

# Positive Behaviour Support

## Guidance for Developing Effective Positive Behaviour Support Plans

At United Response, we believe that all behaviour is a form of communication that can tell us important things about the quality of a person's life. We believe that people we support have the right to have their behaviour recognised and responded to in a respectful, positive, person centred and professional way.

### What is challenging behaviour?

When we think about challenging behaviour we generally take it to mean aggression, self-injury, damage to property or socially inappropriate behaviour. However there is also a need to recognise and respond to behaviour which does not directly affect other people or property but which stops or makes it difficult for the person to be involved in ordinary activities and relationships at home and in the community.

The term challenging behaviour is used as a way of focusing our attention on the behaviours as challenging, and as a means of communication, rather than labelling the person as the problem. It also implies that challenging behaviour is a rational response to difficult circumstances and that the context of the behaviour is where we need to focus our attention. It is often defined as "behaviour(s) of such an 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 seriously limit use of, or result in the person being denied access to, ordinary community facilities".

### What is Positive Behaviour Support?

Positive Behaviour Support involves changing situations and events that people experience in order to increase their quality of life and reduce the likelihood that challenging behaviours will occur. It is an approach that blends our values and the rights of people with disabilities with constructive behavioural approaches.



Positive Behaviour Support recognises that there is something unique in each individual and the situation they find themselves in. It enables us to understand when and why certain behaviours are likely and focuses on changing the context, as well as building the capacity and skills of the person and those supporting them.

**A key feature of Positive Behaviour Support is its rejection of punishment as an effective or acceptable response to challenging behaviour, a principle United Response is wholly committed to.**

Positive Behaviour Support plans must include details of how to respond to a person's challenging behaviour when it occurs (**reactive strategy**) and what actions should be taken to reduce, over time, the need for the person to behave in ways which are challenging (**proactive strategies**). These **proactive strategies** focus on:

- n the quality and range of relationships and activities the person participates in
- n the physical surroundings of the person and who he/she interacts with
- n how predictable these factors are
- n how staff and others communicate with the person
- n how those who support the person manage occasions where there might be a risk of challenging behaviour occurring
- n how other people might improve their understanding of the person and his/her behaviour.

"I strongly believe that Positive Behaviour Support is an integral part of our work with people. It cannot be seen as a separate strand but part of the Way We Work process which enables staff teams to better listen and understand how people respond to their surroundings and communicate how they feel. In turn, teams are able to alter and improve their support to individuals. I have witnessed profound changes in the way staff teams work, leading to improved support for people. It is part of good practice."

*Julia Casserly, Area Manager,  
Bradford and Sheffield Area*



## Before you start

### Why do we misunderstand/misinterpret challenging behaviour?

People with a learning disability and challenging behaviour are highly at risk of their challenging behaviour being attributed to internal causes – as people who spend time with the person, we are highly likely to attribute challenging behaviour to something inside the person where there is no justification for doing so. This is true for everyday interactions between people. For example if a shop assistant is rude to you as you pay in the supermarket and you don't know them you are probably inclined to think "what an unpleasant person!", rather than considering situational factors like them having had a bad day or a row with their partner.

This can be really unhelpful because, as well as placing the cause of the behaviour inside the head of the person when in fact it is external, it often leads to a culture of blaming the person for behaviour actually caused by situations, events around them or other people's responses

#### Traps we might fall into include thinking...

- n he is cleverer than you think
  - n he's manipulative
  - n she does it to get her own way
  - n it's a way of getting back at me
  - n she only does it when it suits
- and many more...

In addition, looking for causes of challenging behaviour outside the person brings our attention into the arena in which we can effect change.

#### We can't work in people's heads, but we can take action in the environment:

- n in the interpersonal space between us
- n in the relationships we have

- n the way we communicate
- n the non-verbal behaviour we use
- n the temperature the thermostat's set at
- n the things we do together.

