

Positive Behaviour Support Policy

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CEO signature (Interim)		Next Review Date
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Mission Statement

Utilising our resources and skills to provide intentional supports for the people we support; enabling them to live full and inclusive lives by contributing to and enriching the fabric of their local communities.

SPC partners with external agencies and community services to facilitate '*ordinary lives in ordinary places*'

Vision Statement

People supported will live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

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This policy should be read in conjunction with the Personal Plan Framework and the Restrictive Practice Policy

1.0 INTRODUCTION

- 1.1. St Patricks Centre Kilkenny (SPC) is committed to the provision of person-centred service using a human rights-based approach. SPC's mission statement makes a commitment to self-directed living and uses the Social Role Valorisation (SRV) theory of practice in order to achieve sustainable valued roles for the people we support. In line with the human rights/SRV model of approach SPC promotes Positive Behaviour Support (PBS) to individuals who present with behaviours of concern.
- 1.2. The purpose of this policy is to ensure a collaborative, integrative and consistent approach in supporting individuals with behaviours of concern within SPC. As part of this collaborative approach, it is important all relevant stakeholders have involvement in the development of Positive Behaviour Supports for the people we support i.e family members, employee teams, keyworkers, PIC, CSM, BSS, ADOS, DOS, Multi-Disciplinary Team, etc. Each individual we support has the right to Positive Behaviour Support, to support them in a positive, proactive and preventative means to help them have the best quality of life.

2.0 DEFINITION

- 2.1. Positive Behaviour Support (PBS) refers to the application of an applied science that uses: proactive and effective educational methods, behavioural interventions, environmental redesign and systems change. This is to support individuals who exhibit disruptive and/or dangerous behaviours in school, work, social, community and family settings (Carr et al., 2002; Horner et al., 1990). PBS can be defined as a human right informed, evidenced based behavioural support model, which focuses on a compassionate, empathic and collaborative way to understand the needs and concerns of the people we support.
- 2.2. PBS is a collaborative approach which involves working within a circle of support to develop a shared understanding about why the person has a need to engage in behaviours of concern. It involves treating people with utmost dignity and respect and enabling them to have a better quality of life. PBS focuses on the fundamental that all behaviour has a meaning and serves a purpose, therefore further assessment and analysis is pivotal to identify the function of the behaviour. Effective assessment results in a shared understanding of the person's experiences and needs by integrating biological, psychological, environmental and social factors.
- 2.3. PBS aims to establish the reason why a person may engage in this behaviour and enable them to have their needs met in a way that does not involve the occurrence of

