Communities Directorate and Children & Enterprise Directorate

POSITIVE BEHAVIOUR SUPPORT SERVICE

Policy, Procedure and Practice

February 2012

St.Helens Council

Knowsley Council

NHS Merseyside

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INFORMATION SHEET

Service area	Learning Disabilities
Date effective from	April 2012
Responsible officer(s)	Principal Manager, Positive Behaviour Support Service Policy Officer, People & Communities
Date of review(s)	April 2013
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	All staff and managers within the Communities and Children & Enterprise Directorates; Halton & St Helens PCT; Knowsley PCT; Knowsley Metropolitan Council and St Helens Council
Date of committee/SMT decision	
Related document(s)	• Assessment and Care Management Manual June 2010
Superseded document(s)	N/A
Community Impact Review and Assessment completed	Completed
Adult Safeguarding Audit Tool Completed	Completed
File reference	

1.0	POLICY	*PRACTICE*
1.1	**Introduction** The Positive Behaviour Support Service exists to:- • Support mainstream services working with people with learning disabilities, whose behaviour is a significant challenge • Work directly with people whose behaviour presents the greatest level of challenge • Become a model of excellence, at the forefront of evidence-based practice in this area The Positive Behaviour Support Service is aimed at those service users who have a learning disability and who also present with behaviour that challenges services. The service is available to service users of all ages and there is a specialist children's arm and a specialist adult's arm of the service. Service users and their families residing in Halton, Knowsley or St Helens (please note for St Helens, the service is only available for adult service users) and people receiving services from NHS Halton and St Helens and NHS Knowsley, are able to access the service and Halton Borough Council is the service provider.	
1.1.1	**Background to the development of the service** It was identified that there was a local deficiency in services offering skilled specialist support to people of all ages living in community settings who have a learning disability, often including autism spectrum conditions and who present with behaviour that challenges services. This had sometimes led to a total breakdown in support for the service user, resulting in costly placements at a distance. Frontline services need the availability of expert advice and guidance to improve their service response. The development of a Positive Behaviour Support Service is therefore aimed at some of the most challenging individuals. They are also amongst the most costly to support. High placement costs, borne by NHS (through Continuing Healthcare budgets) and Local Authorities, are justified in terms of the complexity of the service user and the management of risk. However, the quality of provision is uneven and where placements are made out of area, this represents a loss of local resources. By developing a Positive Behaviour Support Service locally it provides a unique support service to those service users presenting with behaviour that challenges services in Halton, Knowsley or St Helens and reduces the financial constraints of seeking out of borough placements in the future.	
1.2	**Service Objectives and Delivery** The overall aim of the service is to reduce the frequency, intensity and duration of undesirable behaviour of people with a learning disability. The service works collaboratively with the service user and their families, front line staff and other professionals to achieve the service's overall aims.	

	In relation to service users who fit the eligibility criteria for the service and where direct intervention has been agreed, the service will: • Contribute to the multidisciplinary assessment of people. The particular focus of the service is to help with the understanding of underlying functions of behaviour that challenges services, parents or carers. • Acquire evidence to support assessment through a variety of techniques including direct observation of behaviour and gathering background information • On the basis of evidence gained through multidisciplinary assessment, contribute to drawing up plans designed to reduce behaviour that challenges services • Directly train frontline staff in the implementation of plans • Deploy staff from the service to work alongside families and frontline staff where deemed necessary • Monitor and review the success of planned interventions, refining them as necessary on the basis of evidence, in all cases working closely with the multidisciplinary team • Provide follow up support after interventions have been agreed and are up and running in order to monitor progress and provide top up training where necessary Direct support of individuals is time-limited, the aim is that frontline staff will be able to assume full responsibility for delivering care and support as specified in the exit criteria. For further details regarding the exit criteria, please see section 2.12 of the policy.	
1.3	**Training** In addition to providing direct support for service users, the Positive Behaviour Support Service also offers a variety of training packages to promote the overall aims of the service. This training can be accessed by request directly to the Positive Behaviour Support Service and such requests shall be reviewed by the team on a regular basis. The types of training offered by the team include the following: • Workshops to raise awareness and skills of professional staff • Generalised training on issues regarding behaviour that challenges services, for frontline staff • Training on specific issues e.g. active support • Problem-solving seminars for whole staff teams • Mentoring of individual staff • Support groups for family carers The Positive Behaviour Support Service will provide a rolling training programme on the Introduction to Applied Behaviour Analysis, this programme will be coordinated through the Corporate Training Centre. The team will also be able to design and deliver bespoke training to individuals or teams. The team may identify additional training needs through their work on individual cases and therefore training events to address these needs, will be held as required. The Positive Behaviour Support Service may signpost individuals to other relevant training.	

	Representatives from the Positive Behaviour Support Service are also involved in the Autism Spectrum Condition Training Sub Group for both children and adults and the Diagnosis Pathway Sub Group, to ensure that the principles of Applied Behaviour Analysis are included in the work of these groups.	
1.4	**Service Availability** The service maintains an administrative base, which can receive incoming telephone, fax and electronic communication between 09:00 – 17:30 Monday to Thursday 09:00 – 16:40 on Friday (excluding public holidays). During these office hours, the service ensures there is an appropriate staff member available to receive referrals and other queries relevant to the functions of the service. There is no expectation for new referrals to be responded to outside of these office hours. Referrals will only be dealt with by the team during office hours. Planned service delivery will be on a flexible basis, arranged around the assessed requirements of people receiving the service. These requirements are likely to result in deployment of staff outside office hours. Support Workers may be required to provide support to individuals or families outside of office hours, dependent upon the case they are involved in. The service must ensure that where staff are deployed outside office hours, back up professional level staff are available on call for the purposes of consultation and support. In addition, the Positive Behaviour Support Service may provide emergency out of hours telephone support to staff, parents and carers. The availability of this additional support will be assessed on an individual case basis and is dependent upon individual need.	
1.5	**Children's Act** The Children's Act 2004 provides the legal basis for how social services and other agencies deal with issues relating to children. These guidelines have been laid down so that all individuals looking after children, be it in the home, the work place, school or other locale, are aware of how children should be looked after in the eyes of the law. The Children's Act 2004 was designed with guiding principles in mind for the care and support of children. These are: • To allow children to be healthy • Allowing children to remain safe in their environments • Helping children to enjoy life • Assist children in their quest to succeed • Help make a positive contribution to the lives of children • Help achieve economic stability for our children's futures This act was brought into being in order for the government in conjunction with social and health services, to help towards common goals. The Act places a duty on local authorities to make arrangements through which key agencies cooperate to improve the wellbeing of children and young people and widen services' powers to pool budgets in support of this. To ensure that, within this partnership	

