Public – To be published on the Trust external website

Title: Behaviour support planning

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Contents

1 Introduction

The Trust is committed to providing a safe and supportive environment to all service users wherever their care is provided. This policy will support staff with understanding the principles of person-centred behaviour support, with specific focus on the collaborative development and use of behaviour support plans for those individuals' presenting behaviours that can challenge.

Terminology Note: The term *"behaviours that challenge"* is increasingly being replaced by *"behaviours of distress"* within services. This reflects a growing understanding that such behaviours are often expressions of unmet need, communication, or distress rather than behaviours that are inherently challenging. However, for the purposes of this policy, the term *"behaviours that challenge"* will continue to be used to ensure consistency with current organisational terminology, legislation, guidance, and existing documentation. Where appropriate, the principles underpinning the concept of *"behaviours of distress"* should be considered when assessing and supporting individuals.

Tees, Esk and Wear Valleys NHS Foundation Trust (we):

- Support a wide variety of service users all of whom will have access to person centred behaviour support should they require it.
- Acknowledge that behavioural challenges may serve a purpose, function, or an expression of need for the person.
- Recognise that understanding behavioural challenges and helping the person to express their needs in a more valid way, is crucial to providing effective support.
- Recognise that effective and respectful communication and positive engagement in the relationships employees have with service users, carers, families, visitors and between one and other are central to supporting people whose behaviour is described as challenging.
- Are committed to providing services for the person, their families, and carers where they feel safe and secure.

This policy aligns with and supports the delivery of Our Journey To Change: the next chapter.

2 Why we need this policy

2.1 Purpose

- To understand the context and circumstances as to why behaviours that challenge others occur and in the first instance and the subsequent need for person centred behaviour support.

- To direct the use of person-centred behaviour support pathways that aim to improve a person's quality of life.
- To outline a framework that aims to minimise the use of restrictive interventions and consideration of the 'least restrictive option' when supporting those with behaviours described as challenging.

2.2 Objectives

- To explain the framework that will underpin these pathways, including assessment, formulation or hypothesis and the development of behaviour support plans.
- To recognise the role of Primary Preventative (Green), Secondary Preventative (Amber) and Tertiary strategies (Red) Post Incident (Blue) in supporting someone whose behaviour is described as challenging by others as part of behaviour support plan.
- To recognise the need for ongoing staff training in caring for individuals who at times may display behaviours that challenge others.
- To consider the role that wider systems and support influence episodes of behaviours that challenge others and the care, treatment and support we may develop to enable this.
- To outline the provisions of support available to staff who are supporting people whose behaviour is described as challenging by others.

3 Scope

3.1 Who this policy applies to

- All staff who have contact with service users across all service user groups.
- Other staff working within the Trust as part of partnership agreements, service level agreements, voluntary contracts, honorary contracts or educational placements.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive	• Implementing this policy across the Trust
Chief Nurse	• Developing, reviewing and monitoring this policy. And to act as the identified Board level lead for the use of restrictive intervention
Director for People and Culture	• Providing training and education to support implementation of this policy.

All Executive, Clinical, Operations and Associate Directors	• Ensuring this policy is implemented within each locality Directorate.
Lead Nurse & Specialist Practitioners Positive & Safe Care	• To act as the lead for this policy, providing ongoing review, supervision and guidance to services in the delivery of Behaviours that challenge Support.
Local Security Management Specialist (LSMS)	• To provide ongoing reporting, monitoring support to incidents of violence and aggression, both locally and nationally, including incidents identified as potential criminal activity.
Behaviours that challenge Specialty Pathway/Process Leads	• To provide ongoing monitoring, review and guidance to the specialty specific behaviours that challenge pathway • To contribute and provide strategic leadership in the development of care and treatment for Behaviours that challenge others
Advanced Practitioners/Clinical Nurse Specialist/Clinical Psychologists: Positive Behaviour Support and behaviours that challenge others	• To provide ongoing supervision, and clinical guidance to frontline services in accordance with the Behaviours that challenge others pathways/Processes for their designated clinical area.
Individual staff	• Keeping up to date with mandatory training to understand their role described by this policy and relevant clinical pathways. • Where an individual is exposed to restrictive practice staff will review the rationale and safeguards relating to this and will escalate where required.
Positive and safe team	• To provide education and post incident support in the prevention and management of behaviours that challenge

4 What are Behaviours that Challenge others.

We acknowledge that Behaviours that Challenge others is a social construct and behaviours which may be problematic for one setting or family may not be concerning in another.

These behaviours pose a risk or concern to the individual, their care givers, other service users and the wider community.

