depending on the seriousness of the event.

- Staff are encouraged to access the employee assistance programme (EAP) which is run by VHI corporate solutions. This service is available to all staff and their families and is independent of the service and strictly confidential.

11. EDUCATION AND TRAINING

Each service area will have access to education and training as identified through training needs analysis for working with Service users with behaviours of concern. The training offered includes areas such as philosophy of behaviour support, staff perception and attitudes towards behaviour and how to effectively manage behaviours of concern

11.1 *Induction / orientation programme:* An induction programme is offered to all new employees. As part of this programme, staff are made aware of the Organisations policies and procedures including the guidelines on responding to the needs of Service users with behaviours of concern. The induction programme helps staff understand how behaviours of concern are responded to within the service and how appropriate referrals are made.

11.2 *Local inductions to site specific work area:* Aside from the generalised induction and orientation programme, staff in areas supporting Service users with complex needs may be provided with a specialised induction to individual Service user supports. This includes background information on their individual diagnosis and how it affects them. Sessions are tailored based on staff requirement e.g. question and answer, role-play, review of action plans etc.

11.3 *Local training:* Staff also have access to a range of other related training options as identified and requested in their local area. This training may be delivered by members of the MDT including psychologist, speech and language, CNS behaviour support / autism and behaviour, senior nursing personal, occupational therapy. Training subjects may include mental health awareness, principles of autism spectrum

disorder, Lámh training, PECS, assisted communication, sensory integration, medication administration, etc.

11.4 *Training in Positive behaviour support*: This is a 6 month in-service modular training programme which is delivered by MDT members. It is designed to give staff a focused and theoretically sound training to formulate a positive behaviour support plan for an individual they work with.

11.5 *Managing Challenging Behaviour Two Day Training (M.C.B.)* The Service has adopted M.C.B. two day training as the primary training given to staff in the management of behaviours of concern. This two day training is currently being rolled out across the Dublin service and a 'train the trainer' programme has been completed. It emphasises the importance of an approach that focuses on 'culture change' and the development of wellbeing of the person. If it is required specific supplementary training is also provided e.g. bespoke restraint training. This bespoke training is put in place where there is a requirement for an identified need.

12. <u>MONITORING AND EVALUATION</u>

The service is committed to a monitoring and evaluation system to ensure supports received by individuals are of the highest standard and in line with best practice. The service has in place a 'Behaviours of Concerns Monitoring Group' that meets quarterly. This group is multi disciplinary and is attended by representatives from all service locations in the Dublin service. The Terms of Reference of this committee and minutes of these meetings are available upon request from the chairperson.

The role of the monitoring group is to monitor and evaluate

- Training and education
- Incident / accident review of quarterly statistics and identification of trends.
- Behaviours of concern risk assessment and audit / analysis of risk ratings in the Dublin service.
- Policy review and improvement initiatives to service delivery\ in relation to behaviours that challenge
- Liaison with the restrictive practices committee.
- Positive Behavioural Support Plans and Strategies

The Service has in place a Service Ethics Committee to which Multi-disciplinary teams can seek advice and support around complex issues related to the management of behaviour of concern.

13. <u>REFERENCES</u>

Carr, A. (2011) Positive Psychology (second edition), London: Brunner routledge

Chan, J. (2012) "is it time to drop the term challenging behaviour?" Learning disability practice, 15,5, 36-38

Emerson, Eric (2001). "Challenging behaviour". Challenging Behaviour: Analysis and Intervention in People with Severe Learning Disabilities. Cambridge: Cambridge University Press. p. 3. ISBN 978-0-521-79444-2.

Emerson E, Madden R, Robertson J et al (2009) Intellectual and physical disability, social mobility, social inclusion and health: background paper for the Marmot Review. Lancaster: Centre for Disability Research, Lancaster University.

Daughters of Charity (2004) Policy Document.

Safety, Health and welfare at work act (2005)
http://www.hsa.ie/eng/Legislation/Acts/Safety_Health_and_Welfare_at_Work/SI_No_10_of_2005.pdf accessed 27/9/17

HIQA Standards for Residential Services for Children and Adults with Disabilities (2013)

Horner R.H. Positive behavior supports. Focus on Autism and Other Developmental Disabilities. 2000;15:97–105.

The Assisted Decision-Making (Capacity) Act 2015
http://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html accessed 27/9/17

The Mansell Report (2007) Services for people with learning disabilities and challenging behaviour or mental health needs

McDonnell, A.A. (2010) Managing aggressive behaviour in care settings: Understanding and applying low arousal approaches: London, Wiley

McDonnell, A. A., Reeves, S., Johnson, A., & Lane, A. (1998). Management challenging behaviours in an adult with learning disabilities: the use of low arousal. Behavioural and Cognitive Psychotherapy, 26, 163–171.

Mental health commission (2006) Multidisciplinary team working: from theory to practice.
http://www.mhcirl.ie/file/discusspapmultiteam.pdf accessed 27/9/17

Murphy G. and Fernando S. (1999) Services for People with Challenging Behaviour and Mental Health Needs at Risk of Offending. Tizard Learning Disability Review 4, 3,31-39.

National development team for inclusion (2013). Supporting staff working with people who challenge services: Guidance for employers.

www.nationalcareforum.org.uk/documentLibraryDownload.asp?documentID=124 accessed 27/9/17

UN General Assembly, Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106

Willis, Thomas J. & LaVigna, Gary (2004) *Emergency Management Guidelines.* Institute for Applied Behavior Analysis. Los Angeles

Wolfensberger, W. (1983). Social role valorization: A proposed new term for the principle of normalization. Mental Retardation, 21(6), 234-239.

14. <u>BIBLIOGRAPHY</u>

Ethics, Policy & Guidelines on Behaviour Management (1996), St Vincent's Centre, Lisnagry

McClean, B. Grey, I. (2002) Towards a model of services for people with challenging behaviour and dual diagnosis, Clinical Doctorate Conference Proceedings 2004, University College Galway.

McClean, B., Dench, C., Grey, I., Shanahan, S., Fitzsimmons, Hendler, J, Corrigan, M. (2002) Particular Case Training: a model for delivering positive behavioural supports to people with challenging behaviour, Clinical Doctorate Conference Proceedings 2004, University College Galway.

Psychological Society of Ireland (1998) Responding to Behaviours that challenges, 13 Adelaide Road, Dublin.