Kare Promoting Inclusion for People with Intellectual Disabilities

Positive Behaviour Support Policy

Kare Policy Document.
Policy Owner: Psychology Services Manager.

Rev. No.	Approved by the Policy Management Committee	Approved by Kare Board/Sub-Committee	Launched at Heads of Units	Operational Period
6	August 2023	August 2023	September 2023	September 2023 -

Section 1: Policy.

1.0 Background to this Policy.

Sometimes people who use Kare services present with behaviours that require support.

Kare believes that all people using our services, including people who present with behaviours that require support always have the right to be supported in a respectful manner.

This policy has been developed to ensure that we use positive strategies in response to behaviours that require support.

This is an update to the previous policy 2020.

1.1 Aim of this Policy

The aim of this policy is to ensure that the interventions used in supporting people who present with behaviours that require support 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 behaviours that require support including the individual presenting with behaviours that require support, other service users, staff and families.

1.2 Scope of this Policy.

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

For the purposes of this policy document, we are adopting the following definition of behaviours that require support:

"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".** Definitions will be reviewed after we review the process e.g. clinical support, intensive support, low, medium, high level

This policy outlines organisational strategies in response to behaviours that require support.

Everyday responses by frontline staff and managers at local level to sporadic behaviours of concern. Some examples include environmental adaptations and staff responding style. Staff can use the COPING model (Appendix 5) to explore these options.

Behavioural Guidelines developed by teams at local level in response to ongoing behaviours that require support.

Behaviour guideline reviews supported by psychologists in response to behaviours that require support.

Multi element behaviour guidelines developed by the Behavioural Support Team in response to ongoing behaviours that require support.

1.3 Other related policies

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

This policy is also linked with the following policies:

- Safeguarding of Vulnerable People at Risk of Abuse
- Trust in Care
- Individualised Planning Policy
- Kare Safety Statement
- Risk Management Policy
- Serious Physical Assault Policy
- Human rights approaches to healthcare settings

- UNCRPD
- Assisted Decision-Making (Capacity) Act 2015
- Restrictive practices policy
- Children first policy
- Inclusive Communication policy

2.0 Policy Statements

2.1 Kare promotes a culture of positive behaviour support in our services.

2.2 All Kare responses to behaviour that requires support are based on an understanding of the reasons for the behaviour and what the behaviour is communicating. We recognise that often behaviours that require support may be communicative of a stressful situation for both the individual and staff.

2.3 Kare does not advocate the use of psychotropic medication in order to solely reduce behaviours that require support. Kare does accept that medication may be used to alleviate distress associated with mental health conditions. Any medication should be prescribed by an approved prescriber and be in line with be in line with the prescribers best practice and IMC regulations. Referrals will be made to psychiatry for more complex cases.

2.4 All responses to behaviours that require support in the context of a stressful situation, and behaviours of concern will follow the principals of Positive Behaviour Support (PBS) and be non-punitive.

2.5 PBS –(Positive Behaviour Support) is based on the principle that by supporting an individual to find an alternative way to express their needs will result in a reduction of behaviours that require support. PBS also addresses the person's qualipreferences.by changing the environment and teaching skills to suit the person's preferences

All interventions seek to enhance the individual's quality of life and to provide them with a

safe environment.

2.6 Kare will respond to behaviours that require support in a way that is respectful of the person, that utilises the knowledge and skill of the core staff working with the individual, and when needed will provide additional supports and skills through psychology, behavioural support and other members of the clinical support team. All these responses will be provided in line with individualised planning and supports.

2.7 Kare will endeavour to provide advice and guidance to families to support them to sustain family relationships and enhance the quality of life of their family member.

2.8 Kare promotes a human rights-based approach to empower individuals to realise their rights in line with their will and preference. Kare aims to provide 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 all other proactive strategies have failed to reduce the risk of the impact of the behaviour. Any strategy involving restraint must be in line with Kare's Restrictive Practices Policy.

2.9 If a restrictive practice has to be used in a crisis, staff should refer to decision making matrix as delivered at CPI/MAPA training. This is an unplanned intervention and must be documented post crisis. When a planned restraint is used, this must be risk assessed, and documented in the restrictive practice register of the location.

2.10 Unacceptable interventions or actions by staff in response to behaviours that require support such as:

- Withdrawal of a person's basic rights (nourishment, shelter and warmth)
- Withdrawal of a person's right to normal access to places and activities as a form of punishment

- Or any other form of abuse may lead to disciplinary action up to and including dismissal as outlined in the trust in care policy

3.0 Organisational strategies in response to behaviours that require support.

3.1 Kare has identified that different levels of support and responses are needed in respect of differing challenges. All responses are underpinned by positive behaviour support strategies (PBS) and low arousal approaches. These approaches will be delivered in an individualised person-centred way through a proactive support plan to support the person

3.2 All levels of support will be delivered with a person-centred approach, developing a support plan which balances the staff response towards an individual's presenting behaviours that require support with the level of risk to the individual and others. To achieve this, plans will consider the persons will and preference and focus on the least intrusive and least restrictive way.

