Supporting people who present with behaviours that challenge

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KARE POLICY DOCUMENT				
Policy Owner: Principal Psychologist				
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Policy name changed from Supporting people with Challenging Behaviour				
Rev. 4	September 2016	Sept 2016	Oct 2016	Oct 2016 -

Policy

1 Background to this Policy

We in KARE believe that all people using our services, including people who present with behaviours that challenge, have the right to be dealt with respectfully and not to be subjected to degrading treatment. This policy has been developed to ensure that we use positive strategies in response to challenging behaviour.

2 Aim of this Policy

The aim of this policy is to ensure that the interventions used in supporting people who present with challenging behaviour respect the rights and dignity of the individual and are in accordance with best practice. The policy also aims to ensure that measures are in place to address the safety and welfare of all those affected by the challenging behaviour, including the individual presenting with challenging behaviour, other service users, staff and families.

3 Scope of this Policy

This policy is applicable to all staff, volunteers and students working with individuals who use KARE's services and supports.

For the purposes of this policy document, we are adopting the following definition of behaviours that challenge[1]:
"Behaviour can be described as challenging when it is of such an intensity, frequency, or duration to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion" (Challenging Behaviour – a unified approach; RCPsych, BPS, RCSLT, 2007)

Some behaviours may be difficult to manage and yet may not fulfil all the requirements of the above definition. These behaviours may still be challenging to manage and are therefore also covered by this policy. For the purpose of this policy, these behaviours are referred to as "behaviours of concern"[2].

This policy addresses the rights of the individual who presents with challenging behaviour and of others who might be affected by the persons behaviours e.g. other people using KARE's services and supports and staff.

This policy outlines organisational strategies in response to challenging behaviour and behaviours of concern including:

- Everyday responses by frontline staff and managers at local level to sporadic behaviours of concern
- Behavioural Guidelines developed by frontline staff and managers at local level in response to ongoing behaviours of concern
- Behavioural Management plans developed by psychologists in response to challenging behaviour
- Behavioural Support Plans developed by the Behavioural Support Team in response to ongoing challenging behaviour of high intensity and high frequency.

[1] See Glossary
[2] See Glossary

4 Other related policies

This policy should be read in conjunction with the Restraint/Restrictive Practices policy.

This policy is also linked with the

- Serious Physical Assault Policy
- KARE Safety Statement
- Risk Management Policy
- Trust in Care
- Safeguarding of Vulnerable People at Risk of Abuse

5 Details of this Policy

5.1 Respecting the rights of an individual who presents with behaviours that challenge

5.1.1 All responses to behaviour that challenges and behaviour of concern should be based on an understanding of the reasons for the behaviour and what the behaviour is communicating.

5.1.2 All responses to behaviour that challenges and behaviours of concern will follow the principals of Positive Behaviour Support (PBS)[3] and be non-punitive[4]. PBS is based on the principle that by teaching an individual to use a more effective and acceptable behaviour than the behaviour that challenges, the behaviours that challenge will reduce. PBS also addresses the person's quality of life by changing the environment and teaching skills to suit the person's preferences.

5.1.3 All interventions should seek to enhance the individual's quality of life and to provide them with a safe environment.

5.1.4 Staff will use non violent crises intervention as taught through Kare's MAPA (Management of Actual and Potential Aggression) training programme to respond to unexpected episodes of challenging behaviour in order to ensure the situation is managed in a way that best respects the dignity of the person involved.

5.1.5 Kare promotes restraint-free environments for all service users. In some instances, a risk assessment might indicate the need for procedures involving the use of restraint. Restraint will only be used as a last resort, when other less intrusive strategies have failed to reduce or stop the behaviour.

5.1.6 All people using KARE's services, including people who present with behaviours that challenge, will be dealt with respectfully and will not be subjected to degrading treatment. This includes the following unacceptable practices:

- Withdrawal of a person's basic rights (nourishment, shelter and warmth)

[3] See Glossary
[4] See Glossary

- Withdrawal of a person's right to normal access to places and activities as a form of punishment

and any other form of abuse[5].

5.1.7 A staff member who engages in degrading treatment of an individual who presents with behaviour that challenges may be subject to disciplinary action up to and including dismissal.