The behaviour will impact on quality of life and may result in changes to a person's life which they would not choose. This could include changes to a person's day to day life: such as who supports them, where they live, what activities they can access and increase restrictions in their lives.

Examples may include:

- Hitting, kicking, and punching

- Breaking objects
- Repetitive head banging against surfaces.
- Inappropriate touching
- Swearing, threats to others or screaming/shouting
- Activities which are repeated extremely frequently which cause distress or concern to an individual or their care givers

4.1 Guiding Principles to Behaviour support planning

Within the organisation there are many different presentations, causational factors and co-occurring needs for people who have behavioural support needs, due to this our specialist services may use different evidenced based practices to provide the most effective support. Whilst the process may differ dependent upon the service involved for all individuals displaying Behaviours that challenge others the organization will make every attempt to understand their behaviour through behaviour assessment and development of effective intervention as part of a behaviour support plan.

All behaviour support plans will aim to deliver the following:

1. **Be Human Rights respecting and informed**

   We understand that Human Rights are an essential part of all recovery and wellbeing journeys. We will ensure that all assessment, support plans and practical support offered to the people we support work to restore and strengthen the links to an individual's Human Rights.

2. **Improve Quality of Life**

   All interventions for behaviours that challenge will be designed to improve the quality of life of the service user.

3. **Be person-centred.**

   We will put the person at centre of what we do and try to understand their specific circumstances, protected characteristics, experiences, and needs. Consideration of the wider environment and context will be a fundamental aspect of this.

4. **Be evidence based.**

   Approaches to behaviours that challenge others will be based on the best available evidence. Any intervention will be based on assessment and formulation specific to that person and their behaviours.

5. **Assessment and Formulation**

   Any supporting plan or intervention will be based on assessment and formulation specific to that person and their needs.

6. **Be collaborative.**

We will involve the person, their family, relevant professionals, and the wider system in all aspects of approaches to behaviours that challenge others where it is possible to do so.

7. **Be recovery focussed.**

We will always aim to support the person to recover in whatever way is meaningful to them: this includes enabling all to access a meaningful and satisfying life. This may include teaching new skills, adopting new hobbies or interests or the maintenance of personhood.

8. **Be trauma informed.**

   We will consider trauma at every stage of intervention. This will be in terms of how past trauma relates to current difficulties as well as considering how what we do might impact on that person.

9. **Be affirming of the person's culture & diversity**

   We will respect a person's cultural needs and wishes, inclusive of neurodiversity and disabilities, ensuring that we understand what is important to the person and work to gain consent for the methodologies and support plans developed.

10. **Minimise harm.**

    Our approaches will always aim to minimise the risk of harm to the patient and to others. We will ensure that interventions are none shaming and None Punishing. We will take a positive approach to risk to support recovery.

11. **Be based on principles of least restrictive practice.**

    The principle of least restrictive practice means we will not intervene unless it is necessary and that we will not intervene any more than is necessary. The organisation will collect information about all incidents and produce a reduction plan.

12. **Include training and supervision.**

Staff implementing approaches to behaviours that challenge others will have access to relevant training and supervision.

4.2 Behaviour Support Framework

When we identify behaviours that challenge others the support we offer will be identified, developed and reviewed using the framework below:

- Identification of behavioural need
- Assessment
- Formulation or Hypothesis
- Development of a behaviour support plan
- Monitoring and review

Using the behaviour support framework provides a systematic way of understanding Behaviours that challenge others and developing the most effective ways to support an individual at these times. Staff must be aware that the process will constantly evolve and must-see behaviour support plans as a 'live document' as a result steps involved will at times run concurrently with each.

4.3 Behaviour Assessment

Assessment which is focused on gathering data to support us to understand why behaviour is occurring for an individual will include:

- A clear description of the behaviour(s) being assessed which includes information regarding Frequency, Severity/Intensity and Duration.
- An understanding of a person's daily life including information regarding access to meaningful engagement/occupation and how and who supports that person; these things will be considered through a Quality-of-Life Framework.
- An assessment of triggers and maintaining factors (where appropriate) information on early warning signs and or features of escalation.
- The assessment will include consideration of environmental factors including contextual factors such as the support available to that person.
- Patterns of when behaviour occurs and when it does not occur.
- History and background of a person: Including information about potentially traumatising events/situations, relevant diagnosis and physical health considerations.
- Assessments carried out by staff will be varied to meet the presenting needs of the individual.
- The service user will be consulted by the staff member/ lead professional and will have the opportunity to contribute to the assessment throughout

4.4 Formulation or Hypothesis of Behaviour support planning

An individualised formulation, produced with and shared with the service user, provides a detailed understanding of potential factors that contribute towards the behaviours that challenge others and makes it more likely that effective decisions are made about what would be most likely to help.