	working, safeguarding children continues to be given priority. The Act places a responsibility for key agencies to have regard to the need to safeguard children and promote their welfare in exercising normal functions. The Inter-Agency Cooperation element of the Children's Act, ensures that any agency that is aware of the maltreatment of a child – or this misconduct of a child's legal guardian – should make their findings known to other agencies that might have a hand in the protection of a child who would normally go unmonitored. In instances where the Positive Behaviour Support Service may be involved with a person who is aged between 16-18 years, both the Children's Act and the Mental Capacity Act (detailed below) could apply to that individual. It may be applicable in these situations that the appropriate worker within the Positive Behaviour Support Service, contacts Legal Services within Halton Borough Council to clarify which Act should be adhered to.	
1.6	**Mental Capacity Act** Individuals who are 16 and over and who can be shown to lack capacity are protected by the Mental Capacity Act (MCA, 2005). Its amendment, the Deprivation of Liberty Safeguards (DoLS 2008) provides further protection to those who are 18 and above and who also have a disorder or disability of the mind (i.e. who lack capacity). Together, these two pieces of legislation provide a legal framework for acting and making decisions on behalf of vulnerable people, who lack the mental capacity to make specific decisions for themselves. The MCA also aims to ensure that any decision made or action taken on behalf of such an individual will always be made in their best interests. In addition, DoLS ensure that any decision that is taken to deprive someone of their liberty is made according to well-defined processes. These are thoroughly documented and carried out in consultation with specific authorities. These processes also involve assessment, authorisation, care planning and monitoring, which together act in the best interests of vulnerable people who either are or may need to be deprived of their liberty, as a consequence of the care treatment they require.	*Mental Capacity Act Overall Policy, Procedure & Guidance HBC August 2010* *Mental Capacity act DoLS Policy, Procedure & Guidance HBC June 2010* *Careful adherence to these documents will protect both the individuals who lack capacity and those who are working with them. This is provided decision-making processes are fully recorded and decisions justified.* *See also: A Quick Guide to Key Policies and Procedures HBC 2010.*
1.7	**Safeguarding** The service will work in accordance with the Halton Safeguarding Adults Board and the Halton Safeguarding Children's Board policies and procedures relating to safeguarding vulnerable children and adults, for those service users who reside in Halton. For those service users who reside outside of Halton, the Positive Behaviour Support Service will ensure that they adhere to the appropriate Local Safeguarding Children Board or Local Safeguarding Adult Board's procedures, when they have concerns that a child or adult is at risk of harm. The Positive Behaviour Support Service will inform the relevant referral party of any safeguarding issues regarding service users the team are working with. It will be the responsibility of the care manager or social worker of the service user, to deal with any safeguarding issues in accordance with the policies and	*Halton Safeguarding Children's Board Procedures to Safeguard and Promote the welfare of Children October 2007 – Children and Young People's Directorate* *Safeguarding Adults Interagency Policy, Procedures & Guidance 2010 – Adults and Community Directorate* http://www.proceduresonline.com/knowsley/scb/ http://www.knowsley.gov.uk/families/social-care-

	procedures of their relevant Safeguarding Board. The service will report all significant incidents to Commissioners and will provide a quarterly safeguarding report. The Positive Behaviour Support Service Safeguarding Flowchart is included as Appendix 15.	and-health/adults-and-older-people/safeguarding-adults.aspx http://www.sthelens.gov.uk/openfile.htm?id=2027 http://www.haltonandsthelenspct.nhs.uk/pages/publications.aspx?iPageId=11908
1.8	**Information Sharing** In order to place the service at the forefront of best practice, it is expected that the service will establish formal links with a suitable research partner or partners in order to:- • Access expertise not otherwise available to the service • Keep abreast of latest research and practice • Become an active research partner • Offer professional development placements for mutual benefits	
1.9	**Consultation and Feedback** The service engages with relevant local forums such as the Patient Public Involvement Service and the Learning Disability Partnership Board and People's Cabinet, in order to inform and influence service development. The service monitors customer satisfaction through customer satisfaction surveys as specified in the exit criteria and other appropriate methods and also provides details of feedback in annual reports to the Commissioning Managers and Senior Management Team. The managers who will receive annual reports from the Positive Behaviour Support Service are:- • Operational Director Commissioning and Complex Needs Halton Borough Council • Operational Director Children and Families Services Halton Borough Council • Operational Director Partnership Commissioning NHS Halton and St Helens • Senior Commissioning Manager NHS Halton and St Helens • Operational Director Child and Family Health Commissioning NHS Halton and St Helens • Head of Children, Family and Maternity Services Commissioning • Head of Integrated Commissioning – Self Directed Support Knowsley Metropolitan Council • Assistant Director of Commissioning Children and Family Services Knowsley Metropolitan Council • Director of Commissioning Knowsley Metropolitan Council • Assistant Director, Commissioning and Business Support St Helens Council	
1.10	**Outcomes and Monitoring** Halton Borough Council, as the Service Provider, monitors and	

	records the following activity information:- • Details of staff employed, including contracted hours, qualifications, training undertaken, salary costs and expenses • Numbers and type of referrals received, how referrals are categorised and response times • Analysis of referrals by gender, age and ethnic background • Analysis of referrals by normal domicile, including type of accommodation and which Borough • Duration, intensity and level of involvement following referral • Team and individual workloads • People waiting for a service • Details of indirect services provided • Numbers and type of training events and numbers attending Halton Borough Council, as a Service Provider, also monitors and records the following outcomes:- • Quantitative comparisons pre-intervention and post-intervention of the frequency, intensity and duration of identified behaviours that challenge services, for each person receiving a direct intervention • Quantitative comparisons pre-intervention and post-intervention of the community participation of each person receiving a direct intervention • Qualitative feedback from referrers following intervention • Quantitative comparisons pre-intervention and post-intervention of the service cost of each person receiving a direct intervention.	
2.0	**PROCEDURE**	***PRACTICE***
2.1	**Referral Pathway for Children** To ensure that the referrals to the Positive Behaviour Support Service are the most appropriate, there will be a closed referral pathway. Please refer to Appendix 4 for the referral pathway flowcharts. The referral pathway is a working progress and its effectiveness will be monitored and reviewed accordingly. Referenced below are the referral pathways to be followed in Halton. Knowsley and St Helens will have their own referral pathways, which are currently under development and may be subject to change. The effectiveness of these referral pathways will be monitored by the Positive Behaviour Support Service on an ongoing basis. Direct Referral Pathway A direct referral for a child to the Positive Behaviour Support Service would be received from a Children's Social Care Team. Children who are receiving an active service from a children's social work team, can be referred directly via the following methods:- • Via their own social worker • By agreement at a Care Planning meeting/Child in Need	*Referrals and Consultations 2008 – Children and Young People's Directorate* *Referrals & Assessment Standards 2008 – Children and Young People's Directorate* *Referral, Assessment & Planning 2008 – Children and Young People's Directorate*

	meeting or Child Protection meeting • Via the Complex Care Panel (Please note, if a decision is taken at a Care Planning, Child in Need or Children Protection Meeting or at a Complex Care Panel, the allocated social worker for the case is responsible for completing a referral form and submitting this to the Positive Behaviour Support Service). Children receiving an active service from Child and Adolescent Mental Health Services or the Integrated Behaviour Support Team, can be referred to the Positive Behaviour Support Team, if it is felt that the Positive Behaviour Support Team can provide support that is better suited to that child's needs. It must be noted that the Positive Behaviour Support Service can refer back to Child and Adolescent Mental Health Services or the Integrated Behaviour Support Team if it is felt that either of these teams is more suited to that child's needs. There may be occasions which require joint working between either of these teams and the Positive Behaviour Support Service or where a child has met the Positive Behaviour Support Service exit criteria and the Integrated Behaviour Support Team, can pursue maintenance of effective intervention. Children who are going through the Autism Spectrum Condition diagnosis pathway can also be referred to the Positive Behaviour Support Service, as part of the Early Intervention arm of the service. <u>Indirect Referral Pathway</u> The Integrated Working Support Team and the Disabled Children's Service will not be able to make a direct referral to the Positive Behaviour Support Team for Level A response (please see section 2.6 for further details on response levels). However, if staff from these teams identify that a referral to the Positive Behaviour Support Service may be beneficial, they can instigate a referral via either of these two routes:- • By making a referral for the child to the social care team, who if applicable, can then make a referral for a Level A Response (please note, it is likely that the majority of children who would require a Level A response will be active within the social care team already) • By making a direct referral for a Level B response. The Positive Behaviour Support Service will be able to make a professional judgement to upgrade a Level B response to a Level A if deemed appropriate. However, this should not be used as a "quick route" to the service. Referrals requiring a Level B response could also come via a Common Assessment Framework (CAF). In relation to referrals from school professionals, these referrals should be processed by a Head Teacher. Head Teachers can only process referrals for children via their social worker, they will not be able to make a referral directly to the Positive Behaviour Support Service themselves. It is also recommended that the Educational Psychologist for the school is also consulted about	