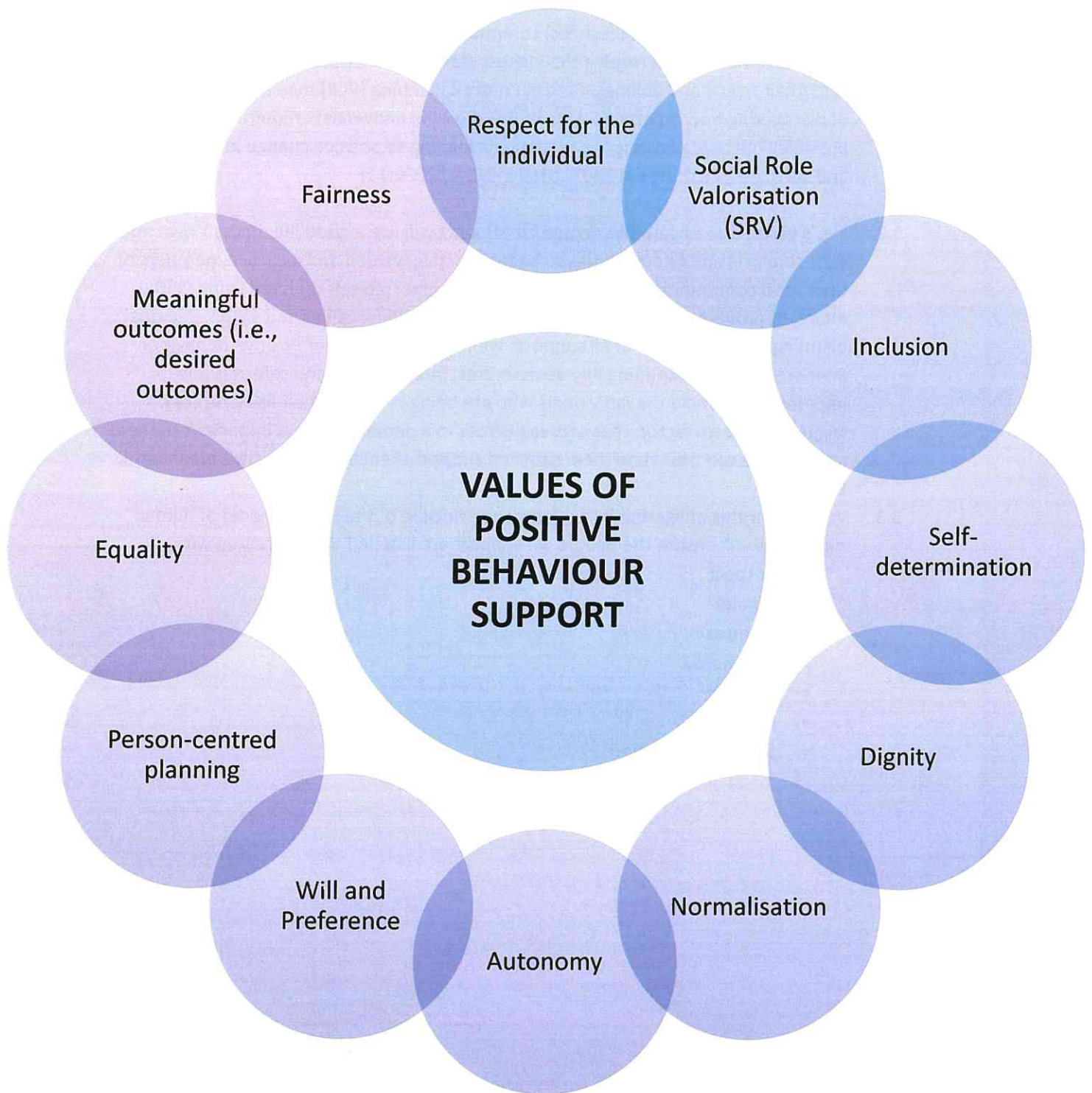
this behaviour. It focuses on various different elements that may contribute to the behavioural occurrence, rather than just on the behaviour itself.

- 2.4. A behaviour of concern can be defined as any type of behaviour, of such frequency or intensity that has an aversive effect on the individual or the people within their environment.

3.0 PURPOSE & SCOPE

- 3.1. The purpose of this policy is to provide an overview to all employees of SPC's commitment to providing a rights based/person-centred approach using a model of positive behaviour support in line with our personal plan framework. The scope of this policy should provide an in-dept account of the definition, function and purpose of positive behaviour supports and their application within SPC as an organisation. This policy should be read in conjunction with the restrictive practice policy and understood by all SPC employees.

4.0 VALUES OF POSITIVE BEHAVIOUR SUPPORT



5.0 PERSONAL PLANNING FRAMEWORK & PBS

- 5.1. Person centred planning underpins every aspect of our role to enable the people we support to live the good life. Visioning meetings are held for each person supported using a SRV theory of practice and a Person-Centred approach facilitating the promotion of meaningful lifestyles, community involvement, advocacy etc. to ensure the people we support receive the highest standard of supports in a means that best suits their needs and abilities. Person Centred Planning (PCP) may be defined as a way of discovering how a person wants to live their life and what is required to make that possible. The overall aim is “good planning leading to positive change in people lives and services” (Ritchie et al 2003, cited in NDA , 2006:12)
- 5.2. SPC’s vision is to ensure the people we support will live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities. The vision enables a supported self-directed living (SSDL) model of provision which is underpinned by SPC beliefs, values and vision. Personal planning is at the centre of all supports we provide in terms of Positive Behaviour Support. Before completing any assessments, interventions and referrals it is imperative we know the individuals who are being referred, their likes, dislikes, triggers (a known factor, that causes distress to a person), what is important to them and how we can best keep them safe and support them to live an active meaningful lifestyle.
- 5.3. We honour this obligation by applying the principle of the FREDA model of human rights, this will ensure the people we support are listened to and treated with;
 - Respect
 - Dignity
 - Fairness
 - Autonomy
 - Equality
 - Inclusion
 - Self-Determination

