

Merton Mencap

Positive Behaviour Support Policy & Procedure

July 2017

Merton Mencap

POSITIVE BEHAVIOUR SUPPORT

This policy and procedure has been adopted by Merton Mencap through its Executive Committee which remains responsible for its review.

Original signed version is kept at the Merton Mencap office.

Signed: _____ Date: _____

Name: _____

Chair of Executive Committee

Signed: _____ Date: _____

Name: _____

Chief Executive

Record of adoption and review of this policy and procedure:-

Adopted:	16 September 2009
Reviewed:	28 June 2011
Reviewed:	4 July 2017

Merton Mencap

POSITIVE BEHAVIOUR SUPPORT POLICY & PROCEDURE

1 Definition

The purpose of behaviour is to have needs met.

In this policy and procedure 'challenging behaviour' refers to behaviour which

- interferes with or prevents the person from engaging with the service, or interferes with or prevents the engagement of others
- is not socially acceptable or appropriate
- endangers the person themselves, others or equipment
- offers an unacceptable level of challenge to staff in their support of the person

It may be exhibited as

- acts of aggression
- withdrawal or refusal to participate
- refusal to move
- self-injury
- injury (intentional or not) to others or damage to objects, equipment and resources
- obsessive/compulsive behaviours
- behaviours that fulfill a sensory need

2 Staff Training

Merton Mencap aims to provide support to enable people to manage their own behaviour in order to improve their emotional wellbeing. We aim to

- improve the quality of life for the individual by providing staff with the necessary information and skills to maintain an environment that meets the needs of all service users
- develop a proactive approach in the management of a crisis
- increase the competence and confidence of all those who deal with crises

Staff training emphasises:

Proactive Interventions: these identify and respond to a person's needs which, if unmet, could result in challenging behaviour. Proactive approaches should aim to help the person to gain increasing self-control resulting in a reduced need for interventions.

Active interventions: Active interventions are agreed approaches known to be effective in eliminating or reducing the immediate likelihood of a crisis occurring and are focused on calming techniques used when early warning signs are displayed by a person. These include verbal and non-verbal techniques used to calm situations. These techniques rely on staff having access to the individuals' detailed care plan and to an individual behaviour support plan and risk assessment, where appropriate. The Project Manager will ensure that all staff members have access to the plans and assessments for each service user that they are supporting.

Reactive interventions: Reactive interventions respond to a behavioural crisis as it occurs. These may include, but are not limited to physical interventions and are agreed approaches known to provide a safe environment for the individual and for the staff and other people immediately affected. The agreed plan will include actions that staff need to take to reduce the crisis behaviours in as positive a way as is possible. Physical Interventions should only be used as a LAST RESORT where all other interventions have failed. All interventions of this type will be non-personal, non-judgemental and non-punitive.

When staff are likely to be in contact with people who may demonstrate challenging behaviour, they will receive appropriate training in positive behaviour support strategies or other similar training, tailored to meet the needs of the user group which they are supporting. Training will be repeated at least every 3 years.

A comprehensive log of staff training is kept and reviewed by the Merton Mencap Executive Committee at each Board meeting to ensure that all staff are adequately trained.

3 Staff Ethos

Merton Mencap aims to provide an environment that is safe, supportive, consistent, respects individuals and is friendly. We aim to take a whole person approach by considering all available information, speaking to families, and meeting needs in a way that is tailored to the individual.

Where a functional analysis of a service user's behaviour has been carried out by another agency (analysing what a person gains by the use of one or more challenging behaviours) we will include this in our own care plans and incorporate all key strategies into Merton Mencap's service provision. We aim to be as consistent as possible with other settings in terms of behaviour intervention strategies used.

4 Risk Assessments and Behaviour Support Plans

When challenging behaviour has been identified as a potential risk, the individual's *Individual Risk Assessment & Care Plan* (referred to as care plan) will include details of managing these behaviours prior to the individual attending Merton

Mencap services. This will also be written if a new severe/dangerous behaviour emerges for a current service user and, where appropriate, an investigation will be conducted to establish what may be triggering this change of behaviour.