5.2 Organisational strategies in response to challenging behavior and behaviours of concern

5.2.1 Everyday responses by frontline staff and managers at local level to sporadic behaviours of concern

Any individual may at times present with behaviours of concern. These behaviours do not cause physical harm to the person or others, but may still need to be responded to by front line staff and managers. The principles governing the response to these sporadic behaviours of concern are:

- The person responding should do so in a calm manner with a neutral tone of voice and non-threatening body language
- The response should be non-punitive and not involve the use of either threats or punishment
- The response should be informative, providing the individual with information, in a form they are able to understand, about what was inappropriate with the behaviour of concern and what would be a more appropriate way of responding in future

5.2.2 Behaviour Guidelines[6] developed by frontline staff and managers at local level in response to ongoing behaviours of concern

When an individual presents with behaviours of concern on a frequent or ongoing basis then there needs to be a consistent response to the behaviour. In order to ensure consistency, frontline staff, together with their line manager should develop Behaviour Guidelines that outline how frontline staff should respond when the behaviour occurs. Once developed, Behaviour Guidelines should be sent to the psychology department for review and sign-off before implemtnation. This does not require a referral. The reviewing psychologist will be responsible for ensuring that the guidelines include the essential elements outlined below:

- A clear and concrete description of the behaviour/s of concern that the guidelines are written for
- A baseline recording of the frequency of the behaviours prior to implementation of the behaviour guidelines
- A clear description of the consistent response from staff when episodes of the behaviour/s of concern occur. These guidelines should be
    - Non-punitive and not involve the use of either threats or punishment
    - Informative re what is inappropriate about the behaviour/s of concern and alternatives that are more appropriate
    - Include skill teaching
    - Include MAPA de-escalation strategies where appropriate

[5] See Glossary
[6] See Glossary

- A form for recording the incidents occurring when the behaviour guidelines are being implemented
- A time plan for implementation and reviews of the behavioural guidelines

The psychologist will sign the plan to acknowledge that they have seen the behaviour guidelines and that they fulfil the above criteria.
If the plan is changed or discontinued, the line manager needs to inform the psychologist of this and document the changes or discontinuation.

If the behaviour guidelines have not been effective in reducing the behaviour despite reviews and revisions, the line manager may decide to refer the individual to the Clinical Supports Team.

5.2.3 Behavioural Management plans[7] developed by psychologists in response to challenging behaviour

5.2.3.1 Any person who presents with challenging behaviour can be referred to the Clinical Supports Team (CST) using the CST referral form in order to access psychology input. The CST will agree on whether other clinicians, in addition to a psychologist, should be part of the response to the referral.

5.2.3.2 The psychologist will be responsible for coordinating the development of a Behaviour Management Plan.

5.2.3.3 The Behaviour Management Plan will be based on the information about the challenging behaviour that is gathered from the service user's support network[8], including staff, families and others actively involved in the person's life.

5.2.3.4 The Behaviour Management Plan:

- Will describe both proactive and reactive strategies in response to the behaviour.
    - Proactive strategies[9] are interventions that are put in place to prevent the behaviour from occurring again.
    - Reactive strategies[10] are responses to the behaviour when it occurs. Where these strategies involve the use of restraint, guidelines for the use of the recommended restraint will be included in the behavior management plan. Recommended strategies and guidelines must adhere the policy on Restraint/Restrictive practices.
- Will follow the principles of positive behaviour support and will not involve the use of punishment.
- Will include recording forms for ongoing recording of the frequency and/or intensity of the behavior, and for documenting the implementation of the strategies in response to behaviour.

5.2.3.5 Relevant clinicians will meet with staff and family to discuss the Behaviour Management Plan, support its implementation and to evaluate the effectiveness of the plan in addressing the challenging behaviour.

[7] See Glossary
[8] See Glossary
[9] See Glossary
[10] See Glossary

5.2.3.6 The Line Manager will ensure that staff working with the individual are made aware of and understand the elements of the Behaviour Management Plan.

5.2.3.7 The Line Manager will ensure the Behaviour Management Plan is implemented and monitored on an ongoing basis.

5.2.3.8 The Line Manager will ensure that the Behaviour Management Plan is formally reviewed together with relevant clinicians and families every three months (or more often if required) during the first year of its implementation.