3.3 At all times, the Kare response will be flexible to increase support at times of need and reduce the intensity of support at the first opportunity in order to maximise the individual's autonomy, independence, respect and dignity.

Section 4 Procedures

4.1 A number of frontline staff in each location must complete positive behaviour support training. This will be agreed by the leader/operations manager in each location and documented in the location induction checklist. There may be a need for all staff from a location to complete the training. This should be linked to the challenging behaviour location risk assessment and the level of risk that behaviours that require support present in that location. This training is on LEAP, followed by a workshop and is delivered by a member of the behaviour support team and a member of the psychology department

4.2 The Line Manager will discuss the management and outcome of an unexpected incident of behaviours that require support with those involved in the incident

to decide on the need for specific follow up interventions/referral.

4.3 Kare will train all frontline staff in the use of MAPA/CPI (Crisis Prevention Intervention) training programmes All interventions put in place to support an individual with behaviours that require support must consider the impact on other service users, staff or others who share the same environment as well as the person themselves.

4.4 If a safeguarding concern arises, staff will report the concern using the 'Safeguarding of Vulnerable People at Risk of Abuse' policy for adults. If a child is involved refer to the children's first policy

4.5 When any incident of behaviour that requires support results in an injury to the service user themselves or another person, this will be reported by staff using the Kare CID adverse events reporting system

4.6 The Line Manager will aim to have staff members working with an individual with behaviours that require support trained and have the necessary skills to implement support plans for an individual. This training should include Positive Behaviour Support training.

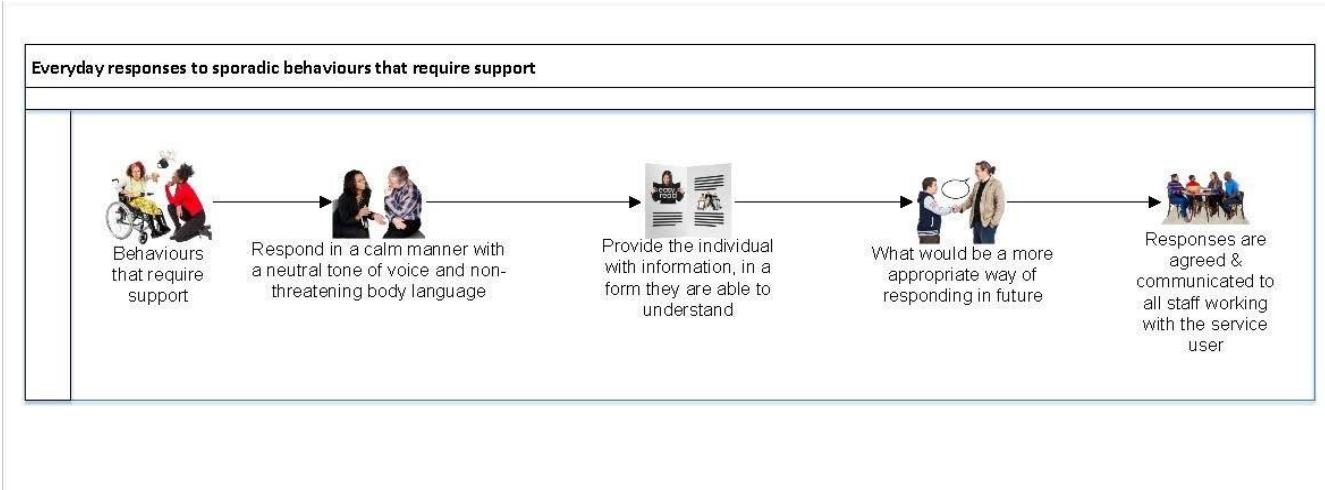
4.7 Where families request support to manage behaviours that require support at home a referral should be made to the clinical support team. Support will be provided through information and guidance on PBS principles and will be based on the elements of the individuals support plans shown to be effective. We will seek consent from the individual before sharing their plan.

4.2 Levels of Support

The level of support will be designed to meet the presenting need for support as follows:

Level 0;

Everyday responses by frontline staff and managers at frontline to sporadic behaviours that require support.



Any individual may at times present with behaviours that require support. These behaviours do not typically 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 that require support are:

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

would be a more appropriate way of responding in future.

These responses will be agreed, recorded in the minutes of the team meeting and communicated to all staff working with the service user in order to have a consistent response.

LEVEL 1:

Behaviour Guidelines developed by frontline staff and managers at frontline level in response to ongoing behaviours of concern

- When an individual presents with behaviours that require support on a frequent or ongoing basis then there needs to be a consistent response to the behaviour. In order to ensure consistency, the staff team develop Behaviour Guidelines – see appendix 1. Staff should have completed the PBS training prior to writing a guideline.
- These behavioural guidelines are developed in a way that includes the individual and their representative in line with their will and preference.
    - There should be an effort to understand what led to the incidents at this time with a view to trying to determine how best to support the person.
    - The guidelines should be based on the quality-of-life questions, as outlined in the PBS training, and information gathered from the Coping model. (See Appendix 5) to identify possible environmental, communication, health or other events that may have caused the service user to respond in a way that presented as challenging. This will ensure that that any behaviour guidelines will be evidence based.
    - Behaviour Guidelines should also explore whether skills training could be provided in supporting the individual.