Furthermore, with the best of intentions, as supporters, we are heavily influenced by our own experience and preconceptions when thinking about the causes of someone's challenging behaviour. Positive Behaviour Support requires us to stand back from our existing assumptions and take a fresh look at what is really happening; it emphasises the importance of objectivity and a broader perspective to help us see past our personal viewpoint and ethical beliefs.

### Whose problem is it?

Many people we support experience substantial levels of anxiety and stress and have difficulties coping with at least some aspects of their environment and the people in it. Challenging behaviour develops as an understandable, though not intentional, response to these sorts of circumstances. Challenging behaviour is not an inevitable result of someone's personality, diagnosis or condition. In addition, the extent to which behaviour is viewed as challenging depends heavily on the context in which it occurs and the tolerance of the people in the environment.

Consequently challenging behaviour should always be viewed as a challenge to those that support the person rather than a problem which the person in some way carries around with them.

**"Prior to implementing Positive Behaviour Support we tended to view the behaviour as being just part of the person and who they are – whereas now we are more able to recognise that the person is reacting to what is happening around or to them."**

**Linda Neave, Service Manager, Parkside Service**

## Knowing the person

For people whose behaviour we find challenging, effective support must be based on a good understanding of the relevance of the behaviour for the individual in the situations and environment in which it occurs. The behaviour needs to be understood within the broader context of the entire person (past history, physical state, emotional state, health, personality, coping skills and other personal skills) and the world in which they live (the physical, social and occupational environment).

The best plans come from involving the widest range of perspectives in gathering information. The team that forms around the person should represent all of the situations and settings that are part of the person's life.

We may often think that we know someone well, because we've known them for a long time, and we may think we understand how the person interacts with their world. The reality is that we may not because we are not looking at the right things or seeing things from the person's perspective.

Developing real understanding requires us to gather information by carefully listening to the person, and to the people they know, developing a picture of the person's strengths and needs, goals and aspirations, history, likes and dislikes, and information about their lifestyle and the kind of support they currently receive.

**"Knowing more about the person's background and their experiences didn't change his behaviour but made it more understandable. Where previously we might have left him alone we realised the best thing we could do was to help him to engage in activities rather than dwell on the past."**

**Louise Gallagher, Area Manager, London**

## Identifying which behaviour(s) to focus on

Deciding which behaviour to focus on requires a balance between what is most challenging for the person we support and staff, and being realistic about what we can effectively change within current environments, structures and resources.

We need to take account of:

- n what is having the most impact on the person's involvement in ordinary activities and relationships at home and in the community
- n what is the most difficult behaviour for staff to deal with on a day to day basis.

And make a decision about which behaviour to focus on first.

It is important not to try to address everything at once, rather to break things down into manageable components and to support the staff team to concentrate on one issue at a time. This enables us to work through things methodically and systematically, and to have a positive impact in a short space of time.

Frequently, situations involving challenging behaviour that seem overwhelming, become much more manageable following focused interventions. It is common for teams to find that when they have begun to work in a proactive way with one behaviour, then they observe that other behaviours reduce as an unplanned side effect.

## Defining the behaviour

Having a clear and concise definition of the behaviour is an essential first step in developing a Positive Behaviour Support plan. It enables us to be objective and to avoid emotive and/or judgemental language. A clear, unbiased definition also guards against preconceptions about the cause and effect of the behaviour. Just as importantly, it ensures everyone has exactly the same behaviour in mind when recording or discussing it and can identify when the behaviour is occurring.

A good definition is observable and measurable, it describes the behaviour in terms of what you can see and hear. For example it is better to say “screaming and kicking furniture” than “angry and resentful” and “sits on the floor with feet in front of him rocking from side to side while flicking his right thumb and forefinger in front of his eyes” is clearer than “self stimulation”.

Throughout this booklet we will be sharing some examples of Positive Behaviour Support processes and templates. While based on a real example the names have been changed to ensure anonymity. By way of introduction here is some background information about Jane:

Jane is 25 years old and has been supported by United Response for three and half years. Jane lives in a supported tenancy with her co-tenant Lauren who is also supported by United Response. Jane is supported 1:1 for the majority of the day, having a couple of shared hours in the evening.

