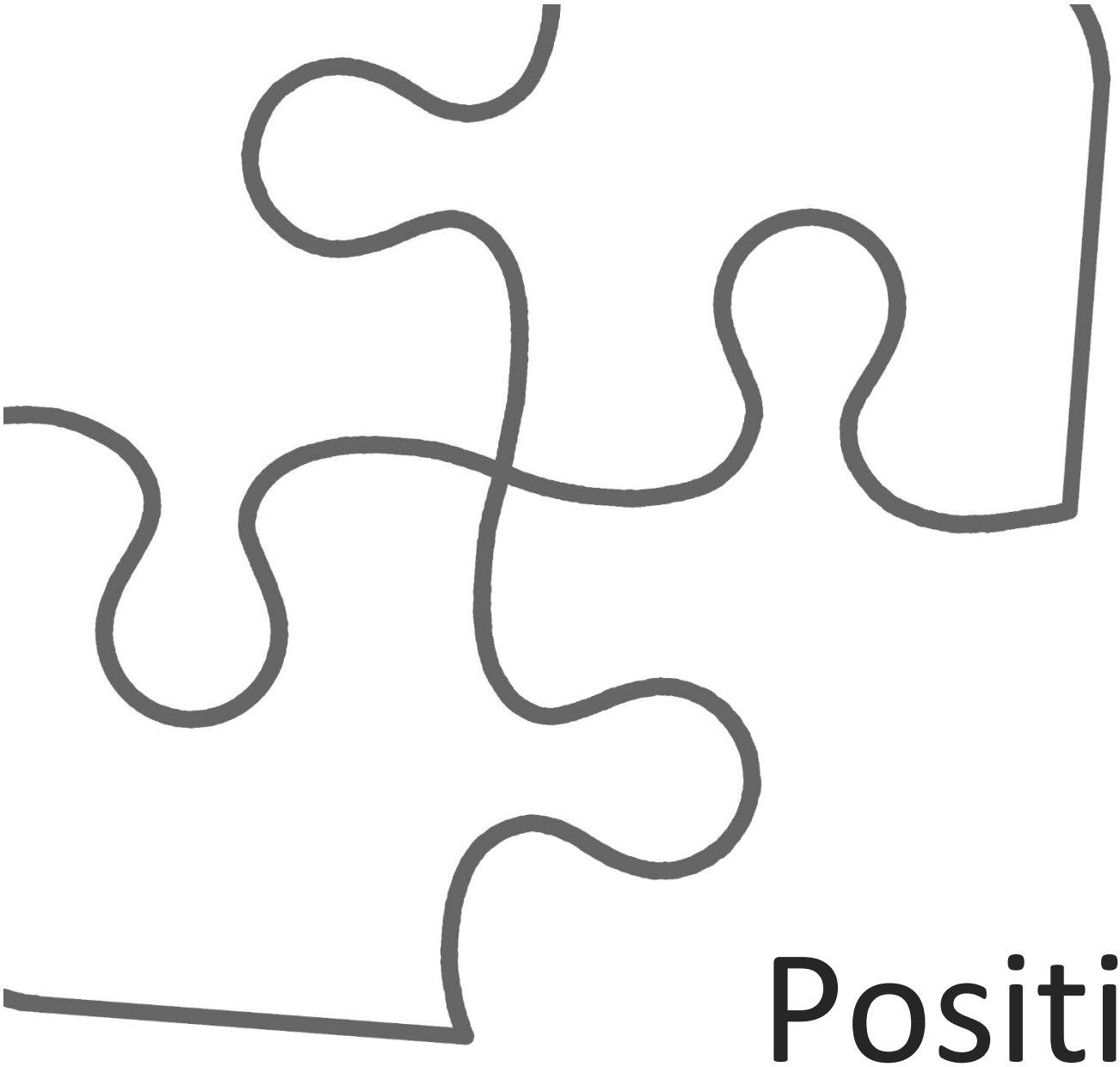

Positive Behaviour Support Guidance

Support for Health and Social Care settings to understand the approach of Positive Behaviour Support and developing effective support plans

June 2020

lancashire safeguarding adults board

3. Positive Behaviour Support Guidelines

This guidance is to support Health and Social Care settings to understand the approach of Positive Behaviour Support and to develop effective support plans. This guidance should be read and used in conjunction with the **LSAB Restrictive Interventions Guidelines** document.

