Gloucestershire COUNTY COUNCIL

Adult Social Care Positive Behavioural Support Policy

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Adult Social Care Positive Behavioural Support Policy

Policy changes

Version	Date	Author	Principal Changes
3.1	26/10/2023	Carrieann Hatherall – Policy Review Officer	New policy adopted
3.2	04/08/2025	Carrieann Hatherall – Cook. Policy Review Officer	Executive Lead and policy contact details updated. Minor changes to Para 11 to reflect training requirements

Any questions regarding this policy or if you require the policy in an alternative formation, please contact:

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Adult Social Care Positive Behavioral Support Policy

1 Purpose

1.1 To set out the framework which underpins Gloucestershire County Council's (we/the council) aim to minimise the use of restrictive interventions and promote the use of "least restrictive practices" when supporting individuals with behaviours described as 'challenging'.

1.2 To define the roles and responsibilities of Adult Social Care Staff when working within this framework.

2 Scope

2.1 This policy applies to:

- Adult Social Care Staff working in our In-House Respite, Day Centres and Short Break homes
- The council's Positive Behavioural Support Services Team
- All Adult Social Care staff who have contact with people accessing support

3 Introduction

3.1 The council offer funded care and support services throughout Gloucestershire for adults who have assessed eligible care needs under the Care Act 2014. Care is provided, but not limited to, people over the age of 18 with Autism, physical and learning disabilities, as well as those considered 'older adults'.

3.2 Some adults who draw on the support of our services may at times behave in a way that challenges those providing care and support to them, for example:

- Swearing and threats to others
- Shouting
- Hitting and punching
- Kicking
- Biting
- Self-harm
- Throwing items
- Absconding

3.3 Causes for the person's behaviour may have many reasons, including:

- Being unsettled by loud noises or other stimuli
- Feeling bored, overwhelmed or frustrated
- Being spoken to or supported in a way they don't like
- Being unable to do something they would like to do
- Being in pain or feeling unwell
- Being asked to do things they're not comfortable with
- Feeling anxious

The cause of a person's behaviour may not always be immediately obvious, discernible or easily understood.

3.4 Emerson (2001) defines behaviours that challenge as:
'culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to and use of ordinary community facilities'.

3.5 We acknowledge that behaviours that challenge is a social construct and behaviours which may be problematic in one setting or family may not be concerning in another.

3.6 The council has adopted a framework which supports a person and their family, friends and carers, to understand the function of behaviour that challenges. The aim is to help ensure people are supported in a way that minimises the causes of behaviours that challenge, so that wellbeing and recovery is promoted, and harm is reduced.

3.7 The council is committed to the delivery of care and services that are concordant with the Care Act 2014, Mental Capacity Act 2005, Mental Capacity Act Code of Practice, Human Rights Act 1998 and Equality Act 2010. Services will be delivered with a rights-based, compassionate approach, to enhance people's quality of life.

3.8 In circumstances where behaviours that challenge are present, we will at all times:

- Follow the principles of Positive Behavioural Support

- Use appropriate Social Work frameworks to increase our understanding of the person we are supporting, such as Trauma Informed care
- Liaise with the council's Positive Behavioural Support Service and other specialist services as appropriate

4 Positive Behavioural Support Principles and Model

PBS Principles

4.1 All behaviour happens for a reason, including behaviours that challenge. It is crucial to understand the reason for behaviours that challenge so that these can be addressed. Without doing so there can be harm to:

- **The person themselves** as the behaviours themselves are likely to be distressing, so impacting quality of life, potentially resulting in physical injury and additional disability, breakdown of care, increased risk of exclusion, deprivation, systematic neglect and abuse, and exposure to ineffective interventions
- **Carers** due to heightened stress, carer burnout, increased emotional and physical health issues and potential to inadvertently become the source of safeguarding risk to the person

4.2 While the application and process of how we effectively support people who have behavioural support needs differs, we always work towards these guiding principles:

- **Improve Quality of life**
  We recognise that some behaviours will impact on the person's quality of life and may result in unwanted and potential harmful implications, such as changes to provision of care. Any intervention will be designed to promote social inclusion and support people to achieve their full potential
- **Be person centred**
  We will work to understand an individual's specific circumstances, protected characteristics, experiences, their wider environments and needs. This will be the centre of all we do. We will make reasonable adjustments in line with our duties under the Equality Act 2010 and the Care Act 2014 to overcome barriers to involvement

- **Be productive**

  Focus on creating a social environment which is capable of meeting people's needs in a way that is meaningful
- **Be evidence based**

  All our interventions will be based on a thorough assessment specific to a person's needs and their behaviours
- **Be collaborative**

  We will work together with the person, family, friends and carers as well as specialist services and organisations to develop long-term focused plans
- **Be recovery focused & trauma informed**