	the referral being made. An Educational Psychologist for the school can make an indirect referral to the Positive Behaviour Support Service via the social worker for the child. If a child does not have a social worker, the Head Teacher must first approach the Educational Psychologist for the school, in the first instance. The Educational Psychologist can then take the decision to make a referral for a Level B response, directly to the Positive Behaviour Support Service or via the Integrated Working Support Team or Common Assessment Framework (CAF).	
2.2	**Referral Pathway for Adults** Referrals to the Positive Behaviour Support Service for service users aged 18 years and above can be received from the following teams:- • Adults with Learning Disabilities Team – Halton Borough Council • Intensive Community Health Support Team – NHS Halton and St Helens • Community Learning Disabilities Services – Knowsley Metropolitan Council • Knowsley Integrated Provider Services • 5 Boroughs Partnership NHS Foundation Trust • Learning Disabilities Team – St Helens Council Any service user who requires input from the Positive Behaviour Support Service will be referred to the team by their current Care Manager. There may be cases where more than one team member will be involved with a service user, in order to ensure all of their needs are being met sufficiently. It must be noted that members of the Positive Behaviour Support Service, will not hold overall care management responsibility for a service user as the team does not have the capacity to care manage a case load. There may be a requirement for a member of the Positive Behaviour Support Service (Principal Manager or Practice Manager) to attend an Allocation Meeting or a Discharge Planning Meeting for a service user, to ensure that intervention from the Positive Behaviour Support Service is appropriate. Referrals made from Knowsley Metropolitan Council, will be identified at fortnightly allocation meetings. It is assumed that prior to all adult referrals to the Positive Behaviour Support Service, the care manager will have sought consent from the service user in the most appropriate way. The referral pathway is a working progress and its effectiveness will be monitored and reviewed accordingly. The referral pathway for St Helens is still currently being developed and is not completed as yet. Please refer to Appendix 5 for the Adult's Referral Pathway Flowchart.	*Assessment and Care Management Manual June 2010 – Adults and Community Directorate*
2.3	**Receipt and Allocation of Referrals** The Care Manager making the referral to the Positive Behaviour Support Service, for a child or adult, will be required to complete a referral form (see Appendix 6). This form can be submitted electronically via a secure email server, with the referral form being both password protected and encrypted, or submitted via post or secure fax facility. All referrals will be recorded on CareFirst 6, along with any subsequent assessment and service	

	package details for the client. In terms of the support the Positive Behaviour Support Service can provide, there are four key areas in which referrals will be prioritised under:- (1) Early Intervention (particularly in relation to Children's Services) (2) Crisis Prevention/Management (3) Technical Support (4) Placement Development The Positive Behaviour Support Service will acknowledge receipt of referrals within 24 hours (if a referral is received on a Friday, it will be acknowledged by the following Monday, except in the instances where a Bank Holiday occurs). When a referral is received by the team, the Principal or Practice Manager of the Positive Behaviour Support Service will consider it on the day of receipt. The review of the referral by the Principal or Practice Manager, will confirm eligibility for the service and will determine the response level required. Once the referral has been reviewed by the Principal or Practice Manager and deemed eligible and assigned the appropriate response level, the case will be dealt with by the Principal or Practice Manager or passed to a Behaviour Analyst within the team. The allocated worker must make contact with all relevant parties within the agreed response times. The allocated worker will complete a reviewing form (see Appendix 7).	
2.4	**Case Recording** Records will be stored in accordance with the Halton Borough Council Case Recording Policy.	*Case Recording Policy June 2010 – Adults and Community Directorate* *Access to Personal Records May 2006 – Children and Young People's Directorate* *Joint Working on Cases between Adults and Older People's Services and Children's Social Care Policy, Procedure & Practice January 2011*
2.5	**Eligibility Criteria** In assessing eligibility to access the Positive Behaviour Support Service, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement that will be made by the Positive Behaviour Support Service. If subject to a dispute, there is a procedure in the case of disagreement (for further details, please see section 2.9 of the policy). The broad eligibility criteria for a child or adult to receive the service are that, the child or adult should present with behaviour that challenges services, associated with moderate or severe learning disability, including conditions such as autism spectrum conditions. There must also be continuing active involvement of a referring professional team.	

	The service will be expected to prioritise its limited resources on the most extreme manifestations of behaviour that challenges services. The behaviour should therefore be such that it jeopardises the physical safety of the child or adult service user or others, or seriously limits access to ordinary community facilities. Examples of behaviour are: aggression, self injury, inappropriate public sexualised behaviour, behaviour directed against property, repetitive behaviours and elective incontinence but this is not an exhaustive list. The frequency, intensity and duration of the behaviour that challenges services are factors that will influence a professional decision about eligibility. Non-direct services, such as mentoring support and support to family carers should be mainly targeted to indirectly support people meeting the broad eligibility criteria. However, where capacity allows and the expertise of the service can benefit a wider group, these services may be offered more widely. For example, some individuals with autism spectrum conditions will not have a learning disability but may come into consideration for provision of a non-direct service from the Positive Behaviour Support Service e.g. staff training centred on that individual. The assessment criteria is likely to consider multiple factors, the decisions as to whether the criteria are met remain a professional judgement that will be made by the service, however, this will be subject to a dispute procedure in the case of disagreement. The Principal Manager of the Positive Behaviour Support Service will be able to make a professional judgement, whether the service user would benefit from the service. If the eligibility criteria for the service is not met, access to the service will be at the discretion of the Principal Manager of the Positive Behaviour Support Service.	
2.6	**Response Levels for Referrals** **Level A Response** – *Level A response is described as a referral which requires a direct response for full assessment and intervention from the service. The criteria required to assign a Level A response are as follows:-* • Level A response will constitute a Functional Assessment (See Appendix 8) with reports, the development and dissemination of multi-element intervention plan, careful analysis of collected data and monitoring of progress, planning for service withdrawal, planning for transition and conduction of follow up procedures. • Level A response should be provided for the more complex and serious cases • A service user should be engaging in behaviours that challenge services. These behaviours should be considered with regards to frequency, intensity and duration. Also, consideration should be given to the impact of the service user's life and also the lives of others in the service user's daily environment. • A service user should not be disregarded for low frequency behaviours that have a high intensity or duration	

i.e. behaviours that do not happen very often but when they do, are extremely serious, such as occasional episodes of aggression. Nor should a service user be disregarded for low intensity but high frequency behaviours i.e. not overly serious behaviours but ones that happen so frequently they impact on the service user's life (and others) is of concern.