People say Jane is a chatterbox, cheeky, funny, gorgeous, determined, has a sense of wonder and speaks up for herself. Jane likes gardening, watching DVDs, firemen, her family and friends and having a laugh and a joke. Jane dislikes housework, going to health appointments, people being late and being disturbed when she is busy.

When supporting Jane, staff were concerned at the distress and anxiety she displayed when completing various activities during the day. Staff were worried that Jane’s extreme distress would prevent her from doing various activities or that staff wouldn’t ask her to do them to avoid the behaviours.

## Finding out why/when the behaviour occurs

**Challenging behaviour always has a function for the person.** It is essential to understand what purpose the behaviour serves so we can respond in constructive ways, making things better for everyone.

We need to know about the sequence of behaviours which lead up to an episode or period of challenging behaviour. Challenging behaviours rarely occur 'out of the blue'. There are always links between the behaviour and what happens before (antecedents) and after it (consequences). Understanding how these are related helps us identify the function of the behaviour and has direct implications for how we respond to it.

**Antecedents** can be broken down into two types:

- n **Setting Events:** longer term underlying factors e.g. health issues, changes in emotional states, particular activities or sensations, places, individuals, objects, changes to the routine earlier in the day.
- n **Triggers:** things that happen immediately before the behaviour, e.g. hearing a particular sound, seeing a specific person, experiencing a sharp pain.

If triggers occur when the person has already experienced one or more of the setting events, it is more likely that challenging behaviour will occur.

**Consequences** are the things that happen after the behaviour. While these are always things that impact on the person they are not always obvious as they include:

- n things that are added or taken away e.g. conversation or contact, activities or sounds
- n the way other people react or respond
- n things that happen immediately and later
- n changes in feelings or sensations.

**The function of challenging behaviour is what it does for the individual, what purpose it serves for them in their life. The relationship between the behaviour and its function is not conscious and the use of the behaviour is rarely deliberate or intentional. Understanding the function sheds light on the particular needs that are met through their behaviour.**

Gathering information about antecedents and consequences typically involves direct and indirect methods in order to understand the function of the behaviour from the person's perspective.

- n **Indirect methods** include asking people and looking at existing information to assess the broader physical or social environment.
- n **Direct methods** involve observing and recording the person's behaviour and events in the environment while the behaviour is occurring.

Whereas indirect methods provide a great deal of descriptive information, direct methods confirm ideas about what actually affects behaviour. The people who are collecting this information need to ensure objectivity in their recording and reporting. It's about taking a fresh look and not manipulating the information to fit with preconceptions.

All assessments must include direct observation in order to gather direct information about the specific nature of the challenging behaviour, the context in which it occurs and the reaction it evokes from others. Direct observation helps us to see things from the person's perspective and enables us to double check information we have gathered from other sources.

Looking in detail and summarising the information we have gathered in this way enables us to clarify, or at least generate some 'best guesses' about, the antecedents, consequences and functions of the behaviour (as illustrated in the summary statement below) and provides solid foundations for developing effective, proactive and reactive interventions.

"The approach is to start at the beginning and clarify exactly what the behaviours are and not to rush in and start fixing which is so often what we do."

Chris Marsh, Area Manager, Suffolk Area

## Positive Behaviour Support Summary Statement

**Name:** Jane

**Completed by:** CG, Team  
Manager, King Street

**Date:** 12th April 2010

### When these things happen:

#### Setting Events

- n Doing an activity in her room
- n Watching a DVD
- n Playing computer games
- n Reading/colouring
- n Health problems/constipation
- n Being tired.



#### Triggers

- n Disruption to an activity
- n Change in routine/venue
- n New activity
- n Appointment/visitors
- n Being asked to complete a task
- n Getting bills
- n People being late (staff, visitors)
- n Activities/events taking a long time.

### And then this happens:

#### Consequences

- n Staff change the way they are doing an activity
- n Jane is left alone.