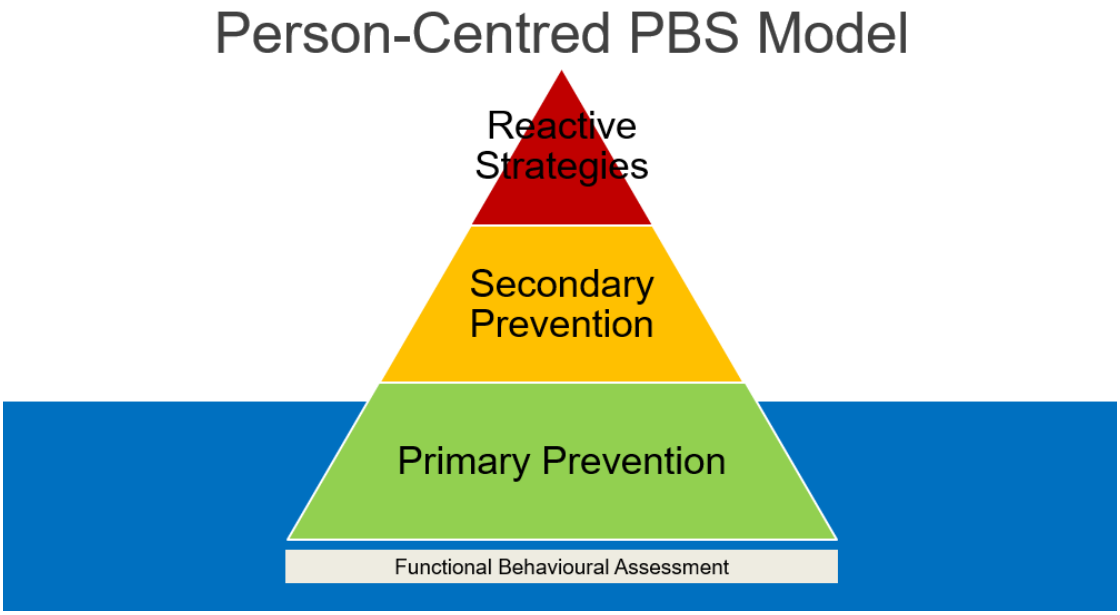
  We will aim to support the person in a meaningful way – fostering the development of new skills and stimulating new interests. To promote positive relationships, we will develop congruence by listening and acknowledging a person's history, aiming to understand how their past influences their present to create a safe environment for all
- **Encompass the principal of least restrictive practice**

  We will not intervene unless necessary
- **Minimise harm**

  To reduce the risk of harm to the person or the people around them without punishing them – including when restrictive strategies may be used

PBS Model

4.3 The PBS model works in three stages:



4.4 For more information on the PBS Model please contact our Positive Behavioural Support Service at PBSS@gloucestershire.gov.uk.

5 Assessment of behavioural needs

In-House services

5.1 Before a person attends our In-House services, they will have worked with a member of the Adult Social Care Operations team to complete a care needs assessment and may already have a behavioural support plan in place.

5.2 If a person begins to display behaviours that challenge after their initial care needs assessment, our In-House staff will make a recording in the person's daily log including which strategies helped to restore calm.

5.3 Staff will continue to monitor frequency and intensity of the behaviours that challenge and may complete an ABC Chart to see if a referral for an assessment of behavioural needs is required.

5.4 We will listen to what the person enjoys and offer structured programmes of activities within resources and as appropriate to services, without restricting access.

Everyone who has an assessment of behavioural needs

5.5 If an adult lacks capacity to consent to a behavioural support assessment, decisions will be made in their Best Interests in accordance with the Mental Capacity Act 2005.

Please see the Gloucestershire Multi Agency Mental Capacity Act policy and guidance.

5.6 When it is identified a person may benefit from behavioural support, an assessment of behavioural needs will be completed. We will work with the person, their family, friends and carers using evidence collected from reports and observations.

5.7 This is the process which tries to establish the function of the behaviour that challenges, and any adverse outcomes it can have, such as social isolation.

5.8 Staff will seek advice from the Positive Behavioural Support Service if it appears that a Functional Behaviour Assessment (a specialist assessment) may be required.