- Behaviour that challenges services can include: Self Injurious Behaviour (SIB), aggression, elective incontinence, behaviour directed against property, repetitive behaviours, inappropriate public sexualised behaviours.

- Any behaviour that poses a meaningful risk of harm (service user or other) or placement breakdown should be given a Level A response.

- It will be unlikely that a service user who has previously accessed the Positive Behaviour Support Service for a Level A response, will be given a Level A response again. A level B/C response would probably be more appropriate, however, there may be exceptions to this and professional judgement will always be used.

- On occasion, a service user may be assigned a Level A response, however, may need medical assessment to rule out biological conditions before a functional assessment can commence.

Level B Response – *Level B response is described as a referral which requires ongoing mentoring of staff from other agencies. The criteria required to assign a Level B response are as follows:-*

- Level B responses will consist of training and mentoring of staff from other agencies. For Children's Services, other staff and agencies could include: schools and education staff, care staff, social worker/community care workers and any other staff groups identified as the service develops. For Adult's Services, other staff and agencies could include: day services, care staff, supported housing staff, social worker/community care worker and any other staff groups identified as the service develops.

- Parents/carers would be able to access training and mentoring services through local schools or via parent support groups.

- Level B response will be given to a service user who does not require a Level A response, but would still benefit from access to the service. This may involve a service user whose behaviour that challenges services does not currently present a risk of harm or placement breakdown or a service user who has previously had a Level A response from the Positive Behaviour Support Service.

- Level B responses will consist of an identification of

	training needs and the design and implementation of such training. Also, ongoing mentoring of staff/parents/carers and the monitoring of transfer of training into practice. • Level B responses can be upgraded to a Level A response at anytime if deemed necessary • Level B referrals can be made by completing a Level B training referral request form **Level C Response** – *Level C response is described as a referral which requires one off consultation for advice and support. The criteria required to assign a Level C response are as follows:-* • Level C responses will consist of one off consultations for advice and support. The Positive Behaviour Support Service will be piloting a field based assessment process. The field based practice involves service providers gathering information on service users they work with, who present with behaviour that challenges services. The Positive Behaviour Support Service will provide a one off consultation with the service provider, regarding their findings from the information provided and suggestions for possible interventions to be used. **Level D Response –** *Level D response is described as a referral which requires a redirection to other services. The criteria required to assign a Level D response are as follows:-* • The service user will be excluded in some way from the eligibility criteria and a professional judgement is made that the Positive Behaviour Support Service would be of no benefit • Professional judgement will conclude the service user is not engaging in behaviour that challenges services that would warrant input from the Positive Behaviour Support Service. • The service user would benefit from an alternative service. • Appropriate consent has not been given. • Professional judgement concludes that any behavioural treatment would not be in the best interest of a service user.	
2.7	**Priority Levels for a Level A response** For all referrals received by the Positive Behaviour Support Service which are assigned a Level A response, will then be prioritised using the following levels:- **Priority Level 1** – Imminent threat of harm or placement breakdown, requiring urgent assistance. <u>Response Time:</u> Engagement with referrer and service user within 24 hours of receipt of referral, with urgent multi-disciplinary meeting arranged as soon as possible thereafter. Start of Functional Assessment within 5 working days of receipt of referral.	

	Priority Level 2 – Likely threat of harm of placement breakdown requiring assured response. <u>Response Time:</u> Engagement with referrer and service user within 48 hours of receipt of referral, with multi-disciplinary meeting arranged within 5 working days thereafter. Start of Functional Assessment within 5 working days of receipt of referral. **Priority Level 3** – Possible threat of harm or placement breakdown requiring considered analysis. <u>Response Time:</u> Engagement with referrer and service user within 48 hours of receipt of referral, with further action negotiated on merit. Start of Functional Assessment (if appropriate) within 5 working days of receipt of referral. In all cases following referral, it is the responsibility of the Positive Behaviour Support Service to communicate effectively and in a timely manner with referrers and other interested parties. Members of the team will strive to meet the timescales as specified above, however, during times when the team is working to full capacity these timescales will need to be reviewed. During times when the Positive Behaviour Support Service is operating a waiting list of referrals, the team will acknowledge receipt of referral and a formal response to the referral will be provided at the earliest opportunity. Please note that during such periods when the team is working to full capacity, a response may be not be received for a significant amount of time.	
2.8	**Care Planning** <u>Functional Assessment – Stage 1:</u> • A Functional Assessment will be completed on all service users referred to the Positive Behaviour Support Service, who have been assigned a Level A response • A Functional Assessment is used in order to measure and categorise the different types of behaviours • All presenting behaviours that occur frequently or are of a particular intensity or duration will be grouped together, there are a maximum of five classes in which behaviours can be grouped together. • For each class of behaviour, there are a series of questions to be answered in order to discover more detail about the behaviour that challenges services being presented. • A supplementary set of questions are also required to be answered during this assessment to gather further information around behaviour types and what constitutes their usual behaviour in certain situations. • A Preliminary Reinforcement Assessment is carried out in order to ascertain what the service user's likes and dislikes are in everyday life. <u>Functional Assessment – Stage 2:</u> • The second section of the Functional Assessment focuses	*<u>Restrictive Physical Interventions Common Framework, Joint Policy, Procedure and Practice for Professionals working with Adults of All Ages Revised August 2010 Adults and Community</u>* *<u>Care Management Risk Assessment June 2010 - Assessment and Care Management Manual – Adults and Community</u>* *<u>Assessment and Care Management Manual June 2010 Adults and Community</u>*

on environmental factors.

- The characteristics of the environmental settings the service user is exposed to are assessed, such as, questions regarding the types of building the service user spends time in, the security levels of the building and how it is furnished.

- The physical conditions of the environment, such as heat and light levels are assessed.

- How the service user communicates and how they control their environment in addition to questions regarding activities they are engaged in and lifestyle choices are also taken into account.

- In conjunction with the Functional Assessment, Questions About Behavioural Function (see Appendix 9) and the Motivation Assessment Scale (see Appendix 10) are completed in order to classify and categorise the behaviours which are presented by the service user.

- Once the Functional Assessment is completed, the responses provided then shape a Person Centred Behaviour Assessment and Intervention Plan.

<u>Intervention:</u>
The service helps the service user to acquire alternatives to behaviour that challenges services, to cope with events that evoke behaviour that challenges others. Common examples of person-focused intervention involve helping the service user to increase their general skills; to develop expressive communication; to use socially appropriate alternatives to behaviour that challenges services and to adopt specific coping strategies.