#### Jane does:

Crying, stamping her feet, jumping up and down, shouting, throwing objects and using repetitive speech.



## Identify proactive and reactive strategies

The range of outcomes people need us to address is unlikely to be achieved with only one type of intervention. What's needed is a plan with a number of components. Positive Behaviour Support demands that in addition to responses designed to manage the behaviour when it occurs (**reactive strategies**), we must also develop and introduce approaches that promote changes over time (**proactive strategies**).

The implementation of **reactive strategies** is important to ensure the safety of the person and others, but in isolation such approaches do nothing to enable improvements over time. Only the implementation of **proactive strategies** will lead to improvements in the person's quality of life and their need to engage in the behaviour.

It's important to be realistic about the changes you can make and remember that while some **proactive strategies** may have immediate effects some will take longer. Where benefits develop slowly we need robust **reactive strategies** to help us cope in the meantime.

Sometimes the same behaviour has different functions for the person in different circumstances, which means that our planning needs to include alternative strategies to suit.

When a person presents challenging behaviour, the likelihood of reinforcing that behaviour by "giving them what they want" is significantly reduced when we have a combination of **proactive and reactive strategies** – and it may be the best thing we can do to bring things back to calm as quickly as possible. However this approach only works when our **proactive strategies** are comprehensive and used consistently.

So using the example of Jane's Intervention Plan overleaf, we might worry that reacting to her shouting and stamping her feet by changing the way we do an activity/task will reinforce the challenging behaviour: "every time you stamp your feet and shout when we're doing an activity together, I'll change the way we're doing it".

### Proactive strategies:

A range of changes we can make in the person's environment, in the ways that we communicate, in staff attitudes and in risky situations to reduce the need for the behaviour. This might include:

- n making the day more understandable for the person
- n teaching the person alternative ways to get what they need
- n increasing the range of activities and interactions available to the person
- n changing the way we invite the person to be involved in activities
- n rethinking our interpretations of behaviour as intentional
- n getting better at picking up signs of anxiety.



### Reactive strategies:

What we do to manage the behaviour when it happens to keep people safe and get things back to calm as soon as possible. This might include:

- n distraction
- n reducing expectations
- n the use of agreed physical interventions
- n reassurance.

It must not include punishment.

If the only conversations we had with Jane, about how we do activities with her, were when she was shouting and stamping her feet, then yes we should worry that we'd be reinforcing the behaviour. But this isn't the case. Jane might behave this way a couple of times a day, but in our proactive plan we have many more opportunities to negotiate with her about how activities or tasks will happen (e.g. when we write up her activity board with her, when we refer back to it, and when we answer her questions about why she's anxious).

So, many times a day Jane is learning that getting things to work in ways that suit her is simple (e.g. using the activity board), and only a couple of times a day is there a risk she'll work out that stamping and shouting is the way to achieve this. What would you

do in this situation – the thing that was effective a couple of times a day or the thing that worked many times a day? Like everyone else, Jane is much more likely to choose the route that works most often.

And as long as we have a proactive plan in place, and as long as everyone follows it we don't have to worry that our **reactive strategy** will reinforce the behaviour during a crisis.

## Positive Behaviour Support Intervention Plan

### About Me and My life

**Jane Smith** King Street

Description of challenging behaviour: crying, stamping feet, jumping up and down, shouting, throwing objects and using repetitive speech.

### Proactive strategies

#### Environment and structure

**What environmental and structural changes will be made to eliminate triggers.**

- n Jane and staff to write up her activity board – planning the day ahead together including times and leaving spaces where Jane can choose how to occupy her own time.
- n Jane to plan her meals on a menu planner each week.
- n Keyworker to plan Jane's week ahead on an activity planner – highlighting budgets to ensure affordability.

#### Communication

**How will we create an effective communication environment and listen more effectively.**

- n Staff to use clear language.
- n Staff to refer back to the activity board to keep Jane focused and her anxiety levels to a minimum.
- n Staff to answer Jane's questions around why she is anxious.
- n Staff to give Jane space when she is distressed.
- n Staff to use humour and/or change the subject to redirect Jane.