Functional Behaviour Assessment

5.9 Where a Functional Behaviour Assessment or specialist intervention is required, we will make ~~a~~ referral/s as appropriate to the person's needs and situation, for example to:

- The Positive Behavioural Support Service
- The Learning Disabilities Intensive Support Service
- The Community Learning Disabilities team
- Psychology

5.10 The functional assessment must be completed with:

- A clear description of the behaviours that challenge

- Observational information from daily routines which may identify times, events and situations which may predict when behaviours that challenge occur
- Identify what the outcome of the behaviour is – the function it serves for the person
- Summary of specific behaviours and specific situation and what maintains the behaviour, with direct observation data to confirm this

5.11 A functional assessment aims to:

- **Understand Behaviour:** Identify the underlying causes and functions of a person's behaviour, especially when it is challenging or problematic. Functional assessments aim to go beyond surface-level observations and uncover the reasons why a behaviour occurs
- **Develop Effective Interventions:** Once the reasons for a behaviour are understood, professionals can design targeted interventions and strategies to address the behaviour effectively. This often involves creating behaviour intervention plans (BIPs) or treatment plans tailored to the individual's specific needs
- **Improve Quality of Life:** Functional assessments are often used in settings where individuals may have disabilities, behavioural issues, or mental health concerns. By understanding the function of behaviours, interventions can be designed to improve the individual's quality of life and help them achieve their goals
- **Enhance Learning and Education:** In educational settings, functional assessments can be used to identify barriers to learning and develop strategies to support students with diverse needs. This can lead to more inclusive and effective educational practices
- **Make Informed Decisions:** Functional assessments provide data-driven information that can guide decision-making. For example, they can help determine whether a change in environment, support, or treatment is needed
- **Monitor Progress:** Functional assessments are not just a one-time process. They are often used longitudinally to monitor the effectiveness of interventions over time and make necessary adjustments

6 Behavioural support plans

6.1 A bespoke, proportionate behavioural support plan will be developed from the findings of a functional assessment and by working with the adult, their family, friends, carers.

6.2 Other specialist services, teams and professionals (including health professionals) may be included in writing the plan if this will support the adult.

6.3 We will assume the individual has the requisite mental capacity to participate in their support planning and their views and wants will be integral to their planned interventions. When the individual has been assessed as lacking the requisite mental capacity, the behavioural support plan will be created in their Best Interests under the Mental Capacity Act.

6.4 The plan must outline proactive strategies. There may be times when the proactive strategies do not work, therefore the plan must also explain how to manage reactive situations well.

6.5 When writing the support plans, we look at:

- "Appearance" - what the behaviour looks like; what the person did
- "Frequency" - how often the behaviour occurs
- "Severity" - how severe the impact of the behaviour is
- "Duration" - how long the behaviour lasts
- Function of the behaviour
- Strategies to help the person

6.6 In addition to the above, **all** behavioural support plans **must** specify:

- The behaviours that the plan is intended to prevent or manage
- Any known triggers or factors that maintain the behaviour(s)
- The reason the person uses the behaviour (its function) where this is known
- Agreed primary and secondary preventative measures
- The best way to support and calm the adult after a behavioural incident

6.7 Behavioural Support Plans aim to support the person to have:

- **A Community Presence:** The right to take part in community life and to live and spend leisure time with other members of the community
- **Valued Relationships:** The right to engage in meaningful and fulfilling relationships
- **Choice:** The right to make choices, both large and small, in one's life. These include choices about where to live and with whom to live
- **Competence:** The right to learn new skills and participate in meaningful activities with whatever assistance is required
- **Respect:** The right to be valued and treated with dignity

6.8 To ensure we continue to support in the most effective way, we will review and update the behavioural support plan with the person, their family, friends, carers, and other professionals at least once a year.

6.9 We will also review the plan whenever:

- It appears that the plan is not working
- There has been a significant incident or near miss
- The person's behaviours or situation have changed

7 Primary and secondary prevention

7.1 Primary prevention uses proactive strategies that are designed to meet the person's needs to minimise the occurrence of incidents of behaviour that challenges. We must focus on all aspects of the person's life. We approach primary prevention by using two simultaneous preventative strategies to promote behavioural change:

1. Making changes to the person's environment, routine or circumstances to reduce stress and anxiety to minimise the likelihood of a targeted behaviour occurring, for example by:

    - Addressing any mental or physical health concerns

- Identifying factors likely to trigger or maintain a targeted behaviour then reducing triggers / modifying the person's environment wherever possible
- Helping the person to develop new skills and coping mechanisms that mean they are better able to cope when feeling frustrated, angry or anxious

7.2 Primary prevention is a long-term intervention as:

- A person may have multiple triggers and multiple behavioural responses
- Behaviours are usually a learned response built up over time. It takes time to change familiar responses and to develop new ones

7.3 Staff in all services will use primary and secondary prevention to:

- Support adults to maintain positive behaviour patterns
- Reinforce behaviours that promote inclusion
- Prevent targeted behaviours, reduce their frequency or intensity, or de-escalate behaviours
- Avoid the use of reactive strategies (wherever possible)

Primary Prevention: Safe environment, respect and inclusion

7.4 In-line with our duty of care to create safe environments we will, where possible, create environments that are conducive to the person's needs, both at our day centres and respite unit. We will share what works for person with their family, friends and carers so that adaptations can be considered for other settings in which the person spends time.