6.0 APPLICATION OF POSITIVE BEHAVIOUR SUPPORT

- 6.1. Positive Behaviour Support will be applied within every setting and each individual we support will receive supports that are positive, preventative, proactive, non-aversive, through a team-based approach, involving all stakeholders. All employees are responsible for ensuring that each individual is supported to fulfil a meaningful lifestyle, which is free from abuse, neglect, intimidation and that each individual is treated with respect, privacy and dignity in a safe and enabling environment. This will be done in collaboration with a human rights-based approach.
- 6.2. It is the policy of SPC that a person displaying behaviours of concern will be supported using non-aversive, non-punitive based and non-restrictive strategies.

Proactive strategies will be facilitated and included in the day-to-day makeup of each of the people we support's lives and relevant documentation will be in place, should the employees require the use of reactive strategies.

Implementation of a Positive Behaviour Support Culture for each individual as part of the individualised assessment and personal planning process

Record each occurrence of behaviour(s) of concern on the appropriate form/documentation.

Identify and make a referral if an individual requires additional Positive Behaviour Support.

Work collaboratively with the team, the line manager, the individual and the family to support each individual with a behaviour of concern.

7.0 ASSESSMENT

- 7.1. A person's needs can be complex and the assessment may need to explore many factors to understand the needs of the person. Assessment for behavioural supports may need to take into account many factors; for example; physical health, mental health, biological factors, communication style and preference; memory needs, sensory processing needs, neurological factors; skill(s) strengths and deficits; life story;
- 7.2. Person's history of behavioural support needs, valued roles; motor challenges, preferences and fun; adverse life events which may include trauma; anxiety; stressors; learning style; functional assessment; autonomy and choices; worries and emotional distress; psychological factors; environmental factors; use of technology; attachment and relationship needs; executive function skills (ability to regulate frustration/tolerance; flexibility; affect regulation) etc.
- 7.3. Effective assessment results in a shared understanding of the person's experiences and needs by integrating biological, psychological, environmental, past traumas and social factors. Assessments will be completed by the Behaviour Support Specialist in conjunction with all relevant stakeholders i.e family, employee team, PIC, CSM, MDT etc. The employee team will be responsible for collecting data on behavioural occurrences and documenting this through the use of ABC's, records of significant behaviour, scatterplots etc.

8.0 DOCUMENTATION

- 8.1. It is pivotal to our roles and responsibilities to document the supports being provided to the people we support to ensure effective monitoring, analysis and reviews are facilitated and to maintain a high-quality standard of support.
- 8.2. Each person has their own personal plan folder which contains a series of documentation, including any supports relative to their behaviour. The Behaviour Support section of this file should contain Referrals (See Appendix 5), Multi Element Behaviour Support Plans, Behaviour Management Plans, Behaviour Support Notes, Behaviour Recordings etc., as well as the relevant and associated risk assessments and Standard Operating Procedures. Recording of any relevant/significant behaviours in the form of the Significant Behaviour Chart (See Appendix 2), ABC's (See Appendix 4), Scatterplots etc. should also be filed within this section.
- 8.3. Any occurrence of incidents are to be reported within 24 hours on the SPC online incident reporting system DMS and other bodies informed of same where relevant i.e. HIQA, NIMS etc.

9.0 RESPONSIBILITIES

- 9.1. It is the responsibility of each employee member within SPC to be familiar with the Positive Behaviour Support Policy and corresponding documentation. It is the responsibility of the Senior Management Team and Service Enhancement Team etc. to oversee the promotion and culture of PBS within the organization.

Person in Charge

The PIC supported by CSM (PPIM, Person Participating in Management) responsible for:

- The PIC shall ensure that employees have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support individuals to manage their behaviour. (Regulation 7.1)
- Implementing this policy and procedure on the provision of behavioural support to people supported. (HIQA 2013, 3.2.1).
- Ensuring all employees are aware all policies related to behaviour support and that the policies are adhered to at all times.
- Providing leadership in the obtaining of any additional resources required as preventive measures for the person supported who presents with behaviours that challenge.
- Ensuring each person supported receives the appropriate physical and emotional support following the occurrence of a behaviour incident.
- Ensure that all employees receive relevant supports following on from an incident/occurrence of behaviours of concern.
- Completing incident reports and review of same through DMS reports recorded by staff teams.
- Ensuring Safeguarding Pathway has been followed, Internal Notification and other safeguarding documentation is completed and sent to the Safeguarding Designated Officer.
- Ensuring HIQA are notified when and as required in a timely manner.
- Ensuring Gardai / family notified if/when required.

