Falkland Islands Government Positive Behaviour Support Policy

Document Name	Positive Behaviour Support Policy
Owner	Sam Lowe - Principal Social Worker – Adults, Dr Neti Murphy – Clinical Psychologist
Version Number	V1
Approval Date	June 2024
Approved By	Safeguarding Adults Board
Date of Commencement	September 2024
Date of Last Review	
Date for Next Review	February 2026
Related Policy Documents	Statement of Purpose and Standards of Care for all Community Care within the Falkland Islands Mental Capacity Policy Deprivation of Liberty, Use of Restraint and Restrictive Practice Policy Safeguarding Adults in the Falkland Islands – Policy Safeguarding Adults in the Falkland Islands – Guidance for Professionals

TABLE OF CONTENTS

1. DEFINITIONS

Positive Behaviour Support (PBS)	An understanding of the behaviour of an individual. It is based on an assessment of the social and physical environment in which the behaviour happens, includes the views of the individual and everyone involved, and uses this understanding to develop support that improves the quality of life for the person and others who are involved with them *(British Institute of Learning Difficulties, BILD).*
Behaviours that Challenge	A person may behave in challenging ways for many reasons, and they must be understood if a suitable alternative is to be found. Understanding the factors that contribute to this behaviour will enable you to provide good support to that individual, and this is where Positive Behaviour Support (PBS) helps *(BILD).*
Quality of Life (QoL)	The purpose of person-centred support is to enable an individual to achieve their optimal Quality of Life. Quality of Life is individual to each person, but ultimately bolsters their happiness and satisfaction. Core elements of Quality of Life include health and safety, social interaction and relationships, community participation, productive activity, self-advocacy and choice.
Function of Behaviour	All behaviour is communication. To understand the purpose of the behaviour that challenges, we must first understand the five functions of behaviour. **Sensory** - to fulfil a sensory need **Escape** - to escape a situation or avoid task demands **Attention** - to obtain social attention from others **Tangible** - to obtain a tangible item such as a drink **Communication** - to communicate a thought, feeling or experience. Knowing the function of the behaviour will help you identify and understand both desired behaviour and behaviour that challenges.
Adaptive Behaviour Chart (ABC)	Each behaviour or action consists of three parts: the antecedent, the behaviour, and the consequence. **Antecedents** are events (internal or external) which trigger behaviours. An example of an external behaviour could be a support worker assisting with personal care. An internal behaviour could be the person feeling hungry.

	Behaviours are anything a person does. External/observable behaviours are those that someone other than the person executing the behaviour can see. Internal/non-observable behaviours are those that others cannot see, such as a person's thoughts. **Consequences** are what occurs directly following a behaviour. Handing a person, a packet of crisps after they point at the snack cupboard is an example of a consequence. Repeated consequences reinforce behaviours.
Initial Positive Behaviour Assessment	If Behaviour that Challenges is emerging or apparent, an Initial Positive Behaviour Assessment should be completed (Appendix Two). The Initial Positive Behaviour Assessment should consider the Function of the Behaviour and information gained through direct observation and scales such as the Adaptive Behaviour Chart.
Further Positive Behaviour Assessment	A Further Positive Behaviour Assessment is undertaken when the behaviour that challenges does not respond to the Positive Behaviour Support Plan. The Further Positive Behaviour Assessment (Appendix Four) should be multi-disciplinary, drawing on the skills of specialist services, covering any areas not fully explored within the Initial Positive Behaviour Assessment.
Positive Behaviour Support Plan (PBS Plan)	The Positive Behaviour Support Plan (Appendix Four) is the document created, based on the Initial Positive Behaviour Assessment to help understand behaviour that challenges and agree strategies to enhance the person's Quality of Life and support understanding of the behaviour. A good Positive Behaviour Support Plan will have more Proactive Strategies than Reactive Strategies.
Proactive Primary Strategies	Everything that is put in place that reduces the likelihood of the behaviour happening; for example, managing situations that may trigger a behaviour, changing environments, and providing opportunities for new experience and acquiring new skills *(BILD).*
Proactive Secondary Strategies	These are plans for what to do if the primary strategies do not work and behaviour starts to escalate. These might include using calming approaches, changing the environment, diverting the person's attention to an activity they enjoy *(BILD).*

Reactive Strategies	Any strategy used to make a situation or a person safe when they behave in a way that challenges. This includes procedures for increasing personal space, disengagement from grabs and holds, PRN (as-needed) medication and more restrictive interventions.