A formulation provides a framework underpinned by evidence-based theory to help explain the ways in which behaviours that challenge others might have developed and remain. It then helps us think together about what is most helpful to do. The key steps in a formulation involve professionals working with the service user to:

- Bring together data gathered to help the team understand why a person is displaying a behaviour that challenge others.
- Consider how each factor links to the behaviour/s that challenge and how different factors interact with one another.
- Inform intervention/treatment and Behaviour support plans for the individual in relation to their behaviour.
- This formulation must be specific to the behaviours that challenges others.

Any formulation will:

- be regarded as a 'live document' and must be updated where relevant new information becomes available.

- Describe the formulation in words (a narrative), carefully separating out, if necessary, where factors in one area (e.g. risks others) are different from factors in any other area (e.g. risks to self). If the service user is engaged in the process but disagrees with the formulation or some aspect of it, be sure to document this clearly.

- Where you are not able to engage the service user in the process, you may no longer use the term 'formulation'. Instead use the term 'hypotheses we are working on'. This is to reflect that without the patient being involved this is only our version of 'truth' rather than the person.

4.5 Behaviour support plan

Where you are not able to engage the service user in the process, you may no longer use the term 'formulation'. Instead use the term 'hypotheses we are working on'. This is to reflect that without the patient being involved this is only our version of 'truth' rather than the person.

Behavioural formulation or hypothesis will result in the production of a Behaviour support plan (BSP) which will outline the support that staff will provide to those displaying behaviours that challenge others. Plans will always focus and prioritise use of Green and Amber interventions to help prevent occurrence or escalation of behaviour.

Green Interventions **Primary Preventative Strategies**	• Interventions designed to reduce the probability of behaviours that challenge occurring in the first instance. • These strategies aim to improve overall quality of life for the patient. These types of interventions will primarily focus on social and environmental factors and reflect a wide collaboration with the multidisciplinary team (i.e. psychology, speech and language therapy and occupational therapy) • These strategies may include training/information regarding a person's specific needs relating to their care. This could include Autism Informed practice or Trauma Informed Care. • These are person centered interventions considering what is important for a person to succeed and what is important to that person to access as part of their day-to-day life. • Are facilitated at times when there is no sign of the behaviours that challenge being exhibited. • At this time skills can be considered, this may be the teaching of new skills or the maintenance of existing skills; this includes activities of daily living, coping strategies and teaching alternative skills to express needs. • Providing access to positive experiences and reinforcing experiences throughout a person's daily life.

Amber Behavioural interventions **Secondary Preventative Strategies**	• Amber (secondary preventative) strategies are the strategies / interventions implemented at times of warning signs. They are based on an assessment of a person's likes, dislikes and needs. • A range of amber interventions can be made available that allows flexibility and to respond to immediate risk, where a single Amber strategy is not effective, another may be effective without moving into using crisis phase interventions. • Emphasis on verbal and non-verbal de-escalation methods such as validation, open body language, shared eye contact (where this is a known support) problem solving, being mindful of tone and presentation of voice. • At these times staff need to also be aware that a person's ability to understand and reason will be adversely effected, meaning that they will be less able to listen to and respond to information, choices and instructions. Staff should be aware of the complexity of how they are communicating and be prepared to use any augmentative strategies required. • These approaches must be person centered and individualised, they will change for each person who is supported. When these strategies are designed, they should incorporate knowledge about that person, considerations around their protected characteristics, their needs and the purpose that any behaviours of concern may communicate. • Distraction and diversion to soothing, preferred activities. • Consideration of environmental influences, how these may be impacting on a person's escalation, such as environmental noise, staff proximity and clear availability of exits/ support. • Antecedent removal: removing something that is contributing to a person's escalation can prevent further escalation, this may be changing supporting staff, changing the environment we are interacting in, removing/lowering demands or taking a specific triggering object from the environment.