Community Service Manager (CSM)

- Review DMS reports recorded by staff teams and following up on identified actions.
- Supporting and encouraging staff teams in promoting risk assessing, risk management and positive risk taking
- Ensuring the Safeguarding Pathway has been followed Internal notifications and other Safeguarding documentation is completed and sent to Safeguarding Lead person/Designated Officer.
- Ensure HIQA notifications are completed as required and in a timely manner.
- Ensuring Gardai/family notified if required.

Keyworkers

- Keyworkers are responsible for ensuring that all documentation in the Personal Plan, Risk Assessments/SOP, Support Plans is current, relevant and up to date.
- Keyworkers are also responsible for ensuring that all team members are aware of any changes to current documentation.
- Positive risk taking is encouraged and supported
- Keyworkers are also responsible for ensuring that relevant supports and referrals are sent to the necessary professionals.

All direct support employees

- Support the person supported with behaviour(s) of concern in line with their Personal Plan/Behaviour Support Plan.
- All employees are responsible for using non-aversive and non-restrictive strategies
- Positive risk taking is encouraged and supported
- Assist in identifying solutions and improvements to prevent reoccurrence of such events.
- Complete an incident report form for any incident which occurs. This need to be completed following the incident but no later than end of shift.
- Support the person supported who has been involved in an incident, during and after the incident, rebuilding a therapeutic rapport.

Quality Manager

- It is the responsibility of QA Manager to review & monitor PBS through SPC audit schedule

Behaviour Support Specialist:

- Respond to referrals received and identify people supported that may require further support. (See Appendix 5)
- Conduct assessments and interventions as required, such as functional behaviour assessments and behaviour recording documentation etc. this includes scatter plots, significant behaviour recording forms, ABC's (See Appendix 4) QABF's etc.
- Liaise with employee team, PIC, CSM's, SET etc. to ensure "Each person experiences supports that enhance positive behaviour and emotional wellbeing" (HIQA National Standards (standard 3.2)
- Review current documentation and update accordingly.
- Provide ongoing support and training to employee teams (i.e Low Arousal Supports, CPI Safety Interventions, Autism Awareness, Positive Behaviour Support etc).
- Liaise with other members of the Multi-Disciplinary Team/Service Enhancement Team where required.

- Analyse incidents and present findings back to team in an On-the-Job Mentoring (OJM) format.
- Be available to provide employees or/and teams with a debrief following a serious incident.

10.0 HIQA REGULATIONS

10.1. PBS is interlinked as part of the National Standards to ensure safe and effective services are provided to the people we support. 'Adults experience care that supports positive behaviour and emotional wellbeing. Residential services manage serious incidents and learn from things that go wrong'. Health Information and Quality Authority (January 2013)

10.2. In line with HIQA regulations, it is fundamental that SPC services comply and there is clear evidence that the people we support:

Are safe

Have their rights respected

Are included in decisions about their care
and support

Are provided with care and support that matches
their individual health and social needs

Have a good quality of life

11.0 RESTRICTIVE PRACTICES

11.1. Restrictive practices can be broadly defined as the intentional restriction of a person's movements or behaviour. Restrictive practices will be used as a last resort, when all other alternatives have been trialed and exhausted. They will be proportionate to the risk associated and only intended to maximise safety and minimise harm. These will be assessed and reviewed on a regular basis. (HIQA, Regulation 7 .5) The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this regulation

- (a) every effort is made to identify and alleviate the cause of the person supported challenging behaviour;
- (b) all alternative measures are considered before a restrictive procedure is used
- (c) the least restrictive procedure, proportionate to the risk, for the shortest duration necessary, is used.