In relation to environmental factors, the service helps the service user to restructure their social environment to avoid situations that evoke behaviour that challenges services. This may include:-

- Enriching the environment to create more opportunities for social interaction
- To make learning easier and more efficient
- To increase opportunities for engagement in activity e.g. domestic, social, leisure or employment
- To manage task presentation and academic demand carefully
- Ensure reasonable access to tangibles such as food, drink and activity materials

<u>Maintenance:</u>
Following the implementation of the intervention plan, the Positive Behaviour Support Service will plan for the maintenance of behaviour change by ensuring:-

- Withdrawal of specialist staff is graduated as they hand over to the mainstream service staff

	• Interventions are embedded within the practice of the service and it's staff prior to withdrawal • Follow up for the purposes of monitoring and data reviewing Comprehensive hand over by Positive Behaviour Support Service when referrals are made to other relevant professionals.	
2.9	**Disputes** If a disagreement arises between the service and a referring team concerning the allocation of a referral or in the event of any other disagreement about the service arrangements, it should be referred to the Principal Manager of the Positive Behaviour Support Service and the referring team for resolution. If the disagreement remains unresolved, it should be referred to appropriate senior managers within the relevant organisations.	
2.10	**Consent** As the Positive Behaviour Support Service will have a specialist children's arm and an adult's service arm, there is a requirement of informed consent to be sought when a service is proposed for a service user who is aged under 18 years. Following a referral to the service for a child or young person aged under 16, who meets the eligibility criteria and are presenting with behaviour that challenges services, if the allocated worker proposes an intervention plan to work with this service user then informed consent must be sought. This consent enables the Positive Behaviour Support Service to share information with other agencies/services as appropriate in order to implement the Intervention Plan for the service user successfully. As the child or young person is aged under 16, consent must be sought from the person who has parental responsibility. A copy of the consent form to be signed can be found in Appendix 11. For referrals relating to service users aged 18 years or over, no consent form is required for the adult arm of the service as these service users are able to provide consent independently. The social worker who has made the referral to the Positive Behaviour Support Service, is responsible for assessing the mental capacity of the service user. The mental capacity of the service user, if aged 18 or over, is used to judge if the service user is able to provide consent independently. The social worker is responsible for seeking consent from the service user, prior to making a referral to the Positive Behaviour Support Service. Once the Positive Behaviour Support Service have completed a Functional Assessment with a service user, the team will ask the service user to consent to the planned intervention resulting from the assessment process, before implementation. Each service user (or the person who holds parental responsibility for the service user if aged under 16) must also sign an Information Sharing Checklist along with the allocated worker from the Positive Behaviour Support Service (see Appendix 12). The Information Sharing Checklist is signed by the allocated worker from the Positive Behaviour Support Service to state they have shared the relevant information with parents/carers so they are fully informed of the service being provided.	
2.11	**Service Provision** <u>Level A Response:</u> Following a Level A response referral, requiring a Functional	

	Assessment, a Person Centred Behavioural Assessment and Intervention Plan (see Appendix 13) will be developed by the Behaviour Analyst allocated to the service user. Behaviour Analysts look for relationships between behaviour and environment in order to help the service user change his or her behaviour by changing aspects of their environment. Rather than suppressing behaviour that challenges services, Behaviour Analysts will work with the service users to seek ways to teach alternative behaviours that have the same results or consequences. To do this, the Behaviour Analysts need to understand the relationship between behaviour and environmental events that are important and relevant to the individual. The service will be able to structure opportunities to make learning easier for people who otherwise find it difficult. Once the Person Centred Behavioural Assessment and Intervention Plan have been drafted by the Behaviour Analyst, this will be validated by the Consultant Behaviour Analyst or Principal Manager of the Positive Behaviour Support Service. The validated plan will then be checked for contextual fit with the service user. The self assessment for contextual fit (see Appendix 14) is used to ensure that the elements of the proposed Person Centred Behavioural Assessment and Intervention Plan fits the contextual features of the client's environment. The service user is asked to rate the plan in relation to their knowledge of what they are expected to do to implement the plan; how the plan fits with the personal values and skills and how well they feel they will be able to implement the plan successfully. The Behaviour Analysts will then discuss with the service user if any changes are required to be made to the Intervention Plan in light of the Contextual Fit Assessment. Level B-D Response For those referrals to the Positive Behaviour Support Service which are allocated a response level B, C or D, a Functional Assessment is not required. For these referrals, the type of service required for the service user/agency making the referral is to receive training, mentoring or signposting to other services. These referrals will be reviewed by the Principal or Practice Manager of the Positive Behaviour Support Service and will be responded to by an allocated worker.	
2.12	**Exit Criteria** In order for the Positive Behaviour Support Service to withdraw from providing technical support intervention to a service user or to staff members in receipt of training, the exit criteria will be dependent on:- • All staff/family members should be trained to competency and feel confident in implementing the intervention plan. The contextual fit meeting will address the issue of staff confidence. • Uncertainties among family and staff teams should have been addressed and resolved. • Staff/family members should be observed to be	*Prevention of Exclusion from Services Policy – under revision, Communities Directorate November 2011*

	consistently and appropriately implementing the intervention plan (proactive and reactive strategies) • Data on target behaviours should be showing a therapeutic trend – reduced and stable or continuing to reduce in frequency/duration/intensity. Functional Assessment Interview should be consulted for hypothesised rates of behaviour reduction. • Strategies should be in place for the training of new staff to agreed levels of consistency including theory training, staff overlaps, observations and feedback • Positive Behaviour Support Service staff to conduct two follow up visits approximately one month apart and be satisfied that: <u>School/Short Break/Supported Housing Settings/Other Settings:</u> • Staff adherence to interventions is being maintained at the agreed level • Manager is confident and accurate in the ongoing monitoring of the staff implementing intervention. <u>Home Settings:</u> • Parent/carer is confident in implementing the intervention • Concerns and anxiety of the parent(s)/carer(s) is reduced. <u>Termination of Service Criteria:</u> The Positive Behaviour Support Service can terminate access to the service for the following reasons: (1) Persistent unreasonable deviation from the agreed intervention plans by staff/parents/carers or the use of contradicting interventions, despite support provision. (2) Persistent cancellation of appointments (more than 3 cancellations) (3) Physical or verbal abuse directed towards any Positive Behaviour Support Service staff members	*Termination should not be the first action. For Termination of Service Criteria number 1 and 2, a review should be offered. The purpose of the review would be to highlight, discuss and hopefully resolve any practical issues there may be that are hindering whether the ability to conform to the intervention plan or to attend appointments e.g. illness. Termination of Service criterion number 2, would be considered on an individual basis in the context of risk towards staff.*
2.13	**Clinical Supervision** All members of staff within the Positive Behaviour Support Service will be supervised on an ongoing basis. The Principal Manager of the Positive Behaviour Support Service will supervise team members in accordance with the Halton Borough Council Supervision Policy, Procedure and Practice. The Principal and Practice Manager of the Positive Behaviour Support Service will	*Supervision Policy, Procedure and Practice April 2010 – Adults and Community*