Red Behavioural Interventions **Tertiary /Restrictive Interventions**	Non Restrictive • Strategic Capitulation; giving the person what they want or need at this time to prevent the behaviour may be an effective strategy to reduce the behaviours of concern in the moment. When strategic capitulation is used a review of a person's BSP must be triggered to ensure this strategy is not over used. It MUST only be implemented when it is safe to do so for all involved. • High level stimulus change; where a person has a compelling activity which will always interrupt a behavioural escalating this may be used as an alternative to physical interventions. When strategic capitulation is used a review of a person's BSP must be triggered to ensure this strategy is not over used. • Use and understanding of staff proximity; including the use of the physical space to provide barriers to behaviours of concern. • Change of supporting staff, i.e. a 'change of face' • Tolerating distress; supporting a person to understand and tolerate their own distress and prompting them to their known coping strategies, often used in conjunction with Active Listening. • Active Listening, including validating and sharing of emotional states. • Strategic Disengagement; planned withdrawal of staff to a place of safety at times of high distress. • The use of soft objects as a barrier to self-injurious behaviours • Breakaway and self-protective movements, such as blocks and release from grabs. Restrictive • Where primary and secondary interventions are ineffective, tertiary interventions are sometimes needed to maintain the safety of service users and those supporting them. • Tertiary interventions can involve the use of a restrictive intervention in any setting, these can include. • Blanket Restrictions • Physical Restraint • Chemical Restraint • Use of Seclusion • Use of Segregation • Mechanical Restraint • Use of Tear proof Clothing • Tertiary strategies are concerned only with supporting the person through an episode of behaviours that challenges (crisis) to help them return to a calmer state. The role of a tertiary strategy is not to produce changes in the future, but to keep people safe here and now. • In non-emergency situations, these must be detailed in the service user's care plan and may be informed by advance directives. • The least restrictive physical intervention must be carried out in accordance with the clinical procedure for each specific type of restrictive intervention. • If required, the least restrictive intervention must always be undertaken and for the shortest time possible • Any use of restrictive interventions must ensure that an individual's absolute human rights are upheld

Blue Behavioural Intervention
Post Incident Interventions
	Calming / recovery (BLUE) strategies
	Behaviours that challenge can have a significant emotional and physical impact on those who display them as well as on others.
	
	A behaviour support plan will identify strategies to help the service user return to a state of calm and well-being.
	
	These strategies must be person-centred and ought, wherever possible, be developed with the service user.
	Interventions should focus on:
	• Restoring autonomy
	• Reducing a sense of fear and rejection
	• Providing comfort
	• Rebuilding trust
	• Helping understand what happened and why
	Interventions might include:
	• Being given time and space to calm down
	• Talking the incident through
	• Use of sensory box
	• Offer a cup of tea etc.
	• Watch TV or listen to music
	• Go for a walk
	• Change observation level
	• Religion / Belief – Spirituality
	
	Specify where possible:
	• When to apply the intervention i.e. immediately or do you wait a while?
	• What would be an indicator that it is time to try that intervention? e.g. 'patient now seems calm'
	Following incidents of restrictive interventions:
	• It is a Trust standard that staff will use debrief protocols following all uses of restrictive interventions (see section 7.3) and access any further support if required.
	Post-incident review / debrief:
	• Following an incident involving restrictive interventions the following must take place:
	  ○ Post-incident review with patient (immediately after incident or as soon as is safe to do so). If patient refuses, document this.
	  ○ Post-incident review with staff
	  ○ Post-incident review with others who were present (e.g. patients, family members, other service users, other staff including housekeepers and admin staff)
	  ○ Update Behaviour support plan if needed - ideally with involvement from the service user
	  ○ Update Safety summary.
	  ○ Offer additional support
	  ▪ Staff wishing to seek additional support following incidents may wish to contact the employee support service or access external counselling services that are available)

	▪ Staff may wish to seek additional support from the Positive Approaches Training team who in addition can offer bespoke training, role modelling of interventions and additional staff support. ○ Complete Incident report

4.6 Documenting Behaviour support plans

All behaviour support plans must be documented or referenced within the care plan section within Electronic Patient Record using the standardised template guidance attached in appendix 3.

Following completion of a behaviour support plan consideration must be given as to how the prescribed interventions will be shared with the service user and those providing support. The multi-disciplinary team must consider the development of a 'at a glance' version of the plan to aid implementation of interventions. All reasonable steps must be taken by the multi-disciplinary team to share the behaviour support plan with the service user, where this is considered to be not appropriate this must be clearly documented with rationale recorded, this may include the development of accessible or Easy Read version of an individual's behaviour support plan. Consider if a translation service is required.

4.7 Implementation of Behaviour support plans

Any Behaviour support plans developed within TEWV must be:

- Agreed and collaboratively owned by the service user, multi-disciplinary teams, families and carers involved in providing support.
- A shared plan, with a focus on the team around an Individual being supported to understanding why behaviour is occurring and how best we can support the individual.
- Consideration given to the skills and resources required for effective implementation, providing training or additional resource where required.
- Reviewed regularly to establish effectiveness and the potential need for further amendments or changes to intervention.

4.8 Monitoring and Reviewing Behaviour support plans.

A behaviour support plan will be shared with an Individual, their carers or support staff a review point and monitoring methodology should be agreed.

