Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Supporting Behaviours that Challenge (BtC)

Ref: CLIN-0019-v7

Status: Ratified
Document type: Policy

Contents

1 Introduction

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

- Support a wide variety of service users all of whom should 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 more appropriate ways, 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.

2 Why we need this policy

2.1 Purpose

- To understand the context and circumstances as to why behaviours that challenge occur and in the first instance and the subsequent need for person centered 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 and

2.2 Objectives

- To explain the framework that should 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 those employees who are supporting people whose behaviour is described as challenging.

- To consider the impact and support for other service users witnessing and residing with people whose behaviours are described as challenging.

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.
Director of Nursing and Governance	• 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 Positive & Safe Care	• To act as the lead for this policy, providing ongoing review, supervision and guidance to services in the delivery of BtC Support.
Local Security Management Specialist (LSMS)	• To provide ongoing reporting, monitoring support to incidents of violence and aggression, both locallyl and nationally, including incidents identified as potential criminal activity.
BtC 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 BtC
Advanced Practitioners/Clinical Nurse Specialist/Clinical Psychologists: Positive Behaviour Support and behaviours that challenge	• To provide ongoing supervision, and clinical guidance to frontline services in accordance with the BtC 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 Approaches Team	• To provide education and post incident support in the prevention and management of behaviours that challenge

4 Policy

4.1 What are Behaviours that Challenge

- We acknowledge that Behaviours that Challenge 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.

4.2 Guiding Principles to Supporting Behaviours that Challenge

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 BtC the organization will make every attempt to understand their behaviour through behaviour assessment and development of effective intervention as part of a behaviour plan.

All behaviour support plans will aim to deliver the following:

1. **Improve Quality of Life**

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

2. **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.
3. **Be evidence based**
   Approaches to behaviours that challenge will be based on the best available evidence. Any intervention will be based on assessment and formulation specific to that person and their behaviours.
4. **Be collaborative**
   We will involve the person, their family, relevant professionals and the wider system in all aspects of approaches to behaviours that challenge where it is possible to do so
5. **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.
6. **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
7. **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.
8. **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 plans to reduce the amount of incidents which occur.
9. **Include training and supervision**
   Staff implementing approaches to behaviours that challenge will have access to relevant training and supervision.

4.3 Behaviour Support Framework

When we identify behaviours that challenge the support we offer will be identified, develop 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 BtC and developing the most effective ways to support and individual at these times. Staff must be aware that the process will constantly evolve and should see behaviour support plans as a 'live document' as a result steps involved will at times run concurrently with each.

Each Specialty across the Trust will have a bespoke pathway/process for each of their clinical areas as below:

Specialty	Pathway/Process Summary
Adult Mental Health	Currently under review
Mental Health Services for Older People	Summary of the pathway Appendix 2
Adult Learning Disabilities Services	Summary of the pathway Appendix 3
Secure Services	Currently under review
Child Adolescent Mental Health Services	Summary of the pathway Appendix 4

4.4 Behaviour Assessment

Assessment which is focused on gathering data to support us to understand why behaviour is occurring for an individual should 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 will be varied to meet the presenting needs of the individual.
- The service user will be consulted with and will have the opportunity to contribute to the assessment throughout

4.5 Formulation or Hypothesis of Behaviours that challenge

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 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 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 challenges.
- 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 should be specific to the behaviours of concern.

Any formulation should be regarded as a 'live document' and should 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.

4.6 Behaviour Support Plan

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. 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 should consider 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 should 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 should 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 approached should 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 should be triggered to ensure this strategy is not over used.
	• 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 should 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 in order 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 behaviour 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 should always be undertaken and for the shortest time possible
	• All use of restrictive intervention should be carried in accordance with the Human rights

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 should identify strategies to help the service user return to a state of calm and well-being. These strategies should be person-centred and should, 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. should it be immediate 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 house-keepers 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 DATIX

4.7 Documenting Behaviour Support Plans

All behaviour support plans should be documented or referenced within the intervention section on Paris using the standardised template guidance attached in appendices 6.

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 should 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 should be clearly documented with rationale recorded, this may include the development of accessible or Easy Read version of an individual's behaviour support plan.

4.8 Implementation of Behaviour Support Plans

Any Behaviour Support plans developed within TEWV should 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

4.9 Monitoring and Reviewing Behaviour Support Plans

- A BSP will be shared with an Individual, their carers or support staff a review point and monitoring methodology should be agreed.
- Behaviour support plans will reviewed regularly and consider the following :
    - Is there evidence that the plan is effective?
    - Do we have 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
    - Utilise huddle and report out to facilitate discussion
- Any changes or discontinuation of treatment should be considered by all those involved in providing support.
- All BSP must be reviewed after restrictive interventions have been used. This review may also require a re-formulation.