What is Positive Behaviour Support (PBS)?

PBS is a person centred framework for providing long-term support for people who have, or may be at risk of developing behaviours that challenge.

It involves understanding the reasons for behaviours, considering the person as a whole to develop and implement a range of evidence-based support to better meet their needs, improving the quality of life of the person and those around them, thus reduce the likelihood of behaviours that challenge occurring in the first place.

There are several core dimensions that differentiate PBS from other approaches. It is considered to consist of ten, overlapping elements to create a multi-component framework. The table below provides an overview of the 10 components of PBS, you can read more about each component in the research paper on the BILD website here.

Values	1. Increase the quality of life for the individual and everyone else around them; family, staff.
	2. Works by developing and building the skills of the individual and not punishing the individual or the behaviour.
	3. Practitioners work in partnership with the individual and the people who are important to them.
Theory and Evidence Base	4. An understanding that challenging behaviour happens for a reason and serves important functions for the individual.
	5. PBS primarily uses applied behaviour analysis to describe, predicate and change behaviour.
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change; Occupational Therapy, Speech and Language and other Physiological Therapies.
Process	7. Uses decisions based on facts and research – not opinions or hearsay.
	8. A formal assessment (Functional Assessment) is made to create a clear structured plan of action. What practitioners do is directly informed by what they know about the individual.
	9. The PBS plan should tell people what to do to proactively prevent the challenging behaviour from happening and manage it well reactively if it does.
	10. Above all it should make sure people are actively supported over the long term to maintain their quality of life. To include monitoring and evaluation of interventions.

Gore et al., 2013

What are behaviours that challenge?

'Behaviours that challenge' also referred to as 'challenging behaviour' or 'behaviours of concern' are more likely to be prevalent in people with developmental and health problems that affect communication and the brain e.g. learning disabilities, dementia or acquired brain injuries.

A person's behaviour can be defined as "challenging" if it puts them or those around them at risk; it is usually taken to mean aggression (physical or verbal), self-injury, damage to property or socially inappropriate behaviour. However, there is also a need to recognise and respond to behaviour that has a negative impact on a person's wellbeing and/or stops or makes it difficult for the person to be involved in ordinary activities, relationships at home and in the community.

Many people we support experience levels of anxiety and stress and have difficulties coping with at least some aspects of their environment and the people in it. Behaviours that challenge develop as an understandable, though not intentional, response to these sorts of circumstances as a means of communication.

Consequently, the term 'behaviours that challenge' emphasises that such behaviours represent challenges to service and those that support them, rather than labelling the person as the problem.

What is a Behaviour (PBS) Support Plan?

A PBS plan is a document created to help understand and manage behaviours that challenge with the aim to reduce the likelihood of behaviours happening and teaching the service user new skills and ways of communicating their needs.

Whilst the emphasis is on preventing the need for behaviours that challenge; it also helps care staff by providing a step by step guide to identify when they need to intervene to prevent an episode of behaviour happening or escalating.

They provide consistency through everyone supporting the person using the same techniques and approaches, in turn helping development of more socially acceptable ways of communicating needs. The PBS plan should help inform other risk assessments and care plans for the service user.

The following sections will support you to create an effective PBS plan, the person (if possible) and those involved in their care e.g. care staff and the person's family and/or representative are fully involved in the assessment process and co-produce and implement any approaches agreed on the plan.

Initial assessment of the behaviour

A Functional Behavioural Assessment is a process for determining the function of (or reason behind) the person's behaviour that challenge. The complexity and duration of the assessment process should be proportionate to the behaviour. You should seek professional support and advice with writing Behaviour Support Plans when;

- You are unclear about the function of the person's behaviour

- Support plans / strategies are not effective
- Behaviours are considered high risk
- The person may be committing a criminal offence

A Functional Assessment involves the collection of data, observations and information to develop a clear understanding of the relationship of events and circumstances that trigger and maintain the behaviour. The assessment should consider;

- The person's life history
- Physical health
- Mental health
- Communication and social skills
- The broader social and physical environment
- What happens immediately before the behaviour starts (antecedents) and what happens as a result of it (consequences)

This typically involves direct and indirect methods in order to understand the reason for the behaviour from the person's perspective.

