

Brief guide: Positive behaviour support for people with behaviours that challenge

Context

Positive behaviour support (PBS) is ‘a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with 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....

Behaviour that challenges usually happens for a reason and maybe 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.’¹

Evidence required

1. Provider's strategy, policy and procedures for managing behaviour that challenges.
2. Care records to confirm people with behaviour that challenges have had a recent holistic assessment and an individualised behaviour support plan (or equivalent) which is reviewed regularly.
3. Observations or records of staff activity demonstrating:
 - support for people to learn new skills, particularly those which could increase communication and enhance quality of life
 - understanding of how to prevent behaviour that challenges, including making changes to the environment, a focus on skills development and individually designed support
 - effective use of reactive strategies, including distraction, change to the environment and de-escalation minimum use of restrictive interventions
 - appropriate de-briefing after any incidents.
4. Discussions with staff to assess their understanding of PBS and its impact and to check they receive appropriate supervision, with opportunities to reflect on practice.
5. Records of audits, monitoring, staff training and supervision.

Reporting

In the ‘**assessing of needs and planning of care**’ section of ‘**effective**’ describe the quality of the assessment and behaviour support plan (or equivalent) and whether they follow the PBS strategies outlined in appendix 1.

In the ‘**best practice in treatment and care**’ section of ‘**effective**’ state whether the staff consistently apply effective proactive strategies to prevent behaviour that challenges (including teaching new skills) and if they apply the reactive strategies (including restrictive interventions) described in the behaviour support plan effectively and safely. Also report whether there is a clinical audit programme to monitor the effectiveness of PBS.

In the ‘**skilled staff to deliver care**’ section of ‘**effective**’ report whether the provider supports staff to implement PBS, through protected time, training and supervision.

In the ‘**involvement of people in the care they receive**’ section of ‘**caring**’ comment on whether patients and families/carers have been given an opportunity to discuss and learn about PBS.

In the ‘**good governance**’ section of ‘**well-led**’ comment on whether the provider monitors the attainment of specific objectives identified in PBS plans, such as people's increasing ability to express their feelings in non-challenging ways and reduction of restrictive interventions.

¹ [Centre for the Advancement of PBS](#), PBS key messages, January 2017

Policy position

All providers must take account of the Department of Health's guidance.² This states that services that support people whose needs and histories mean they are likely present with behaviours that challenge should use 'recovery-based approaches and delivery of care in accordance with the principles of positive behavioural support'. This applies to all services that work with people with learning disabilities or autism who present with behaviour that challenges, as well as services for people who are elderly and confused who may become agitated. Providers should also act in line with NICE Guideline 10³ and adopt this framework to anticipate and reduce violence and aggression and the use of restrictive interventions.

CQC's position for the purpose of its inspections is that:

- Staff should have made a recent assessment of the person's behaviour and created a behaviour support plan (or equivalent) and those making assessments should be adequately trained and supervised.
- Assessments should be individualised and holistic, and include a functional assessment of behaviour.
- Staff should be trained to avoid or minimise restrictive interventions, and in de-escalation techniques.
- The behaviour support plan (or equivalent) should state in detail all the interventions to change behaviour pro-actively and to manage behaviour reactively.
- The behaviour support plan (or equivalent) should include effective monitoring of behaviour and use the data gathered to aid its continued development.
- Providers should have a transparent policy on the use of restrictive interventions, with an overarching restrictive intervention reduction programme.
- Where there are any incidents of physical restraint, the multidisciplinary team should conduct an immediate post-incident debrief, monitor and respond to ongoing risks, and contribute to internal and external reviews.

In addition, chapter 26 of the Mental Health Act Code of Practice⁴ provides statutory guidance relevant for all patients receiving treatment for a mental disorder in a hospital and who are liable to present with behavioural disturbances, regardless of their detention status. Providers should comply with the requirements of that guidance when managing challenging or disturbed behaviour.

Link to regulations

CQC should take action under:

- **Regulation 9** when staff have not implemented effective behavioural support plans.
- **Regulation 12** when staff have not assessed or managed the challenging behaviour effectively.
- **Regulation 13** when staff have not taken reasonable steps to use the least-restrictive strategies to manage challenging behaviour.
- **Regulation 17** when the provider has not audited and monitored the number of challenging behaviour incidents or other PBS plan outcomes.
- **Regulation 18** when staff are not suitably competent or skilled in PBS or supervised by people with the necessary experience.

² Department of Health, [Positive and Proactive Care: reducing the need for restrictive interventions](#), 2014

³ [NICE Guideline 10](#) Violence and aggression: short-term management in mental health, health and community settings, 2015

⁴ [Mental Health Act Code of Practice](#), 2015 - Chapter 26 Safe and therapeutic responses to disturbed behaviour, pages 281 – 314

Appendix 1

Case Study Example

P can become anxious when there is a lot of noise or when there are a lot of people he doesn't know around him. His level of anxiety worsens when he has not slept well. It is also worse when the symptoms of psychotic disorder are worse. He feels better when he can have some time to himself. He has limited ability to communicate how he feels and what helps him feel less anxious. When the ward is noisy and there are too many people around, he usually tries to avoid too much stress by sitting by himself.

When he gets more anxious, often because other patients become more noisy or approach him, he starts to shout and will tip over furniture. This usually results in staff coming over to him and telling him to calm down. P finds this adds to his distress. He then tries to make staff go away by pushing them. Staff then usually remove him from the environment to the seclusion room, where he calms down. One hypothesis is that he behaves in this way in order to communicate his need to be in a quiet place.

Case Study Analysis

PBS is a framework used to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists people by:

- designing more supportive environments; and
- supporting individuals in developing skills that will improve their quality of life.

An individualised assessment and behaviour support plan (which may be integrated into a care plan in some services) for P would start with an assessment of his behaviour and what it seems to achieve for him. It is helpful to involve people who know the person well.

The functional assessment should consider:

- the person's history
- what happens immediately before the behaviour starts (antecedents) and what happens as a result of it (consequences)
- physical health
- mental health
- the broader social environment
- communication and social skills.

The information gathered should enable the assessor to form an idea about the factors influencing the person's behaviour. In P's case they might conclude that P is sensitive to the demands placed on him by noise and people and dislikes the way that staff interact with him when he is very upset.

P's behaviour support plan should note that a busy environment, lack of sleep, P's level of anxiety and the intensity of his psychotic disorder affect P's behaviour. It should identify the skills that might help him to cope better, such as communication of feelings. In particular, the plan should guide staff so they can teach P skills to improve his independence, manage his anxiety and the symptoms of psychosis. It should also detail any adjustments that need to be made, for example, provision of noise cancelling headphones or an earlier bed time or routinely alerting him when things are about to get busy. These are called **primary or proactive strategies**.

The behaviour support plan should also include **secondary strategies** such as distraction or diversion, in order to prevent escalation to crisis level and to keep the person and others safe. Crisis level occurs when the person behaves in a way that places either themselves or others at risk and may require the use of **tertiary strategies**, such as restraint and other restrictive interventions, to reduce risk and protect people from harm.

A good behaviour support plan should have more emphasis on primary (proactive) strategies than reactive strategies. The provider should monitor whether there has been an increase or decrease in P's behaviour or any restrictive practices. This information should be used to review and refine the behaviour support plan and any associated risk assessments with a view to continuous improvement in P's quality of life.

It must also be consistent with the requirements of the Mental Health Act Code of Practice 2015 and the Mental Capacity Act 2005.

Appendix 2

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-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf>