

For the purpose of this policy, “Staff member” refers to a volunteer, placement student, employee or associate.

Statement of Intent

Positive behaviour support (PBS) is a person-centred framework for providing long-term support to people with a learning disability, autism, and / or mental health conditions, who have, or may be at risk of developing behaviours that challenge. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. The key elements of PBS are:

- People are valued and respected
- Supporting communication, health and well-being
- Involving everyone and working in partnership
- Functional assessment (an assessment to understand why challenging behaviour is happening)
- Developing and using a behaviour support plan
- Skills teaching and development
- Providing appropriate staffing levels to meet individual needs
- Ensuring staff have the right skills and support to deliver high quality services

Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

idDerby is committed to implementing the principles and practice of positive behaviour support for all our clients.

Values

- The core aim of PBS is to improve the quality of life of the person and those around them by preventing and reducing challenging behaviour. This is at the heart of everything idDerby does when deciding how to work with our clients. We recognise that other people including family carers also have emotional needs and either provide support for this or information on other services that can help.
- PBS works by developing and building the skills of the person and of those who support them, enabling them to recognise and avoid triggers for difficult behaviours, manage emotions when they arise and find more positive ways of expressing their feelings and needs. PBS avoids the use of aversive (i.e.

unpleasant) or restrictive (i.e. limits the person's movement or activities) interventions. idDerby staff will never use aversive responses – clients will never be 'punished'; and restrictive responses will only be used if someone is in immediate danger as a result of their action or the action of others.

- idDerby will work in partnership with the person and their circle of support to design an individualised, person-centred positive behaviour support plan. This includes consulting with a person themselves, their family and friends, carers, and other professionals; actively including them in assessments, defining targets, implementing interventions, and reviews. The person, family carers and others are treated as equal partners in idDerby recognising their important role in planning, implementing, and evaluating our services.

Theory

- We recognise that all behaviour, including challenging behaviour, happens for a reason. Understanding the reasons for a person's behaviour is key to empowering the person to find other ways to meet their needs (e.g. by changing the environment, learning and using new skills etc.). We commit to working with all clients in a person-centred way to help them and the people who care for them to understand the reasons underpinning their behaviour better, designing person centred programmes to help address their underlying needs.
- We will utilise the wide skills set of our team members, and clinical supervision to analyse client behaviour, enabling us to make evidence-based suggestions to support their behavioural change.
- The results of our discussions with clients and their circle of support; staff members' reflections and professionally conducted analysis will be written up into an evidence-based personal PBS plan for each client. Where necessary this will include providing support and training for others supporting the client to ensure consistency of approach. Where necessary, we also commit to undertaking training for our staff to gain new skills to support individual clients.

Processes

- All decisions made about a person's PBS will be based on information gathered about each individual person's skills, behaviour, and needs.
- A thorough functional assessment undertaken by an appropriately skilled staff member will help to identify the reasons (function) for a person's behaviour and be used to create a clear and structured plan of action.

- Each person's PBS plan will include detailed, proactive strategies to prevent challenging behaviour from happening, strategies to teach new skills to make the challenging behaviour less likely and reactive strategies that minimise restriction if it does occur.
- We will always allocate appropriately qualified staff to work with clients with behavioural needs. Staff ratios may be 1-1 (in either one to one or group settings), or even 2 staff members to 1 client when that client might need particular support.
- PBS plans should be reviewed and refreshed on a regular basis, in line with idDerby's regular review programme.
- Physically restraining clients should be avoided at all costs, and restrictive practice only used in instances where a client, staff member, or other person is in immediate danger. If restrictive practice is used, this should be fully documented in the incident book, and the client's record. Staff should also report all incidents to their manager and reflect on them in supervision.

Person-Centred Working

Person-centred working is at the heart of PBS. This means:

- People are supported to make and be involved in decisions about their support, e.g. which services they access, what they do throughout the day, who they spend time with etc.
- The person is at the centre of the support they receive, and staff recognise each person's abilities and needs.
- Staff are friendly and talk to everyone with dignity, warmth, respect, empathy and compassion.
- People are supported to have lots of choices in all aspects of their life, e.g. the clothes they wear, food, activities etc.
- People's religious and cultural needs are supported, e.g. they are supported to participate in faith-based activities – for example fasting, praying, observing dietary requirements etc if they want to.
- Staff use a range of ways to find out what each person likes and dislikes, e.g. asking the person or others who know them and respecting these when providing support.
- People spend time doing activities and meeting other people in the local community.
- People are supported to make friends and to keep in contact with people they are close to

- People are supported to take part in lots of different activities and are encouraged (but not forced) to try new things.