This ensures that the individual, other service users, staff and property remain safe and that consistent strategies are used by all staff.

Merton Mencap will use a standard format for care plans so staff can refer to information easily and quickly. Care plans will be checked against similar documents held by other agencies, wherever possible.

Care plans will be checked and updated at least once every year by the Project Manager or other suitable person. The last review date will be clearly displayed on the care plan and staff will not accept a service user onto a session if their plans are out of date.

5 The Use of Sanctions

Any sanctions or controls used to manage behaviour must be part of the care plan and must work towards reducing or eliminating the challenging behaviour and replacing this with another more appropriate behaviour. Sanctions will never be used as an end in themselves. Actions by staff will be proportionate to the actions that constitute the challenging behaviours i.e. staff must judge that their intervention is necessary to prevent greater harm occurring to the person themselves, other service users and/or staff, or property.

6 The Use of Rewards

The use of rewards for positive behaviour is encouraged. If an individual requires a specific reward, this will be specified on their care plan.

7 Positive Touch

Touch is essential in order to provide high quality and sensitive care and can support the development of natural interactions and relationships. Touch is very important and may be used for any of the following reasons:

- | | |
|----------------|---|
| Communication: | e.g. physical prompting, greetings such as a hand shake and high fives |
| Educational: | e.g. guidance during swimming or PE activities as well as physical prompts |
| Play: | e.g. where support is needed to help an individual to climb onto or off a piece of play equipment |

Emotional Support:	e.g. for reassurance, security and comfort and supporting emotional well-being
Care:	e.g. toileting, dressing and undressing for swimming and PE with respect for privacy and dignity
Medical /Nursing care:	e.g. gastro-feed, administration of medications or providing first aid support
Physical Support:	e.g. holding hands for guidance or safety (but only when required), transferring in and out of wheelchairs, hoisting in and out of wheelchairs
Protection:	e.g. to protect service users from danger

However, it is not appropriate or acceptable to use touch in a punitive or invasive way.

8 The Use of Restrictive Physical interventions

Restrictive physical interventions will be used only as a last resort when all other strategies have failed, and will normally be part of a planned approach to meeting individual needs. These interventions will be part of an individual's care plan.

Force is only reasonable to prevent a service user from:

- a. Committing a criminal offence
- b. Causing personal injury to, or damage to the property of, any person (including the person themselves)
- c. Prejudicing the maintenance of good order and discipline

Before using physical intervention, staff must always attempt to divert or defuse the situation in other ways.

Staff will document their use of physical interventions and give details of the whole incident for review and analysis using the appropriate incident report form. The incident should be reported to their line manager the same day.

9 Access to Behaviour Support Plans

Care plans will be available at all the sessions that a service user attends. The Team Leader on site will ensure that all staff working with the person are familiar with these documents. They may be held on site as paper documents (stored safely in accordance with our data protection policy) or as electronic files that are accessible to staff via a mobile device or PC.

10 Acceptance of Service Users

Merton Mencap reserves the right to decline to accept a service user on a project or activity or to exclude any service user from a project or activity where it is considered that concerns about challenging behaviour make it impractical for the service user to take part in or continue to take part in that project or activity. This decision will only be taken after all relevant information has been reviewed by the Project Manager and once all options for mitigating risks have been explored.

11 Post Incident Procedure

Counselling and support following any incident of challenging behaviour will be offered to staff, as appropriate.

Andrew Whittington

Tel: 020 8687 4676

Mobile: 07767 670134

Email: chief.executive@swlondonmencap.nhs.uk

The Chair of trustees of Merton Mencap is:

Julian Walton

Tel: 07770 237091

Email: julianfwalton@gmail.com

The Merton Mencap office:

Merton Mencap

The Wilson Hospital

Cranmer Road

Mitcham

CR4 4TP

Email: info.merton@swlondonmencap.nhs.uk