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Title:	BEHAVIOURAL MANAGEMENT POLICY				
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Category: Operational Policies

Subject: Behavioural Management Policies

Responsible for Review of this Policy: West Limerick Independent Living CLG Board

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INTRODUCTION

This policy stems from the West Limerick Independent Living's commitment to ensure the rights of people with disabilities and the staff who support them to work in environments that are positive, respectful, safe and inclusive. Individuals who display behaviour that challenges are entitled to the same inclusion, rights and safeguards as any other individual in society.

Promoting positive behaviour and preventing and managing behaviour that challenges is vital to ensuring the safety of those we support and staff. The West Limerick Independent Living use a positive approach to supporting individuals who display behaviour that challenges.

Our staff work in partnership with other professionals to address the needs communicated through behaviour that challenges.



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Behaviours that challenge are addressed in a timely and appropriate manner.

DEFINITIONS

Challenging behaviour may be defined as:

- i. Behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to deny access to the use of ordinary community facilities.
- ii. In general, behaviour may be viewed as challenging if it satisfies one or more of the following criteria:
 - a. The behaviour itself or its severity is seriously inappropriate given the individual's age and level of development.
 - b. The behaviour is physically harmful to the individual or others.
 - c. The behaviour causes significant distress for the individual or places significant stress on the lives of those who live and work with the individual and impairs the quality of life to an unreasonable degree.

These guidelines apply to individuals with disability who receive support services from the West Limerick Independent Living and are designed to:

- Ensure that interventions are based on non-restrictive, multi-element behaviour support plans.
- Ensure the minimal use of restrictive procedures and an effective audit and review process of any such procedures.
- Ensure the delivery of appropriate training for those who support people who display behaviour that challenges.
- Seek to ensure that our services are not unduly bound by administrative conveniences, rigidity of routine and formality, and are instead places where people can express themselves, make choices, take responsibility for their lives, participate in decision-making, and be part of their community.

POLICY STATEMENT

It is the policy of the West Limerick Independent Living that people who display behaviour that challenges are entitled individualised support, assessment and intervention. Interventions used respect the rights and dignity of the individual. Use of restrictive strategies is minimal and in the best interest of the person and is justifiable according to recognised best practice.

The policy is implemented by:

1. Ensuring that people receive support to develop the skills necessary for them to fulfil their potential for inclusion and independence.
2. Ensuring that we are aware of the individuality of the people we work with and the opportunities and challenges that this presents.
3. Training staff so that they are aware of the possible meanings of behaviours and can contribute to the development and delivery of plans which support the person to learn how to communicate their needs and wants more effectively and safely.
4. Ensuring access for individuals to comprehensive assessments and a range of supports.
5. Monitoring and reviewing supports to ensure their compatibility with the individual's right to autonomy.
6. Advocating for resources to support people who display behaviour that challenges in fulfilling their capacity for independence and inclusion to its maximum while not jeopardising the rights of others.



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PRINCIPLES

Every person is entitled to live, work and participate meaningfully in the community.

Behaviour is an interaction between the person and the environment that can be the sole means of communication for a person with learning disability.

Behaviour that challenges can be a learned way of interacting with the environment which can serve many different purposes. These behaviours almost always have a communicative function and can be a means of communicating physical, mental or emotional stress.

People who display behaviour that challenges should have access to a comprehensive assessment and a multi-element behaviour support plan.

In emergency situations restrictive strategies such as physical restraint may be indicated. Any such strategies are implemented with the minimal degree of force and restriction necessary and are only enacted after considerable consultation, as a last resort and in the best interest of the individual.

Those working with people who display behaviour that challenges are trained in verbal de-escalation techniques, personal safety techniques and where appropriate, physical interventions; and are confident in their safe use.

Services promote effective supports for people which lead to:

- I. Long-term reduction in the frequency and severity of the behaviour.
- II. Behaviour change that is consistent across a wide range of life situations.
- III. The absence of negative side effects.

An improvement in the person's quality of life.