7.5 By understanding that behaviours that challenge are influenced by a person's environment. We can make recommendations to:

- Find opportunities for people to have control over their own environments
- Increase social contact between the person and their carers and important others

- Ensure physically pleasing and spacious environments (though there is recognition that families may not always have the resources to ensure this)
- Offer structured programmes of activity that increase people's opportunities to participate fully in their own homes
- Provide non-contingent access to things that people enjoy

7.6 When a person is attending one of the council's short break homes or day centres, staff will record any concerns about behaviours and how we worked with the person with preventative strategies to restore calm.

7.7 If staff believe a person's behaviour may be due to abuse or neglect, they will follow Gloucestershire's Multi-agency safeguarding policy and procedures.

Secondary prevention

7.8 There may be times when the proactive primary prevention doesn't work, and a person may display early signs of agitation, irritation, anger and aggression.

7.9 Secondary prevention is a group of agreed strategies to calm the person before behaviours escalate: These strategies may be used when subtle observational signs indicate a person's feelings are escalating. They may be best understood through working together with the person during their behavioural support plan.

7.10 When early signs of distress are recognised, we will use responses that effectively deescalated the person's feelings, for example by:

- Inviting the person to another activity, particularly something they enjoy or to another part of the building where the environment is more supportive of the person's immediate needs
- Removing the cause of the person's distress
- Prompting and supporting the person to use their coping skills / respond in other ways
- Providing what the person is trying to achieve and communicate through their behaviour

8 Reactive strategies

8.1 There may be times when behaviours cannot be prevented or de-escalated in any other way, and this may put the person or others at risk of harm.

8.2 Only when other preventions have failed and there is risk of harm to the person or other people (including staff) and there is no other way of keeping people safe, we will use pre-agreed reactive strategies to manage behaviours that challenge.

8.3 Reactive strategies may be:

- non-restrictive i.e., a non-physical intervention that does not involve any physical contact with the person **or**
- When strict requirements are met: a restrictive physical intervention

8.4 Reactive strategies include:

- Breakaway – a self-defence move to allow staff to move away from the person
- Seclusion – separating the person from others, even if they remain in the same room until they are calm enough to safely rejoin activities
- Restraint / safe hold – holding the person in a safe position until the situation is less unsafe
- Removal – moving the person from the area to a safer place
- Administering a PRN ('as required') medication in accordance with the person's PRN protocol. This is medication specifically prescribed to the person by a medical professional to be used in circumstances when risks to the adult / other people are severe and cannot be managed in any other ways

8.5 Use of reactive strategies **must** be**:**

- Part of a package of behavioural support which includes primary and secondary prevention. **Reactive strategies must not be used alone**
- As specified in the behavioural support plan
- Monitored and audited

Restrictive interventions

8.6 A person may experience reduced quality of life and adverse outcomes because of restrictive responses to behaviors that challenge such as:

- Being excluded from activities, services or community facilities
- Being denied contact with other people or allowed only reduced contact
- Physical injury or increased disability

8.7 Restrictive interventions **must** be:

- In the person's Best Interests, necessary in order to prevent them suffering harm or harming others and proportionate to the likelihood of the providing suffering harm, and the seriousness of that harm
- Thoroughly risk assessed before they are agreed and take into consideration all possible contra-indications and / or complications
- Agreed in consultation with specialist services / teams and any relevant professionals. This may include specialist council services (such as the Positive Behavioural Support Service) as well as external providers / professionals such as the person's GP or medical professional
- Sanctioned for use for the shortest possible period of time and regularly reviewed
- The most ethical and least restrictive measure necessary in the circumstances. When a range of restrictive interventions is agreed, these must be ranked from least to most restrictive. The least restrictive intervention appropriate to the immediate situation **must** be used as the first option
- Able to be performed by all key carers
- Recorded in the behavioural Support Plan which must be kept up to date

8.8 Restrictive interventions **must:**

- Be proportionate and appropriate to the immediate situation
- Use the minimal amount of force necessary to contain the situation and make it safe

- Be used for the minimum amount of time necessary to manage the immediate situation
- Return control to the adult as quickly as possible
- Meet the BILD Association of Certified Training requirements (BILD ACT) and Restraint Reduction Network Training Standards