#### Attitudes

**What will be done to enable people to understand the person's behaviour and ensure positive attitudes and beliefs.**

- n Staff to be given coaching on how to implement the activity board, understanding it's purpose and why it is essential for all staff to use it consistently.
- n Staff to develop a better understanding of Jane's disability.
- n Staff to communicate to the team any good practice and struggles they are experiencing in team meetings and on ABCs and Learning Logs.

#### Responses

**How will staff respond in 'risky' situations.**

- n Staff to try and pre-empt triggers and reduce or remove where possible.
- n Calm and low arousal approaches.
- n In a safe environment staff to leave Jane alone.
- n Staff to get Jane to focus on her activity board.

### Reactive strategies

**How will staff respond when the challenging behaviour occurs in order to get things back to calm as soon as possible?**

- n Staff to answer Jane's questions calmly
- n Respond to Jane's anxieties i.e. do the activity/task the way she wants
- n And/or move away to give Jane space, returning when she is calm.

## Draw up and communicate the plan

While many stakeholders should be consulted, the key people in any approach to challenging behaviour are those who support the person on a day to day basis. So **proactive and reactive strategies** need to be written in a simple-to-follow way which avoids jargon and relates directly to real situations of concern. Even the best intervention plans can fail if we don't recognise the individual skills and needs of those who support the person or if we have unreasonable expectations about what can be done in reality.

Giving people really concrete information about what they will see, do and say helps them to get it right, and enables us to evaluate how it is going. But written plans are usually not effective by themselves. A range of different methods including role play, discussion of scenarios and modelling should be used to ensure everyone understands and has the confidence needed to implement the plan consistently.

Plans develop over time and need to be reviewed and updated as we learn more about people and how to improve our support. Current strategies and recording tools should be kept wherever they are most accessible and easy for staff to use when needed.

**Having a plan is essential but people's lives will only change when we consistently utilise the proactive and reactive strategies we have developed.**

## Implement the plan

Having a plan is essential but people's lives will only change when we consistently utilise the **proactive and reactive strategies** we have developed. This is often where interventions fail. Successful implementation is only possible when disagreements, uncertainties, skills gaps, anxieties and any lack of confidence within the team have been addressed and resolved.

Practice leadership, particularly modelling, coaching, observation and feedback, has an important role to play in effective implementation, ensuring consistent support, increasing skills and confidence, encouraging people who are getting it right and helping those who are getting it wrong.

"We found that many of the reasons for the challenging behaviour were down to the way staff supported the person. While we had behaviour support guidelines each member of the team was carrying them out in different ways which was confusing to the person we support and there was little consistency on the support given. We met as a team and discussed where we needed to improve practices and the plans were updated. This led to a much improved working environment and the person we support displayed less challenges and started to do more things for himself."

Steve Dixon, Service Manager, Waldrige Fell, Co Durham

## Positive Behaviour Support Guidelines

**Name:** Jane

**Location:** King Street

**Date:** 28th April 2010

### To support me successfully you'll need to:

Sit down with me at the beginning of your shift and go through my activity board, telling me the plan for the day. I need to be given times and you need to leave spaces for me to choose what I want to do.

You need to:

- n read my activity rota and menu planner
- n look at the diary/calendar for appointments or arrangements before we write up my activity board

- n only tell me about appointments on the day of the appointment if possible
- n make sure you do not add or change the activity planner once it is done
- n ensure visitors or staff are not late
- n make sure you don't disturb me when i am busy doing something i like unless we have agreed it on the activity board.

### Understand that when:

- n I feel ill or tired
- n someone does something in a way i don't like
- n staff ask me to do something immediately or something I don't like
- n someone interrupts my activities
- n my routine is disrupted
- n I have to attend appointments or have visitors
- n people are late
- n an activity takes a long time.