- The line manager will sign off the guidelines, and these will be implemented consistently by the staff team. No changes should be made to the guidelines for a minimum of four weeks. If there is no positive impact on the persons quality of life staff should start collecting ABC data (see Appendix 4) and send a referral into the clinical supports team.

If the behaviour guidelines have made a positive impact on the individual ‘s quality of life the team should continue to implement the behaviour guidelines.

Level 2 Support

Behaviour Guideline Review supported by psychologist and BST in response to behaviours that require support.

- Staff in consultation with The Leader will submit a referral to the clinical support team through CID. Staff should continue to collect ABC's and implement the current behaviour guideline. The referral will be responded to in line with the CST referral procedure. A member of the CST will contact the leader to collect all the relevant data/information to process the referral.

- The clinician assigned to the case will arrange a team meeting. This may include the individual themselves (when possible), key workers, family, staff, and members of the CST as appropriate. The aim is to have a whole team approach. This is similar to the team around the individual referred to in the level 3 response also (see below).

- The meeting will be chaired by the assigned clinician

- The focus of this review meeting will be to identify a shared response to the behaviours that require support or the stressful situation.

- The review meeting will take account all information that might be relevant to supporting the person. It will draw on the existing ABC charts and any evidence collected by the service. It will also take into account of multiple people's perspectives of the behaviours, i.e. the antecedents, triggers and setting events, as well as the responses of the individual and the team around them.

- It will draw upon principles of person centred individualised care when supporting the individual experiencing a relapse or deteriorating of their mental health., the impact of physical illness or pain on behaviour, as well as the relevance of current or historic trauma.

- An outcome of the review meeting will be:
    - Interim strategies and support guidance for staff to follow.

- Agreement to co-create a behaviour guideline within an agreed timeframe (see Appendix 2).

- The assigned clinician and the individual's keyworker will agree to meet promptly to co-write the behaviour guideline. This guideline will:
  - be based on the level 1 guidelines and on completed ABC charts. It will describe both the proactive and reactive strategies in place in response to the behaviour. The guideline will follow the principles of positive behaviour support.
  - offer strategies and skills to promote a low arousal approach to stressful environments.
  - identify criteria for when to reduce clinical support involvement and when to increase clinical support involvement.
  - identify what training and resources may be required to support this plan and the individual.
- Once the guideline has been completed. The assigned clinician will then meet with the full team and share the behaviour guideline and provide any training and support to implement the guideline. The guideline should be put into practice once this meeting occurs and should not be amended for at least 4 weeks. Any guideline that requires change should be done in consultation with the assigned clinician. The keyworker can request a review after this period if the guideline needs revision, and a further meeting with the assigned clinician will be arranged. At all stages of this process, ABC charts should be completed for any incidents of behaviour.
- The Leader should ensure that all staff working with the individual are made aware of and understand the elements of the behaviour guideline.
- The Leader will have responsibility for implementing the behaviour guideline and will ensure that ABC data collection continues. This data should be used as evidence of a successful plan or the need for a review.
- The guideline will be reviewed by the Behaviour Support and Psychology team after 6-8 weeks. In this review, the ABC's will be reviewed as well as

any feedback from the team supporting the individual. The purpose of this review is to identify the next steps in the support process. The review may conclude:

- that the guideline needs further revision,
- that the referral can be closed. The guidelines should be followed by the service team and a new referral will be required to prompt a further review.
- that further support is required and for a Multi-Element Behaviour guideline to be developed. This is an escalation to Level 3.

- Criteria that indicate that the existing behaviour guideline is supporting the service user would include improved quality of life and general wellbeing for the individual, and a satisfactory reduction in behaviour. Any decision to change the level of response will be made when the individuals plan is reviewed and when there is agreement to do so between the individual, their family, frontline staff, and representatives of clinical support such as psychology and behaviour support. This decision will be based on the data available.

- Where families request support to manage behaviours that require support at home, this will be provided through information and guidance on PBS principles and will be based on the elements of the individuals support plans shown to be effective. We will seek consent from the individual before sharing their plan.

Level 3

Support Team in response to an individual's ongoing behaviours that require support which are of high intensity and high frequency.