4.10 Behaviours that Challenge Supervision

- The assessment of behaviours that challenge 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.
- BtC Supervision should 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 BtC 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 explicit in the speciality pathway for that area.

- Those who are identified as suitable to provide BtC supervision should be registered on the BtC Supervisors register and maintaining a current knowledge of BtC practice through attendance at Trust events .

4.11 Safe use of Restrictive Interventions

Any use of restrictive intervention should 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.

4.12 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, the Trust has developed an organisation wide plan for reducing the use of Restrictive Interventions. 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 a annual report , full details of the current annual plan can be found at here.

5 Definitions

Term	Definition
Behaviours that challenge (BtC)	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.
Formulation or Hypothesis 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.
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	Interventions used at the early stages of a behavioural

Secondary preventative strategies	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 BtC 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

[References to the procedures that are linked to this policy, and any other policies and procedures that the reader may need to refer to.]

Harm Minimisation Policy: Ref CLIN-0017-v8.1
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1265.pdf&ver=10297

Rapid Tranquillisation (RT) Policy CLIN-0014-v8.1
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1300.pdf&ver=7234

Blanket restrictions: Policy on the use of Global Restrictive Practices (Blanket Restrictions) in In-Patient Units Ref: CLIN-0089-v2
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1304.pdf&ver=10345

Tear Proof Clothing Use Procedure Ref: CLIN-0019-004-v1
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n3181.pdf&ver=6731

Safe use of Physical Restraint Techniques Procedure, Ref CLIN-0019-002 v1
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1303.pdf&ver=9778

Seclusion and segregation Procedure , Ref CLIN 0019 001 v2
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1312.pdf&ver=3436

Procedure for addressing verbal aggression towards staff by patients, carers and relatives
Ref CLIN-0019-003-v1
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1334.pdf&ver=3449

Privacy and Dignity Policy Including Eliminating Mixed Sex Accommodation Requirements
Ref: CLIN-0067-v4
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1298.pdf&ver=8350

Human Rights, Equality and Diversity Policy, Ref: HR-0013-v8
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1360.pdf&ver=7521

7 How this policy will be implemented

- Specify where this policy will/will not be published, i.e. intranet, 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	Face to face competence based training	5 days initial training plus annual updates	Annually
All clinical staff working in community services	Face to face competence based training	4 days initial training plus annual updates	Annually
Designated staff identified to implement Specialty Specific BtC pathways	Agreed within each specialty		

8 How the implementation of this policy will be monitored

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	Board : every 6 months Directors of Operations: Quarterly Clinical Directors : Quarterly Heads of Service Monthly Modern matrons/teams Managers : Weekly	QuAC LMGB SDG QuAG Leadership Huddles/ Supercells
2	Positive & Safe Audit	Annually	Linked to the Positive and Safe plan reviewed annually and approved via QuAC
3	BtC Specialty Specific pathway Audit	Every 2 years	Actions to feed into the Positive and Safe Advisory Group

9 References

- Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists (2007) Challenging Behaviour: A Unified Approach (CR144). Royal College of Psychiatrists (http://www.rcpsych.ac.uk/files/pdfversion/cr144.pdf).
- Restraint Reduction Network Standards (2019)
- Mental Health Units Use of Forces Act (2019)
- Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists (2016) Challenging Behaviour: A Unified Approach – Update Royal College of Psychiatrists
- Mansell J, Beadle-Brown J (2012) Active Support: Enabling and Empowering People with Intellectual Disabilities. Jessica Kingsley Publishers.
- MENCAP, Challenging Behaviour Foundation (2012) Out of Sight: Stopping the Neglect and Abuse of People with a Learning Disability. MENCAP (https://www.mencap.org.uk/outofsight).
- NICE (2015) NG10: Violence and aggression: short-term management in mental health, health and community settings
- NICE (2015): NG11Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- NICE (2018) NG93: Learning disabilities and behaviour that challenges: service design and delivery
- Department of Health, 2014. Positive and Proactive Care: reducing the need for restrictive interventions, London: DH.