	be supervised by the Consultant Behaviour Analyst in accordance with the Halton Borough Council Supervision Policy, Procedure and Practice. Some members of the Positive Behaviour Support Service will be working towards the following qualifications of Board Certified Assistant Behaviour Analysts or working towards Board Certified Assistant Behaviour Analyst accreditation and are therefore eligible to be supervised by the BCBA qualified Principal Manager. If Behaviour Analysts are working on a case of which they have no previous experience, they will be able to work with this service user but under the clinical supervisions of the Senior Behaviour Analyst.	
2.14	**Out of Borough Placements** There may be situations where the Positive Behaviour Support Service is working with service users who are placed out of borough. If the intention is to work with this service user to support them to move back to Halton, each case will be reviewed on an individual basis. The review of cases and the procedure to be followed to bring the service user back into borough, will involve the care managers and key workers involved with the individual, family members and carers. The overall management of an out of borough placements lies with the care manager of the service user.	
2.15	**Review Process** The effectiveness and success of the Person Centred Behavioural Assessment and Intervention Plan will be subject to review by the allocated worker. The timescale for reviewing the Intervention Plan will alter on an individual basis and will be dependent upon the behaviour that challenges services being presented, its intensity and duration and environmental factors affecting behaviours. All decisions regarding the interventions to be put into place and the timescales for review, will be data driven and stipulated in the Intervention Plan. This practice adheres to Behaviour Analyst Certification Board guidelines and Applied Behaviour Analysis (http://www.bacb.com/index.php?page=57) The Care Manager who has referred the service user to the Positive Behaviour Support Service will be able to track the progress of the service user via CareFirst 6. The assessment process has been developed in CareFirst 6, as a series of drop down lists to track progress through the Functional Assessment process and will enable the Care Manager to view what parts of the assessment have been completed. For Care Managers who do not have access to Carefirst 6, they will be able to request an update on their clients from the Positive Behaviour Support Service. This information will be delivered in adherence to data protection and client confidentiality guidelines.	
2.16	**Carers** If during the assessment process or service provision stage of accessing the Positive Behaviour Support Service, a worker within the team identifies that there is a requirement for a carers assessment to be carried out, a referral will be made in accordance with the Halton Borough Council Carers Assessment Policy. For carers who are identified outside of Halton, they will be referred to the relevant local authority to request a carers assessment.	*Assessment and Care Management Manual June 2010 Adults and Community Directorate*

2.17	**Compliments and Complaints** If the service user or family member is unhappy with any aspect of the service provided, or the way in which the referral/assessment process has been carried out, they will be able to make a complaint through the complaints process of Halton Borough Council. If the service user or a family member would like to compliment the service received, they can also do this through the compliments process of Halton Borough Council.	*Compliment and Complaint Factsheet for Adults and Community* *http://intranet/documents/handcdocs/complaints/kaingacomplaintorcompliment?a=5441* *Complaints, Comments and Compliments Children and Young People's Directorate* *Complaints, Comments and Compliments Joint Protocol July 2010 Children and Young People and Adult and Community Directorates.*

GLOSSARY OF TERMS

Term	Definition
ABC recording	A method of recording what happened just before and just after instances of challenging behaviour
Abolishing operation	A decrease in the reinforcement effectiveness of an object or event caused by an establishing operation
Active Support	Active Support is a proven model that supports people with learning disabilities to plan the best use of their time, with the correct level of support, to engage or participate in all activities that make up day-to-day living. It is an evidence-based set of primary procedures that have been specifically designed for supporting people with severe disabilities and behaviour that challenges. It is a set of proactive strategies to improve the quality of person's environment so that the possibility of challenging behaviour occurring is in some cases avoided or reduced. Active support works well with people with learning disabilities and sensory impairment and for people who have no behaviour that challenges. It improves the quality of life of service users by showing support staff, managers and organisations how to support a more proactive way.
Applied Behaviour Analysis (ABA)	Applied Behaviour Analysis is a scientific approach to controlling and predicting behaviour. Behaviour Analysts focus on the observable relationships between behaviours and the environment. By identifying a relationship between a behaviour and the environment through functional assessment, Applied Behaviour Analysis principles can be applied to change that behaviour. ABA interventions are most universally used in the treatment of individuals who have a learning disability or developmental disorder.
Antecedent	An environmental condition or stimulus change existing or occurring prior to the behaviour of interest.
Automatic Reinforcement	Reinforcement that occurs without the involvement of other people
Aversive Stimulus	A stimulus change or condition that evokes behaviour that has terminated it in the past, that functions as a punishment when presented following behaviour, or as reinforcement when withdrawn following behaviour
Avoidance (contingency)	A contingency in which a response prevents or postpones the presentation of a stimulus
Backward Chaining	A teaching procedure in which a trainer completes all but the last behaviour in a chain, which is

	performed by the learner, who then receives reinforcement for completing the chain. When the learner shows competence in performing the final step in the chain, the learner emits the final two steps to complete the chain and reinforcement is delivered. This sequence is continued until the learner completes the entire chain independently.
Baseline	A measure of behaviour before intervention takes place against which interventions are judged
Behaviour	Everything that a person does that involves movement through space and time
Behaviour directed at property	Destruction or spoiling of objects, buildings or public space or own “private” space/property
Behaviour duration	The amount of time behaviour occupies as a proportion of observed time
Behaviour intensity	The magnitude or strength of behaviour e.g. from a tap to a slap
Behaviour rate	The number of occurrences of behaviour per unit of time
Challenging Behaviour	Culturally abnormal behaviour of such frequency intensity and duration that safety of person or others is placed in jeopardy or behaviour that limits or denies access to and use of ordinary community facilities. The most common forms of challenging behaviour are physical aggression, self-injury, damaging property, repetitive body movements and inappropriate vocalisation. It is estimated that 10-15% of people with a learning disability engage in challenging behaviour. The most common forms are aggression, self-injury, vocalisation and stereotypy (Emerson)
	Behaviour can be described ad challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead the responses that are restrictive, aversive or result in exclusion (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007)
Conditioned reinforcer	A stimulus change that functions as a reinforcer because of prior pairing with one or more other reinforcers: sometimes called secondary or learned reinforcers
Consequence	An object or event that follows behaviour and alters the likelihood that the behaviour will occur again in the future
Contingency	Refers to dependent or temporal relations between operant behaviour and it’s controlling variables
Contingent	Describes reinforcement or punishment that is delivered only after the target behaviour has occurred

Continuous recording/measurement	Measurement conducted in a manner such that all instances of the response class(es)
Covert behaviour	Behaviour that is observed/experienced by the individual only and not other people – private events
Deprivation-satiation	Strengthening and weakening effects of reinforcing properties of an object or even with regard to the motivative establishing operation
Descriptive functional assessment	Direct observation of problem behaviour and the antecedents and consequences under naturally occurring conditions
Differential reinforcement of alternative behaviour (DRA)	A procedure for decreasing problem behaviour in which reinforcement is delivered for a behaviour that serves as a desirable alternative to the behaviour targeted for reduction and withheld following instances of the problem behaviour
Differential reinforcement of incompatible behaviour (DRI)	A procedure for decreasing problem behaviour in which reinforcement is delivered for a behaviour that is topographically incompatible with the behaviour targeted for reduction and withheld following instances of the problem behaviour
Differential reinforcement of other behaviour (DRO)	A procedure for decreasing problem behaviour in which reinforcement is contingent on the absence of the problem behaviour during or at specific times
Direct observation	When an experienced behaviour analyst observes events as they occur in the natural environment
Discriminative stimulus	A change in the presence of an object or event that signals a change in the availability of some other object or event that has reinforcing properties
Ecological assessment	An assessment protocol for obtaining data about complex interrelationships between behaviour and environment across multiple settings and persons
Engagement	Doing something constructive with materials (e.g. vacuum cleaning a floor), interacting with people (talking or listening to them), taking part in a group activity (watching the ball and running after it in football)
Environment	The circumstances in which the organism or part of the organism exists. Behaviour cannot occur in the absence of the environment
Escape behaviour	A contingency in which a response terminates (produces escape from) an ongoing stimulus
Establishing operation	A motivating operation that establishes reinforcement
Extinction	Discontinuing reinforcement of a previously behaviour until is reaches pre-reinforcement levels or ceases altogether
Extinction burst	An increase in the frequency of responding when an extinction procedure is initially implemented