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

Identifying which behaviour(s) to focus on

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

It is important to break things down into manageable components rather than trying to address everything at once e.g. choosing one behaviour that challenges as the target for intervention in the behaviour support plan.

Another factor to consider in choosing the behaviour to target is the likelihood of success over the short term. Once success has been seen in one area, the person and those around them can build on that success and systematically address other problem behaviours.

Defining the behaviour

When priority behaviours have been identified, one of the first and most important steps when planning to assess and intervene with behaviours that challenge is to objectively and specifically define the behaviour.

It is helpful to gather information to provide a description of the behaviours that are emerging or apparent.

The definition of the behaviour(s) should take into consideration and identify the following areas;

- **Appearance:** What the behaviour looks like

- **Place:** Setting(s) in which the behaviour occurs
- **Severity:** How severe the behaviour is
- **People:** With whom is the behaviour occurring, proximity of others and what are they doing when the behaviour starts e.g. staff/visitors/other service users
- **Time:** What time(s) of the day does the behaviour occur
- **Frequency:** How often the behaviour occurs
- **Duration:** How long the behaviour lasts
- **Impact:** What the impact is on the person and others around them

Having a clear and concise definition of the behaviour is an essential first step in developing a PBS plan. A good definition is measurable and observable and should describe in detail what someone would see and hear during an episode.

Analysis of Function – identifying possible causes

The relationship between the behaviour and its function is not conscious and use of behaviour is rarely deliberate or intentional.

Behaviours that challenge always have a **function** for the service user and it is essential to understand what that purpose serves so we can respond in constructive ways.

There are two ways that a behaviour is reinforced;

Positive reinforcement refers to an increase in the rate of behaviour as a result of the presentation of a preferred event or stimulus.

Negative reinforcement refers to an increase in the rate of a behaviour as a result of the withdrawal (or prevention of occurrence) of a non-preferred stimulus or event.

A reinforcer is something which strengthens the behaviour to which it is applied: these may be internal or external to the person. Reinforcers are not always pleasant things e.g. being shouted at may not appear pleasant to most of us but if behaviour is ignored, behaviours may increase so the service user gets a response, even if they are being shouted at.

Although there are many reasons why a person may display behaviours that challenge, there are common purposes or function behind the behaviour that will generally come under one of the following categories;

- **Social Attention:** This may be due to limited communication skills, boredom, and inability to occupy themselves. Some people may learn that behaving in a particular way is a reliable way of attracting others' attention, even if this is negative.
- **Tangibles:** The desire for certain things e.g. food, drink, objects or activities
- **Escape or Avoidance:** This could be to avoid certain people, situations or activities that they don't like, or don't find rewarding
- **Sensory:** This may be behaviour that is internally rewarding or self-reinforcing to meet needs e.g. warmth, touch, pleasant sounds or avoid pain, discomfort, noise.

As part of your functional assessment or analysis, consider the use of a Functional Assessment Screening Tool (FAST) to identify a number of factors that may influence the occurrence of behaviours that challenge.

Finding out why/when the behaviour occurs – The ABC Approach

We need to know about the sequence of behaviours which lead up to an episode or period of behaviour(s) that challenge as they rarely occur 'out of the blue'. There are always links between the behaviour and what happens before and after it. The ABC model is a useful way to understand how these are related and helps us identify the function of the behaviour and has direct implications for how we respond to it. It involves looking at the:

- **A**ntecedents (what happened before the behaviour)
- **B**ehaviour (what is the actual behaviour?)
- **C**onsequences (what happens afterwards?)

Antecedents can be broken down into two types:

- **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. These could happen hours or days before the actual incident or could be from an annual event
- **Triggers:** things that happen immediately before the behaviour e.g. seeing a particular person, hearing a particular noise, experiencing a sharp pain.

If triggers occur when the person has already experienced one of more of the setting events, it is more likely that behaviours that challenge 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:

- Things that are added or taken away e.g. contact or conversation, items, activities or sounds.
- The way other people react or respond
- Things that happen immediately and later
- Changes in feelings or sensations

Behaviour (ABC) charts allow care staff and practitioners to objectively record incidents of behaviours that challenge including the antecedents, behaviour and consequences during an incident. These can be useful for low frequency behaviours or near misses as part of functional assessments and reviews/analysis exercises. It should be considered how these align with incident reporting and management processes.

