Behaviour of Concern Procedure

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Owner:	Neil Armstrong	**Job Title:**	Assistant Director – Care & Support

To be issued to: (check as needed)	
☐ Board of Management ☐ All Staff ☐ ET/SLT ☐ Head Office Managers ☐ Head Office Staff ☐ Finance ☒ Housing ☒ Asset ☐ ICT	☐ OD ☐ Compliance ☒ All Care & Support ☐ C&S Managers (RM, OM, CSM) ☐ C&S Staff ☐ Contractors ☐ Agency Staff ☐ Unite the Union ☐ Employee Voices Group ☐ Other: _____
Method of Delivery (check as needed)	
☒ Learn Pro ☐ Board Portal ☐ Line Manager to Share (e.g. Agencies)	☐Policy Owner to Notify (e.g. Contractors) ☐ Other: _____
Stakeholder Consultation Completed (check as needed)	
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Version Control

Date	Owner	Version	Reason for Change
July 2024	**Sean Taylor**	**5.0**	**Cyclical Review** **New Template** **Updated to reflect AIMS**

Summary of Changes

Section	Change
All	Job role changes
All	Reference to AIMS
3	All sections updated and added to describe and direct the use of AIMS PBS.

Behaviour of Concern Procedure

Contents

1.0 Introduction

1.1 What are behaviours of concern?

A behaviour of concern is often a way for someone to communicate something they are unable to express in a more typical or 'pro-social' way. The behaviour presents a significant risk to the individual or to others around them; their health, safety, wellbeing and/or ability to be included in their community. There is a need for intervention to support people with behaviour of concern to reduce or remove their impact on the individual's skills, rights, and ability to take part in their communities.

Examples of behaviour of concern:

- self-injurious (self-harm) behaviour (e.g., hitting, picking at skin, pica)
- hurting other people
- inappropriate sexualised behaviours
- damage to property
- withdrawing from people or previously enjoyed activities
- doing things that upset other people (e.g., screaming, removing clothes in public)
- refusal to do things (e.g., eating, personal care)
- doing the same thing repetitively (also called stereotypies/self-stimulatory behaviour/'stimming')

Behaviour of concern is not:

- only aggressive or violent behaviour
- non-compliance with professionals or support plans
- defiance or 'attention-seeking'
- self-stimulatory behaviour that is not harming the individual or others
- a one-off response to a situation
- an emotion / your perception of a persons' feelings.

1.2 Why do people display behaviours of concern?

Behaviour is functional, meaning it serves a purpose to the individual. It may not be obvious to others (or the person themselves) what that purpose is. Behaviour of concern may be as a response to the environment, a way to meet a need, or have a biological reason; for example, a mood disorder.

Autistic people and people with disabilities can be subject to **diagnostic overshadowing**. This is when health and/or social care professionals assume that the behaviour of the person is because of their disability without looking for other causes.

It is essential that a person displaying behaviour of concern has multi-disciplinary input to determine the causes and possible solutions to the behaviour of concern.

Possible reasons for behaviour of concern:

- avoid or obtain something; e.g., interaction, a preferred object
- expressing emotion; e.g., boredom, fear, anxiety, excitement
- a breakdown in communication
- increase or decrease sensory input; e.g., block out noise, chewing non-food items
- difficulty in self-regulation
- effect of substances; e.g., medication, alcohol, drugs
- hormonal changes in the body; e.g., menopause
- lack of, or change in, routine
- lack of appropriate learning opportunities or role models
- the effect of relationships with others
- underlying medical condition; e.g., general pain, physical, mental, neurological issue
- institutional practices; e.g., lack of things to do, impersonal routine
- life events (e.g., traumatic experiences)

Note: this list in not exhaustive

1.3 Positive Behaviour Support

Positive Behaviour Support (PBS) is an evidenced approach to supporting people who exhibit behaviour of concern. The purpose of PBS is to "improve the quality of a person's life and that of the people around them" (BILD, 2020).

A PBS approach starts with the understanding that behaviour is communication. Understanding behaviour of concern can help to provide support that better meets the individual's needs by understanding what the person is communicating.