SPC has a Policy on Restrictive Practices that must be read in conjunction with this policy

12.0 AUDIT, EVALUATION & TRAINING

- 12.1. In line with HIQA regulations, Positive Behaviour Support is governed and audited externally through inspections carried out by the Health and Information, Quality Authority Regulation 7.
- 12.2. There is a positive approach to the management of behaviour that is tailored to meet the needs of each person with a disability and is appropriate to their ability and capacity'.
- 12.3. Similarly, the Positive Behaviour Support Policy will be internally audited by the Behaviour Support Specialist and in line with the Restrictive Practices Team, to review and monitor its effectiveness and its promotion across the service. This will also be internally audited through the Annual Provider Audits, as well as internal 6 monthly audits completed by members the Service Enhancement Team/PIC's etc.
- 12.4. Employees shall receive sufficient education and training to enable them to manage and respond to behaviour that is challenging (HIQA 2009, 21.4). Training shall include methods on how to manage violence, aggression, and extreme agitation, including de-escalation and intervention techniques, methods of physical restraint and dynamic risk assessment (HIQA 2013, 3.3.8).
- 12.5. Training in line with Positive Behaviour Support will be facilitated internally by the Behaviour Support Specialist in areas such as PBS, Low Arousal Supports as well as the delivery of CPI Safety Intervention Foundation Training to all frontline employees. CPI

Safety Intervention Training focuses on the modules of a Crisis Development Model and the corresponding employee approaches in order to try and deescalate a situation. CPI focuses on the principles of Care Welfare, Safety and Security and ensures that all interventions are proportionate to the risk and that the least restrictive method is utilized. It places an emphasis on the principles of maximizing safety and minimize harm through a series of applicable strategies and interventions.

13.0 REFERRAL PROCESS

- 13.1. A person supported who experiences behaviours of concern and/or is identified as being in need of additional supports can be referred to the Behaviour Support Specialist for behavioural support input.
 - Employees complete referral form (Appendix 5) and email to the Behaviour Support Specialist
 - Behaviour Specialist will respond to referral within 3 working days
 - Behaviour Specialist will complete an initial assessment and conclude with recommendations on type of assessment required
 - Behaviour Specialist will link in with the employee team and in conjunction with other MDT where required.
- 13.2. The authorisation of an emergency response to support a person who experiences behaviours of concern has to follow SPC line management structure (PIC, CSM/PPIM, Emergency Governance) to ensure appropriate steps are taken for the person supported and employee's safety.

14.0 REFERENCES

Carr, E.G. Dunlap, G., Horner, R.H., Koegel, R.L., Turnbull, A.P., Sailor, W., Anderson, J.L., Albin, R.W., Koegel, L.K. & Fox, L. (2002) 'Positive behaviour support: Evolution of an applied science', *Journal of Positive Behaviour Interventions*, 4(1):4-16.

Health Information and Quality Authority (2013) National Standards for Residential Care Settings for Adults and Children with Disabilities [Online]. Available at <http://www.hiqa.ie/publications/national-standards-residential-services-children-and-adults-disabilities> [Accessed Sept 2014].

National Disability Authority (2006) Guidelines on Person Centred Planning in the Provision of Services for People with Disabilities in Ireland [Online]. Available at <http://www.nda.ie/cntmgmtnew.nsf/0/12AF395217EE3AC7802570C800430BB1?OpenDocument> [Accessed 4 April 2014].

15.0 APPENDICES

Additional information is included in this section that will support and provide a rationale for the policy, procedures, protocols and guidelines. Including:

Appendix 1: SIGNIFICANT BEHAVIOUR PATHWAY

Appendix 2: RECORD OF SIGNIFICANT BEHAVIOUR

Appendix 3: GUIDANCE INCIDENT VS A SIGNIFICANT BEHAVIOUR

Appendix 4: ABC SHEET

Appendix 5: BEHAVIOUR SUPPORT REFERRAL FORM

Appendix 1 SIGNIFICANT BEHAVIOUR PATHWAY

Significant Behaviour Recording Pathway

Was the Behaviour noted a significant episode?
(i.e sensory behaviours, obsessive or repetitive behaviours, etc)

OR

Was an employee/person supported
harmful during the episode?

Complete a 'Significant Behaviour' Recording Document

Complete an Incident
Report on DMS

This is located on the Q Drive
In 'Behavioural Support'

Record of Significant Behaviour

This should include behaviours that occur that are not an incident but require review/tracking.