- If an individual presents with ongoing behaviours that require support a referral should be made to the clinical supports team for consideration. The timing of involvement of the behaviour support team and intensive support will be based on previous interventions at level one or two laid out in this policy, and agreed prioritization which focuses on existing or potential harm to the service users or others around the person. The level of distress the person is presenting with will also be considered.
- The behaviour specialist/therapist will make contact with the team leader to request any previous guidelines or data collection if there was level one or two involvement.
- If there was no previous intervention from the clinical team the behaviour specialist/therapist will set up a review meeting with the individuals involved in supporting the person. These may include the individual themselves (where possible), key workers, family, local service staff/residential staff and members of the CST as appropriate. The aim is to have a whole team approach mentioned in level 2 support.

- The Behaviour Support Team will:
    - Gather information from old reports/interventions and informal interviews with the team around the individual and the individual themselves where possible
    - carry out a Functional Assessment if required with the individual, their service, family and key staff around the individual.
    - Carry out a background assessment in collaboration with the person where possible and the team around the individual
    - Complete other assessments with the team such as FAST/QABF/ABC's
    - Complete observations

- This comprehensive assessment will inform the individuals multi-element behaviour guideline . Please note this assessment will take place over a period of time and will involve a number of sessions observing and analysing an individual's environment and behaviours

- A multi-element Behaviour Guideline will consist of a number of positive strategies for facilitating a reduction in behaviours that require support and improvement in quality of life for the individual. These strategies will include proactive and reactive strategies listed below
    - Promoting environments that are positive for the individual
    - Development of new skills
    - Development of coping strategies
    - Systematic behavioural techniques

- There may be occasions, as a last resort, that restraint may have to be used to lower the risk while in an incident. Any strategy involving restraint must be in line with Kare's Restrictive Practices Policy. When restraint is used, this must be risk assessed, and documented in the restrictive practice register of the frontline service.

- Intensive Behaviour Support Workers will directly support the local team to implement the agreed Behaviour Guideline (see Appendix 3 – Level 3 Support guidelines)

- The Line Manager will ensure that the individual's behaviour that requires support is recorded in accordance with their multi-element Behaviour guideline, and that this data is sent to the BST each week for review.

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

- 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. Data collection will inform these changes to the behaviour guideline.

- All staff involved in supporting the individual will receive the relevant training required to implement the guideline.
- There should be no changes made to the multi element behaviour guideline without consultation with BST.
- Following intensive support and training there may be a reduction in the support given. The criteria for this reduction would include an improved quality of life and general wellbeing for the individual and a satisfactory reduction in the behaviour that require support. This decision will be based on the data available.
- Staff should continue to keep data and graph behaviours that require support for monitoring purposes locally. This data does not need to be sent to the BST
- A review meeting will be held after 6 months where a member of the BST will attend. This meeting will be arranged by the behaviour specialist/therapist. Prior to the meeting the behaviour specialist/therapist will contact the staff team and request data collected for the previous six months. Please note the meeting can only proceed if the data has been sent to the behaviour specialist/therapist at least a fortnight prior to the meeting. If the individual has had the same behaviour guideline for six months, behaviours that require support are continuing to decrease or are maintained at an acceptable level and the individuals quality of life is improving the staff team will continue to implement the plan and take data. At this point the individual may be discharged by Clinical Support team/Behaviour Support team
- Is the individual is not discharged there will be a second review meeting after six months and if there is sustained or continued improvements in an individual's quality of life, and behaviours that require support are maintained or continue to decrease the individual will be discharged from the behaviour support team
- Frontline staff will continue to implement the BSP, keep data and graph behaviours that require support This data does not need to be sent to the BST.

- Changes to the Behaviour Support Plan can only be made by a behaviour therapist or Behaviour Specialist.

- If there is an unexplained ongoing increase in an individual's levels of distress or behaviours that require support the team should re-refer to the CST.

- Should any new members join the team it is the responsibility of the key worker to meet with them and go through the plan and data sheets prior to them supporting the individual. The keyworker should also work alongside the new team member as part of the initial training.

- All people using Kare's services and staff involved in an incident of behaviours that require support 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 MAPA (post-intervention) 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.

- The unit/line manager should ensure that the staff involved are made aware/reminded of the supports available through the Kare Employee Assistance Programme

- Where a staff member is working alone when they experience a traumatic incident of behaviours that require support, they should seek support and personal debriefing using the protocols agreed for that location.

Appendix 1

Level 1 Support Guidelines

Name: **File Number** **D.o.B.:** **Address:**		**Date:** **Review date:**	

A brief history of [NAME]'s life

Quality of Life Questions
What activities does [NAME] enjoy? How do we know they enjoy it? How often do they get to do this? **Does [NAME] have the opportunity to try new activities? Have you used activity sampling with them?** **Does [NAME] have opportunities for community inclusion? How often? Where do they go? What do they do?** **Does [NAME] have a job or have desire to be employed?** **Does [NAME] have specific communication needs? Are these needs being met?** **Does [NAME] have opportunities to express their emotions? Do they have emotional support? How is this done?**

Does [NAME] have friends, or the opportunity to make friends? How often do the see each other? Do they have shared interests?

Is [NAME] in good physical health?

Does [NAME] have any known sensory likes/dislikes?

What are [NAME]'s current coping strategies for stress?