The aim of PBS is to minimise the chance of the behaviour of concern occurring, and to reduce the impact of the behaviour when it does occur. This may be by supporting the individual to learn positive replacement behaviours, redirecting the individual to a more positive action, or by ensuring the trigger to the behaviour does not occur. It is recognised that for some people their behaviour of concern is chronic and will be managed on a long-term basis.

PBS is a positive and compassionate approach which is recommended by the NHS and The UK Positive Behaviour Support Alliance facilitated (UK PBSA) by BILD (see https://www.bild.org.uk/uk-pbs-alliance/) in line with Ark's values. Care & Support staff supporting people with behaviour of concern will use PBS to ensure that interventions are positive and proactive.

1.4 Capable environments

An environment that does not meet an individual's needs may affect their behaviour. This includes environments which do not consider an individual's hyper- and/or hypo-sensitivities, unsuitable routines, a lack of appropriate activities, inappropriate staffing and are not decorated in a suitable manner.
Some environments, such as a doctor's surgery, cannot be designed solely with the needs of one person in mind. Care & Support staff must remember that the people we support have a legal right to reasonable adjustments in these circumstances (Equality Act, 2010); meaning changes can be made to help the person tolerate the environment and access the service.

An example: an autistic person cannot tolerate the noise and light of the fluorescent lights used in the waiting room and this is likely to result in behaviour of concern. A reasonable adjustment could be that the person has the first appointment of the day and is therefore able to go directly to the doctor's office.

A 'capable' environment (Royal College of Psychiatrists, 2017) takes these points into consideration, and is designed with the needs of the individual in mind.

A capable environment considers:

- engagement style of the individual
- physical environment (e.g., decoration, furniture that withstands unintended use)
- function of the behaviour
- communication style and needs
- sensory needs (e.g., lighting, colours, noise, location of environment)
- health and support needs
- preferences for activities
- skill level

2.0 Learning & Development Requirements

As laid out within the Policy (CS17) Care & Support staff will complete Behaviour of Concern e-learning as part of their induction to support their understanding of supporting people in a positive, proactive way. Additionally, they will complete a person specific induction for supporting autistic people where applicable in order to understand the needs of the individuals.

All staff supporting people who require physical intervention/restraint techniques will also be trained in Crisis, Aggression, Limitation and Management (CALM), see: **CS06 Reducing Restrictive Practice**.

3.0 Assessment and Planning

3.1 Assessment

Individuals who exhibit behaviour of concern must have a multi-disciplinary assessment. The multi-disciplinary team (MDT) may include Speech and Language Therapy (SaLT), clinical psychology and/or psychiatry, social work, community learning disability nursing, and others, external professionals may not input unless behaviours of concern are persistent or have a detrimental impact on themselves or others.

The individual, welfare guardian and relevant family, in addition to other service providers involved in their care and support should be included.

A functional behaviour assessment should be completed with support from the multi-disciplinary team to gain an understanding of the relationship between the individual's behaviour of concern and what is happening in their environment at that time. Observations, as well as input from those who know the person well, are important in trying to understand what the individual is expressing through the behaviour of concern.

The multi-disciplinary team professionals may provide Ark with assessment / monitoring forms to complete and return, then support to create a PBS Plan; the PBS plan may be in various formats depending on the Health and Social Care Partnership's template. Ark will use this to transfer onto the individuals' AIMS (Ark's Information Management System) Care Planning file.

The AIMS platform contains a Positive Behaviour Support (PBS) section within supported peoples' files. This enables staff to record STAR (Slow trigger, Trigger, Action, Response) Behaviour Recording Charts, Functional Analysis Forms, Motivational Assessment Scale and Positive Behaviour Support Plans. See **AIMS PBS Flow Chart (Appendix 1).**

3.2 Star Behaviour Recording Charts

The STAR behaviour recording chart and an incident form are completed when there has been an incident that meets the criteria defining "Behaviour of Concern", Chan, et al. (2012)* "behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others. Unless professionals intervene to prevent such behaviours, therefore, they are likely to affect the communal, social or occupational quality of life of the people involved, and may lead to their rights being restricted".

Staff complete the STAR Behaviour Recording Chart on AIMS to monitor and determine triggers, the function and how best to respond to that behaviour which will support the development of the PBS plans. This includes a checklist which staff complete detailing where this occurred, as well as various potential slow triggers such as sleep pattern, change in medication, visitors arrived/failed to arrive etc.