- NICE(2018) NG97: Dementia: assessment, management and support for people living with dementia and their carers.
- Mental Health Act Code of practice 1983 (2015), Department of Health, The Stationary Office, London
- College of Policing , (2017), Memorandum of Understanding – The Police Use of Restraint in Mental Health & Learning Disability Settingshttp://www.college.police.uk/News/College news/Pages/Mental_health_restraint_MoU.aspx
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- Positive Behaviour Support Academy (2015) Positive Behavioural Support Competence Framework [online] http://pbsacademy.org.uk/pbs-competence-framework/
- Care Quality Commission (2020) Out of Sight – Who Cares?
- James, I A, Jackman, L (2017) Understanding Behaviour in Dementia that Challenges, Second Edition: A Guide to Assessment and Treatment. Jessica Kingsley Publishers
- Kitwood T, Brooker, D (2019) Dementia Reconsidered, Revisited; the person still comes first. Open University Press

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	10 March 2021	
Next review date:	31 March 2025	
This document replaces:	Person Centered Behaviour Support CLIN-0019-v6	
This document was approved by:	Name of committee/group	Date
	Positive & Safe Advisory Group	22nd July 2020
This document was ratified by:	Name of committee/group	Date
	Senior Leadership Group	10 March 2021
An equality analysis was completed on this document on:	26th February 2021	
Document type	Public	
FOI Clause (Private documents only)	N/A	

Change record

Version	Date	Amendment details	Status
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	Published
7	12 June 2024	Review date extended until 31 August 2024	Published
7	17 Jan 2025	Review date extended till 31 March 2025	Published

Appendix 1: Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Trust-wide clinical services					
Policy (document/service) name	Supporting Behaviours that challenge					
Is the area being assessed a…	Policy/Strategy	■	Service/Business plan		Project	
	Procedure/Guidance				Code of practice	
	Other – Please state					
Geographical area covered	Trust Wide					
Aims and objectives	• To enable people whose behaviour challenges services to lead fulfilling and socially inclusive lives (to the fullest extent possible) by applying positive and proactive approaches to supporting their behavioural challenges • To provide evidence informed support and training so that employees can identify, assess, prevent and respond to potential or actual behavioural challenges. • To provide a behaviour support framework that provides a human rights led and trauma informed care approach. • To provide services with behavioural approached that reduce and limit the need for restrictive interventions • To ensure all staff and carers supporting people whose behaviour is challenging are themselves supported in their work/role. • To support all staff to work within the values described in this policy • To ensure a therapeutic environment is maintained for other service users living in the same space					
Start date of Equality Analysis Screening	February 2021					

End date of Equality Analysis Screening	March 2021

You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity Team on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

People whose behaviour challenges services and the Trust staff who support them.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

- It is recognised that some behaviours are specific to certain cultures, religious beliefs and all behaviour needs to be interpreted in light of these personal characteristics. This is acknowledged in the policy and will be highlighted in training.
- Considerations will be made to a service user's protected characteristics to ensure that any negative impact is reduced or removed completely
- Racist abuse, sexual harassment, homophobic or other abuse related to someone's protected characteristics is recognised as behavioural challenges within the policy and reference is made to Equality and Diversity training in the proactive strategies to address such behaviour.
- The policy aims to support staff to recognise that behaviour is a message particularly for people with no or limited verbal communication or particular mental health conditions. It encourages staff to understand the message and not to merely respond to the

behaviour.

- The policy is for all ages, and can be applied to all services within the Trust.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	[redacted]	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Experts by experience are involved, attending both steering group meetings and were members of the working group; they assisted in the development of resources and have been part of the consultation over the revisions made to the policy.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/No	Please describe the identified training needs/service needs below • Training for staff is going to include awareness that some behaviours are specific to certain cultures, religious beliefs etc. and all behaviour needs to be interpreted in light of these personal characteristics • Racist abuse, sexual harassment, homophobic or other abuse related to someone's protected characteristics are recognised as being behavioural challenges within the policy and reference is made to Equality and Diversity training in the proactive strategies to address such behaviour				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					