The person and/or, where appropriate, the person's family, are consulted on all aspects of the planned supports.

Information is given in a jargon-free way and the comprehension of the person being informed must be confirmed. If no family members are available and the person is incapable of understanding the nature and intention of the support, then an advocate is involved.

If the person or their family or advocate objects to a particular type of support, the planned support is reviewed in the light of this objection. If it is the opinion of the service that the support is in the best interests of the individual, it is only introduced if a neutral and appropriately qualified second opinion supports this view.

All supports are the subject of regular review to ensure that they do not conflict with these guidelines and to ensure that they are being effectively and carefully embedded in the individual's life.

An intervention whose effectiveness is not demonstrated objectively within a reasonable time of implementation is modified and, if still ineffective for the individual, is discontinued.



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ASSESSMENT AND INTERVENTION: UNDERSTANDING BEHAVIOUR AND PROVIDING APPROPRIATE SUPPORTS

- A. It is important to understand that behaviour that challenges usually serves a purpose for the individual. Often it is a means of communication and, if we understand what the person is trying to communicate by engaging in the behaviour, we may be able to support the person to learn a safer and more effective way of communicating.
- B. Behaviour Support by its nature is an individualised service and depends on understanding each individual in the context of his/her own life. Assessment is aimed at helping staff and families to understand the particular function of behaviour for the individual concerned and to develop supports which reflect their individual needs.
- C. It is essential that we look at the person and his or her lifestyle individually and holistically, not focusing solely on managing the behaviour. We need to look at long term goals and future prospects and overall quality of life.
- D. Due to the individual nature of behaviour that challenges, there is no single support that will work. A multi-element support plan is required which allows the person's life to be looked at in a holistic manner and which identifies the different areas of their lives where they may need support.
- E. The responsibility for identifying the need for Behaviour Support lies with the staff teams charged with the responsibility for the supporting the individual. The team will be helped to design a behaviour support plan by the appropriately trained staff in the organisation, HSE or other appropriate professionals. The team will then have the responsibility to implement the plan with support from that person if necessary. All ideas generated in the plan should be agreed upon by those who will implement them. The plan should be signed off by the key people involved in its design and should be reviewed on a regular basis, in close consultation with the family where appropriate.
- F. An effective support plan is one which:
 - is based on a comprehensive assessment of the individual's needs and his or her environment;
 - is centred around the individual, finding ways of meeting these needs by building on strengths;
 - emphasises supporting the person to maintain and extend a range of valued activities and roles within their local community;
 - is carefully planned and implemented, maintained over time and reviewed regularly;
 - always leads to an improvement in the individual's quality of life; and
 - is positively oriented.

Effective supports will include a number of steps each being a crucial part of an overall plan and all steps being equally important. Any effective support will require the following steps:

1. Comprehensive assessment
 - All people who display behaviour that challenges and who are receiving supports from our services are entitled to have a comprehensive assessment based on a social model of disability.
2. Multi-element Behaviour Support Plan
 - All people who display behaviour that challenges should have a multi-element Behaviour Support Plan based on a comprehensive assessment.
 - A Multi-element Behaviour Support Plan consists of Proactive and Reactive strategies. Proactive strategies are long-term strategies. Reactive strategies are short-term, crisis management strategies which are aimed at managing and containing the behaviour when it occurs.
3. Implementation plan
4. Evaluation procedures



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CRISIS MANAGEMENT: MANAGING BEHAVIOUR USING REACTIVE STRATEGIES

A multi-element Behaviour Support Plan may need to incorporate reactive strategies as even in the context of comprehensive proactive strategies there is a need to plan for crisis management. Reactive plans must always be developed in the context of an overall multi-element behaviour support plan with an emphasis on proactive strategies that are designed to support the individual and to reduce the need to engage in behaviour that challenges. Carefully planned reactive strategies provide staff with clear plans as to how to respond to an episode of behaviour that challenges. Written reactive strategies should be included in the multi-element plans of individuals who present with behaviour that pose a risk to their safety or the safety of others.