The form also contains text boxes for staff to complete for Triggers, Action and Response. This allows staff to gather information surrounding a behaviour of concern incident, this will support staff to predict and prevent/minimise future behaviours.

A report can be exported from the STAR Behaviour Recording Charts and shared with the MDT where further support and guidance is required, these are also discussed at supported peoples 6 monthly reviews.

3.3 Functional Analysis Form

The Functional Analysis Form on AIMS is set up by a manager for a set period of time for staff to complete. The manager should generate an 'activity' in each visit of the Daily Planner and use the 'custom Schedule' to determine the length of time the assessment should be completed for. This should be completed on each visit when set up and is used to gather information on slow triggers even where there have been no behaviours of concern and support has been positive. Where there have been slow triggers and behaviours of concern, additional sections will open on AIMS for staff to complete.

The Functional Analysis Form also records what support worked well; what did not work well; what communication worked well and did not work well; meaningful activities, choices and independent functioning in support of assessing capable environments. It also identifies what the supported person can cope with in varying circumstances to enable a proactive approach.

A report can be exported from the Functional Analysis Form which can be shared with the MDT as well as analysing behaviours to enable staff to create PBS plans.

3.4 Motivational Assessment Scale

The Motivational Assessment Scale (MAS) on AIMS is completed by staff to determine why a supported person displays individual behaviours of concerns and its function/purpose, such as biting their own arm.

Support staff should when directed to do so by their manager answer the prepopulated questions in the MAS area on an individual basis or this can be completed together in a group where people agree on the answers input. A MAS report can then be downloaded which will then inform you if the function of this behaviour is attention, escape, sensory or tangible, these are the 4 functions of behaviour, this will be seen on the numerically scored report by the area scoring the highest. Understanding the function of a behaviour will enable staff to support proactively to avoid, minimise or react to these behaviours.

The MAS should not be completed using only one person as others may have different experiences and observations. Any behaviour may also serve more than one function therefore different staff may receive a different score i.e. 6 staff may score high in attention and tangible however this may show as 3 scoring highest in attention and 3 in tangible. In this example the PBS plan can be input in either section noting a recognition to the additional functions.

3.5 The Four Functions of Behaviour

The four functions of behaviour are Attention; Escape; Sensory or Tangible.

Attention:

These behaviours are performed in order to receive social interaction or attention from others, and can be either positive or negative attention. This may also be referred to as connection seeking.

Escape:

Behaviours that are performed to escape or avoid a situation or activity that is perceived unpleasant, uncomfortable or undesirable. It is important to remember that this can be escaping a task the person feels unable to complete.

Sensory:

Behaviours that are performed to gain sensory input or stimulation, such as rocking back and forth, tapping or clicking or repeatedly touching objects. These behaviours can be a form of self-stimulation or self-soothing.

Tangible:

Behaviours that are performed to gain access to tangible items or preferred activities. Tangibles and escape often occur together.

3.6 Positive Behaviour Support Plans

The Positive Behaviour Support Plans are separated into 4 plans. This is determined by the Motivational Assessment Scale which informs staff whether the function is Attention; Escape; Sensory or Tangible.

Each Positive Behaviour Support Plan is separated into several sections, each behaviour is added separately in the following areas; slow triggers and triggers, the behaviours and what this means.

The STAR Behaviour Recording Charts and Functional Analysis reports are used to inform the Proactive Strategies for communication; environment and structure and skills development as well as the Proactive Strategies, Proactive Responses, Resolution Strategies and After Behaviour of Concern (what this looks like and how to approach).

These PBS plans must be used by staff to guide them before, during and after an incident of behaviour of concern and may include clear guideline when staff should withdraw from support.

3.7 Good Life Support Plan / R & V

The Good Life Support Plan / R & V (see**: CS02 Care Planning**) contains section 1. Behaviour of Concern (PBS), this should be completed to guide staff.

This section, when completed, lists the Behaviours of Concern, the risk if not supported proactively and directs staff to the appropriate PBS plan.