8.9 Restrictive interventions **must not:**

- Be used as a punishment
- Inflict pain in order to achieve compliance
- Involve hyper extension and/or hyper flexion of any joint
- Involve potentially dangerous positions that may compromise an person's health and well-being
- Involve vulnerable parts of the body (neck, chest, and groin)
- Impede breathing
- Be performed without an appropriate medical assessment for individuals with a history of certain medical conditions (for example orthopaedic issues, recent surgery, those prone to skin tears/bruising etc.) or
  Where the use of such techniques has previously been unforeseen, this assessment should take place as part of a 'de-brief' of the situation where the techniques were applied and before further use is agreed

8.10 Staff are responsible for the safety of the person and other people when using restrictive strategies. Immediately after the use of a restrictive intervention, staff **must:**

- Assess for any signs of injury or psychological distress to the person
- Calm the person and support them to rejoin activities
- Support and calm any other people distressed by the incident
- Record use of the intervention and any concerns in the person's case notes
- Report the use of the restrictive intervention as an incident to the SHE unit

All Gloucestershire County Council staff are responsible for providing safe care for the people who use our services – if you see something that doesn't comply with the above please follow our whistleblowing procedure.

Behavioural incidents / near misses – safety first approach

9.1 Despite all best practice measures, a behavioural incident may occur.

In House behaviours incidents

9.2 If an incident occurs, we will use the person's PBS support plan as necessary to minimise risk of harm, keep everyone safe and restore calm.

9.3 When the incident is an emergency and falls out of the scope of an individual's behavioural support plan, staff will take whatever action is appropriate and necessary to minimise risk of harm, keep everyone safe and restore calm. These actions must be proportionate to the incident and recorded with justification for their choice of actions.

9.4 During the intervention, staff will constantly monitor the person's health and explain what is happening to help reduce any anxiety the person may feel.

In-House behavioural incidents recording and next steps

9.5 The use of unplanned interventions will begin a review of the person's behavioural needs and a creation or update to their behavioural support plan if necessary.

9.6 Incident reports must be completed for all incidents and near misses i.e., when an incident could have occurred but was averted in time. Use of any restrictive intervention must be reported to the council's SHE unit.

9.7 As soon as is practicable after an incident staff will:

- Contact a line manager / on call manager as appropriate to report what has happened and for support and guidance
- Complete an incident report and provide it to their line manager
- Record what happened and the response to the incident in the person's record
- Communicate what occurred to relevant staff on duty and to incoming staff

Managers will:

- Discuss what happened with the person and / or their family / carers as appropriate
- Ensure that everyone involved in / affected by the incident receives any necessary post incident support
- Advise the council's Safeguarding team where serious harm has occurred or there are significant concerns about practice
- Advise the regulator of any regulated service of any incident which meets the criteria for statutory notification and keep the person, their family or representative informed about the investigation and its outcome
- Investigate the incident
- Ensure that behaviour support plans are reviewed and if necessary updated

Behavioural Incidents in the person's community

9.8 Everyone supporting the person must follow what is agreed in the behavioural support plan.

9.9 If there are any concerns that the support plan is not working, you can request a review through Social Services Adult Helpdesk 01452 426868 or online here

9.10 For out of hours social care emergencies, please call 01452 614194

If you are concerned that the person isn't being treated as above and worry the person may be experiencing abuse, you can contact Gloucestershire Adults Safeguarding Team by email socialcare.enq@gloucestershire.gov.uk

Post incident support

10.1 The physical and emotional wellbeing of the person and others involved in the incident is paramount .

In-House Services

Support for the adults using our services

10.2 We know that the use of restraint can be distressing.

10.3 We should allow the person enough time to recover and return to their baseline behaviour with their bespoke strategies included in the plan, or what is suitable at the time of the incident.

10.4 Through mutual understanding and open communications, we will ensure the person:

- Has the opportunity to express how they feel about the incident using their preferred method of communication
- Is provided with other support if needed

10.5 The staff will:

- Continue to monitor for signs of post incident trauma
- Refer the adult to the Community Learning Disabilities team or the Positive Behavioural Support Service as appropriate if there are changes in the adult's behaviour or possible signs of trauma

Support for our staff

10.6 We are aware that witnessing behavioural incidents and / or receiving or applying restrictive interventions can be stressful and distressing. We will provide post incident support will be provided to everyone affected.

10.7 We will:

- As soon as is practical after the incident:
  - Provide physical and emotional support to meet immediate needs.
  - Carry out a debrief with everyone involved in the incident. Debriefs may be informal or formal, individual and / or team based. An initial debrief (even if. Informal) to ensure staff welfare must be carried out within **72 hours** of the incident
- Continue to monitor the staff members concerned for signs of post incident trauma

- Make a referral to Occupational Health Services and / or Health Assured where there are concerns about the staff member

11. Training requirements and practice support for staff

Training for in-house staff

11.1 The council will provide the following training which is mandatory for Learning Disabilities, Physical Disabilities and Older People Day Centre staff and for Learning Disabilities respite staff.