### And I do this:

Begin to get upset and distressed. I may cry, stamp my feet, jump up and down, shout, throw objects and my speech may become repetitive.

### It may mean:

- n I want to get away from the situation or the thing you're asking me to do
- n I don't what to do the activity planned
- n I want to carry on with the activity I'm doing

- n I don't understand the situation
- n I don't like the way something is being done
- n I don't like going to appointments.

### You should:

- n stay calm and speak gently
- n remind me of what was agreed on the task board
- n explain the situation to me and answer my questions
- n distract me by talking about subjects i enjoy or use humour.

### And if I don't respond to these things:

Move away and give me time to think for a little while before you come back and try these things again.

## Review

Traditionally, the success of an intervention plan has been measured by how quickly and how much the plan has reduced challenging behaviour. Positive Behaviour Support requires us to look further to see the impact our interventions have on the quality of the person's daily experiences, the effectiveness of the support they receive, the knock on effect for others and any changes in attitudes to the person or the behaviour over time.

Therefore we need to develop monitoring tools that enable us to track a number of different outcomes from different perspectives.

The best way to do this is to think about what changes you hope to achieve through the intervention and identify the tools that already exist, or that could be developed or introduced to gather relevant information without generating large demands for new paperwork.

There will be tools that we frequently use e.g. learning logs, working/not working, shift plan records. There will be tools we have used in the assessment process: e.g. behaviour tick charts, ABC forms, interviews with staff and others. We should see if we can use any of these to monitor before introducing anything new.

The most important thing you can do however is to ensure that information recorded to monitor the effect of the intervention is regularly collated, analysed and fed back to those involved. This not only ensures that we develop a clearer understanding of the function of the behaviour and the effectiveness of the intervention, but also demonstrates to staff that recording accurately is worthwhile.

Collating and analysis isn't going to happen by itself. We need to be clear from the outset who will do it and how and when this will be done.

It is important to bear in mind that reviewing may demonstrate weaknesses in the intervention plan that need to be addressed and this is as valuable as 100% success. In any case reviewing should always lead to adjustment of intervention strategies based on the experience of implementation.

## Positive Behaviour Support Monitoring and Reviewing Plan

**Name:** Jane

**Location:** King Street

**Date:** 28th April 2010

**Description of challenging behaviour:**

Crying, stamping feet, jumping up and down, shouting, throwing objects and using repetitive speech.

Outcomes	Methods	Timelines	Review
What will the team measure?	How will it be measured?	When and how often will it be measured?	How and when will the information be reviewed and learned from?
<ul style="list-style-type: none"> <li>n Reductions in challenging behaviour</li> <li>n Reductions in anxiety levels</li> </ul>	<ul style="list-style-type: none"> <li>n ABC forms</li> <li>n Daily reports</li> <li>n Observations</li> <li>n Feedback in team meetings</li> <li>n Incidents forms</li> </ul>		
<ul style="list-style-type: none"> <li>n Jane will have structure in her day and know what she is doing</li> <li>n Jane will choose when and where she does what she wants and is not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>n Daily reports</li> <li>n Learning logs</li> <li>n Observations</li> </ul>	<ul style="list-style-type: none"> <li>n Monthly</li> </ul>	<ul style="list-style-type: none"> <li>n The team leader will review and feedback in the monthly team meeting</li> </ul>
<ul style="list-style-type: none"> <li>n Staff and Jane will use the activity board to help Jane prepare for her day ahead</li> </ul>			
<ul style="list-style-type: none"> <li>n Staff will pre-empt triggers</li> <li>n Staff will have a better understanding of Jane's distress and anxieties</li> </ul>	<ul style="list-style-type: none"> <li>n Observations</li> <li>n One-to-one meetings</li> <li>n How reports are written</li> </ul>		<ul style="list-style-type: none"> <li>n Routine review in one-to-one meetings</li> </ul>

## Case study

Andrew is determined and funny. He has a great laugh and is very cheeky when he is tactile with people.