The role of a reactive strategy is to keep people safe and to de-escalate a crisis. Reactive strategies can prevent the need for physical intervention or restrictive practices and provide positive alternatives to such practices. The goal is to intervene at the earliest possible stage so as to prevent or lessen a possible crisis. A good reactive plan follows a graded approach where the early signs of behaviour that challenges are responded to with strategies such as distraction, re-direction, removal of stressors, removal of demands, diversion to an alternative activity, or a move to a quieter less stimulating environment to help them to regain control – a supportive form of time out. These strategies should be employed through a low arousal approach including the use of a non-confrontational posture or body language, using a calm approach, giving interpersonal space, reducing the amount of language being used, the use of intermittent eye contact and avoiding further known triggers.

It is only when such strategies prove ineffective and there is a clear and immediate danger to the individual or others should restrictive practices or physical interventions be used. Any kind of restrictive intervention must only be used as a last resort and the least restrictive option should be employed.

Written Reactive Strategy Plans should be in place for those whose behaviour poses a risk to themselves, those who support them, those who live or work with them or members of the public.

Reactive strategies should follow the principle of 'least intrusiveness and least restrictiveness'.

The particular reactive strategies used depend completely on the individual being supported and the situation presenting itself, and may range from simple reassurance and limit setting to restrictive practices such as physical restraint, medication (including the use of PRN medication) and seclusion. See below.

RESTRICTIVE PRACTICES

A. Restrictive practices should be used only:

- i. If there is clear recording of less restrictive interventions which have been tried and have not been successful;
- ii. If used on more than one occasion, there is a plan put in place around the use of the practice;
- iii. If there is a professional/management review of any restrictive practice used;
- iv. If the individual presents a clear and present danger to his or her person or to the physical safety of others; OR
- v. If the procedure is felt likely to be of short, limited application and it is believed will bring about a clear improvement in the quality of life of the individual; AND
- vi. If the individual, and where appropriate their parent or guardian, is informed of their right to make a complaint about the restrictive practices used.

B. The overriding concern when employing restrictive practices must be the safety and protection of the individual and others in the environment.



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- C. Restrictive practices may be used in emergency situations where the safety of the individual or others is at risk. However the line management, multidisciplinary team and parents must then be contacted in order to schedule a meeting to develop clear guidelines in relation to any further use of such strategies. Following the meeting if it is felt necessary to employ any restrictive practice as part of a behaviour intervention, its implementation
- D. When any restrictive practices are used, it is essential that the following elements are in place.

A clear rationale for why it is being used should be recorded.

- I. The least intrusive form of reactive procedure that prevents the continuance of the behaviour should be employed.
- II. The restrictive practice should be withdrawn as soon as possible and when it is felt the behaviour will not recommence.
- III. All occasions on which restrictive practices are employed the use must be reported immediately to a line manager and where appropriate the person's parents/family. A written record of the incident which gives a true and accurate reflection of the situation must be signed by the staff member who implemented the practice and their line manager.
- IV. Restrictive practices shall be designed and implemented only for the benefit of the individual and shall never be used for the convenience of staff or as a substitute for a positively based programme. If restrictive practice is in use and it is felt this would be unnecessary given environmental or programming improvements, every effort should be made to make this improvement.
- V. Staff have a responsibility to have a clear understanding of guidelines in relation to the use of any restrictive practices in the service.

E. PHYSICAL INTERVENTIONS

When violent or aggressive behaviour cannot be de-escalated and it is judged that there are significant risks to the safety of the individual or others, physical interventions (control and restraint procedures) may need to be used as a last resort. Its West Limerick Independent Living's policy in the event that physical restraint is required that this would be outlined in the individual behaviour support plan that we do not implement this practice.