Behaviour support plans will be reviewed regularly and consider the following:

- Is there evidence that the plan is effective?
- Do we have views from the patient, there family or carers?
- Have we reviewed the aims of the plan, are we meeting them?

- Have we seen an increase or decrease in the use of restrictive interventions, episodes of behaviours that challenge?
- Have we seen and increase or decrease in quality of life i.e. leave community?
- Is there an opportunity to make changes to the plan following feedback.
- Utilise huddle and report out to facilitate discussion.

Any changes or discontinuation of treatment will be considered by all those involved in providing support.

All behaviour support plans must be reviewed after restrictive interventions have been used. This review may also require a re-formulation.

4.9 Behaviours that Challenge others Supervision

- The assessment of behaviours that challenge others and the construction of behaviour support plans is complex and requires high levels of skill. As a result, those leading on this process will require access to supervision to support the process.
- Behaviours that challenge others Supervision must be recognised as a specific process for support individuals and providing assurance. It will only be facilitated by those suitably qualified or experienced and recorded using the Trust supervision recording system,
- As a Trust wide minimum standard Behaviours that challenge others supervision will be facilitated by clinicians or practitioner who are Band 6 and above and practicing in roles that provide support to behaviours that challenge or can evidence specific CPD to supporting behaviours that challenge
- Each speciality must consider specific supervision criteria for their areas in accordance with national policy and guidance, this will be explicit in the speciality pathway for that area.

4.10 Safe use of Restrictive Interventions

Any use of restrictive intervention must always be considered a ‘last resort’. When situations occur where restrictive intervention maybe required there is an expectation that staff follow strict specific procedural guidelines for each type of restrictive intervention, specific details for each restrictive intervention can be accessed in Section 6 of the policy.

4.11 Reducing the use of Restrictive Interventions

- TEWV are committed to reducing of Restrictive Interventions across the organisation. In accordance with the Mental Health Code of Practice 2015. TEWVs Positive & Safe plan focusses up on 5 core themes:

    - Using Data in Clinical decision making
    - Supporting services to implement Safewards

- Person Centred Behaviour Support
- Positive and Safe Training
- Post Incident Review/Debrief

- The plan is reviewed annually in conjunction with the organisation usage of restrictive intervention and the publication of an annual report.

5 Definitions

Term	Definition
Behaviours that challenge	• Behaviours that Challenge is a social construct often occurring in specific setting, affecting a person quality of life and creating risk to themselves and those around them.
Behaviours of distress	• Actions, reactions, or expressions that indicate a person is experiencing emotional, psychological, physical, or environmental distress, often serving as a form of communication when their needs are unmet or difficult to express.
Formulation of Behaviours that challenge	• A formulation provides a framework underpinned by evidence-based theory to help explain the ways in which behaviours that challenge might have developed and remain.
Hypothesis of Behaviours that challenge	• A concise, evidence-based explanation of why a person may display behaviours that challenge, identifying the likely triggers, purpose (function), and factors that maintain the behaviour.
Green Behaviour Interventions also known as Primary Preventative Strategies	• Interventions designed to reduce the probability of challenging behaviour occurring in the first instance.
Amber Interventions also known as Secondary preventative strategies	• Interventions used at the early stages of a behavioural pattern to defuse and de-escalate the cycle.
Red Behaviour Interventions also known as Tertiary strategies	• Interventions used to support a patient when displaying severe levels of Behaviours that challenge this may include restrictive Interventions.
Blue Behaviour Interventions also known as post incident support	• Interventions focused upon support patients and staff following an incident i.e. debrief, review, physiological observation

Post Incident Debrief	• Review of an incident immediately upon it ending in order to check safety and establish any learning to prevent similar incidents occurring
Behaviour assessment also referred to as functional assessment	• The gathering of information (Data) on the circumstances context of a person's behaviour that aims to understanding why behaviours occur.
Behaviour support plan	• A clinically record that documents the support that will be provided to manage a person's behaviour

6 Related documents

- Behaviour support planning policy (formerly known as Supporting behaviour that challenge)
- Safety and Risk Management policy (formerly known as Harm Minimisation Policy)
- Rapid tranquilisation Policy
- Safe Use of Blanket Restrictions Procedure
- Tear Proof clothing procedure
- Safe use of long-term segregation procedure
- Privacy and dignity policy
- Human Rights, Equality Diversity and Inclusion Policy
- Safe use of mechanical restraint equipment procedure
- Engagement and Observation Procedure
- Physical health and wellbeing policy
- Health and safety policy
- Procedure for addressing verbal and physical aggression towards staff by patients, carers, and relatives
- CCTV Policy
- Visiting policy (inpatients)
- Searching of adult in-patients, their property, the environment, and visitors policy
- Safe use of seclusion procedure