Since he was a small child, Andrew lived in a long-stay hospital, where he was well known and often referred to as a 'very dangerous man'. He was physically challenging to staff on a weekly basis and had bitten staff on a number of occasions. The behaviour management plan used by the hospital for this aggressive behaviour involved the use of physical restraint by six members of staff and an injection of PRN medication. Andrew also needs to eat things with strong tastes and will eat cigarette ends and have coffee in any form including dry granules straight from the jar.

When we began supporting Andrew we quickly realised that his day made no sense to him and that a lot of the behaviours he was exhibiting were due to him being confused about what was happening during the day.

Once we introduced a shift plan that gave him structure, and objects of reference to help him know what was going to happen next, he became calmer and engaged in activities much more happily. Staff began to feel more confident when out with him as he was less anxious. When his anxieties did begin to surface staff carried strong flavoured sweets, such as chilli coated coffee beans which would very quickly calm him and enable them to keep everyone safe.

We have been supporting Andrew for two years now and his PRN medication has reduced dramatically: in the last eighteen months he has only needed medication three times in total. He is now able to access and enjoy a much wider range of activities than was ever thought possible and external professionals have commented on how happy and settled he seems compared to how he was.

## Case study

People who know Bill well describe him as mischievous, independent and having a beautiful smile. Bill moved into a long stay hospital as a young man, where he remained for many years. He was well liked by the hospital staff as he was 'no bother' and 'not very demanding'. He posed no physical threat to any of the other patients or staff and would often sit away from everyone else.

When we began working with Bill we discovered that he did actually do some things that people would consider socially unacceptable. They would lead to him being rejected by others or excluded from places. He would often 'play' with saliva and avoid interactions with other people. Because he lived with people who were physically aggressive he was often left alone and his behaviour was ignored and not seen as challenging. However we took it seriously and worked on the basis that he might be telling us that he needed more interaction – and we decided he wasn't really choosing to be on his own, doing nothing.

As part of our Positive Behaviour Support plan we introduced Bill to new activities, engaging him more and more using person-centred active support. While doing things together we found he understood some Makaton signs. We began to use them routinely and are now able to communicate with him better. This has lessened his need to use challenging behaviours to get our attention.

## Additional information

### Standards and guidance:

The following internal and external standards and guidance must inform support for challenging behaviour:

#### Internal:

Getting it Right

- n Challenging Behaviour Standard PCA 020
- n Physical Intervention Standard PCA 021
- n Active Support PCA 013
- n Confidentiality VAL 014
- n Prevention of Harm PCA 019

People Policies Manual:

- n Code of conduct A03-03
- n Whistle blowing policy C06-02

Other:

- n Risk management policy HS0004
- n Accident and industrial injury policy HS006
- n Challenging behaviour and physical intervention training standard

#### External:

- n Common Law including, duty of care and unlawful action
- n Mental Capacity Act
- n Human Rights Act
- n Deprivation of Liberty Safeguards
- n Health and Safety Law
- n DOH Guidance on Physical Intervention
- n Other local policies e.g. Adult Protection Policies

### Training

The LMDP Positive Behaviour Support training is available to assist in the development of Positive Behaviour Support.

“The LMDP Positive Behaviour Support training had an incredible impact on my managers. It had a profound influence on how they viewed working alongside the people they support. Every manager said it was one of the best courses they had been on.”

Julia Casserly - Area Manager - Bradford and Sheffield Area

Other training that will support the development of person-centred approaches includes:

Learning and development program:

- n Person-centred active support
- n Practice Leadership and the Way We Work
- n Communication awareness

Specialist or local training (by arrangement):

- n Challenging behaviour and physical intervention
- n Autism awareness
- n Intensive interaction
- n Mental health
- n Person-centred active support
- n Person-centred thinking

#### Links

- n Challenging Behaviour Foundation  
[www.thecbf.org.uk](http://www.thecbf.org.uk)
- n BILD – Physical intervention accreditation scheme  
[www.bild.org.uk/03behaviour\\_pi.htm](http://www.bild.org.uk/03behaviour_pi.htm)