Wellbeing (PERMA Model)

The **PERMA model** is an approach used to give people a heightened sense of well-being and meaning in their lives, certain tasks are important to give us all more fulfilment.

Positive Emotion (**Things that make [NAME] smile**)

Engagement (**Things that [NAME] enjoys and keep their focus**)

Relationship (**Key relationships in [NAME]'s life**)

Meaning (**What gives [NAME]'s life meaning**)

Achievement (**What gives [NAME] a sense of achievement**)

Vision & Goals

- **0 – 6 months**
- **6 – 12 months**
- **12 – 24 months**
- **24 months plus**

"Calm & Relaxed "Green" Strategies (Proactive)	
What [NAME]X does, says and looks like that gives us clues that he is calm and relaxed.	**The things that we can do or say to help [NAME] be calm and relaxed.**
• •	• •

Appendix 2

Level 2 Support Guidelines

Name: **File Number** **D.o.B.:** **Address:**		**Date:** **Review date:**	

A brief history of [NAME]'s life

Quality of Life Questions
What activities does [NAME] enjoy? How do we know they enjoy it? How often do they get to do this? **Does [NAME] have the opportunity to try new activities? Have you used activity sampling with them?** **Does [NAME] have opportunities for community inclusion? How often? Where do they go? What do they do?** **Does [NAME] have a job or have desire to be employed?** **Does [NAME] have specific communication needs? Are these needs being met?** **Does [NAME] have opportunities to express their emotions? Do they have emotional support? How is this done?** **Does [NAME] have friends, or the opportunity to make friends? How often do the see each other? Do they have shared interests?**

Is [NAME] in good physical health?

Does [NAME] have any known sensory likes/dislikes?

What are [NAME]'s current coping strategies for stress?

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The **PERMA model** is an approach used to give people a heightened sense of well-being and meaning in their lives, certain tasks are important to give us all more fulfilment.

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Engagement (**Things that [NAME] enjoys and keep their focus**)

Relationship (**Key relationships in [NAME]'s life**)

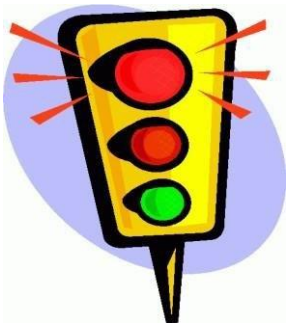
Meaning (**What gives [NAME]'s life meaning**)

Achievement (**What gives [NAME] a sense of achievement**)

Vision & Goals

- **0 – 6 months**
- **6 – 12 months**
- **12 – 24 months**
- **24 months plus**

Stages of Support

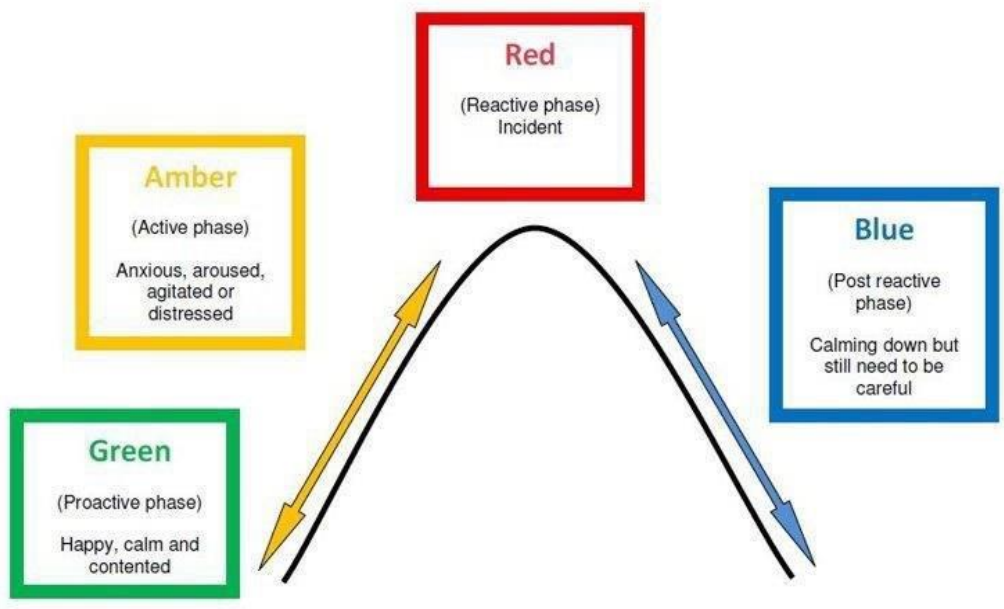


Green: Calm & Relaxed

Amber: Anxious, aroused or distressed

Red: Incident!