2   PURPOSE

This policy sets out the framework and commitment of the Falkland Islands Government (FIG) to provide Positive Behaviour Support for all adults in receipt of care and support. Positive Behaviour Support (PBS) is an evidence-based approach used to address behaviours that challenge in individuals with various cognitive challenges, including dementia and learning disability.

The policy recognises the need to support people to lead the lives they choose with maximum choice and control and aims to enhance our understanding of a person's life by gathering information in a systematic way, using good quality evidence from people the person knows best.

Positive Behaviour Support is a model based on psychological theory, and has person-centred values at its core. All FIG services delivering care and support have a duty to understand the complex circumstances which may influence a person's behaviour and the impact of our responses. This policy aims to provide clear information to underpin the application of PBS within all care and support interventions in the Falkland Islands.

3   BACKGROUND

The Islands Plan 2022-2026 seeks to 'modernise national equalities, policies and practices, and champion social equity values' to 'grow an environment where discrimination is challenged, people feel they are treated fairly and are protected from discriminatory practices and behaviours.'

The Positive Behaviour Support Policy supports the Deprivation of Liberty, Use of Restraint and Restrictive Practice Policy by ensuring that Positive Behaviour Support is provided for all adults in receipt of care and support. It follows principles of best practice and is in line with professional codes of conduct and standards.

4   SCOPE

Positive Behaviour Support has much in common with person-centred support, and planning needs to be embedded within all care and support provided by the Falkland Islands Government.

Leadership from the Senior Management Team will ensure that principles of Positive Behaviour Support are embedded within all service provision in the Falkland Islands. It will be necessary for all FIG employees involved in the care and support of people to be trained and supported in the delivery of Positive Behaviour Support.

5   POLICY PRINCIPLES

Positive Behaviour Support is more than just reducing behaviour that challenges and provides a holistic approach that considers the quality of a person's life and is underpinned by values that promote inclusion, choice, participation and equality of opportunity. Principles include;

- to improve the Quality of Life (QoL) of the people we support
- understand behaviours that challenge
- understand the possible meanings and Function of the Behaviour of concern
- ensure the least restrictive option is always pursued

- ensure team members are suitably trained and understand all aspects of the Positive Behaviour Support plan.

INTRODUCTION

6. POSITIVE BEHAVIOUR SUPPORT

Positive Behaviour Support involves understanding the behaviour of a person. This is achieved through assessment of the social and physical environment in which the behaviour happens. It includes the views of the person, and uses this understanding to develop person-centred support that improves the QoL for the person and others who are involved in their care and support.

A person may behave in a way that challenges for many reasons, and these reasons must be understood if a suitable plan is to be identified. Understanding the factors that contribute towards the identified behaviour will enable provision of good support to the individual in order to reduce the need for the behaviours that challenge.

Positive Behaviour Support does not assume that a behaviour will cease, its aim is to reduce the likelihood of it happening. The use of Positive Behaviour Support may result in the cessation of the behaviour that challenges however this does not mean that the Positive Behaviour Support should stop. It should be reviewed and adapted to meet the new circumstances.

7. COMMUNICATION

Effective communication and collaboration is a key aspect of all good quality care and support. Understanding how a person communicates, whether it be verbally or non-verbally through their actions is a key component of Positive Behaviour Support. Consideration of the involvement of specialist services such as Allied Health Professionals is required to optimise communication.

The most effective means of communicating with the person should be clearly documented within the care and support plan and should provide the foundation of all Positive Behaviour Support planning. The Positive Behaviour Support Plan should reflect how to support the person to express their needs, emotions and choices.

8. TRAINING

Managers should ensure all staff working with adults who display behaviours that challenge are trained to deliver pro-active strategies to reduce the risk of such behaviours, including:

- developing personalised daily activities
- adapting a person's environment and routine
- strategies to help the person develop an alternative behaviour to achieve the same purpose by developing a new skill (for example, improved communication, emotional regulation or social interaction)
- the importance of including people, and their family members or carers, in planning support and interventions
- strategies designed to calm and divert the person if they show early signs of distress
- delivering reactive strategies.

Managers should ensure that all staff get personal and emotional support to:

- enable them to deliver interventions effectively for people with behaviour that challenges
- feel able to seek help for difficulties arising from working with people with behaviour that challenges
- avoid negative or harmful approaches when working with people with behaviour that challenges
- recognise and manage their own stress.