5.2.3.9 When there is evidence and agreement that the Behaviour Management Plan is effective in reducing the level of challenging behaviour and managing the behaviour over a reasonable period of time, the clinicians will regard the referral as completed and formally discharge. Any increase in challenging behaviour will then require a re-referral.

5.2.3.10 If there is no evidence that the Behaviour Management Plan is effective in reducing the level of challenging behaviour to an agreed acceptable level within a reasonable period of time from the point of implementation, the Line Manager, key staff and relevant clinicians will decide on the best course of action, which may be to:

- Adjust the plan
- Discontinue the plan
- Refer the person to the Behaviour Support Team.

5.2.4 Behaviour Support Plans[11] developed by the Behaviour Support Team in response to ongoing challenging behaviour of high intensity and high frequency.

5.2.4.1 An adult who presents with severe levels of ongoing challenging behaviour requiring intensive support should be referred to the Clinical Supports Team (CST). The psychologist/s on the CST will determine whether the case should be referred to the Behaviour Support Team (BST) for intensive support[12]. The BST may request support from other clinicians as required.

5.2.4.2 A child who presents with severe levels of ongoing challenging behaviour requiring intensive support should be referred to the regional Network DisabilityTeam (NDT).

5.2.4.3 A team around the individual[13] will be formed to focus on providing positive behaviour support. The BST, together with other relevant clinicians will form part of this team which may also include the focus person, family, key worker, key staff, local service leader/social care leader, external specialist and the assistant manager. The unit line manager will be the case co-ordinator.

5.2.4.4 The BST will carry out a Functional Assessment[14] from which a multi-element Behaviour Support Plan will be developed.

[11] See Glossary
[12] See Glossary
[13] See Glossary
[14] See Glossary

5.2.4.5 A functional assessment will involve gathering information from several sources, including written records, formal assessments, observations and interviews with past and present staff, clinicians and family. The assessment will include:

- an operational definition of the target behaviour
- a measure of the extent of the behaviour prior to intervention (baseline recordings)
- risk assessment as required
- an analysis of the function of the behaviour
- historical information about the development of the behaviour and previous strategies that have been implemented
- a holistic assessment of the individual, including an assessment of current programme, physical environment, medical status, social work report, skill levels (physical, cognitive, sensory and communicative) and coping strategies

5.2.4.6 A multi-element Behaviour Support Plan will consist of a number of positive strategies for facilitating a reduction in challenging behavior and improvement in quality of life for the individual. These strategies will include plans for:

- Promoting environments that are positive for the individual
- Development of new skills
- Development of coping strategies
- Systematic behavioural techniques

5.2.4.7 The plan may include reactive strategies as ways of responding to the challenging behaviour when it occurs. Where these strategies involve the use of restraint, the policy on Restraint/Restrictive practices must be adhered to.

5.2.4.8 The Line Manager will ensure that the individual's behaviour is recorded in accordance with their multi-element Behaviour Support Plan.

5.2.4.9 The Behaviour Support Plan is written by the Behaviour Specialist/Behaviour Therapist. Changes to the Behaviour Support Plan can only be made by the Behaviour Specialist/Behaviour Therapist.

5.2.4.10 The Line Manager will ensure that recordings for a Periodic Service Review are carried out.

5.2.4.11 The Line Manager, key staff and the BST will communicate/meet at regular intervals as agreed to evaluate progress and discuss and agree minor revisions to the plan.

5.2.4.12 The team around the individual will evaluate and formally review the plan on a quarterly basis. Any intervention that is not demonstrated to be effective within a reasonable period of time from the point of implementation will be revised in agreement with the behaviour support team.

5.2.4.13 Once there is evidence and agreement that the Behaviour Support Plan is effective in reducing the level of challenging behaviour and managing the behaviour, the BST will reduce their level of input and support to a maintenance level[15].

[15] See Glossary

5.2.4.14 Criteria for reduction of BST support to a maintenance level are as follows:

- There is a decrease in incidents of challenging behaviour by no less than 50% of baseline recordings. A higher percentage may be agreed by the team around the individual in cases where the baseline is very high or the behaviour puts the person or others at very high risk of harm.
- The service user has had the same Behaviour Support Plan for six months and behaviours have continued to decrease or are maintained at an acceptable level.
- All staff involved in supporting the individual have received the relevant training and have the required skills for implementation of the plan.