Blue: Calming down



"Calm & Relaxed "Green" Strategies (Proactive)	
What [NAME]X does, says and looks like that gives us clues that he is calm and relaxed.	The things that we can do or say to help [NAME] be calm and relaxed.
• •	• •

Early Warning "Amber" Strategies	
What [NAME]X does, says and looks like that gives us clues that they are becoming anxious or stressed.	The things that we can do or say to support [NAME] when they are stressed so that we can help them return to being calm and relaxed.
• •	• •

Reactive "Red" Strategies	
What [NAME]X does, says and looks like when there is an incident	The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.
• •	• •

Post-Incident Support "Blue" Strategies	
What [NAME]X does, say and looks like that gives us clues that he is becoming calmer	**The things that we can do or say to support [NAME] to become calm again and to return to the proactive phase.**
• •	• • **Formal debriefing should take place after an incident.** Discussion: • What happened? • Why did it happen? • What were the results? • What did we learn? • How can we improve for next time?

Appendix 3
Level 3 Support Guidelines

Name: **File Number** **D.O.B.:** **Address:**	**Multi-element behaviour guideline (level 3)**	**Date:** **Review date:**	

A brief history the person's life

Quality of Life Questions

What activities does the person enjoy? How do we know they enjoy it? How often do they get to do this?

Does The person have the opportunity to try new activities? Have you used activity sampling with her?

Does The person have opportunities for community inclusion? How often? Where does she/he go? What does she/he do?

Does The person have a job or have desire to be employed?

Does The person have specific communication needs? Are these needs being met?

Does The person have opportunities to express her emotions? Does she/he have emotional support? How is this done?

Does The person have friends, or the opportunity to make friends? How often do they see each other? Do they have shared interests?

Is The person in good physical health?

Does The person have any known sensory likes/dislikes?

What are The person's current coping strategies for stress?

Wellbeing (PERMA Model)

The **PERMA model** is an approach used to give people a heightened sense of well-being and meaning in their lives, certain tasks are important to give us all more fulfilment.

Positive Emotion (**Things that make The person smile**)

Engagement (**Things that The person enjoys and keep her focus**)

Relationship (**Key relationships in The person's life**)

Meaning (**What gives The person's life meaning**)

Achievement (**What gives The person a sense of achievement**)

Vision & Goals

- **0 – 6 months**
- **6 – 12 months**
- **12 – 24 months**
- **24 months plus**

Data Collection

Sources of information informing plan:

Future data collection (who & when):

Environmental Procedures

Hypothesis & Definition of behaviours

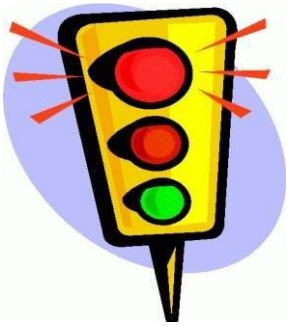
Hypothesis:

Functional Definition:

Topographical Definition:

Replacement Behaviours and Procedures

Stages of Support

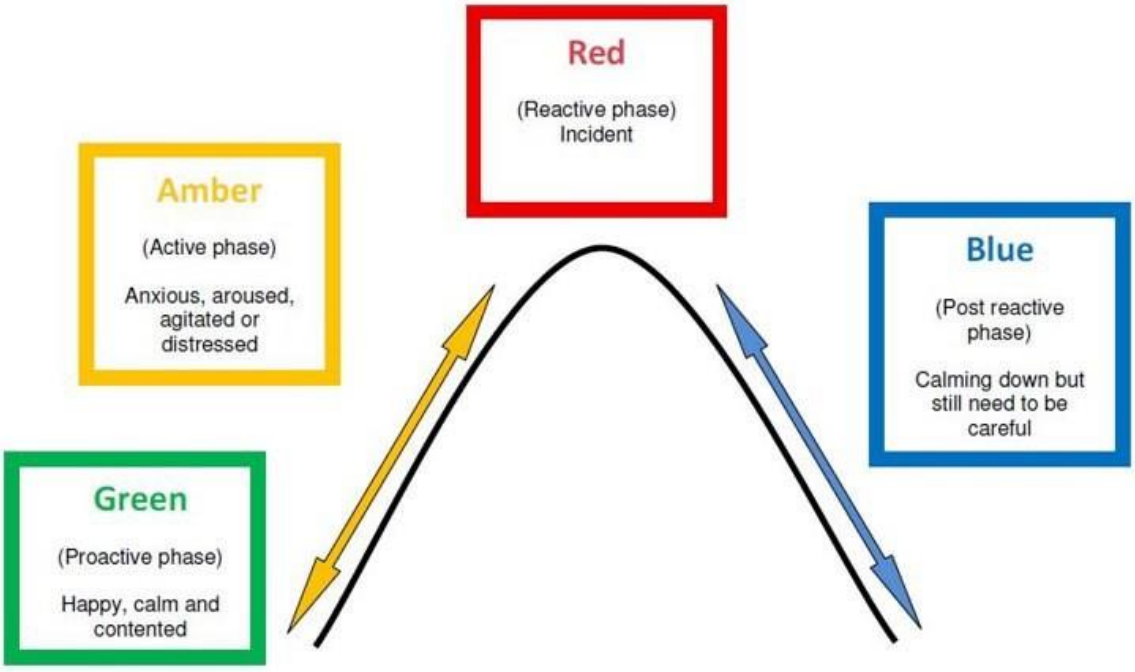


Green: Calm & Relaxed

Amber: Anxious, aroused or distressed

Red: Incident!