Positive Behaviour Support:

- a 1 day one off course around creating capable environments (one day)
- seniors, managers and or champions should additionally attend - functional assessments and function-based strategies (one day) and Practice leadership training

Positive Behaviour Management:

- a 3-day course every 3 years plus a full day refresher course each year

11.2 The council will make reasonable adjustments to enable staff who are legitimately away from the workplace for an extended period (for example because they are on parental leave or extended sick leave) to meet mandatory training requirements.

11.3 Physical intervention trainers must meet the annual reaccreditation requirements of external BILD ACT accredited training provider. There will always be a minimum of two accredited trainers. One may be a trainer from the council's Positive Behavioural Support Service.

11.4 Trainers will tailor training programmes to meet identified practice needs. Training must:

- Reflect positive behavioural support principles
- Provide staff with a 'toolbox' of practical skills practiced through discussion, role modelling and a practical skills assessment so that staff develop competence and confidence in:
    - Pro-actively using primary and secondary intervention to prevent, reduce and / or de-escalate targeted behaviours, and

- Selecting and applying the safest, most ethical and least restrictive intervention when a reactive strategy is necessary
- Reactive strategies must be based on the latest evidence-based research and industry updates and be the least restrictive interventions possible comply with the Restraint Reduction Network National Training Standards

Training for the council's Positive Behavioural Support Service

11.5 All team members will be trained in Positive Behavioural Support practices. Practitioners in the team have a minimum of Level 4 BTech qualification in Positive Behavioural Support. The Positive Behavioural Support specialists have Master's in Applied Behaviour Analysis (ABA) and are Board Certified Behaviour Analysts or working towards. The Positive Behavioural Support assistants work directly under the practitioners and specialists. They receive in situ training through a mix of classroom-based theory sessions, behaviours skills training approaches (instruct, demonstrate, rehearse, feedback and repeat as necessary) and experiential practices.

11.6 All team members will be trained in Physical Interventions up to break away/keep safe techniques. This is due to the nature of work which may involve the team members supporting an individual in crisis.

11.7 Practitioners are qualified to deliver Positive Behavioural Support training to services/families. They will also be trained in coaching methods to enable effective modelling of behavioural strategies.

Practice support

11.8 Staff will have access to support from specialist teams / individuals such as:

- The Positive Behavioural Support Service
- Learning Disabilities Intensive Support Service
- Community Learning Disabilities team
- Intensive Health Outreach team
- Relevant health professionals

11.9 Where appropriate, accredited in house trainers or the Positive Behavioural Support Service may provide support by facilitating team meetings or being involved in implementing or reviewing behaviour support plans.

12. Monitoring– reflective practice and quality assurance

12.1 Our aim is to be able to demonstrate that the behavioural support we provide:

- Improves overall quality of life for people using our services
- Reduces the frequency, duration and intensity of behaviours that challenge
- Reduces the use of reactive strategies to a minimum for individual people and across our services as a whole

12.2 Each month the Behavioural Support Champion for each service will:

- Collect and collate data about:
  - Behavioural support plans which include the use of reactive strategies
  - Behavioural incidents and near misses within the service. This will include identification of the types and outcomes of interventions used
- Report data and audit findings to managers, in house trainers and the council's Positive Behavioural Support Service

12.3 Managers will monitor data and audit findings to identify trends and take whatever action is appropriate to reduce the likelihood of a recurrence, for example by:

- Reviewing interventions used within the service and / or organisation wide. Reviews may involve other in-house services and other professionals
- Ensuring that individual behavioural support plans are reviewed and amended where this is appropriate
- Sharing information with staff and trainers to support reflective practice and learning and the tailoring of mandatory training to ensure that use of reactive strategies is kept to a minimum and to meet service needs
- Ensuring that staff have access to practice support as required and / or requiring staff to repeat training or have additional training

- Other professionals / teams / services may be involved in considering what changes are necessary to support an individual adult or changes to organisational practice

12.4 We will provide reports about the types of interventions and reactive strategies used within our services to external BILD accredited training provider as required by them.