These should then be reviewed and analysed to support identification of strategies to include on a Behaviour Support Plan. Thinking about what already is working well is also very useful.

An example ABC recording chart template and filled examples can be found in Appendix 1.

Identifying Strategies

A PBS plan should contain a range of strategies, referred to as **'Proactive', 'Active'** and **'Reactive'** strategies which not only focus on managing the behaviour(s) that challenge when they occur, but also develop and introduce approaches that promote changes over time and ensure the service user has access to things that are important to them.

Consult with the service user directly whenever possible and also talk to people that know the person well and involved in their care. The emphasis of the plan should be on preventing the need for behaviours that challenge, but it's important to be realistic about the changes you can make and some proactive strategies will take longer to have effects.

Active strategies detail how to support the service user should early warning signs of behaviours escalating are being displayed. Reactive strategies should be used as a last resort unless there is an agreement with the person that this is the best approach for them. They should be used together with proactive interventions as when used in isolation, such approaches do nothing to enable improvements over time. There should be a graded approach that considers the least restrictive options.

The strategies should support care staff to identify when a person may display behaviours that challenge, giving them chance to intervene before the behaviour escalates. This helps to ensure that the focus of the plan is not just on the behaviour that challenge but provides ways to support the person to have a good life, enabling the person to learn better, more effective ways of communicating what they need.

When everyone supporting the person uses the same approaches it helps the development of more socially acceptable ways of communicating their needs, the PBS plan is a useful tool to see what is and what isn't working for the service user, and enables care staff to adapt or change strategies as necessary.

Risk assessment & Care Planning

When assessing and managing the risk of behaviours that challenge, a multidisciplinary approach to risk assessment and risk management should be used. The risk assessment and care planning process should be carried out with the service user, and where appropriate their family member/representative and incorporate any advice or input from health professionals.

The regularity of the review should depend on the assessment of the level of risk. The PBS plan should be supported by an accurate and thorough risk assessment.

If the person is transferring to another care setting, the content of the risk assessment and care plan should be shared and incorporated into any additional document such as hospital passports.

Behaviour (PBS) Support Plan

A written PBS plan should be developed based on the shared understanding about the function of the behaviour and should;

- Identify reactive strategies to manage any behaviours that challenge that are not preventable, including how care staff should respond if a person's behaviour escalates and there is a significant risk of harm to themselves or others.
- Incorporate risk management and take into account the effect of the behaviour support plan on the level of risk.

- Be compatible with the abilities and resources of the service, including managing risk, which can be implemented within these resources.
- Be supported by data that measure the accurate implementation of the plan.
- Be monitored using the continuous collection of objective data
- Identify any training for care staff or family members to improve their understanding of behaviour that challenges.
- Identify those responsible for delivering the plan and the designated person responsible for coordinating this.
- The strategies you choose should be different depending on the function of the behaviour.

Below is some guidance to assist you to write a PBS plan. Strategies have been divided into 'stages' of increasing severity to encourage people to respond to the first signs of distress and resolve issues before they escalate. This will help to ensure that the least restrictive interventions are being used and that the strategies being used are proportionate to the level of risk.

'Traffic light' System

A format which has been found to be particularly useful in helping care staff to understand the different stages of behaviour is based on a traffic light system using colour coding on PBS support plan. This format enables care staff to more easily identify when they could intervene to prevent behaviours escalating into an episode of 'challenging behaviour'. An example of this in practice can be found on Appendix 2

Green (Primary/Proactive)	Calm and relaxed – this is 'typical behaviour' for the person. Proactive strategies to be used.
Amber (Secondary/Active)	Anxious, distressed or aroused – indication that problems are about to occur. 'Secondary' strategies such as distraction or diversion to prevent escalation.
Red (Tertiary/Reactive)	Incident – occurrence of the behaviour itself. Tertiary strategies to
Blue (Recovery)	Calming down/recovery phase – but still need to be careful and ensure that the person returns to the 'green' phase and re-establish relationships.

Proactive (Primary) "Green" Strategies

Proactive strategies are put in place before the behaviour occurs, rather than being responsive, with the aim to remove the trigger that prompts the behaviour for the service user. Some of these strategies should be developmental so the service user is supported to develop new skills and ways of communicating their needs.