Blue: Calming down



"Calm & Relaxed "Green" Strategies (Proactive)	
What [THE PERSON] does, says and looks like that gives us clues that she/he is calm and relaxed.	**The things that we can do or say to help [THE PERSON] be calm and relaxed.**

Early Warning "Amber" Strategies	
What The person does, says and looks like that gives us clues that they are becoming anxious or stressed.	**The things that we can do or say to support The person when they are stressed so that we can help them return to being calm and relaxed.**

Reactive "Red" Strategies	
What [THE PERSON] does, says and looks like when there is an incident	**The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.**

Post-Incident Support "Blue" Strategies	
What The person does, say and looks like that gives us clues that he is becoming calmer	**The things that we can do or say to support The person to become calm again and to return to the proactive phase.**

Appendix 4

ABC

How to complete the ABC CHART		
ANTECEDENT Location, people activity A	BEHAVIOUR Describe what you saw B	CONSEQUENCE How did the person react? What did the carer do/how did C
Record the ANTICEDENT events (Things that happened BEFORE the behaviour) Record things such as: • Where was the person? Exactly what were they doing? • Was anyone else around or had anyone just left? • Had a request been made of the person? • Had the person asked for, or did they want something specific to eat or drink? • Had the person asked for, or did they want a specific object or activity? • Had an activity just ended or been cancelled? • Where were you? What were you doing? • How did the person's mood appear E.g. happy, sad, withdrawn, angry, or distressed?	Record a detailed description of the actual BEHAVIOUR (what did it look like?). This involves documenting: • Provide a step-by-step description of exactly what happened e.g. he ran out of the living room, stood in the kitchen doorway and punched his head with his right hand for approximately 1 minute.	Record the CONSEQUENCES of the behaviour. (What happened AFTER). This involves recording: • Exactly how did you respond to the behaviour? Give a step-by-step description • How did the person respond to our reaction? • Was there anyone else around who responded to or showed a reaction to the behaviour? Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive/negative); an object; food or drink; or escape from an activity or situation?

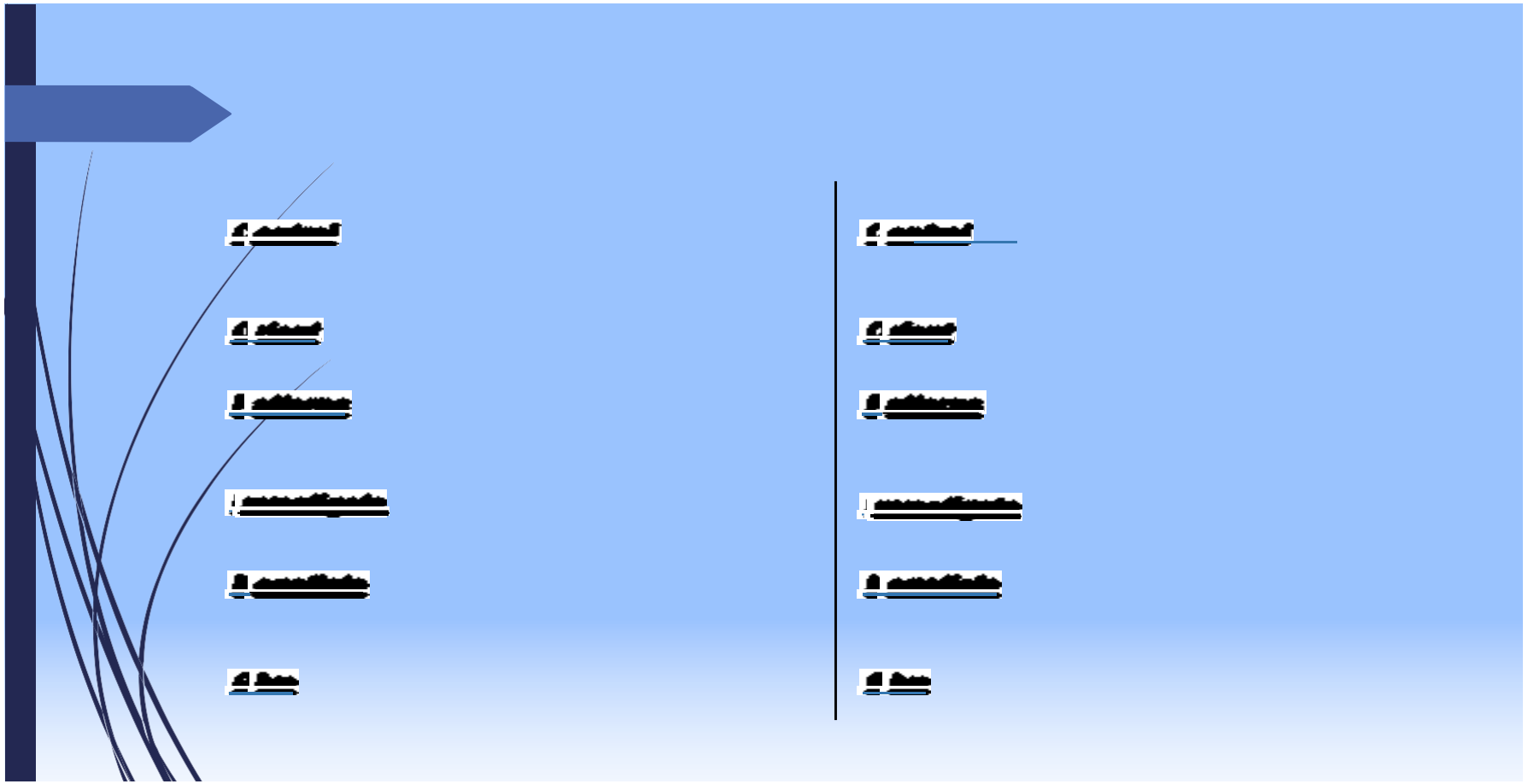
• Were there any obvious triggers e.g. too noisy, sitting on own for some time? • Are there any obvious setting events E.g. feeling ill, bad night's sleep, missing their mum or dad?		