7 How this policy will be implemented

- This policy will be published on the Trust Intranet and Trust website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff working in inpatient areas	Positive and Safe Face to face competence-based training	5 days initial training plus annual updates	Annually
All clinical staff working in community areas	Face to face competence-based training	4 days initial training plus annual updates	Annually

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Restrictive intervention usage monitored via the Positive & Safe Dashboard and governance groups	Board: every 3 months Directors of Operations: Quarterly Clinical Directors: Quarterly Heads of Service Monthly Modern matrons/teams Managers : Weekly Positive and safe governance meetings: monthly	QAC QUAIG/ Speciality service meeting Care group Board Leadership Huddles/ Supercells Monthly to Directors of nursing and quality
2	Positive & Safe annual report	Annually	Linked to the Positive and Safe strategy reviewed annually and approved via QuAC
3	Monitoring of behaviour support plans	MDT Monthly	Via positive and safe governance meetings

9 References

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10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	04 August 2026
Next review date	04 August 2029
This document replaces	Supporting Behaviours that Challenge (BtC) CLIN-0019-v7
This document was approved by	Executive Clinical Leaders Sub-group (ECLS)
This document was approved	18 March 2026
This document was ratified by	Executive Clinical Leaders Group (EDG)
This document was ratified	04 August 2026
An equality analysis was completed on this policy on	07 January 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	17 Jan 2007	(new version – Title: Management of Violence and Aggression Policy)	Withdrawn
2	08 Oct 2008	(New version – Title: Challenging Behaviour Policy)	withdrawn
3	08 Oct 2028	(New version)	Withdrawn
3.3	19 May 2009	Review date amended from 2009 to 2011	Withdrawn
3.3	28th October 2011	Appendix 3 updated (4 July 2012 Review date extended)	Withdrawn
4	05 Sept 2012	June 2012 Amended to incorporate procedures for Hambleton, Harrogate and Richmondshire area – (NYYPCT/MH05 as part of harmonisation .	Withdrawn
5	9 January 2015	Appendix 2: MOVA protocol added	Withdrawn

5	3 January 2017	Review date extended to end of March while revised version is undergoing approval	withdrawn
6	05 Apr 2017	Full review within the scope of the force reduction project. Title changed to reflect the Trust approach to person-centred behaviour support.	Withdrawn
6	31 Mar 2020	Extended review date to 30 September 2020.	Withdrawn
6	1 Oct 2020	Review date extended to 31 December 2020	Withdrawn
6	24 Dec 2020	Review date extended to 28 February 2021	Withdrawn
7	10 March 2021	Full review , title change to reflect current best practice, language changed to reflect cross specialty thinking , greater emphasis placed upon the use of supervision and training to support the policy	Withdrawn
7	12 June 2024	Review date extended until 31 August 2024	Withdrawn
7	17 Jan 2025	Review date extended till 31 March 2025	Withdrawn
v7.1	04 Aug 2026	• updated system names • updated organisational structures • change in leadership job titles • Removal of individual care pathways as these are stored within other areas of the trust intranet and T-drive and are the most up to date versions • Name change from ‘supporting behaviours that challenge’ to ‘Behaviour Support Planning’ Amendments made as requested by ECLS 18 March 2026: • Indication that behaviours that challenge is moving to behaviours of distress – see introduction part (also added definition in section), separating formulation and hypothesis definition Note – following approval by ECLS March 2026 the Our Journey To Change (OJTC) text in Introduction reduced and aligned with ‘OJTC –	Ratified

		the next chapter' – to align with EDG decision in October 2025.	

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and governance
Title	Supporting Behaviours that Challenge
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	To understand the context and circumstances as to why behaviours that challenge occur and in the first instance and the subsequent need for person centred behaviour support. • To direct the use of person-centred behaviour support pathways that aim to improve a person's quality of life. • To outline a framework that aims to minimise the use of restrictive interventions and consideration of the 'least restrictive option' when supporting those with behaviours described as challenging. 2.2 Objectives • To explain the framework that underpin these pathways, including assessment, formulation or hypothesis and the development of behaviour support plans. • To recognise the role of Primary Preventative (Green), Secondary Preventative (Amber) and Tertiary strategies (Red) Post Incident (Blue) in supporting someone whose behaviour is challenging as part of behaviour support plan. • To recognise the need for ongoing staff training in caring for individuals who at times may display behaviours that challenge • To consider the role that wider systems and support influence episodes of behaviours that challenge and the care, treatment and support we may develop to enable this. • To outline the provisions of support available to staff who are supporting people whose behaviour is described as challenging.
Start date of Equality Analysis Screening	August 2024
End date of Equality Analysis Screening	07 January 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, families and carers staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	Supports all staff and patients regardless of protected characteristics to help manage challenging behaviours