West Limerick Independent Living's policy in the event of physical restraint being required would be:

- Inform the emergency services
- Inform appropriate HSE Manager
- Inform the individual's next of kin
- Where appropriate An Garda Siochana

West Limerick Independent Living use Challenging Behaviour Training of Non-violent Crisis Intervention to inform the management of challenging behaviour. This model emphasises the Care, Welfare, Safety and Security of the individual and others in the environment when managing behaviour that challenges.



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MEDICATION (including PRN Medication)

As part of the Behavioural Management Plan where it is identified that medication is required and prior to agreement of service delivery with HSE West Limerick Independent Living administration of medication policy outlines that staff of the company are not trained or sanctioned to administer medications.

SECLUSION

- i) Seclusion involves the supervised placing or leaving of a person in any room alone with the exit door locked or fastened or held in such a way as to prevent the person getting out.
- ii) The use of seclusion is not sanctioned for use by West Limerick Independent Living.
- iii) In Services when an individual's behaviour puts themselves and/or others at serious risk and where all other crisis management strategies have been exhausted and where their removal to an isolated setting is deemed warranted for safety reasons, the local gardai should be called for assistance with a view to accessing the local acute mental health services for support. The relevant Line Manager should be informed as soon as possible.

Managers should be made aware of all restrictive practices that are currently being used in supporting individuals in their areas and should ensure that they are in line with current policy guidelines. Managers in turn must make the General Manager aware of the nature and extent of these practices on a regular basis.

PROHIBITED PRACTICES

The following practices and procedures are prohibited from use within West Limerick Independent Living and their use would be considered an abuse. They should never be used under any circumstances and their use is considered gross misconduct, resulting in the immediate removal of the staff member from the service.

- a. The use of any form of physical punishment (for example, hitting, slapping, choking etc)
- b. The use of painful or potentially dangerous consequences or experiences as punishment for engaging in a behaviour.
- c. The withholding of basic rights as a punishment.
- d. Leaving people in discomfort for lengthy periods of time as a punishment (for example, leaving an individual in wet or soiled clothes).
- e. Emotional or psychological bullying such as acts of harassment, threats and denigration.
- f. Prolonged or regular exclusion of opportunities to engage in social activities as a punishment for unrelated behaviour.

Family Support

- a. It is important that families are supported in coping with challenging behaviour. Practical examples of support include establishing support groups, organising training specifically aimed at families and giving families information about how best to deal with behaviour that challenges.
- b. Staff are encouraged to actively include family in the development and implementation of behaviour support plans. Decisions about the nature and extent of this involvement should be taken on an individual basis.



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Staff Support

- A. Staff members who have been involved in an incident of severe challenging behaviour are entitled to the full support of their colleagues and management.
- B. Managers and Team Leaders play a vital role in acknowledging that crises happen which can be difficult for staff, by exploring the systems required to support people and by acknowledging the efforts of staff and ensuring that none feels blamed.
- C. After an incident:
 - a) The relevant Manager or Team Leader should be contacted as soon as possible.
 - b) Ensure that the staff member or any other people involved are comfortable and receive first aid or appropriate medical attention if required.
 - c) As soon as the staff member feels able to, the incident should be recorded in the file and on an Incident or Accident Form for personnel/insurance purposes. Staff should check with their line manager to confirm which form is appropriate to the incident.
 - d) It is alright for the staff member to dictate the incident to another member of staff to write out as long as the staff member involved reads the finished account and signs off on it.
 - e) Where required by management staff who witnessed the incident should record their own independent accounts on separate incident/accident forms.
 - f) Depending on the nature and extent of the incident and the effect on the staff, the staff member may need to be relieved from duty or transferred to another work site. The manager or Team Leader should discuss this with the staff involved in the incident.
 - g) The Manager or Team Leader should check in with the person on a regular basis over the next day or two whether they are at work or off sick.
 - h) A supportive review of incidents of behaviour that challenges should take place between staff and their line manager where this is appropriate. Appendix 1 provides a Supportive Review Checklist to facilitate this process.
 - i) Where Management deems it necessary the incident report will be discussed with Quality and Management meetings allowing decisions to be made about the level of support the staff may need.
 - j) If the person requires the input of a professional from outside the organisation this should be provided. The scope of this involvement will need to be agreed by the General Manager.
 - k) Staff who are likely to have to deal with behaviour that challenges should receive the appropriate training.