These strategies look at a range of changes we can make in the service user's environment, the ways we communicate and in staff attitudes to reduce the need for the behaviour. The aim is to support the service user to stay in this phase as much as possible thinking about areas such as;

- Making the day more understandable for the person.
- Teaching the person alternative ways to communicate what they need and/or developing coping strategies

- Supporting a predictable routine and structure for the person
- Leisure activities that are personally meaningful and physical exercise
- Increasing the range of activities and interactions available to the person.
- Picking up signs of anxiety for that person.
- Changing the environment e.g. reducing noise, increasing predictability

Early Warning Signs (Secondary) "Amber" Strategies

Secondary prevention involves reducing the risk associated with imminent challenging behaviour and its potential escalation. This part of the plan will describe what to do in response to early warning signs, to help staff intervene as early as possible, before the person's behaviour escalates.

Signals may be subtle, but through assessment and observations, these should be clearly defined so staff can immediately take action and therefore avoid moving onto 'red'. The people who care and support for the service user on a day to day basis will more than likely understand and know these early warning signs and so their input is invaluable.

Many episodes of behaviours that challenge occur because the early warning signs are not recognised or because care staff fail to change their own behaviour once the signs become evident.

At this stage the service user may be starting to feel anxious or distressed. Care staff need to take quick action to support them to return to the 'green' phase as quickly as possible to prevent escalation of behaviour.

These strategies may include;

- Reducing the demands being placed on the service user and communication with them
- Distraction and diversion to activities they find rewarding and enjoyable
- Reassurance to the person
- Individual relaxation techniques

Reactive (Tertiary) 'Red' Strategies

Reactive strategies are designed to keep the person and those around them safe from harm and return to a calm situation as soon as possible. When behaviour escalates to ‘red' and an incident of behaviours that challenge is occurring, the signs will be more obvious than in the 'amber' phase.

This phase is where behaviours that challenge occur and there is a risk to the service user and others. The plan needs to detail actions staff need to take to quickly achieve safe and rapid control over the situation.

These strategies focus on minimising the physical and emotional harm caused by behaviours that challenge, during and after an event.

Restrictive Interventions

Reactive strategies may include the use of agreed **restrictive interventions** e.g. PRN medication, seclusion, physical interventions – these should be used as a last resort unless it is agreed and evidenced through the MDT assessment that they should be used sooner e.g.

paracetamol to manage pain proactively or the person may request their arms are held to support reduction in anxiety.

If restrictive interventions are used as part of the reactive strategies, please refer to **LSAB Restrictive Intervention Guidelines** document for further guidance. A thorough risk assessment should be carried out and any outcomes should be incorporated into the behaviour care plan to clearly direct staff.

Restrictive interventions are crisis management techniques, not a strategy for managing behaviour. Physical interventions are not designed to reduce the frequency or severity of negative behaviours but rather to ensure the service user's safety.

Consequently, these interventions are only used when the person is at risk of causing harm to themselves or others and if possible, all other strategies have been utilised. Only the restrictive practices agreed and approved as part of a multi-disciplinary process should be used by staff who have received training should undertake these. The goal should always be to increase and improve proactive interventions so the need for physical intervention or restrictive practices is minimised.

Post Incident Support 'Blue' Strategies

This section should specify the procedures to be followed after an incident for both the person and care staff.

When a person is calming down and recovering from an incident of behaviours that challenge, think about what the person looks like and what they do or sound like e.g. body language, facial expression, language/tone of voice/behaviours
For the person, this section should also specify any immediate behavioural actions that need to be implemented following incidents for example:

- Giving the service user more space
- Procedures for ensuring their physical and emotional safety e.g. via physical checks and supportive counselling/reassurance giving
- Procedures for care staff in terms of any immediate medical checks and emotional support. Longer term observations and checks may be needed, especially where restrictive intervention has been used.
- Engaging in an activity (ensuring the person is ready to do so)

This phase 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.

Where appropriate, debrief may be required where possible the person and the staff members involved and you can find more about these in the LSAB Restrictive Interventions Guidelines document.