5.2.4.15 During the first year at maintenance level:

- Staff must continue to keep data and chart challenging behaviour as agreed with the BST
- Staff will send graphs to the BST two weeks before quarterly review meetings.
- The Line Manager will organise a quarterly review meeting which will be attended by the BST and any other relevant members of the team around the individual.
- The Line Manager will contact the Behaviour Support Team if there is a significant increase in behaviours during the maintenance period.
- Any changes to the Behaviour Support Plan, discussed and agreed at the quarterly review, can only be made by the Behaviour Support Team.

5.2.4.16 Ongoing Maintenance from the BST

At the review that takes place at the end of the first year of maintenance, the line manager and BST, together with any other relevant members of the team around the individual, will agree a plan for a lower level of ongoing support from the behaviour support team. This ongoing maintenance level plan should describe:

- The frequency of review meetings
- What ongoing recordings are necessary and if/how often these should be sent to the BST
- The process for re-accessing a higher level of support from the BST if required

5.2.4.17 In some instances the team around the individual together with the Behaviour Support Team may agree that it is appropriate to discharge the individual from Behaviour Support after a successful period of maintenance. The parts of the plan which will still be implemented after discharge should be agreed.

5.2.4.18 After discharge, the line manager is responsible for reviewing the ongoing effectiveness of the Behaviour Support plan. The Behaviour Support Team must be notified of any need to revise the Behaviour Support Plan or if the Plan is no longer to be used.

5.2.4.19 After discharge, any recurrence of behavioural issues will require a new referral to the Clinical Supports Team.

5.3 Responding to isolated incidents of challenging behaviour

5.3.1 People using KARE's services who do not present with challenging behaviour on a regular basis may still have isolated incidents of challenging behaviour. Due to the isolated nature of the incident it is unlikely there will be a plan in place for managing such behaviour. In these situations staff should respond to the behaviour using the MAPA strategies.

5.3.2 The Line Manager will discuss the management and outcome of an unexpected incident of challenging behaviour with those involved in the incident to decide on the need for specific follow up interventions/referral.

5.3.3 Any interventions put in place following an isolated incident of challenging behaviour should be non-punitive and should:

- Enhance the skills of the services user
- Teach strategies for dealing with emotions
- Give skills for more appropriate behaviour in the future

5.3.4 Suspension from KARE will only be used as a last resort in response to a serious incident(s) of challenging behaviour. Prior to making a decision to suspend, it may be appropriate to examine the type of service being offered to the individual and in consultation with all stakeholders make recommendations as to how the service can be improved to better meet the needs of the service user.

5.3.5 Any incident of challenging behaviour that results in an injury should be reported using the appropriate recording mechanisms.

5.4 Supporting People with challenging behaviour during transitions

5.4.1 Transitioning can lead to increased episodes of challenging behaviour and therefore all individuals with challenging behaviour should have a transition plan to support them to transition successfully from one environment to another.

5.4.2 The behaviour support team is responsible for the development of the plan with input from the team around the individual.

5.5 Supporting people following a traumatic incident of Challenging Behaviour

5.5.1 All people using KARE's services and staff involved in an incident of challenging behaviour which is distressing to them will be given an opportunity to debrief with their unit/line manager as soon as possible after the event. The unit/line manager should ensure that they are made aware/reminded of the supports available through the KARE VHI Employee Assistance Programme.

5.5.2 The MAPA (post-vention) COPING technique will be used by the line manager to support people using KARE's services and members of staff involved in a traumatic incident to review their experience of the situation and decide on any further actions required.

5.5.3 Where a staff member is working alone when they experience a traumatic incident of challenging behaviour they should seek support and personal debriefing using the protocols agreed for that location. The Line Manager should be informed of the

incident and the outcome of the personal debriefing as soon as possible. In the event that the line manager is unavailable the relevant manager should be informed. If the incident occurs out of hours, On Call should be contacted.

5.5.4 Where the debriefing process highlights the need for a response to the incident this should be acted on by the Line Manager as soon as possible.

5.6 Respecting the rights of other service users

5.6.1 All interventions put in place to support an individual with challenging behaviour should seek to minimise the negative impact of the challenging behaviour on their peers who share the same environment.

5.6.2 In situations where an individual's challenging behaviour does impinge on other people using KARE's services, the individual's Behaviour Management/Multi-element Support Plan will include interventions which will minimise or remove this imposition on others.