Possible Reasons for Behaviour (there may be many other reasons)	Strategies for Managing Behaviour
Sensory: Henry seeks sensory stimulation through skin picking	Proactive: Provide Henry with a texture fabric to stimulate his sensory needs when he arrives in the morning Reactive: Offer Henry some sensory stimulation such as encouraging him to go to the sensory room and use his texture fabric
Escape: Henry has a fear of falling and wishes to escape or avoid activities. He does this through refusing to get on the transport or spilling his food on his clothes	Proactive: Review his daily timetable regularly and explore his thoughts and feelings about new activities. Reactive: offer Henry a relaxation exercise and sit with him until his anxiety reduces then offer him his chosen activity
Tangible: Henry wishes to get a drink of juice but expresses this by throwing his cup at staff.	Proactive: Provide a jug of juice and a cup in the morning when he arrives in the service and top it up before meal times. Reactive: bring Henry to the sensory room to listen to his music or if the weather is nice bring him to the garden and have a drink of juice with him
Attention: Henry wishes to spend time with staff but does this by banging his hand on the office door.	Proactive: Assign staff time in the morning for 30 minutes, and afternoon for 30 minutes, offer Henry choice of fun activity Reactive: Remind Henry of his timetable of staff time, and manage the immediate situation, perhaps supporting Henry into the sensory room

ABC Chart

DATE &TIME	**LOCATION** Where was the person when the incident took place	**ANTECEDENT** What happened prior to the behaviour occurring? Examples include: • Preferred activity terminated • Completing a difficult task • Environment too noisy	**BEHAVIOUR** Record a detailed description of the actual behaviour Examples include: • What the behaviour looked like • How long did it last • Was it intense	**CONSEQUENCE** What happened immediately after the incident Examples include: • How did you respond • How did others in the environment respond • Was there a change in planned activity • Did the person get access to a tangible item that they may not have had access to	**SETTING EVENTS** Anything that happened earlier or intrinsic factors that may also have an influence on the likelihood of the behaviour happening. Examples include: • Person wasn't feeling well • Person had a poor night's sleep • Preferred activity cancelled • New staff	**COMMENTS OR POSSIBLE REASONS** Make a note of any other information you feel may be relevant.	**OBSERVER** Observer to print their name here.
Date: Start time of incident: End Time of incident:							

Appendix 5– Coping Model



***** Previous revisions of the policy

Rev. No.	Approved by the OMT	Approved by Kare Board.	Launched at Heads of Units	Operational Period
Rev. 1	June 2004	Feb 2005		Feb. 05 – Oct. 09
Rev. 2	July 2009	Oct. 2009	Nov. 2009	Nov 09 – Feb 15
Rev. 3	March 2015	March 2015	April 2015	April 2015
Rev. 3.1	Not Applicable (Amended to update reference re Safeguarding Policy)		April 2015	April 15 – Sept 16
	Policy name changed from Supporting people with Challenging Behaviour			
Rev.4	September 2016	Sept 2016	Oct 2016	Oct 2016 - Sept 2019
	Sept 2019	Oct 2019		Oct 2019 -
Rev 4.1	Amendment to make accommodations for Covid Crisis – as per on page 2 Approved by SPG April 8th, 2020.			
Rev 4.2	Amendment to remove accommodations made for Covid Crisis Approved by OMT June 23rd, 2020,			
Rev 5	2020	n/a	Dec 2021	Dec 2021 - May 2023
Rev 6	2023		June 2023	June 2023 -