It should include details such as occurrences/severity and frequency of behaviours too.

Person Supported:	
Date:	
Staff:	
Date & Time:	Behaviour/Occurrence:

Before this is emailed it
should be filed in the
Daily Working File Folder

This should be forwarded weekly via email to
marian.fitzgerald@stpatrickskilkenny.ie and the
Team Leader/PIC

After it has been emailed
it can be filed in the
Personal Plan Folder
in the Behaviour Support
Section.

Appendix 2 RECORD OF SIGNIFICANT BEHAVIOUR

This should include behaviours that occur that are not an incident but require review/tracking.

It should include details such as occurrences/severity and frequency of behaviours too.

Person Supported:	
Date Week Commencing:	
Employee:	

This can be hand written or typed

Date & Time:	Behaviour/Occurrence:

Signed: _____

Date: _____

Please forward this document via email to marian.fitzgerald@stpatrickskilkenny.ie & to your Team Leader.

Appendix 3 GUIDANCE INCIDENT VS SIGNIFICANT BEHAVIOUR

INCIDENT VS SIGNIFICANT BEHAVIOUR

What is an Incident?

An incident should be referred to as an outburst which can result in causing harm to the person themselves, the people in their surroundings or items within their vicinity.

A behaviour which has an aversive effect on that person themselves or the people around them.

Any episode of Self-Injurious Behaviour, aggression towards a staff member/peer/member of the public/community, property destruction, absconding etc.

Include as much detail as possible in your incident reports.

(i.e. 'if John hit out', instead add in additional relevant details such as : John hit staff member AB on the lower left arm using an open palm/closed fist, while we were standing in the hallway.

Add in as much relevant information as possible.

What is not an incident?

- A sensory profiling activity i.e. changing of clothes, smearing etc.- These should be logged as significant behaviours.
- Refusing to engage in an activity/go out in the car etc.
- Presenting in 'bad form'
- Vocalisations
- Excessive eating/drinking behaviours
- Picking behaviours
- Seizure Activity (This should be logged on the seizure recording form) **Unless it results in an injury**
- Incontinence
- Selectively sitting on the ground

What is a Significant Behaviour?

The Record of Significant Behaviour has been introduced in order to gain an accurate representation of incidents occurring and supports required within community houses. It will serve as a means of tracking both incidents separately and also significant behaviours.

Significant Behaviour Examples:

- Obsessive/Repetitive Behaviours
- Picking behaviours
- Sensory Profiling Behaviours (Smearing etc)
- Unsettledness/Agitation
- Incontinence
- Vocalisations indicating distress/frustration etc.

Appendix 4 ABC SHEET

Date and Time	Background factors (any relevant elements i.e sleep, pain, hunger etc)	Antecedent What happened before?	Behaviour	Consequence What happened next?	Employee Initials:
08.02.2022 08.50	'Mary' had a disrupted night's sleep, was awake multiple times during the night. Mary presented as in pain on waking up, indicating her chest was sore.	Mary had been unwell earlier in the week, PRN was administered twice with good effect.	Mary began to vocalise loudly and appeared distressed. Mary engaged in self-injurious behaviours in the form of pinching her arm during this time.	Employee provided support and reassurance. Employee ensured the environment was quiet and calm and offered her highly preferred items to help her deescalate (i.e music) Mary was also administered PRN pain relief due to indicating pain several times. Mary returned to baseline behaviour after 30 minutes.	MF
Date and Time	Background factors (any relevant elements i.e sleep, pain, hunger etc)	Antecedent What happened before?	Behaviour	Consequence What happened next?	Employee Initials:

Appendix 5 BEHAVIOUR SUPPORT REFERRAL FORM



Behaviour Support Referral Form

Name of Person Supported:	
Date:	
Name of person making referral:	

Reason for Referral:

Physical Aggression Towards Others: ☐

Verbal Aggression Towards Others: ☐

Self-Injurious Behaviours: ☐

Absconding: ☐

Sensory Integration: ☐

Property Damage/Destruction: ☐

Other: _____

Please state if numerous aspects are relevant

What is the desired outcome of the reason for referral? _____		

What level of impact does this currently have on this person's life?		
Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed Keyworker: _____
Signed Team Leader/PIC/CSM: _____