13. Responsibilities in council owned and managed short break homes and day centres:

13.1 Registered managers / care managers have overall responsibility for using positive behavioural strategies within the service and for delegation and accountability. They must ensure that:

- The service complies with all relevant requirements, for example with this and other relevant council policy, local procedures, the law and relevant guidance
- The service complies with the requirements of external regulators
- The service has appropriate arrangements to ensure that:
    - The service provides a positive and safe environment for adults using the service and for staff who work there
    - Staff are trained to use positive behavioural support and have additional support as necessary from specialist teams / individuals
    - Each adult using the service has a personalised:
        - assessment of their needs including for behavioural support
        - care plan which includes where relevant a behavioural support plan

      There is a named behavioural support champion who is responsible for leading discussions about behavioural support within the service, liaising with and reporting to managers, in house trainers and the council's Positive Behavioural Service and for compilation of data and monitoring activities as set out at section 11
    - Behavioural support practices and records are closely monitored and regularly audited
    - Behavioural incidents / concerns are investigated and remedied without delay

- Appropriate post incident support is provided to adults using the service and to staff if an incident should occur

13.2 Line managers / shift leaders must ensure that:

- People drawing on support from the service have an:
  - assessment of their needs for behavioural support
  - individual care plan which where relevant includes a behavioural support plan. Plans must be kept up to date

- Care or support staff:
  - understand their responsibilities to use positive behavioural support and receive appropriate information, instructions and support to carry out their roles complete all positive behavioural support training required by the council
  - follow the requirements of individual behavioural support plans

13.3 Care or support staff must:

- Follow the requirements of this policy, related guidance and the positive behavioural support training provided by the council
- Consult and follow the requirements of individual behavioural support plans
- Keep accurate, complete and up to date records
- Alert their line manager if:
  - they are concerned about the safety or wellbeing of anyone using or working within the service or anyone connected with that adult
  - they believe they need more support or additional training

14 Concerns and complaints

14.1 As a first step, we encourage anyone dissatisfied with the care they have received (or their representative) to discuss their concerns with the staff member they are dealing with or ask to speak to the manager of the service instead. We will try to resolve concerns quickly or explain why this is not possible.

14.2 If the concern is not resolved, or if preferred, people may make a complaint to the council and may subsequently ask the Local Government and Social Care Ombudsman to review their complaint. Please see our Adult Social Care complaints procedure.

14.3 People using regulated services have the right to bring concerns about their care and treatment to the notice of the Care Quality Commission (CQC) (the regulator).

14.4 We will provide information about how to use our complaints procedures and how to contact the Local Government and Social Care Ombudsman or CQC.

14.5 The council encourages its staff to speak up if it's not right. Any concerns from staff should be made through the council's whistle blowing procedure.

15 Implementing and reviewing policy

15.1 This policy will be published on the council's website. Line managers will advise staff that policy has been published.

15.2 We will review this policy annually and by the end of September 2026.

Appendix 1 – Definition of terms

ABC Chart	An ABC chart is a way of information to help determine the function of a person's behaviour. It does this by breaking down observations into three elements: • **Antecedents (A):** what happened *directly before* the behaviour occurred. • **Behaviour (B):** the specific action(s) or behaviour of interest. • **Consequences (C):** what happened *directly after* the behaviour occurred. Thinking of behaviour in these terms helps to understand *why* a person is behaving in a particular manner. This allows more meaningful interventions rather than just trying to prevent the behaviour itself.
Acquired Brain injury	Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. It can include damage sustained by infection, disease, lack of oxygen or a blow to the head.
Applied Behaviour Analysis (ABA	Applied Behaviour Analysis is the science of humans - based on observing and understanding people's behaviour.
Autism	Autism is a spectrum – everybody with autism is different. Being autistic does not mean you have an illness or disease. It means your brain works in a different way from other people.

	It's something you're born with. Signs of autism might be noticed when you're very young, or not until you're older. If you're autistic, you're autistic your whole life. Autism is not a medical condition with treatments or a "cure". But some people need support to help them with certain things.
Behaviour Intervention Plans (BIP)	The goal of a Behaviour Intervention Plan is to understand a person's behaviours and teach them replacement behaviours that serve the same function (escape, attention, tactile, or sensory) but that are not disruptive.
Best Interests	Section 4 of the Mental Capacity Act has a best interests checklist. This outlines what someone needs to consider before taking an action or making a decision for you while you lack capacity. They should: • Consider the person's wishes and feelings. This means current wishes and those expressed before losing capacity to make the decision. It also includes any beliefs and values that are important to them • Consider all the circumstances relevant to the person. This includes the type of mental health problem or physical illness someone has, and how long it's going to last. It also includes: o Your age o Whether they would normally take this decision yourself o Whether they're likely to recover capacity in the near future o Who's caring for them now or has cared for them in the past o Consider whether they'll have capacity to make the decision in the future. This may include assessing whether the decision can be put off in the short-term o Support involvement in acts done for the person and decisions affecting them