5.6.3 If there are still concerns about how the individual's challenging behaviour impacts on peers sharing the same environment, and the team around the individual cannot reach agreement on appropriate strategies for dealing with this, the matter should be reported to the Line Managers of those involved in the team in order to look for their input towards a resolution.

5.6.4 For any safeguarding concerns in relation to the impact of challenging behaviour on other service users refer to Safeguarding of Vulnerable People at Risk of Abuse policy.

5.7 Supporting Staff to respond to the needs of people with Challenging Behaviour

5.7.1 The Line Manager will ensure that all staff have received the mandatory training, organised by the training officer and delivered by the psychology department, in understanding challenging behaviour and how to develop and write behaviour guidelines as specified in this policy.

5.7.2 The Line Manager will ensure that any staff member working with an individual with challenging behaviour is adequately trained and has the necessary skills to implement the behaviour management plan or the multi-element behaviour support plan.

5.7.3 Kare will train all relevant staff in the use of MAPA training programmes on managing disruptive and assaultive behaviour.

5.7.4 The Line Manager will ensure that all staff are aware of the behaviour management plans and the multi-element behaviour support plans for all people using KARE's services in their area.

GLOSSARY OF TERMS USED IN THIS POLICY

1. Behaviours that challenge
Behaviour that is of such an intensity, frequency, or duration to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.

2. Behaviours of concern
Behaviours that may be difficult to manage but do not fulfil all the requirements of the definition of behaviours that challenge.

3. Positive Behaviour Support
This refers to best practice support for individuals with challenging behaviour which does not use punishment strategies but uses a range of positive strategies that are outlined in a behaviour support plan.

4. Non-punitive responses
Non-punitive responses to challenging behaviour are responses that are:

- Calm with a neutral tone of voice and non-threatening body language
- Non-judgemental
- Non-threatening
- Not involving any form of punishment
- Informative – providing the individual with information in a form that they are able to understand about what was inappropriate with the behaviour and what would be an alternative appropriate way of responding.

5. Unacceptable practices
Physical abuse:
includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual abuse: includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
Psychological abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Financial or material abuse: includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and acts of omission: includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
Self-neglect: in vulnerable adults is a spectrum of behaviours defined as a failure to, (a) engage in self-care acts that adequately regulate independent living or (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others
Discriminatory abuse: includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
Institutional abuse: may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

6. Behaviour Guidelines
These guidelines are developed by fronline staff and managers at local level in response to ongoing behaviours of concern.

7. Behaviour Management Plans
These are plans developed by psychologists in response to challenging behaviour.

8. Support Network
This is the group of people who know the individual well and support them to identify their vision for their future. They support the individual to explore their wishes and dreams and to achieve their goals.

9. Pro-active strategies
Strategies that are used to reduce the likelihood of the behaviour occurring again in the future

10. Reactive strategies
Strategies that are used to respond to the behaviour when it does occur. These strategies are unlikely to reduce the chances of the behaviour occurring again in the future.

11. Behaviour Support Plans
Behaviour Support Plans (also referred to as Multi-element Behaviour Support Plans) are plans developed by the Behavioural Support Team in response to ongoing challenging behaviour of high intensity and high frequency.
A behaviour support plan is developed after the behaviour has been analysed through the functional assessment.
The plan has four main categories of intervention:

- Positive changes to the environment/s of the individual to reduce the likelihood of challenging behaviour. Environment includes the physical environment, the social environment and the daily programme.
- Teaching new skills to the individual to replace the challenging behaviour. New skills can be skills of daily living, communication skills, mobility skills, independence skills etc.
- Teaching coping skills. This can include anger management strategies, relaxation techniques etc.
- Systematic behavioural techniques. These are strategies that increase the likelihood of positive behaviour and decrease the likelihood of challenging behaviour. They can include reinforcement schedules, token economy systems etc.

The plan will also describe reactive strategies in response to the behaviour when it occurs. As far as possible, reactive strategies will avoid the use of restrictive practices.

12. Intensive Level of Support
During the initial engagement of the Behaviour Support team the level of support from the team is described as intensive. This refers to the amount of time that team members will be involved in supporting the individual, their family and staff. This time will be spent in carrying out the functional assessment in order to be able to analyse the function of the behaviour, in developing the plan, in testing out the plan, in training staff/family to implement the plan and in reviewing the plan.