Staff Training

- A. Appropriate training is seen as one of the key supports for staff working with people with behaviour that challenges.
- B. Where necessary, it is recommended that staff should have access to the following training:
 - I. This policy on behaviour that challenges
 - II. Introduction to Multi-element Behaviour Support.
 - III. Challenging/Responding Behaviour Training
 - IV. Individualised Person-Centred Planning
 - V. First Aid
- C. Skills Maintenance
 - i. Skills gained in training need to be maintained through application, review, repetition, supervision and feedback.
 - ii. Managers and staff are encouraged to take responsibility for maintaining their own levels of skills.
 - iii. Skills and training should be reviewed and staff should be facilitated to repeat training where necessary in order to maintain competence.
 - iv. Staff Supportive Reviews of critical incidents should play a key role in identifying which parts of the staff's skill base need strengthening.



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Monitoring, Research and Evaluation

- a) The level of behaviour that challenges in the organisation should be monitored on a regular basis and the organisation's response to this behaviour should be
 - The degree to which behaviour that challenges has been reduced
 - a. Quality of Life improvements for individuals.
 - b. Levels of satisfaction with how the service is delivered
 - c. The degree to which resources are used efficiently
- b) Resources should be made available to facilitate ongoing monitoring/research which will inform the organisation about the most effective ways to support people with disability who display behaviour that challenges.

Resource Implications

There are important resource implications for the effective implementation of this policy. Those staff planning and delivering services should continually assess the resource implications so that the organisation can plan for the effective long-term management of behaviour that challenges in the service.



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j. Did the staff member request external counselling? YES NO

COMMENTS:

2. Learning Points

a. What worked well?

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b. What was difficult to deal with?

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c. Do policies, procedures or plans need to be adapted because of what was happened? If so, how?

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3. Recommendations

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APPENDIX 2 Positive Behaviour Support?

What is Positive Behaviour Support?

Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on 'fixing' the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce.

PBS suggests challenging behaviours are learned, and so are open to being changed. PBS teaches alternative behaviour and changes the environment to support the person well. There is nothing wrong with wanting attention, to escape from a difficult situation, wanting certain items, or displaying behaviours which just feel good. PBS helps people to get the life they need by increasing the number of ways of achieving these things such as, by developing communication skills. PBS helps people to learn new skills. For new skills to be used regularly, they have to be more effective than the challenging behaviour. We can make this happen by understanding the reasons people display challenging behaviour, and by making sure the new behaviours we want to teach are reinforced in the same way.

What is a Behaviour Support Plan?

A behaviour support plan is a document created to help understand and manage behaviour in children and adults who have learning disabilities and display behaviour that others find challenging. A Behaviour Support Plan is a step by step guide to making sure the person not only has a great quality of life but also enables PA's to identify when they need to intervene to prevent an episode of challenging behaviour.

A behaviour support plan is based on the results of a functional assessment and uses Positive Behaviour Support (PBS) approaches. The plan contains a range of strategies which not only focus on the challenging behaviour(s) but also include ways to ensure the person has access to things that are important to them. The strategies used are referred to as Proactive Strategies and Reactive Strategies.

Proactive strategies are intended to make sure the person has got what they need and want on a day to day basis and also includes ways to teach the person appropriate communication and life skills.

Reactive strategies are designed to keep the person and those around them safe from harm. They provide a way to react quickly in a situation where the person is distressed or anxious and more likely to display challenging behaviour.

Who is it for?

A behaviour support plan is for individuals who regularly display challenging behaviour to the extent that it severely impacts on their life. For example, it may result in exclusion from places like schools, day centres and mainstream community activities e.g. swimming pool. A behaviour support plan can be developed and used at any age. The earlier challenging behaviour can be understood and strategies put in place to help reduce the behaviours, the better it is for the person and those caring for them.