Appendix 2: Mental Health Services for Older People BtC Pathway Summary

What do we call our pathway?
In MHSOP the pathway to support people with behaviours that challenge is called the 'PERSON CENTRED CLINICAL LINK PATHWAY For Behaviours that Challenge in Mental Health Services for Older People' (CLiP) There are three versions of the CliP; Inpatient, Community/Care home liaison and Liaison. The structure of all three versions is basically the same, with variation only where required to meet the needs of that patient group. As Clinical Link intervention Pathways, the CLiPs are not stand-alone pathways, but are designed to 'clip' on to existing pathways, especially MHSOP's dementia and functional pathways They are designed to ensure that how we support people with behaviours that challenge represent best practice, meets national (e.g. NICE) and Trust standards and that what happens in one part of the Trust is consistent with what happens elsewhere in the Trust The CLIPs are designed to provide a framework to help support patients who present with behaviours that challenge. They are not designed as a complete guide to the management of behaviours that challenge. They use the following framework: 1. Assessment 2. Formulation 3. Person-centered behaviour support plan 4. Post Incident Support for Patient & Staff 5. Evaluation Essentially the CLiP asks that staff identify that a patient displays a behaviour that challenges; carry out an assessment of that behaviour; formulate why the patient might be displaying that behaviour; develop a person-centred behaviour support plan (BSP) for that patient and evaluate the effectiveness of that BSP.
How do you access the pathway?
The CLiP is available to any patient who might benefit from it. We do not currently have detailed criteria for accessing the CLiP and instead advise the following: "As behaviours that challenge are essentially a social construction, the use of clinical judgement and MDT discussion and agreement are critical for deciding who ought to go on the CLiP and how the team best works with that patient. The CLiP should be used when the MDT agrees that it would be helpful to do so e.g. when other pathways have not addressed the issue or seem unlikely to do so. As a guide, a behaviour that

challenges could be considered to be any behaviour that creates a challenge for the patient or for those supporting them We would expect that any patient requiring tertiary interventions (e.g. restraint) would be placed on the CLiP and have a person-centred behaviour support plan” The CLiP is located at: S:\MHSOP All\CURRENT BEHAVIOURS THAT CHALLENGE CLIPS (ALL VERSIONS)
How do you seek support?
Support for the CLiP can be accessed from Team Psychologists and other professionals who have the relevant skills and training (e.g. ANPs, OTs).

Appendix 3: Child Adolescent Mental Health Services PBS

Throughout Child and Adolescent Mental Health Services (CAMHS) we understand that young people who may use behaviours that challenge may have different backgrounds and treatment/support needs; this includes young people receiving respite care and who may be undergoing a period of Inpatient assessment and treatment with the service.

There will be an initial assessment and formulation of a child or young person's needs, circumstances and presentation to ascertain what that young person's primary presenting factors are, and if the CAMH Service is best placed and commissioned to meet these needs. From this assessment and formulation a treatment pathway will be selected which is evidenced to best meet the needs of the young person and their family. This will be a partnership approach between CAMHS, a child, their family and supporting services to recognise that changes in behaviour are rarely made in isolation.

Within CAMHS behavioural presentations may be thought of in systemic, functional, emotional or mixed presentations, each of these will require appropriate assessment and treatment pathways. The CAMH service includes Adolescent Forensic CAMHS, for young people where behaviours of concern include the risk of/or an offending element. The service also includes Intensive Positive Behavioural Support Services for children and young people with Learning Disabilities in some localities. We are aware of the need for positive risk taking in line with Trust guidelines and will implement this through collaborative working with all stakeholders.

Treatment pathways are informed by a clinically valid assessment and are evidenced based. These will include Therapeutic Parenting, Positive Behaviour Support, and indicated Individualised and Group therapeutic models and psychoeducation for parents and care givers. All behavioural interventions will be implemented and delivered by members of staff with the relevant clinical experience and/or qualifications and will receive clinical supervision in line with this.

For young people who require complex behavioural interventions assessment specific to their presenting behaviour will take place, allowing specific behavioural formulation and the creation of a Behaviour Support Plan. To ensure balance between an individual's needs and the needs of others either sharing their environment (school, respite, residential settings) the Behaviour Support Plan is designed for the individual and those around them to understand and manage behaviour in a person centred, evidence based way with the aim of supporting the development of new skills and limiting the exposure to restrictive interventions.

CAMHS is committed to co-production with families and other agencies including Social Care and Education.

Appendix 4: Adult Learning Disabilities' PBS Pathway

Adult Learning Disabilities Services The pathway for Adult Learning Disability Services is: Positive Behavioural Support Clinical Link Pathway (insert link). It is an MDT pathway and can be initiated by a professional group if the PBS screening tool indicates that PBS is an appropriate framework to use. The pathway has a particular focus on quality of life and can be both an intervention and also outcome measure. Where quality of life interventions are sufficient for improving a person's quality of life later stages of the pathway that involve functional behaviour assessment and behaviour support planning will not be used.
There is no set time frame for the progression of the pathway. This is dependent upon the needs of the individual and the variety of assessments required. The initial stage is around quality of life and how to improve using person centered active support strategies. It also includes a quality of life formulation and also where appropriates a focus on addressing trauma or attachment issues prior to commencing a functional behaviour assessment. Further stages within the pathway use a variety of methodologies that are evidence based. Formulation meetings are held at points throughout the pathway to consolidate and further explore information found from assessments and any historical factors. These formulations enable support plans to be developed incorporating green, amber, red and blue strategies. Implementation is achieved through an emphasis on practice leadership, the use of particular tools that support implementation with teams and modelling processes. Support and supervision is given to people implementing the pathway by a range of professionals who hold a professional qualification in positive behaviour support and / or Applied Behaviour Analysis. This supervision is offered on an at least a monthly basis.
Monitoring, review and evaluation of the PBS process is also emphasised throughout. This includes monitoring and reviewing support plans and evaluating quality of life outcomes and behavioural changes. Outcomes are measured using the baseline scores of the BPI - S and differences following input, the 'thinking about quality of tool' and evaluating the positive outcomes from the Positive behaviour support plans. Discharge involves the final support plan being circulated, discharge summary and outcome measures.