	○ Consider the views of carers, family or other people who may have an interest in the person's welfare. Or anyone you've appointed to act for them ○ Consider if there are other questions relevant to their situation
Capable environments	Capable environments are those that support a person effectively and provide the optimal setting to support positive interactions and opportunities. It is a holistic approach to align the multiple factors that form part of a person's environment and encourage a person to engage in meaningful activities and develop independent skills and promote personal preference and aspirations.
Capacity	Having mental capacity means having the ability to successfully make and communicate your own decisions. People are presumed to have capacity to do so, unless there is reason to doubt this due to an impairment in the functioning of the mind or brain – the impairment might arise from a mental health condition, learning disability, brain injury or illness. Where there is reason to doubt, a Mental Capacity Assessment (MCA) will be carried out relevant to the specific decision needing to be made at that time. In order to be deemed to have capacity to make the specific decision required, you need to be able to understand the relevant information given, retain it long enough in order to use or weigh the information to reach your decision, and then be able to communicate your decision clearly – whether that be verbally or non-verbally. Where the MCA concludes you lack capacity to make the required decision, a decision maker will make the required decision in your best interests.
Care plan	A care plan is created following an assessment and lists what support and/or health needs are being met and how they will be met for a person.

Carer	A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. When we refer to carers in this document, this is inclusive of both adult and young carers.
BILD ACT	Bild Association of Certified Training is a charitable organisation and is a certification body accredited by United Kingdom Accreditation Service [UKAS] as complying with the ISO 17065:2012 certification standards and licensed by the Restrictive Reaction Network (RRN) to use the RRN Training Standards and deliver the RRN Certification Scheme
Dementia	Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer's disease is the most common type of dementia. Though dementia mostly affects older adults, it is not a part of normal aging.
Discrimination	Discrimination is treating someone different due to their: • age • gender reassignment • being married or in a civil partnership • being pregnant or on maternity leave • disability • race including colour, nationality, ethnic or national origin • religion or belief • sex

	• sexual orientation Discrimination is illegal.
Duty of care	A duty of care is a legal and professional obligation to safeguard others while they are in your care, using our services. This means always acting in their best interests, not acting – or failing to act – in a way that causes harm, and acting within your abilities without taking on anything that lies outside of your competence.
Environmental changes	Environmental changes (manipulation) are methods of changing a person's environment to create optimal setting to support positive interactions and opportunities. This is not restricted to the physical material in the environment, but the culture and social aspects too.
Learning Disability	A learning disability is different for everyone. No two people are the same. A person with a learning disability might have some difficulty: • understanding complicated information • learning some skills • looking after themselves or living alone The Department of Health in the UK defines a learning disability as 'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'.

Mental Capacity Act (2005)	The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery.
PRN	Medication that is not required by a resident on a regular basis is sometimes referred to as a 'when required' or PRN medication. PRN medicines can be used to treat many different conditions. A PRN medication is most often prescribed for acute or intermittent conditions and is not intended to be given as a regular dose.
PRN Protocol	To ensure the medication is given as intended a specific plan for administration of PRN medication must be made – the PRN protocol. Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment of the person.
Regulated services	Services which are monitored and audited by The Care Quality Commission (CQC) in the UK must be registered and follow the standards set to ensure quality and safety of the support they provide.
Restraint Reduction Network	The Restraint Reduction Network Standards are designed to protect people's fundamental human rights and to promote person centred best

Training Standards	interest and therapeutic approaches to supporting people when they are distressed. They aim to facilitate culture change and exist to: • Improve the quality of life of those being restrained and those supporting them • Reduce reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, de-escalation and reflective practice • Increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs • Where required, the RRN Standards focus on the safest and most dignified use of restrictive interventions, including physical restraint (see more: https://bildact.org.uk/training-standards/)
Restricted Intervention	These are deliberate acts that control a person's movement or limit their freedom to act independently to take immediate control of a situation where there is a real possibility of harm to the person or others, so to significantly reduce the danger.
Trauma Informed Approach	A trauma-informed approach was defined by Hopper, Bassuk and Olivet (2010) as: "A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."

Appendix 2 – Context and good practice framework

Legislation relevant to managing challenging supportive behaviors includes but is not limited to:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
- The Care Act 2014
- The Human Rights Act 1998
- The Mental Health Act 1983 and 2007
- Health & Safety at Work Legislation 1974and1999)
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards 2008
- Equalities Act 2010

Guidance relevant to our best practice framework includes but is not limited to:

- **CQC Regulation 13 guidance**
- **NICE Guideline NG10** Violence and aggression: short-term management in mental health, health and community settings
- **NICE Guideline 11** Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- **NICE Guideline NG93** Learning disabilities and behaviour that challenges: service design and delivery
- **Restraint Reduction Network Standards First Edition James Ridley, Sarah Leitch (2019)**
- **CQC Brief guide – restraint (physical and mechanical)**

Further guidance on best practice will be obtained from:

- Ensuring Quality Services (2014)
- Preventative and Proactive workforce (2014)
- Gloucestershire Challenging Behaviour Strategy (2013)
- Mansell Report (Department of Health, 2007).