It is important that staff are given the opportunity to access available support following incidents of behaviour that challenges.

9.   POSITIVE BEHAVIOUR ASSESSMENT AND PLANNING

9.1   EARLY IDENTIFICATION OF THE EMERGENCE OF BEHAVIOUR THAT CHALLENGES

Everyone involved in providing care and support should understand the risk of behaviour that challenges and that it often develops gradually. Pay attention to, and clearly document, factors that may increase this risk, including:

• personal factors, such as:

- a severe learning disability
- autism
- mental health condition
- dementia
- communication difficulties (expressive and receptive)
- visual impairment (which may lead to increased self-injury)
- physical health problems including increased pain levels, infection and delirium.

• environmental factors, such as:

- changes to the person's environment (for example, significant staff changes or moving to a new care and support setting)
- ensuring a safe environment for the individual and others
- environments with too little or too much sensory stimulation and those with low engagement levels (for example, little interaction with staff or other service users)
- abusive or restrictive social environments
- developmentally inappropriate environments (for example, a curriculum that makes too many demands on a person)
- environments where disrespectful social relationships and poor communication are typical or where staff do not have the capacity or resources to respond to people's needs.

Consider using direct observation and recording or formal rating scales, for example, the Adaptive Behaviour Checklist (ABC Checklist) to monitor the development of behaviour that challenges (Appendix One).

9.2 POSITIVE BEHAVIOUR SUPPORT ASSESSMENT PLANNING

9.2.1 RISK ASSESSMENT

Assess and regularly review the following areas of risk during any assessment of behaviour that challenges:

- suicidal ideation or self-harming behaviour
- harm to others
- self-neglect
- breakdown of family or residential support
- exploitation, abuse or neglect by others
- rapid escalation of the behaviour that challenges.

Ensure that the Positive Behaviour Support Plan includes consideration of risk.

9.2.2 STAGE ONE – COLLECTION AND ANALYSIS OF DATA

Step one - Adaptive Behaviour Chart (Appendix One)

When assessing behaviour that challenges, using the ABC Checklist;

Consider what happened before, during and after the behaviour, how often if happens and how long it lasts. Identify slow and fast triggers, those events that build up slowly and may affect behaviour over time and those that may immediately affect behaviour.

Identify what you believe to be the Function of the Behaviour, what did the person need that led to the behaviour?

Step two - Initial Positive Behaviour Support Assessment (Appendix Three)

Complete the Initial Positive Behaviour Assessment. Within this assessment consider;

- the person's abilities and needs, in particular their expressive and receptive communication
- any physical or mental health problems, and the effect of medication, including side effects
- developmental history, the severity of the person's cognitive condition including the presence of Autism Spectrum Disorder (ASD)
- response to any previous interventions for behaviour that challenges
- the impact of the behaviour on the person's:
  - Quality of Life
  - Independent living skills and educational or occupational abilities
- social and interpersonal history, including relationships with family members, care and support staff or other people with whom the person lives with
- aspects of the person's culture that could be relevant to the behaviour that challenges

- life history, including history of trauma or abuse
- recent life events and changes to routine
- the person's sensory profile, preferences and needs
- the physical environment, including heat, light, noise and smell
- How person-centred the care and support plan is; the range of activities available, how they engage people and promote choice, and how well structured it is.

The initial assessment should explore the Function of the Behaviour i.e. what the person is trying to obtain or communicate. All behaviour has a function, including behaviour that challenges – this means that there is a reason for all behaviour that we see, even when the reason is not initially obvious. There are five main Functions of Behaviour;

- **Sensory** - to fulfil a sensory need
- **Escape** - to escape a situation or avoid task demands
- **Attention** - to obtain social attention from others
- **Tangible** - to obtain a tangible item such as a drink
- **Communication** - to communicate a thought, feeling or experience

Remember the Function of a Behaviour is specific to that **person** in that **situation**.

Once completed, the initial assessment should set out as far as is practicable an understanding of what has led to the behaviour that challenges and the Function of the Behaviour. This understanding will help to inform decisions about interventions outlined within the Positive Behaviour Support Plan.