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	no
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

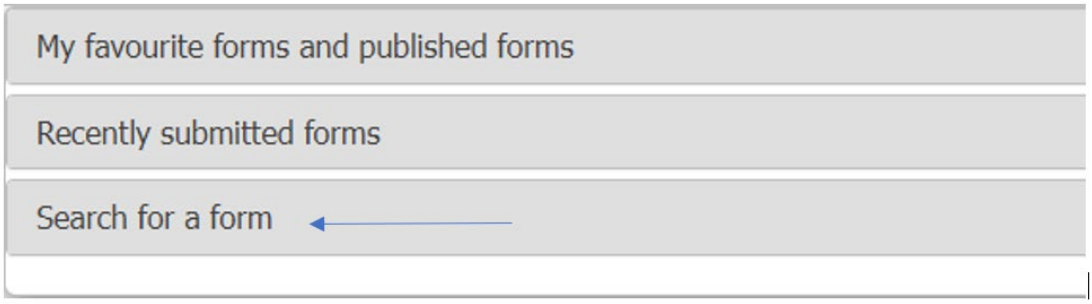
Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	y	policy
2. Rationale		
Are reasons for development of the document stated?	y	
3. Development Process		
Are people involved in the development identified?	y	
Has relevant expertise has been sought/used?	y	
Is there evidence of consultation with stakeholders and users?	n/a	Minor change only at this version v7.1 though the policy has been to ECLS a number of times.
Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		

Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	

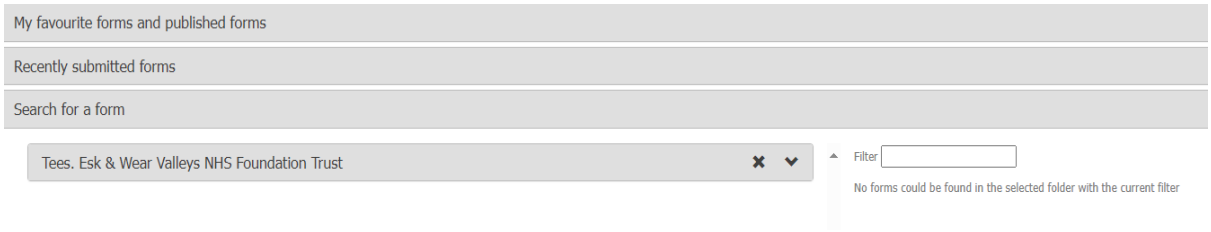
Do all hyperlinks have a meaningful description? (do not use something generic like ‘click here’)	y	

Appendix 3 – How to open a Behaviour Support Plan on CITO

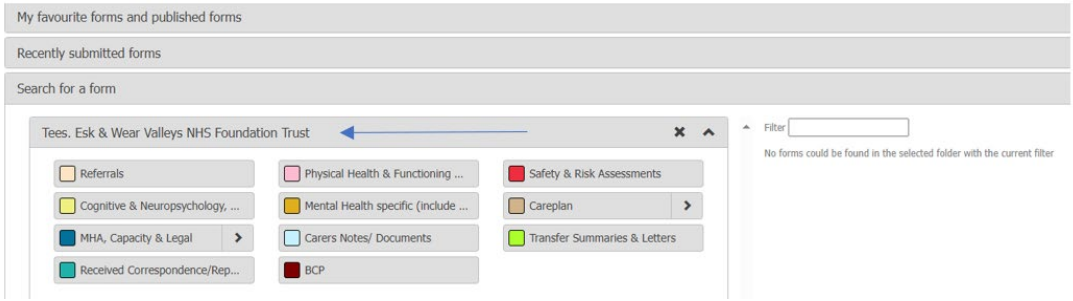
1. Click options in the top right hand corner
2. Select Start and E-Form
3. Select the “Search a form”