Forward Chaining	A method for teaching behaviour that begins with the learner being prompted and taught to perform the first behaviour in the task analysis: the trainer completes the remaining steps in the chain. When the learner shows competence in performing the first step in the chain, he is then taught to perform the first two behaviours in the chain, with the trainer completing the chain. The process is completed until the learner completes the entire chain independently
Functional relations	The relationship between behaviour and environment: When an instance of behaviour results in a change in the environment which affects the future probability of the behaviour being repeated in future. Aspects of the social environment known to influence challenging behaviour are: the presence of aversive task demand or unwanted social attention, and the absence of social attention or a tangible item.
Functional assessment	A systematic investigation that identifies and describes functional relations. Aspects of the social environment that are most likely to influence the future occurrence of challenging behaviours may then be altered to make challenging behaviour a less likely occurrence
Functional assessment interview	An outline of questions that an experienced behaviour analysts uses to explain the occurrence and non-occurrence of challenging behaviour
Functional behaviour assessment	A way of collecting and analysing data about the function (purpose) of challenging behaviour before designing interventions to ameliorate its effects
Functional communication training	Replacing problem behaviour with another (specified) behaviour that services the same function
Generalisation	The transfer of learning from one situation to another and of maintaining learned behaviour over time
Indirect observation	When someone observes events as they occur in the natural environment on behalf of an experienced behaviour analyst
Intervention plan	A personalised document that specifies in what way specific aspects of the social environment should be changed and how the effects of change will be evaluated
Learning disability	A state of impaired intellectual functioning that normally becomes apparent in childhood and is associated with deficits in learning, maturation and social development
Learning history	A historical pattern of behaviour-consequence relations that is unique to every individual according to his or her interactions with the

	environment
Motivative operation	The presence or absence of an object or event that (a) momentarily establishes reinforcing properties in a particular object or event, and (b) evokes behaviour that contacts the object or event
Negative punishment	An object of or event that when removed following behaviour and has the effect of reducing the likelihood that the same behaviour will occur again in future
Operant behaviour	Behaviour that is selected, maintained and brought under stimulus control as a function of its consequences
Over correction	A behaviour change tactic based on positive punishment in which, contingent on the problem behaviour, the learner is required to engage in effortful behaviour directly or logically related to fixing the damage caused by the behaviour
Overt behaviour	Behaviour that can be observed (seen, heard, felt) by an observer
Partial interval record	A method for keeping track of when behaviour occurs in which the presence or absence of behaviour is recorded and within a pre-determined interval of time
Positive punishment	An object of or event that when presented following behaviour and has the effect of reducing the likelihood that the same behaviour will occur again in future
Positive reinforcement	An object of or event that when presented following behaviour and has the effect of increasing the likelihood that the same behaviour will occur again in future
Rating scales	A series of questions that yield a score indicating the most likely explanation for the occurrence of challenging behaviour
Repetitive Behaviours	Certain patterns of behaviour that are displayed on numerous occasions and on an ongoing basis
Response Cost	The contingent loss of reinforcers e.g. a fine producing a decrease of the frequency of behaviour: a form of negative punishment
Self Injurious Behaviour	Any behaviour initiated by the individual which directly results in physical harm to that individual. Physical harm includes bruising, lacerations, bleeding, bone fractures and breakages and other tissue damage
Stimulus Control	A situation in which the occurrence of behaviour is altered by the presence or absence of an antecedent stimulus
Target Behaviour	A (response) class selected for intervention
Task analysis	The process of breaking a complex skill or series of behaviours into smaller, teachable units; also refers to the result of this process

Three term contingency	The basic unit of analysis in the analysis of operant behaviour; encompasses the temporal and possibly dependent relations among an antecedent stimulus, behaviour and consequence
Time Out (from positive reinforcement)	The contingent withdrawal of the opportunity to earn positive reinforcement of the loss of access to positive reinforcers for a specified time: a form of negative punishment
Topography	The physical form or shape of behaviour
Unconditioned reinforcement	A stimulus change that increases the frequency of any behaviour that immediately precedes it irrespective of the organisms learning history with the stimulus. Also called – primary reinforcer or unlearned reinforcer

References

Definitions provided in the glossary were taken from the following sources:

Toogood, S. (2008). Functional Assessment Interview (Version IV)

Cooper, J.O., Heron, T.E and Heward, W.L. (2007). Applied Behaviour Analysis. New Jersey: Pearson Prentice Hall

Mansell, J, Beadle-Brown.J., Ashman, B and Ockenden (2005). Person Centred Active Support: A Multi-media training resource for staff to enable participation, inclusion and choice for people with learning disabilities. Brighton: Pavilion Publishing

Murphy, G & Wilson,B. (1985) *Self-Injurious Behaviour.* Kidderminster: British Institute of Mental Handicap Publications.

Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007.

APPENDIX 2

POSITIVE BEHAVIOUR SUPPORT SERVICE STRUCTURE

Practice Manager (BCBA)
Leah Vanono

Practice Manager (BCBA)
Kath Devonshire

Practice Manager (BCBA)
Kaneez Mustary

Practice Manager (BCBA)
Gillian Morgan

Care Manager (BCaBA)
Claire Welch

Care Manager (BCaBA)
Simone Doherty

Care Manager (BCaBA)
Sarah Northrop

Support Worker
Paul Cooper

Support Worker
Sharon Bretherton

Support Worker
Rachel Rowson

Support Worker
Yvonne Connolly

Support Worker
Katie Little

Business Support
Kate Cunningham
Diane Rowland

APPENDIX 3

TRAINING AGENDA

Training Currently Offered (being Developed) by the Positive Behaviour Support Team:

1) **'An introduction to Autistic Spectrum Conditions' :** an examination of the Triad of Impairments (language and communication impairments, social interaction difficulties, rigidity of thought), stereotypy/repetitive behaviours, imagination difficulties, abnormal sensory reaction, problem behaviour e.g. Self Injurious Behaviour.

2) **'What is behaviour':** an examination of behaviour definition and the three term contingency?

3) **'Considering consequences when dealing with behaviour that challenges services':** an examination of different consequences (reinforcement, extinction, punishment), how such consequences impact upon behaviour and future occurrence. Exploration of ethical considerations.

4) **'Motivating Operations':** the importance of motivation consideration when implementing procedures to reduce behaviour that challenges services.

5) **Functions of behaviour:** examination of core functions of behaviours, how interventions are planned with direct reference to function.

6) **Behaviour change procedures:** examination of prompting and chaining procedures that can be implemented to encourage new desirable behaviours.

7) **Data taking:** an introduction to data taking.