9.2.3   STAGE 2 – POSITIVE BEHAVIOUR SUPPORT PLAN (PBS PLAN)

Develop a written plan using the Positive Behaviour Plan template (Appendix four.) The Positive Behaviour Plan will be an evidence-based plan based on an understanding of the Function of the Behaviour, and will put in place a number of strategies to enhance the person's QoL and reduce the unwanted behaviours. The strategies are grouped as:

Proactive Primary Strategies: Everything that is put in place improves the person's quality of life and reduces the likelihood of the behaviour happening; for example, managing situations that you know will trigger a behaviour, changing environments, and providing opportunities for new experience and acquiring new skills.

Proactive Secondary Strategies: These are plans for what to do if the Primary Strategies do not work and behaviour starts to escalate. These might include using calming approaches, changing the environment, diverting the person's attention to an activity they enjoy.

Reactive Strategies: (see para 10) These are planned, robust strategies that are put in place to be used as a response to an incident of challenging behaviour. They aim to take control of a situation, minimise the risk to the person and provide clear guidance on how staff members should respond if there is a significant risk of harm to them or others.

The Positive Behaviour Support Plan should:

- be based on a thorough Initial Positive Behaviour Assessment and/or Further Positive Behaviour Assessment
- incorporate risk management and take into account the effect of the Positive Behaviour Support Plan on the level of risk
- be compatible with the abilities and resources of the care setting and can be implemented within the available resources
- be monitored using the continuous collection of documented information
- identify any training requirements for staff members to improve their understanding of behaviour that challenges
- identify those responsible for delivering the plan and the designated person responsible for overseeing it.

9.2.4   STAGE THREE - REVIEW

Review and revise the support provided to make sure that it reflects the person's current needs, interests, health and wellbeing and risks.

As with all good practice, review should be an ongoing process. It needs to ascertain the effectiveness of strategies being used to address any behaviours of concern and to assess staff consistency.

The review process should ensure the Positive Behaviour Support plan continues to reflect the person's current needs, interests, health and wellbeing and risks. At a minimum a review should be completed at least fortnightly for the first two months and monthly thereafter. The Positive Behaviour Support Plan should also be reviewed after any significant change in behaviour including consideration of risk, particularly if the use of restrictive interventions increases, or QoL decreases.

9.2.5   FURTHER POSITIVE BEHAVIOUR ASSESSMENT

If the behaviour that challenges is severe or complex, or does not respond to the behaviour support plan, review the plan, and carry out Further Positive Behaviour Support Assessment. This should provide full detail of what interventions have been trialled, and any successful or unsuccessful outcomes.

A referral an be made to the Emotional Wellbeing Service advising that further multi-disciplinary input (either consultation or direct support) is required to cover any areas not fully explored by Initial Positive Behaviour Assessment.

10   REACTIVE STRATEGIES

Reactive Strategies are designed to keep the person safe and provide ways to act quickly if the person is distressed. This may include procedures for increasing personal space, disengagement from grabs and holds, PRN (as needed) medication and more restrictive options.

Reactive Strategies should only ever be used as a last resort and together with the Pro-active Strategies described in paragraph 9.2.3. Ensure that Reactive Strategies, whether planned or unplanned, are delivered on an ethically sound basis. Always ensure that the least restrictive option is selected at all times. Reactive Strategies should be reduced as soon as it's safe to do so.

Regularly review and reassess the safety, efficacy, frequency of use, duration and continued need for Reactive Strategies. Each use of Restrictive Strategies should be documented within an incident report and recorded within the person's care and support records.

The Deprivation of Liberty, Use of Restraint and Restrictive Practice policy provides clear guidance on the use of restraint and restrictive practice and should be followed by all FIG staff.

11   SAFEGUARDING ADULTS

People who present with behaviour that challenges are vulnerable to maltreatment and exploitation. This can occur in both community and residential settings. For further information please read Safeguarding Adults in the Falkland Islands – Policy and Safeguarding Adults in the Falkland Islands – Guidance for Professionals.

Information and advice regarding the safeguarding of adults is available from Social Services by telephoning 27296.