Monitoring Effectiveness and Review

NICE recommends that Behaviour (PBS) Care Plans should be reviewed frequently, fortnightly for the first 2 months and monthly thereafter. There may be a requirement for the plan to be reviewed sooner;

- Following a significant incident
- Any changes or increases in behaviour(s) that challenge
- Use of restrictive interventions increases
- Indications or evidence that the person's quality of life decreases

It is important to note, that changes you make to a service user's routine may result in an initial increase or change in behaviour, some strategies that supports a positive change in a service user's life may take time but it needs to be monitored closely to ensure strategies remain appropriate.

Where possible the person should be involved in the review process and where appropriate, family and/or representative to gain their views. This should be used alongside information and data relevant to the behaviour, through direct and indirect methods (as detailed above) to monitor the effectiveness of the intervention. You may need to seek further advice and support from healthcare professionals.

The review process should be flexible and continuing (rather than a fixed) process, because factors that trigger and maintain behaviours may change over time. This should include the following;

- Number of incidents where Physical Intervention (PI) was not required – this could provide evidence of benefits/effectiveness of PBS plans in place.
- Number of incidents where PI's were required and a breakdown of techniques used (e.g. breakaways, guided support, seated restraint)
- Brief thematic analysis of all incidents above looking what could be learnt from this to inform the person's PBS plan and approaches from staff going forward.
- Review of information on debriefs.
- Incident analysis to review the perceived functions of the behaviour along with how these situations/triggers can be possibly better managed

Any information should be compared to any initial functional assessment. If following a review it indicates that there has been a reduction in incidents, shows progress on acquiring new skills or increased quality of life then the approaches can continue or be developed further to meet the new circumstances if required. If this is not the case, then returning back to the start of the assessment process and re-evaluating the behaviour and interventions used will be needed.

It is vital that you develop and review Restraint Reduction Plans for service users to ensure that services are utilising least restrictive options when supporting people with behaviours that challenge, further information on these can be found in the **LSAB Restrictive Intervention Guidelines** document.

Staff Training in PBS Approaches

Staff must receive adequate training to understand and implement PBS, any staff members undertaking assessments, observations or developing plans must be adequately trained. Care staff must be trained in methods of avoiding behaviours that challenge, including anticipation, prevention, de-escalation and breakaway techniques.

In relation to de-escalation, NICE recommends that Health and Social care provider organisations should train staff to enable them to:

- recognise the early signs of agitation, irritation, anger and aggression
- understand the likely causes of aggression or violence, both generally and for each service user
- use techniques for distraction and calming, and ways to encourage relaxation
- recognise the importance of personal space
- respond to anger in an appropriate, measured and reasonable way and avoid provocation.

The Restraint Reduction Network Standards 2019 have been written for training services delivered within health and social care settings to ensure training promotes human rights, supports cultural change to a more person-centred and values based approach which is necessary to reduce reliance on restrictive practices.

Staff must have face to face training in preventative / primary strategies and secondary strategies before they are taught to use restrictive interventions with an annual refresher. Any training with a restrictive intervention component will need to be certificated against the standards, these standards will be a requirement in CQC regulated services from April 2020.

References / Further information

BILD
Introduction to PBS animation:
Resources

PBS Academy
PBS Observational Checklist
Providing Positive Behavioural Support: A Checklist for Service Providers

National Institute for Health and Care Excellence (NICE)

- Guideline NG11 – Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- Guideline NG97 – Dementia: assessment, management and support for people living with dementia and their carers
- Pathway - Anticipating, reducing the risk of and preventing violence and aggression in adults
- Pathway – Restrictive interventions for managing violence and aggression in adults
- Guide
- Quality Standard QS154 Violent and aggressive behaviours in people with mental health problems
- Quality Standard QS101 Learning Disability: behaviour that challenges

Skills for Care

- Behaviours which challenge - training design & commissioning

The Challenging Behaviour Foundation

- Information sheets

Appendices

- **Appendix 1 - Example Behaviour (ABC) Recording Chart**
- **Appendix 2 – Example of completed Behaviour (ABC) Recording Chart**
- **Appendix 3 – Example Behaviour Care Plan**

Review Date

May 2021 – (or at a time when Liberty Protection Safeguards are in-situ if this comes before)

Appendix 1 - Example Behaviour (ABC) Recording Chart

Service User	.....	Service	.....

Date & Time	Staff	Setting	Trigger	Action (Behaviour)	Result (Consequence)	Individuals reaction	Duration & Comments

Appendix 2 - Example of completed Behaviour (ABC) Recording Chart

Service User	.....	**Service**	.....