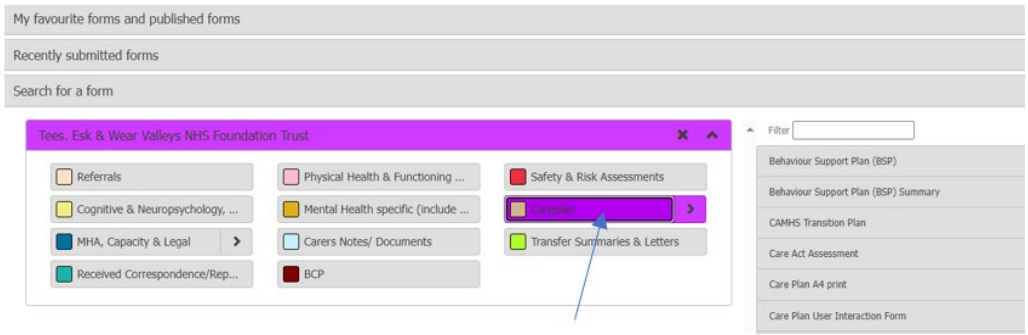
4. You will then see this



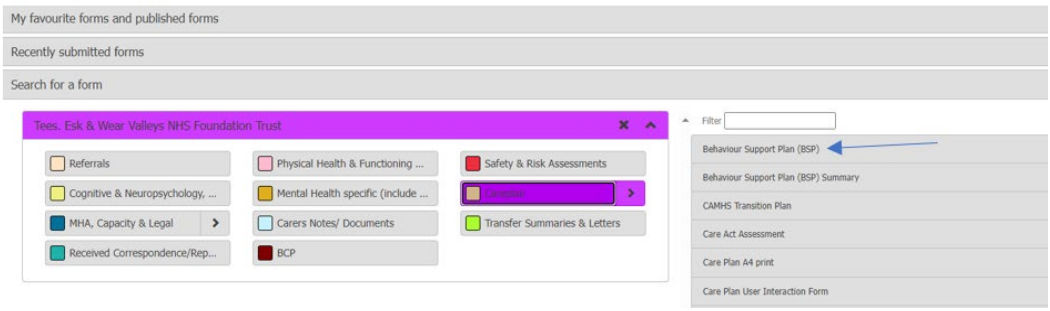
5. Then click the Drop Down Menu



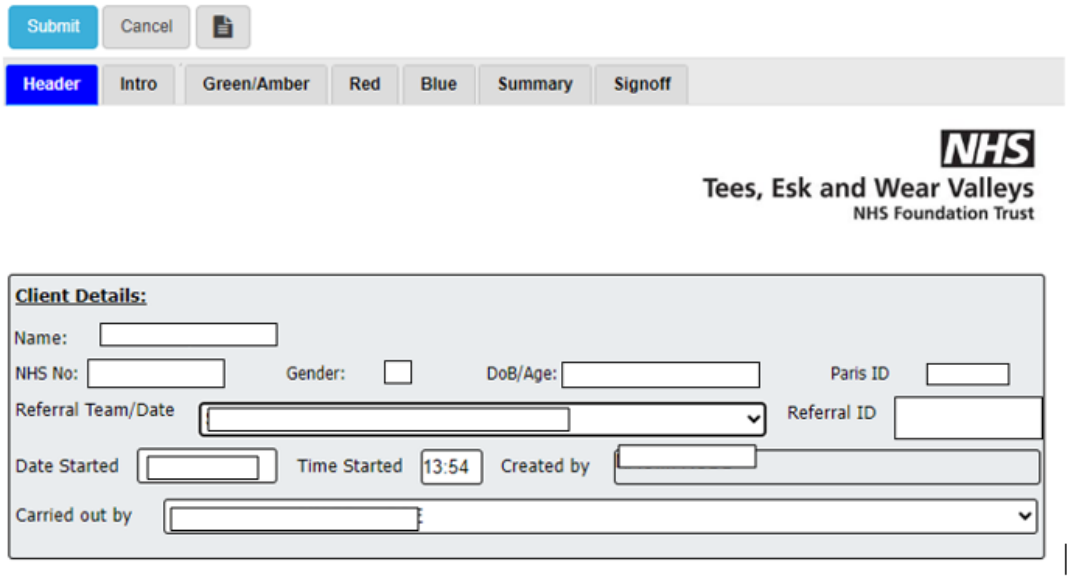
6. Then click Care plan



7. Then you will see Behaviour Support Plan to the Right



8. Click on this and it will bring up a blank BSP Plan
9. You would then progress through the tabs completing all the required information.



10. The Submit button saves the document which can still be edited at this point
11. Once sign off is complete this will lock the document off and create a PDF non edit version
12. The sign off tab only appears when you have filled in the Header information fully

How to view documents once saved off in a quick way – use the "Grid View" icon on the left-hand side highlighted yellow:

- This will give you a quick view of anything added/saved in terms of documents/previous electronic recording system letters potentially, these will all be PDF non edit versions.
- You could have a quick oversight of what has been added and when.
- Each circle on the page below is a document added, what number in the circle is how many pages are in the document saved.
- If you double, click a circle it will allow you to open and see the document.