Appendix One – Adaptive Behaviour Chart

Adaptive Behaviour Chart (ABC)			
Name:		**Location:**	
General Context:			
Date/Time	**Antecedent**	**Behaviour**	**Consequence**
	Slow Triggers *These are the events that build up slowly and may affect my behaviour over time.* **Fast Triggers** *These are the events that may immediately affect my behaviour.*		
What appears to be the Function of the Behaviour? What did the person appear to need? (Please circle)		Sensory Escape Attention Tangible Communication	
Any further observations?			
Completed by:			

Appendix Two – Adaptive Behaviour Chart (Example)

Adaptive Behaviour Chart (ABC)			
Name: Anthony Smith		**Location: Tussac House, Main Lounge**	
General Context: *Anthony was participating in a group activity with three other residents. He was attempting to talk to another resident; however, they did not respond. Anthony then became angry with this person and attempted to pull them towards him by their shirt.*			
Date/Time	**Antecedent**	**Behaviour**	**Consequence**
01.01.25	**Slow Triggers** These are the events that build up slowly and may affect my behaviour over time. *Anthony has a diagnosis of Alzheimer's Disease and can become agitated in group settings.* *Anthony doesn't like being inside.* *Anthony can become agitated when he is bored.* **Fast Triggers** These are the events that may immediately affect my behaviour. *Anthony saw the fire exit door was opened and attempted to leave the room. He was guided back to his seat by a staff member. This appeared to increase his agitation.* *Anthony attempted to speak to another resident (PS), but they did not respond.*	*Anthony grabbed PS by the collar and attempted to pull this person towards him.* *Anthony was talking loudly at this person, although it was unclear what he said.*	*Staff members attempted to persuade Anthony to release PJ's collar without success.* *Staff members were required to physically remove PJ's collar from Anthony's grip.* *Staff members then supported Anthony to sit in a quiet area of the lounge. Staff members sat with Anthony on a 1:1 basis looking at a book on warships.* *Anthony appeared calmer after approximately five minutes.*

What appears to be the Function of the Behaviour? What did the person appear to need? (Please circle)	Sensory Escape (Attention) Tangible Communication
Any further observations?	*Anthony appeared to be very interested in the book on warships and seemed to enjoy naming some of the ships.*
Completed by:	*B Jones*

Appendix Three – Initial Positive Behaviour Assessment

	Initial Positive Behaviour Assessment
Name	
Pen picture of individual *Consider:* • *Social and interpersonal history* • *Recent life events and changes to routine*	
Description of Behaviour *What is the behaviour that requires attention?*	
Quality of Life *Consider how is the behaviour impacting the persons quality of life?*	
Communication *Consider the persons expressive and receptive communication needs.*	
Health *Physical/ Mental Health conditions, including effect of medication including side effects.*	
Developmental History *Consider the severity of the person's cognitive condition including the presence of ASD.*	
Sensory *Consider the persons sensory profile, preferences, and needs.*	
Environment *Consider the physical environment, including heat light, noise and smell.*	
Previous Interventions *Consider previous responses to behaviour that challenges. (Successful and Unsuccessful)*	
Known Triggers	

Consider slow and fast triggers; the events that can build up slowly and may affect behaviour over time and events that are known to immediately affect behaviour.	
Person Centred Care *Consider:* - *how person-centred the support plan is.* - *How well structured it is.* - *How choice and control is promoted* - *Preferred/non-preferred people*	
Family View *Discuss the behaviour with family member/ carer. What are their views on the cause and suggested remedies?*	
Function of the Behaviour Please circle	**Sensory** *to fulfil a sensory need* **Escape** *to escape a situation or avoid task demands.* **Attention** *to obtain social attention from others* **Tangible** *to obtain a tangible item such as a drink* **Communication** *to communicate a thought, feeling or experience*
Further Observations	

Summary of observations:
The observations detailed within this assessment should set out an understanding of what has led to the behaviour, consider slow and fast triggers which may lead to the behaviour.

The more accurate and detailed the observations the greater the benefit for the individual.

Information contained within this section will be used to inform the person's Positive Support Plan.

Date of Completion:		Date of Review	
Person completing assessment.			

Appendix Four – Initial Positive Behaviour Assessment (Example)