Effective Communication

Communicating effectively means:

- Staff talk to people using their preferred method of communication and change how they talk to people when needed.
- Staff involve family/carers, the person and other professionals in assessing and developing support plans for the person's communication, health and well-being.
- Staff keep a check on each person's health and well-being and investigate any changes in behaviour, mood or activity levels that might suggest these are getting worse and take appropriate action, e.g. discussing concerns with key members of a person's circle of support, signposting to other health or care services as appropriate.
- Staff support people to be involved in managing their own health and wellbeing.
- Staff help people to make choices about their health and lifestyle by providing information and support. Staff should respect a person's right to live the lifestyle they choose.
- The person, family carers and other key people are invited to meetings and reviews about the person's support.
- The person, family carers and other key people are involved in assessments (e.g. by contributing information) and help to develop interventions and supports.
- The person, family carers and other key people are kept informed (e.g. by receiving information and being given accessible copies of assessment results and plans). Regard is given to the person's right to confidentiality.
- The person, family carers and other key people are able to provide feedback in a range of ways. E.g. talking to staff informally, written feedback, attending meetings etc. and this is used to improve the support they provide and celebrate good practice.

Practice

Key practice which may be used in PBS include:

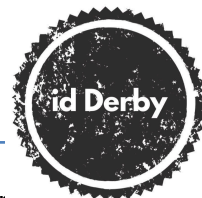
- Avoiding particular triggers or situations which you know a client might find difficult, until the person feels able to tackle this trigger
- Enabling clients to take 'time out' from sessions, reducing sensory over-stimulation
- Distracting clients or diverting them to other activities if tensions are building
- Encouraging to use grounding techniques – for example tapping, breathing exercises, etc
- Using a visual timetable or plan of what is going to happen during a session, somewhere that the person can easily see. This plan might have pictures or symbols on it (visual timetable) as well as pictures of staff that will be involved.
- Using focus objects / 'fidget toys'.
- Enabling clients to use metaphor / 'artistic distance' to explore difficult emotions safely.
- Empowering clients with new insight into their thoughts, feelings, behavioural patterns and the consequences of their behaviours.
- Enabling clients to form positive relationships and develop new relational patterns.
- Enabling clients to practise using coping strategies in safe situations.

Key Resources

- A person-centred plan. This is an individual plan developed by the person and others who know them well, which looks at all aspects of their life, their goals and dreams. This should be facilitated by someone with expertise in this area. The plan should make it clear how staff will work with the person to achieve their goals. Remember there may be some goals that are private to the person and written information about their progress must be kept confidentially.
- A one-page profile. This is one sheet of paper capturing all the important information about a person under three simple headings: what people appreciate about me, what's important to me and how best to support me.
- A support plan. This is a focused document detailing how to support a person in their routines.
- A list of things that someone likes and dislikes.
- Communication aids – either electronic or visual aids.
- Wellbeing measurement tools to track a person's progress.
- Reflective session logs to record what happens within sessions and enable continuous learning about the client.

Understanding & Commitment

Positive Behaviour Support



- We recognise that PBS is not a quick fix: the aim is to actively support people over the long-term and to use evidence-based assessment tools to monitor and maintain their quality of life.
- We commit to always work in the best interests of our clients.

Additional resources

- International Journal of Positive Behaviour Support
<http://www.bild.org.uk/our-services/journals/ijpbs/>
- Publications produced by the Challenging Behaviour Foundation:
<http://www.challengingbehaviour.org.uk/cbf-resources/information sheets/understandingcb.html>
- Department of Health, Skills for Health, and Skills for Care, A positive and proactive workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health, 2014.
<http://www.skillsforcare.org.uk/restrictivepractices>
- LGA, ADASS, NHSE, Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, 2015
<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>
- Positive Behavioural Support (PBS) Coalition UK, Positive Behavioural Support: A Competence Framework, 2015
<http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviourchallenges/Positive-Behavioural-Support-Competence-Framework.pdf>

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