Date & Time	**Staff**	**Setting**	**Trigger**	**Action (Behaviour)**	**Result (Consequence)**	**Individuals reaction**	**Duration & Comments**
	Initials	What was the individual doing leading up to the behavioural presentation and anything else you think may have contributed.	What happened directly before the behaviour - What people, things, or events might have triggered the behaviour? Did a member of staff disrupt an activity, was a demand placed? Was a requested item unavailable? Etc.	Describe the behaviour that you saw.	What happened as a result of the behaviour? How did the people, things, events around the person change as a result of the Incident? Did it result in the termination of an activity, removal of demand etc?	What was the person's response? What did they do as a result of the consequence? Did the behaviour stop, did the behaviour escalate? Etc.	Note the duration of the incident and any further comments.
Example							
12/10/12	*PS, TM & BO*	*George had just eaten his dinner and was repeatedly asking for crisps*	*As George had just had his dinner we said no and informed him he would have to wait.*	*George began to shout, spit and rock back and forth.*	*We tried supporting George to calm then asked him to access a quieter room*	*George went into the lounge*	*10 mins*
12/10/12 *Follow on from above*	*Above*	*Previous incident*	*I (PS) went into check on George and he was starting to strike his leg with a closed fist*	*This increased and George began to strike the side of his face.*	*I used a firm prompt asking him to stop. I then told him we would make a plan. I got the activity strip and put on pictures for shower, garden and then crisps.*	*George stopped striking himself, read the activity strip with me and went through the sequence.*	*Incident 5 mins* *40 mins to go through the activity sequence and for George to calm.*

Appendix 3 - Example Behaviour (Traffic Light) Care Plan

Service user Name: George Smith

Identified triggers for the behaviour
Physical Environment • Unfamiliar places without reassurance and explanation from staff • Others raising their voice or being around loud individuals • Being around individuals that George perceives as being unpredictable or having a lack of control e.g. inebriated individuals at the pub or other service users displaying behaviours that challenge **Interaction with others** • George feeling that he is not being involved or is being ignored • Staff not justifying why he is unable to have something e.g. item, activity • Being around people who he perceives as being abrupt or rude • Being given too much information and not providing George with time to process this. • If George is left alone for long periods of time or not engaged with **Activities** • Being rushed when completing a task or activity • Being asked to complete a task or activities that he doesn't enjoy – e.g. cinema, putting washing away • Unplanned changes to routine if not explained and given time to process this as well as an alternative and reassurance • Absence of daily walks • Discussing significant events with George too far in advance such as medical appointments or transitions to other services. **Other:** • Discussing specific topics such as his brother and unsuccessful placements • Injuring himself – this can cause George to pick at this and exacerbate a wound.