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Why do you need one?

To help effectively respond to challenging behaviour a Behaviour Support Plan is vital. A Behaviour Support Plan aims to reduce the likelihood of challenging behaviour happening and if used consistently is very successful in supporting the person to find other ways to communicate their needs. The emphasis is on preventing the need for challenging behaviour, but also helps PA's to identify when an individual may display challenging behaviour, giving them a chance to intervene before the behaviour escalates. This can avoid a full-blown incident of challenging behaviour.

Everyone has different beliefs about what is right and wrong and how behaviour 'should' be managed, based on their own experiences and understanding. Using a Behaviour Support Plan means that everyone consistently uses the same techniques, rather than everybody 'doing their own thing' based on what they think is best.

Where can it be used and who should use it?

A behaviour support plan should be used in the settings a person goes to: home, school, college, day service, short breaks, respite, family members, friend's homes, out in the community or on holiday. Everyone who is supporting the person should follow the behaviour support plan. When everyone supporting the person uses the same approaches it helps the development of more socially acceptable ways of communicating needs. It is useful for anyone caring for the child or adult to see what is and what isn't working and enables PA's to adapt or change strategies as necessary.

How to create a behaviour support plan?

Ideally a behaviour support plan will be based on the results of a 'Functional Assessment' which will be carried out by a Clinical Psychologist or behaviour specialist. Functional assessment is a very useful process that can increase our understanding of an individual's behaviour that may enable us to make changes in the person's life that will result in a reduction in challenging behaviour. If the person you care for has not had a functional assessment, (or is on a waiting list to get one) you can record the behaviour yourself, using an ABC recording chart to help identify what the function of behaviour might be. Information from completed recording charts can help to identify strategies to include on the Behaviour Support Plan. Thinking about what already works is also very useful. The following **eight steps** will help you get started:

Step 1: Challenging Behaviour:

The first thing to think about is the behaviour(s) that you want to address. It is helpful to record four things about the challenging behaviour:

1. "appearance" – what the behaviour looks like
2. "rate" - how often it occurs
3. "severity" - how severe the behaviour is
4. "duration" - how long it lasts.



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For example: Ben punches his nose with his left hand. He does this most days, but it happens more frequently when he feels unwell, tired or not understood. Ben often breaks the skin and draws blood, resulting in needing medical help. Depending on the reason he is doing this it can happen once or repeatedly for 10 minutes or more.

Step 2: Functions of the challenging behaviour:

This section should describe the function(s) of the behaviour (the reason the behaviour happens) which will come under one of the following categories:

1. Social attention
2. Escape/avoidance
3. Tangible
4. Sensory

When writing a behaviour support plan you will be thinking about which strategies could be put in place to help the person. You will also need to try to relate these to the different functions of behaviour that you have identified. The strategies you choose should be different depending on the function of the behaviour.

Take the example of a person hitting care staff. If the person is trying to get your **Attention** by hitting:

- Teach the person how they can get your attention/the attention of others in a more appropriate way. This could be by teaching them a sign, a vocalisation or to gently tap your hand/arm.
- Make sure you notice when the person is trying to get your attention appropriately and respond as soon as you can. This will help to reinforce the behaviour you want
- If the person goes to hit you, use a phrase such as “Gently” or “Hands down”. Teach the person what this means
- Interact with the person regularly, giving them plenty of opportunity to get positive attention
- Where possible ignore the hitting

If the person hits others to **Escape/Avoid** something or someone:

- Give the person an effective way to stop something they don't like; to remove them from a situation or person they don't like. This could be a sign/word or photo card to say “Finish” or “Home”
- Teach them to make choices and a way to say “yes” and “no”
- Introduce them to a situation/activity gradually to help them become used to it
- Use humour as a way to distract the person
- Notice when they are displaying ‘early warning signs’ that they may be becoming unhappy or anxious
- Change the way you ask them to do something

When the person hits others to get something **Tangible**:

- Teach the person how to communicate they want a drink/toy/DVD etc.
- Give them what they've asked for as soon as they've asked appropriately. Give lots of praise.
- Make sure they have regular access to what they need
- Teach them how to get something for themselves where possible.
- Make sure the person knows where their magazines are kept or that juice is found in the fridge and make sure there is a cup in a cupboard they can easily reach



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- Make sure they are not left without food or drink for too long, or without something meaningful to do (offer these regularly)
- As far as possible ignore the hitting if the situation escalates and people are at risk give them what they want.

