Behaviour of Concern Procedure

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1.0 Introduction

1.1 What are behaviours of concern?

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

Examples of behaviour of concern:

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

Behaviour of concern is not:

- only aggressive or violent behaviour
- non-compliance with professionals or support plans
- defiance or 'attention-seeking'
- self-stimulatory behaviour that is not harming the individual or others
- a one-off response to a situation

1.2 Why do people display behaviours of concern?

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

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

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

Possible reasons for behaviour of concern:

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

Note: this list in not exhaustive

1.3 Positive Behaviour Support

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

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

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

PBS is a positive and compassionate approach which is recommended by the NHS and also meets ARK's values. Care & Support staff supporting people with behaviour of concern will use PBS to ensure that interventions are positive and proactive.

1.4 Capable environments

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

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

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

A capable environment considers:

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

2.0 Assessment and planning

2.1 Assessment

Individuals who exhibit behaviour of concern must have a multi-disciplinary assessment. The multi-disciplinary team may include Speech and Language therapy (SaLT), clinical psychology and/or psychiatry, social work, community learning disability nursing, and others.

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

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

ARK uses STAR charts to record observations (**S**etting, **T**rigger, **A**ction, **R**esponse). Care & Support staff supporting people with behaviour of concern will be trained to use these charts. These are important in assessing the needs of the individual and determining appropriate interventions, see **Appendix 1**

2.2 Support Planning

All supported people must have a Good Life Plan which details their support needs, including any behaviour of concern they display, see **CS02 Personal Planning**.

Individuals who display behaviour of concern will also have a Positive Behaviour Support Plan (PBS plan), see **Appendix 2**, and reviewed every 6 months at a minimum.

PBS plans must include:

- Proactive measures/approaches that minimise behaviour of concern occurring
- Circumstances or triggers that increase the likelihood of behaviour of concern
- Descriptions of how the behaviour of concern presents
- Strategies to de-escalate the behaviour of concern
- Clear guidelines for how staff should provide support
- Clear guidelines for when staff should withdraw

2.3 Risk & Vulnerability

All supported people must have a completed Risk & Vulnerability Assessment, see **CS04 Risk & Vulnerability**.

Care & Support services using AIMS (ARK Information Management System) should note that the Good Life Plan and the Risk & Vulnerability Assessment are merged on the system.

3.0 Restrictive practice, physical intervention and restraint

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

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

4.0 Incidents

4.1 Interventions

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

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

Post-reactive Interventions: Care & Support staff must follow the post-reactive support described in the PBS plan when the individual is showing recovery from the behaviour.

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

If an individual exhibits behaviour of concern that is not currently part of a PBS plan (a new behaviour), Care & Support staff must follow **CS06 Reducing Restrictive Practice**. The Care & Support Manager (CSM)/Registered Operations Manager (ROM) must arrange a multi-disciplinary meeting as soon as possible.

4.2 Incident reporting

Incidents should be reported to the CSM, ROM, or Manager On Call (out of office hours), as soon as practical. Alternative staffing arrangements may be required due to the distress or injury of the Care & Support worker, or supported person. It is the responsibility of the manager to whom the incident was reported to arrange this.

If someone is injured, RIDDOR reporting may be required, see **HS04 Incident Reporting**. It is the responsibility of the manager to whom the incident was reported to ensure this is done.

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

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

The Care Inspectorate may need to be notified. It is the responsibility of the relevant CSM to do this (the ROM or Area Manager must do this should the CSM be on leave at the time).

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

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

4.3 Support post-incident

Care & Support staff must seek medical advice when:

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

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

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

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

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

4.4 Support for staff

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

5.0 Training and learning

Care & Support staff will receive values training as part of their induction to support their understanding of supporting people in a positive, proactive way. Additionally, they will complete a service-level induction in order to understand the needs of the individuals they will be supporting.

All staff supporting people who exhibit behaviour of concern will complete PBS training, with those supporting people who require physical intervention/restraint techniques also trained in CALM, see: **CS06 Reducing Restrictive Practice**.

6.0 Implementation and Review

6.1 Implementation

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

6.2 Review

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