Appendix 5: Behaviour Support Plan Template/Crib Sheet

Developing a Behaviour Support Intervention Plan

Developed by (e.g. who attended formulation or other MDT discussion):

Is this a review of the Behaviour Support Intervention Plan?

Need

If this is a new plan for behaviour that challenges, start the first sentence with **'Behaviour Support Plan'.** If you are incorporating/amending an existing plan ensure that '**Behaviour Support Plan'** is clearly stated in the need section.

In this section include:

- A specific **description of the behaviour (s)** that challenge
- An understanding of the factors **which might make the service user vulnerable** to displaying these behaviours as informed by assessment.
- **A description of the need the service user's behaviour may be conveying, or what function this behaviour may serve**, as informed by assessment.
- The patient's **recovery goals** where known

Aims

This section should detail exactly **what should be achieved by the intervention plan** (e.g. to provide new skills to help the service user cope in their environment, to make adaptions to the service user's environment to ensure it better meets their needs, to provide focused support in circumstances associated with behaviours of concern, to improve quality of life, to ensure the service user's and others' safety through the use of behaviour support strategies, to help increase insight and awareness, to produce a reduction in the frequency, intensity and duration of incidents of behaviours that challenge).

Please note* These guidelines outline the content required in ensuring intervention plan meets requirements to serve as behaviour support plan. In some services, an individual's plan may also include additional needs/ interventions not directly informed by PBS pathway

Interventions

This section should include the following components. The components shown in **bold must be included.** Where necessary these titles can be placed in parentheses in addition to a more accessible heading (e.g. 'How to help when you notice warning signs (Secondary Preventative Strategies)). You might also want to include the descriptions given below of the different types of strategies to help the readers' understanding.

At all stages consider any trauma the patient may have experienced and how our interventions can support that person with that trauma. Consider how interventions could risk re-traumatisation and if how we might reduce this risk. If interventions are deemed necessary, but also risk re-traumatisation, consider how best to minimise their impact and support the patient

GREEN or Primary preventative strategies. These are the things that we do all the time to improve quality of life and reduce the likelihood of behaviours that challenge.

Triggers to behaviours that challenge. These are the circumstances behaviour may occur in (e.g. being told an activity is cancelled, receiving bad news)

Warning signs & behaviour in crisis. How the service user presents (e.g. sullen facial expression, pacing, hands in pockets……throwing chair)

AMBER or Secondary preventative strategies. These are the things we do when we notice warning signs to avoid a behaviour getting worse. This should include:

- Specific de-escalation strategies that work for that person – These should be person-centred and might include things like distraction, prompting of coping strategies, verbal de-escalation, use of safe wards calm box, offering low stimulus environment etc.)
- Give details of PRN medication, including IM medication. This should include dose and advice on when and how to administer the medication.

RED or Tertiary strategies. These are the things we do when a service user is in crisis to keep him/her and others safe. This should include:

- Specific de-escalation strategies that work for that person – These should be person-centred and might include things like distraction, prompting of coping strategies, verbal de-escalation, use of safe wards calm box, offering low stimulus environment etc.)

- Give details of PRN medication, including IM medication. This should include
- dose and advice on when and how to administer the medication.
- Detail of specific plans of restrictive interventions **if required** (E.g. restraint type, physiological observations? Please use the comments box for detail where appropriate)

- **BLUE or Recovery Strategies -** strategies to help the service user return to a state of calm and well-being. These strategies should be person-centred and should, 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
- Evidence of patient involvement

Evidence Base

Here detail information about any **policies and guidelines** that have informed the development of the plan.

Also include **a statement that makes reference to the formulation completed as part of the pathway process** (including specifically the date of the formulation and where to find the case note entry/ report on PARIS)

Give the date this plan has been reviewed

Update Safety Summary on PARIS