Where a person hits to get their **Sensory** needs met:

- Ask for a referral to a specialist Occupational Therapist (OT) who can do a sensory assessment to clarify specific sensory needs
- Be creative! Get a drum, box, cushion or other thing that they could hit. Try out different objects to see which they prefer, then use these to create new activities
- Use preferred items to help you engage with the person
- Make sure the person can get their sensory needs met, but in a way that will not isolate them further or leave them engaging in a self-stimulatory behaviour for too long. If people have self-stimulatory activities that are very important to them, try and support them to have at least some meaningful routine/structure in their day, so that the self-stimulatory behaviour doesn't 'take over'

Stages of behaviour

A format which has been found to be particularly useful in helping carers to understand the different stages of behaviour is based on a 'Traffic light' system:

Green = calm & relaxed

Amber = anxious, aroused or distressed

Red = incident!

Blue = calming down - but still need to be careful

Colour coding a behaviour support plan using this format can be a very useful way of clarifying the different stages of the behaviour. Using the traffic signal analogy, an individual's behaviour moves from 'typical behaviour' (green), to a level that indicates that problems are about to occur (amber) prior to the occurrence of the behaviour itself (red).

After the behaviour (blue) care must be taken to ensure that the person returns to the green phase. This format enables carers to more easily identify when they could intervene to prevent behaviour escalating into an episode of challenging behaviour.

Step 3: Proactive "Green" strategies

Proactive strategies are the 'green' part of the Behaviour Support Plan and aim to support the child or adult to stay happy and calm. Proactive Strategies are designed to meet the person's needs without them needing to rely on challenging behaviour. This part of the plan should include any strategies that are aimed at reducing the chances that the behaviour will happen, and should focus on all aspects of the person's life including keeping healthy and fit, (as opposed to just focusing on the challenging behaviour).



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Begin by thinking about what the person likes or has shown an interest in. Consult with the person directly whenever possible and also try and talk to people that know the person well and are really interested and enthusiastic about them. The longer the 'likes list' the better!

The aim is to try and support the person to stay in this phase as much as possible. It is important to think about what it is that helps the person to feel calm and relaxed, such as:

- Environment
- Communication & body language
- Preferred activity or object or person
- Predictable routine and structure
- Feeling well and happy
- Interaction styles – how do you talk to the person?

Put boundaries in place to teach the person what is and isn't acceptable in different situations. For example, masturbating is acceptable in the person's bedroom but not in the family sitting room or out in public.

The green phase is a good time to teach new skills, develop effective ways of communicating and use rewards and incentives to reinforce the behaviour that you want. Think about what the person looks like or does that lets you know that they are in this phase:

"She will smile and giggle a lot when she is happy. She interacts with people more when she is mellow and may try to get them involved by gently hitting her thighs in a particular rhythm which she expects them to copy or clapping."

Step 4: Early Warning Signs "Amber" strategies

This part of the plan will describe what to do in response to the early warning signs, to help you intervene as early as possible, before the person resorts to challenging behaviour.

Behaviours are often described as being spontaneous ("It happened without any warning"). However, assessment may reveal that the person shows some reliable signals that all is not well prior to engaging in the behaviour. These signals may be subtle, but will often include observable signs such as increased pacing, changes in vocalisations, facial expressions or body language.