4.0 Restrictive practice, physical intervention and restraint

If an individual's ability to make choices or move freely is reduced by an intervention to support them with their behaviour, it is a restrictive practice. Its use must be agreed by the multi-disciplinary team and legal authorisation obtained where needed.

The individual or their legal proxy must consent to the use of a restrictive practice, physical intervention or restraint, see: **CS06 Reducing Restrictive Practice**.

5.0 Incidents

5.1 Interventions

Proactive Strategies, Proactive Responses (**Primary/Proactive Intervention):** Care & Support staff must follow all proactive approaches and supports described in the PBS plan in order to minimise the likelihood of the behaviour of concern occurring.

Resolution Strategies **(Reactive Interventions):** Care & Support staff must use the reactive strategies described in the PBS plan in order to reduce further harm to the individual and/or others around them.

After Behaviour of Concern (**Post-reactive Interventions):** Care & Support staff must follow the post-reactive support described in the PBS plan when the individual is showing recovery from the behaviour.

Care & Support staff must be mindful of their own safety and that of the supported person at all times, observing the safe distance stated in the PBS plan.

If an individual exhibits behaviour of concern that is not currently part of a PBS plan (a new behaviour), Care & Support staff must follow **CS06 Reducing Restrictive Practice**, ensuring they do not implement unlawful/unnecessary restrictions. The Care & Support Manager (CSM)/Operations Manager (OM) must arrange a multi-disciplinary meeting as soon as possible. In these instances it may be necessary to review incidents, behaviours and PBS plans more regularly than the minimum 6 monthly review period.

5.2 Incidents

Incidents should be reported to the CSM, OM, or Manager on Call (out of office hours), as soon as practical. Alternative staffing arrangements may be required due to the distress or injury of the Care & Support staff or supported person. It is the responsibility of the manager to whom the incident was reported to arrange this or service point of contact where this falls out of office hours.

If someone is injured, RIDDOR reporting may be required, see **HS04 Incident Reporting**. It is the responsibility of the Health & Safety advisor to ensure this is completed.

The incident must be recorded in the service incident log within 48 hours.

The incident may be an Adult Support and Protection issue, see **G57a Adult Support and Protection**.

The Care Inspectorate may need to be notified. It is the responsibility of the relevant CSM/OM to do this (the OM or Regional Manager must do this should there be no established CSM or where the CSM is absent / on leave at the time).

An incident may indicate a potential risk to Ark's business; for example, through a failure to provide adequate training, this may need reported through Ark's exception reporting procedure, see: **G08 Risk Management**.

The CSM/OM of the service must consider any follow-up actions or referrals required, including convening the multi-disciplinary team to address changing needs.

5.3 Support post-incident

Care & Support staff must seek medical advice when:

- They have any apparent injury; for example, cuts, bruising, bleeding, broken bones
- They have suffered any trauma to the head
- They have fallen

This list in not exhaustive and any concerns must be highlighted to medical professionals.

Care & Support staff will take part in a debriefing. Its purpose is to:

- Give staff the opportunity to discuss their feelings.
- Seek support from their line manager.
- Discuss the incident in detail to analyse their practice and identify learning needs.
- Provide information about additional support available, for example Ark's counselling service.
- Discuss and plan any ongoing support needed.
- Identify changes needed to the supported person's PBS plan, Good Life Support Plan / R&V.
- Identify external input or onward referral required for the supported person.

Any learning needs identified for the Care & Support staff following an incident must be followed-up by the relevant CSM/OM as soon as possible and appropriate training organised with Ark's Learning & Development team.

5.4 Support for staff

It can be stressful for Care & Support staff working with individuals who display behaviour of concern. Care & Support staff must be able to make use of ad-hoc supervision where required, in addition to their regular planned supervision as per **HR05 Performance Management**.

6.0 Implementation and Review

6.1 Implementation

Care & Support Managers/Operations Managers are responsible for the implementation of these procedures by their Care & Support staff.

6.2 Review

Ark Regional Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy (**CS17 Behaviour of Concern**) as a result must be submitted to the Board of Management for approval.

Care and Support Managers can review the effectiveness of this procedure through monitoring of health and safety incidents involving behaviour of concern.

Appendix 1

PBS Case Forms Flow Chart