How George presents when calm	What actions staff need to take	How George presents when his anxiety is escalating	What actions staff need to take	How George presents in an anxious state	What actions staff need to take (in addition to Amber)
• George will smile • Tell jokes • Rub his hands together when being mischievous • He will talk about favoured topics such as music or drumming • Take part in a wide range of activities • He will be responsive when you communicate with him • He will eat a well and enjoy a balanced diet	• Staff should read and be familiar with George's support plans, Behaviour Plan and Risk Management Plans. • Maintain a calm, friendly tone of voice which is not too loud • Provide frequent and consistent encouragement and reassurance before and throughout tasks and activities. • Provide George a details plan of his day • Maintain clear and familiar routines as detailed in George's care plans • Do not provide George with too much information • Ensure activities are pre-planned and set up to avoid lengthy wait periods. • Prepare George 20 minutes prior to commencement of the activity. • Provide frequent choice making	• Repetitive questioning increases • George will ask a variety of questions to gain reassurance from others • Repeatedly asking "do you like me?" or "I like you, do you still like me?" or "everyone in the house likes me don't they?" • Saying "There's nothing to worry about is there?" • George may frown and generally look worried • He may use closed body language e.g. folding his arms • Bite his lip and pick at it • Picking the backs of his hands or fingers • Talk about being ill and asking "I'm not going to die am I?" • George may show concern regarding	• If appropriate and safe to do so, continue to attempt strategies identified at **Green** stage • Provide reassurance regarding areas or topics of concern • If George is unable to tell you what is upsetting him, ask questions to ascertain this • Offer activities that he finds motivating that you can provide there and then as detailed in his Activities Care Plan. • Discuss topics that George has good memories of i.e. recent activities he enjoyed or Preston festival. • Change the environment – ensure it is low stimulus so you can listen to George. • Offer George to walk with you in the garden. • Remind him that we cannot help if he does not talk to us.	• Engages in more intense repetitive questioning • He may shout and swear at staff members and his parents • Threatening to hit others • Using derogatory sexualised language • Threatening to "bite his finger off" • Stating that he wants to die • Attempting to throw furniture or damaging walls/items • Refuse to go for his daily walk or engage in any activities • Pressing call points and fire points • Refusing to eat or drink • Refusing to engage in personal care • Engaging in impulsive actions such as although edible, they may not be deemed as appropriate e.g. drinking curry source from the jar • Self-injurious behaviours e.g. picking his skin, biting his own	• If appropriate and safe to do so, continue to attempt strategies identified at **Amber** stage • Ensure you are closest to the room's exit • Reassure George by saying "it's ok" and offering your hand out to him • Do not put any unnecessary demands or requests on George • If asked, reassure George that he (and/or others) are well and fine • Use assertive commands to redirect George away from areas of concern or high risk • Request George to go with you to a more suitable environment • If George is targeting a specific staff member, they need to be encouraged to leave the immediate environment • If George will not move to a more suitable environment, ensure other vulnerable adults in the environment are taken to a safe place.

	opportunities throughout the day • Ensured that preferred items are available. • If George cannot have an item or do a task, provide an explanation why. • Plan any changes to routine carefully and introduce them with a detailed explanation of the change as well as alternatives. • Give time for him to process information	family or staff member's health • Going to the toilet frequently or staying there for a long period of time • George may withdraw and lie in bed for prolonged periods of time • He may refuse food and/or drink or binge eat • Showing no interest in doing activities • George may walk away from staff when they are talking to him	• When George wants time alone, respect his decision that he wants some space, be in the vicinity for when he wants to engage with you. Regularly monitor George and provide reassurance. • Ask George to undertake breathing exercises and his countdown routine, complete this with him. • Follow PRN protocols where appropriate.	hand, striking his own head.	
				If you cannot remove yourself; maintain a safe space, adopt a safe stance and ensure you have your back to the exits. • If the above strategies have been attempted and are unsuccessful and there is a continued risk of harm to the individual and/or others then staff should use approved techniques in a gradient approach as a last resort. - Stance - Assertive command - Protective Stance - Touch support - Front arm catch - PRN medication as per protocols If you have had to withdraw from George's room, ensure you are still able to observe the noises he is making and keep checking at regular intervals if George is ready to re-engage with you.	

How you know George is calming	What actions staff need to take
• George may spend some time on his own in his bedroom. • He may make humming noises • He may try to apologise to you • He may try to begin re-engaging with staff • He may ask to have a drink, something to eat or go for a walk • George may wish to discuss the event or incident • George may become easily or upset more than once in the same day • On occasions George may cry	• Where feasible, comply with George's requests • Provide George with space and allow him to spend some time in his room if he requests to do so • Provide regular re-assurance • Remind George that we are here to keep him safe and that he can talk to us if he wishes • Support George to re-engage • Present George with a drink and snack • Change of staff if necessary • Continue with scheduled activities ensuring to continually risk assess • Adapt activities after consulting team or management if the risk of continuing scheduled activities are too high. • Engage George in highly preferred, calming activities which include: drumming, time alone in his room, listening to music, going for a walk or out in the garden • Discuss incident or event with George in a reassuring manner and remind him that we are here to help

- **In the event that PRN medication is administered, this must be recorded at the time of administration and accurately documented. This then must be documented on the back of the MAR sheet along with the reasons for administration and the result the medication had.**
- **Staff must document all use of physical intervention and PRN medication or if George or staff are injured on an incident report prior to leaving shift that day and uploaded onto the system.**
- **If you are concerned of illness or injury to George or others, seek medical advice and assistance.**
- **Inform the Senior Staff member on shift of the incident and seek support via a debrief following a serious incident occurring.**

Name and role of staff member		**Service user signature (where appropriate)**	
Date completed			
Planned review date			