By clearly defining the behaviours seen at the amber stage, carers can be cued in to the need to take immediate action, and thereby avoid moving on to 'red'. Many episodes of challenging behaviour occur because the early warning signs are not recognised or because we fail to change our own behaviour once the signs become evident.

Amber strategies: At this stage the person may be starting to feel anxious or distressed and there is a chance that he/she may challenge you in some way. Here we need to take quick action to support the person to return to the Green "Proactive" phase as quickly as possible to prevent behavioural escalation. Things that can help:

- Take away the trigger
- Not responding to, or 'ignoring' the behaviour
- Giving in – giving the person what they want
- Humour – sing something, dance on the table! – use your imagination Redirecting/distracting
- Asking what is wrong (look at the context of the time of day, where the person is



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etc.)

Again, think about what the person you care for looks like when they are becoming agitated. For example:

“She shows angry facial expressions and she does not smile. She will start to aggressively pull at the flannel/paper that is in her hands and find more things to hold in the same hand. If you asked for something that she is holding when she is in amber behaviour, she will not give it to you.”

Step 5: Reactive “Red” Strategies

A reactive plan describes what you should do, or how you should react, in response to challenging behaviour. Reactive strategies are a way to manage behaviour as safely and quickly as possible, to keep the person and those around them safe. Ideally a reactive plan should include step-by-step advice on how to reduce the chance that the challenging behaviour will escalate and put people at risk. It should be informed by a functional assessment and guided by the principle of implementing the least intrusive and least restrictive intervention first. More restrictive interventions (such as physical restraint) should be a last resort. Physical interventions, and medication that is used solely to calm people down, are generally not considered a good long-term solution. Use of these should be recorded to help identify when to review the plan.

Red strategies: This is where challenging behaviour occurs and we need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury.

- Appear calm
- Use low arousal approaches – talk in a calm, monotone voice
- Do not make prolonged eye contact
- Be aware of your own body language
- Do not make any demands of the person or keep talking to them
- Distraction and redirection (e.g. using a technique such as a guided walk to remove the person from the room to keep them and others safe)

When the behaviour escalates to “RED” and an incident of challenging behaviour is occurring, the signs will be much more obvious than in the amber phase e.g.

“She bangs her head on the door/wall in the house or the headrest/window in the car.”

Step 6: Post Incident Support “Blue” Strategies

This section should specify the procedures to be followed after an incident for both the person and their PA’s. For the person, this section should specify any immediate behavioural actions that need to be implemented following incidents for example:

- giving the person more space
- engaging in an activity
- procedures for ensuring their physical and emotional safety (e.g., via physical
- checks and supportive counseling/reassurance giving).



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- Procedures for carers in terms of any immediate medical checks and emotional support

Blue strategies: This is where the incident is over and the person is starting to recover and become calm and relaxed again. We still need to be careful here as there is a risk of behaviour escalating again quickly.

- Make no demands
- Help the person to recover
- Move to different environment if appropriate

When a person is calming down and recovering from an incident of challenging behaviour, think about what they look like and what they do or sound like. For example:

“She makes a noise that sounds similar to “uuuuuuuu,” in a questioning voice while quickly moving just the top of her head from left to right. She may give eye contact or raise her eyebrows while doing this.”

Step 7: Agreeing the Plan

Behaviour Support Plans should be created with input from all people involved with the person’s care, including family carers, and whenever possible, the person should also be involved in this process. The plan should record who has been involved in its discussion and agreement, to ensure a broad range of views have been taken into account.

Step 8: Reviewing the plan

Behaviour Support Plans should be ‘living documents’. This means that information in the plan should change to reflect changes in the person’s behaviour or an increase in other skills. Plans should be regularly reviewed and updated (for example. every 6 months) as once risks have been identified and behaviour strategies agreed to help minimise those risks, it is important to get feedback of how effective the strategies are and to reflect on their impact on the person and those caring for them.

However, there should also be a ‘contingency’ plan with clear guidelines when the plan should be reviewed more urgently if required. For example, the Plan should be reviewed if self-injury increases or if physical