



# **Policy in Action** **Enabling People to Exercise** **Rights**

## **Therapeutic intervention or Rights** **Restriction?**

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# What has enabled St John of God Community Services Ltd to think about Rights and to Act in a Rights Based Way

- Being signed up to CQL
- Having a Charter of Rights for Service Users.
- Having Strong Robust Policies that enable the exercising of rights.
- The Mental Health Commission, HIQA and other regulatory bodies.

# 1. Restrictions imposed for behavioural reasons

- Working within policy can enable the exploration of “due process” and can also help getting over the issue of “questioning clinical practice”.
- The Charter of Rights for Service Users.



**People availing of services from SJOG  
with ID and Behaviours that Challenge  
have the right to**

**A Multi Element Behaviour Support (MEBS)  
Plan**

(which is a particular type of positive behaviour support)

# What having a MEBS Plan means

- A Comprehensive Background Assessment
- A Functional Assessment of the Behaviour
- A Primary Function of the Behaviour is Established
- A Functionally Equivalent Skill is taught to the person – thus removing the need to communicate through behaviour.
- The plan is implemented and % of implementation scored on a weekly basis.
- Other interventions too numerous to mention here.



## In terms of Due Process then...

For someone with behaviours that challenge you can ask the following questions if someone is referred to the RRC with behavioural Restrictions.

## Some questions that indicate MEBS in action...

- What is the behaviour for which the restriction is required?
- Is this the same behaviour as focused on in the MEBS plan?
- If yes, was a functional assessment completed?
- What was the function of the behaviour?
- What is the Functionally Equivalent (FE) skill?
- Has the person learned how to use the FE skill?
- What % of the plan is in operation?
- When was the % of implementation last calculated?



# More Questions...

- If the behaviour is not the same as that addressed in the plan, was another functional assessment conducted on this behaviour?
- If yes, was the FE skill identified and taught?
- If no, then this should be completed without hesitation.

The FE skill is not the only part of the plan but is a key indicator on MEBS in action.



# Questioning Clinical Practice or examining due process?

Having a strong, clear and robust policy on how to support people with behaviours that challenge enables the RRC to:

1. Delve deeper
2. Ask “due process questions” in terms of how the MEBS process should happen.

# Policy in Action

- All practitioners working in SJOG with people with behaviours that challenge and ID should be operating within the policy on behaviours that challenge, i.e. using the MEBS model .
- Know the policy – inform yourself on the MEBS process
- It is not “Due Process” to simply say someone has a plan - the process in developing the plan and the implementation of the plan should be transparent.
- This is *not* questioning clinical practice.
- It *is* supporting and enabling rights through “due Process” in terms of MEBS implementation!



# Case of John (composite)

- Referral to RRC - physically restrained and secluded for serious challenging behaviour of injuring other service users and staff.
- MEBS assessment - the function of his behaviour came out as “I need a break”.
- A FE skill of using a Lamh sign was identified for John whereby he would hold his hand up to say “I need a break”.
- John’s plan was completed six months before the referral – and while this skill was identified as suitable for John to learn he was never taught it.
- John’s behaviour was not reduced and he was still being restrained and secluded for this behaviour six months after the plan was completed.

# Recommendations from RRC

1. That John learn the FE skill of using a Lamh sign whereby he would hold his hand up to say “I need a break”. He would be taught this as a matter of urgency
2. That his plan be implemented on a weekly basis and monitored.



# Three Month Follow Up...

- John did learn this FE skill
- His plan is now in operation with his weekly implementation score around 65%.
- His behaviour has reduced from baseline of 15 episodes per week to 2 per week.

# The linking of the PBSC and the RRC under the umbrella of SJOG policy has...

- Enabled the dovetailing of work by the PBSC and the RRC thus reducing the need for behavioural investigations as the information is fed directly through from the PBSC to the RRC.
- This has also increased the implementation level of MEBS plans – impacting positively on the rights of Service users.



Questions?

Thank You

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