13. Team around the Individual
In the context of this policy, the team around the individual is the group of people who work with an individual with challenging behaviour to identify the support the individual requires to positively manage their behaviour so that he/she can achieve his/her goals.

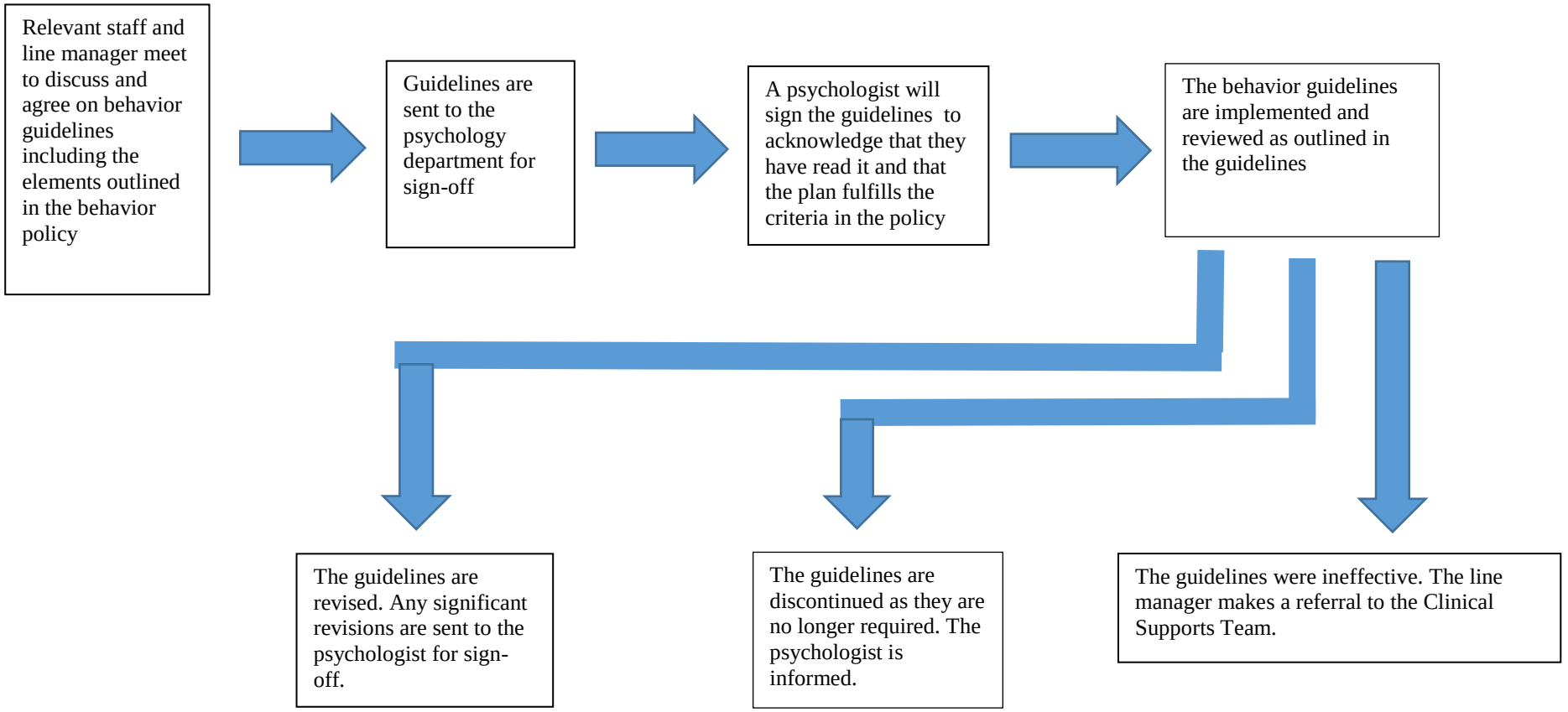
14. Functional Assessment

This is a gathering of information about the individual, their environment and the behaviours that are challenging. The purpose of this assessment if to have information that can be used to understand the function of the behaviour. It is essential to understand why the person is using challenging behaviour in order to develop a plan that will reduce this behaviour.