Initial Positive Behaviour Assessment	
Name: *Anthony Smith*	
Pen picture of individual *Consider:* • *Social and interpersonal history* • *Recent life events and changes to routine*	*Anthony has recently moved to Tussac House, he was previously cared for at home by his wife.* *Anthony worked aboard ships as a deckhand and spent many years at sea. He talks warmly of this time in his life. Later in life, Anthony ran a successful garden maintenance company in Stanley until last year, when he was unable to continue due to his health.*
Description of Behaviour *What is the behaviour that requires attention?*	*Anthony continues to attempt to leave the building, he can become verbally and physically aggressive towards staff and other residents when prevented from leaving the building.*
Quality of Life *Consider how is the behaviour impacting the persons quality of life?*	*Anthony appears distressed when prevented from leaving the building. It will often take time for Anthony to settle following these incidents. This is preventing him from participating fully and enjoying other activities. Anthony is prevented from building relationships with other residents during these periods of distress.*
Health *Physical/ Mental Health conditions, including effect of medication including side effects.*	*Anthony has a diagnosis of moderate Alzheimer's Disease.*
Communication *Consider the persons expressive and receptive communication needs.*	*Anthony's ability to communicate has been impacted as his condition has progressed. Anthony is finding it increasingly difficult to express himself through words which appears to be causing him frustration.* *Anthony has a hearing impairment.*
Developmental History *Consider the severity of the person's cognitive condition including the presence of ASD.*	*Anthony has Alzheimer's Disease which has significantly progressed within the last twelve months.*
Sensory *Consider the persons sensory profile, preferences, and needs.*	*Anthony appears to enjoy being outside and will sit for long periods even in poor weather.* *Anthony enjoys listening to country music, this appears to relax*
Environment *Consider the physical environment, including heat*	*Anthony appears to become more agitated when the activities room is full with other residents.*

light, noise and smell.	
Previous Interventions *Consider previous responses to behaviour that challenges. (Successful and Unsuccessful)*	*When Anthony was previously guided away from the door, he became aggressive and grabbed a carers wrist. A carer showed Anthony a book on ships, and this appeared to distract him.* *During a previous episode, the maintenance manager invited Anthony to look at what he was doing. This immediately distracted Anthony.*
Known Triggers *Consider slow and fast triggers; the events that can build up slowly and may affect behaviour over time and events that are known to immediately affect behaviour.*	*Anthony can quickly become bored. He is an 'outside person.' He will become frustrated when spending continued periods of time inside.* *Anthony is likely to react if he feels he is not being listened to or if he is told he must stay in* *Anthony will attempt to leave the building when the door is opened. He will then become agitated when prevented from leaving.*
Person Centred Care *Consider:* - *how person-centred the support plan is.* - *How well structured it is.* - *How choice and control is promoted* - *Preferred/non-preferred people*	*Anthony is supported to engage in weekly activities of his choice.* *Anthony's communication care plan details the additional time and assistance required to enable Anthony to communicate his needs.* *Anthony appears to enjoy the company of male carers.*
Family View *Discuss the behaviour with family member/ carer. What are their views on the cause and suggested remedies?*	*Mrs Smith described Anthony as an 'outside man,' describing how his work at sea and later running a gardening business meant he was rarely inside. Mrs Smith said that Anthony always had a project on the go and was always in his shed mending or making something. He used to say being in the house made him feel claustrophobic.* *Mrs Smith said that historically, the only time her husband would relax in the house was when looking at books, or reminiscing about his time at sea.*
Function of the Behaviour Please circle	**Sensory** *to fulfil a sensory need* **Escape** *to escape a situation or avoid task demands.* **Attention** *to obtain social attention from others* **Tangible** *to obtain a tangible item such as a drink* **Communication** *to communicate a thought, feeling or experience*
Further Observations	*Anthony likes to see what the maintenance manager is doing*
Summary of observations: *The observations detailed within this assessment should set out an understanding of what has led to the behaviour,*	

consider slow and fast triggers which may lead to the behaviour.

The more accurate and detailed the observations the greater the benefit for the individual.

Information contained within this section will be used to inform the person's Positive Support Plan.

Anthony has historically enjoyed being outside and is known to become claustrophobic and frustrated when spending prolonged periods inside. It is clear from observations that he enjoys being outside and this appears to meet his sensory needs.

Due to Anthony's cognitive condition, he unable to fully understand times when it is not possible to be outside due to inclement weather, or constraints within the service. This can lead to episodes of frustration, verbal and physical aggression from Anthony when prevented from achieving this goal. Anthony will automatically head for the door if he sees it is open. He will immediately react if prevented from leaving, or if he is told he cannot leave.

Anthony appears to respond well to male members of staff and enjoys seeing what the maintenance manager is doing. On one occasion, Anthony's agitation immediately subsided when invited by the maintenance manager to see what he was doing. On another occasion, Anthony was distracted when a member of staff sat with Anthony in a quiet room looking at a book of ships.

Date of Completion:	01.01.01	Date of Review	
Person completing assessment.			