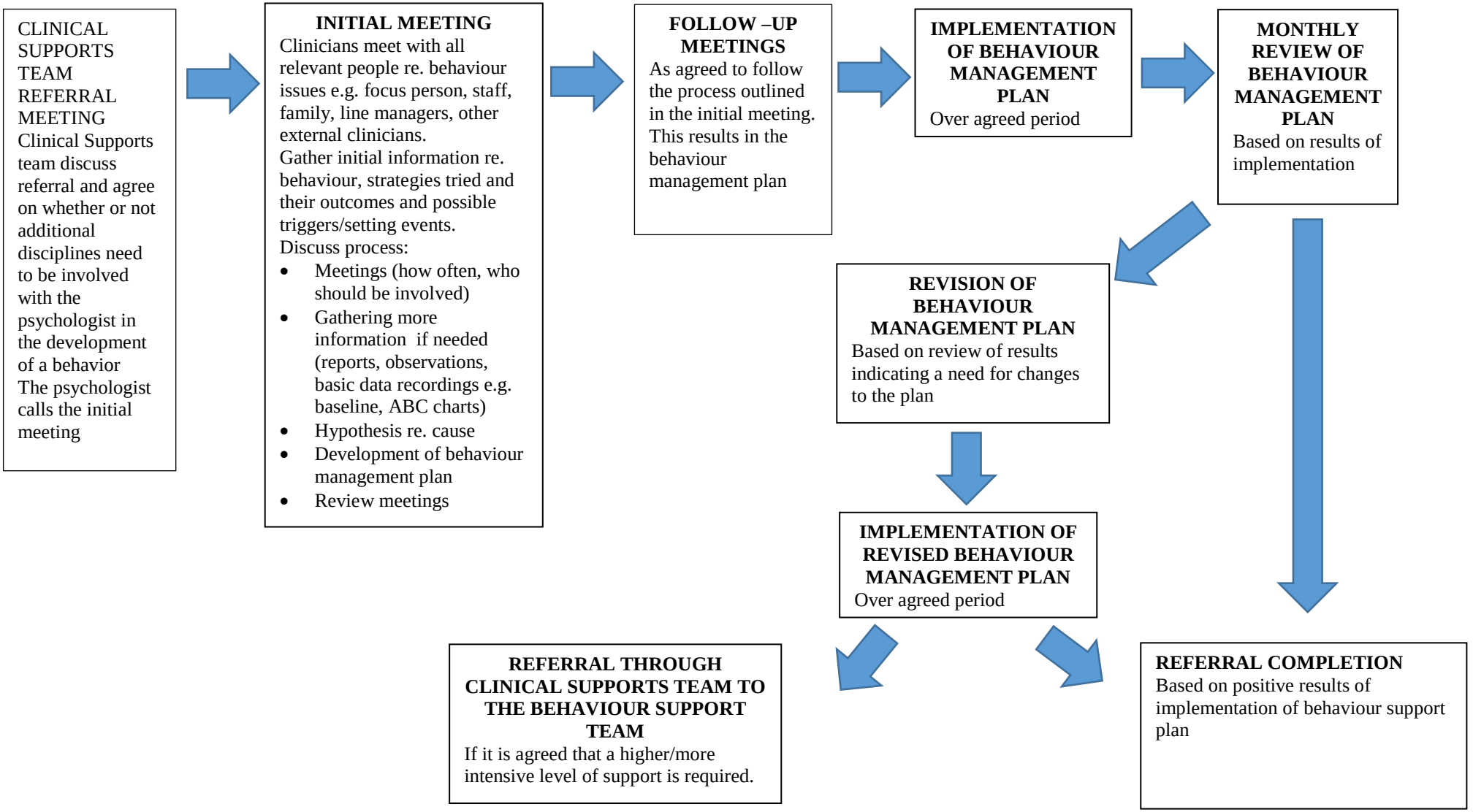
15. Maintenance Level of Support

During the maintenance level of support, there is less input from the behaviour support team than during the intensive level. Support moves from the intensive level to the maintenance level. At the maintenance level, the BST will attend quarterly reviews.

Appendix 1: Process for the development and implementation of behaviour guidelines



Appendix 2: Process for the development and implementation of a behaviour management plan



Appendix 3: Process for the development and implementation of a positive behaviour support plan