Appendix Five – Positive Behaviour Support Plan

Positive Behaviour Support Plan	
Name:	
These are the signs that my behaviour is escalating:	**These are the behaviours that other people may find challenging or risky:**
Slow triggers *These are the events that build up slowly and may affect my behaviour over time.* **Fast triggers** *These are the events that may immediately affect my behaviour.*	**Proactive Primary Strategies** *What can reduce the risk of triggers occurring?* *Please give me 1:1 positive feedback if:*
	Proactive Secondary Strategies: *What can be done to reduce the impact of triggers?*
What do I believe is the Function of this Behaviour? *Sensory Escape Attention Tangible Communication*	**Reactive Strategies:** *How to support me in a crisis?*
Date of completion:	**Date of review:**

Appendix Six – Positive Behaviour Support Plan (Example)

Positive Behaviour Support Plan

Name: *Anthony Smith*

These are the signs that my behaviour is escalating:	**These are the behaviours that other people may find challenging or risky:**
I will start to pace around, I start talking to myself, I may stare at people and try to talk to them. *I clench my fists, I will start talking under my breath.* *I will keep trying different doors.*	*I may grab other residents, visitors or staff members by their clothing or their arm.* *If people try to remove my hand from their clothing/ arm, I may try to hit them or push them away. This may mean I become unbalanced and fall over or the person I have grabbed falls over.*
Slow triggers *These are the events that build up slowly and may affect my behaviour over time.* *I have Alzheimer's Disease which means it is difficult to understand why I can't always go out. This makes me feel claustrophobic.* *I don't like being inside all the time, I like being outside.* *I am a busy man; I don't like being bored. I have work to do, I get cross when staff stop me from going to work.* **Fast triggers** *These are the events that may immediately affect my behaviour.* *When I'm told I need to stay inside.* *When people don't listen to me.* *When the door opens, I want to go out.* *When people try to move me away from the door.*	**Proactive Primary Strategies** *What can reduce the risk of triggers occurring?* *I like being busy with things to do.* *I like to spend time in the garden.* *I would like to have work to do.* *It helps if I am not facing the door.* *I would like people to show they are listening when I talk to them. Allow me time to explain what I want to do and why I want to do it.* *I prefer male members of staff.* *Please give me 1:1 positive feedback if:* *I stayed calm when supported away from the door.*

	Proactive Secondary Strategies:
	What can be done to reduce the impact of triggers?
	I would like to go for a walk in the garden when I start to feel agitated.
	If I look like I am becoming angry, I would like staff to sit with me and show me books. I am interested in warships.
	If I become distracted by the exit door it may help if you invite me to help you with a simple job.
	Reactive Strategies:
	How to support me in a crisis?
What do I believe is the Function of this Behaviour?	
(Sensory) Escape Attention Tangible Communication	*If my behaviour becomes risky to myself or others, then I would rather be supported to go into the garden than taken back to my room. I might be distracted by the offer to look at books of my interest.*
	If staff must take hold of me, it should be as a last resort and done in a calm way so that I do not feel unsafe or become angrier.
Date of completion: **01.01.25**	**Date of review:** 14.01.25

Appendix Seven – NICE Guideline, NG10: Violence and Agression: Short Term Management in Mental health and Community Settings.

NICE GUIDELINE, NG10: VIOLENCE AND AGGRESSION:

SHORT-TERM MANAGEMENT IN MENTAL HEALTH, HEALTH AND COMMUNITY SETTINGS.

ANTICIPATING AND REDUCING THE RISK OF VIOLENCE AND AGGRESSION, 1.

Reducing the use of restrictive interventions:
Staff training

Health and social care provider organisations should train staff who work in services in which restrictive interventions may be used in psychosocial methods to avoid or minimise restrictive interventions. This training should enable staff to develop:

- A person-centred, values-based approach to care, in which personal relationships, continuity of care and a positive approach to promoting health underpin the therapeutic relationship.

- An understanding of the relationship between mental health problems and the risk of violence and aggression.

- Skills to assess why behaviour is likely to become violent or aggressive, including personal, constitutional, mental, physical, environmental, social, communicational, functional and behavioural factors

- Skills, methods and techniques to reduce or avert imminent violence and defuse aggression when it arises (for example, verbal de-escalation)

- Skills, methods and techniques to undertake restrictive interventions safely when these are required

- Skills to undertake an immediate post-incident debrief

- Skills to undertake a formal external post-incident review in collaboration with experienced service users who are not currently using the service.

All services that use restrictive interventions should have a restrictive intervention reduction programme to reduce the incidence of violence and aggression and the use of restrictive interventions.