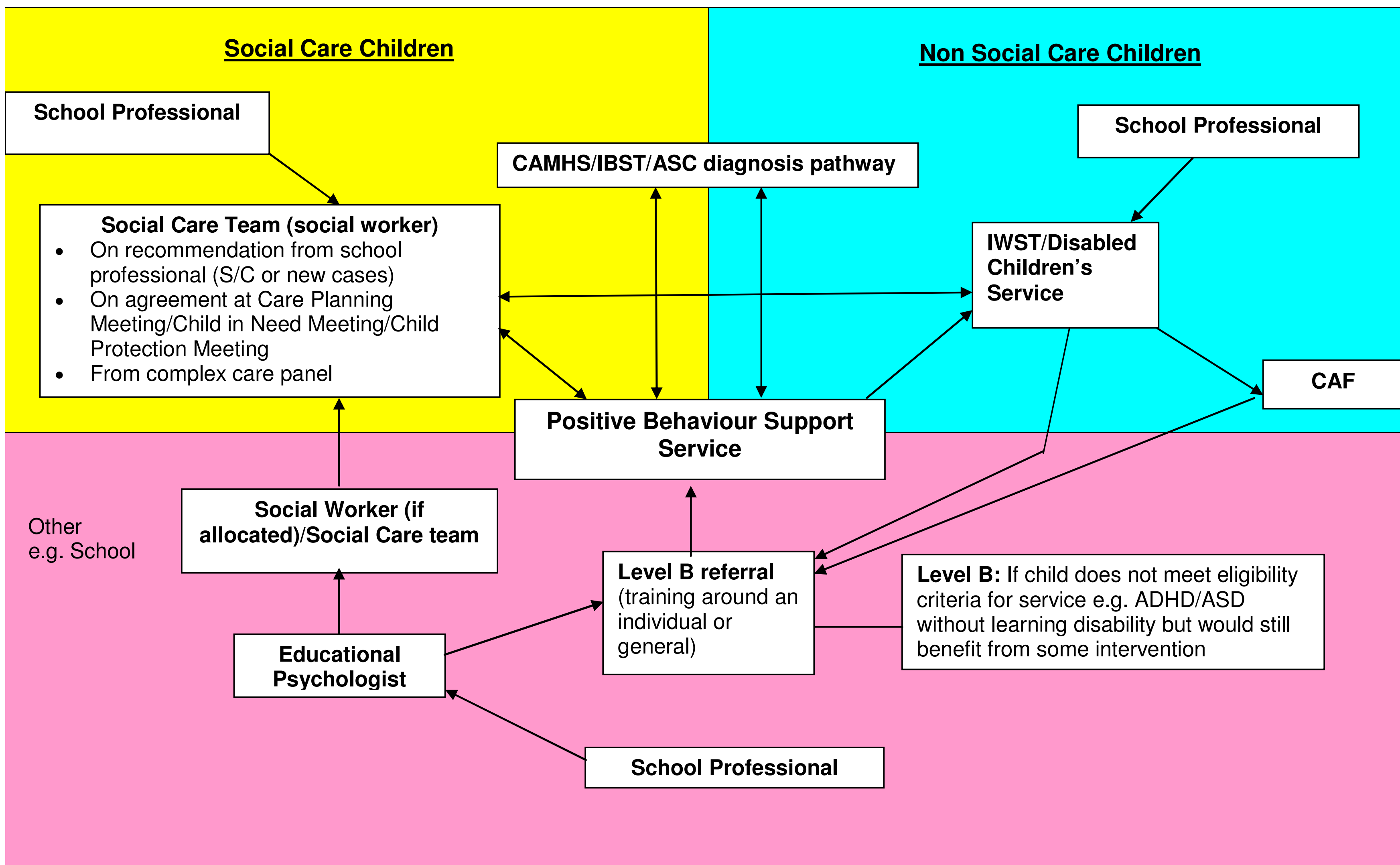
8) **Person Centred Active Support:** 1) an introduction to Active Support; 2) Full Active Support workshop

9) **Interactive Training:** On job training for staff supporting individuals. Strategies to increase engagement break down tasks to appropriate levels and incidentally reduce occurrence of behaviour that challenges.

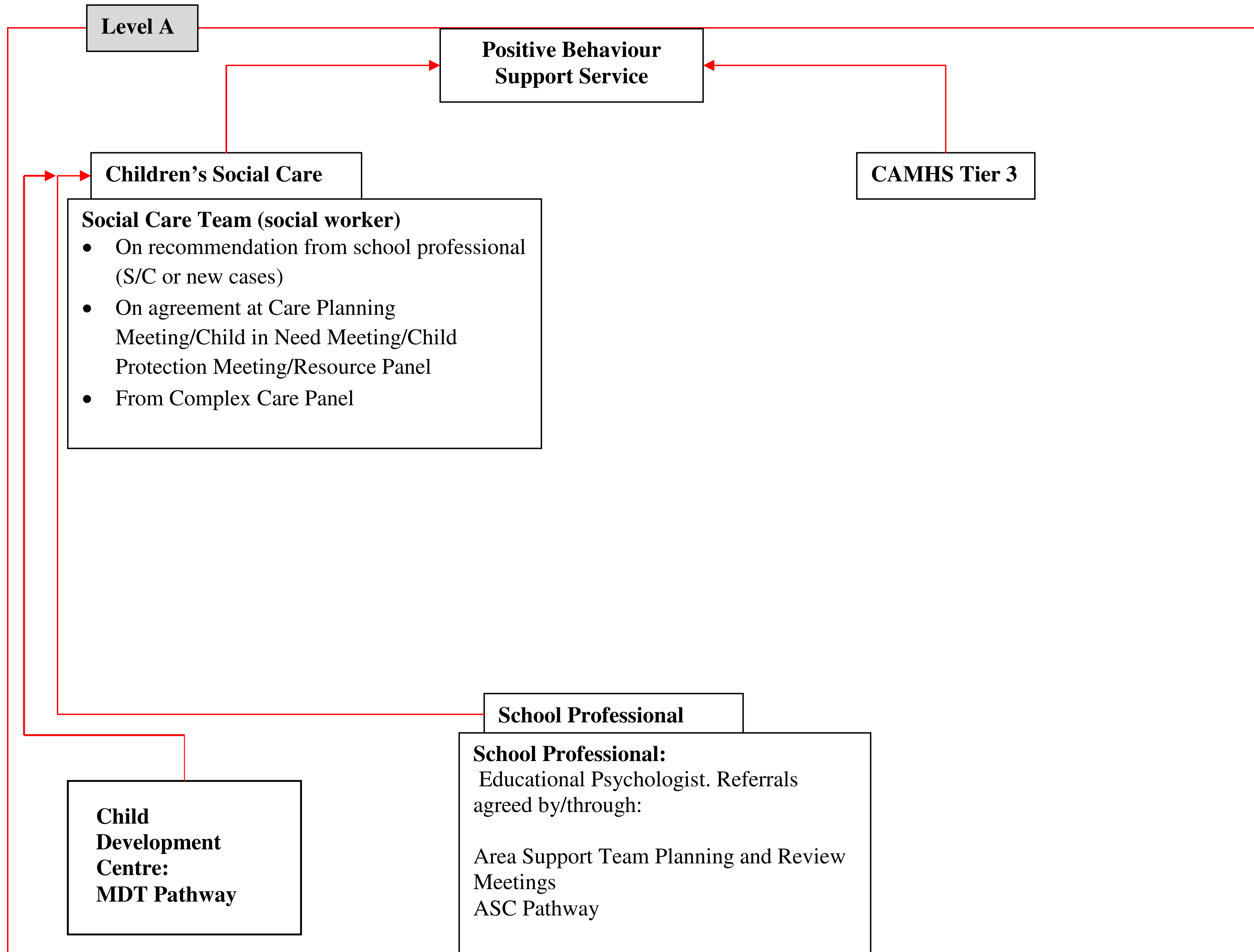
10) **Maintaining and generalising behaviour change:** Follow up sessions- ensuring that training is maintained and applied. Teaching skills to recognise when an individual's behaviour is changing in frequency, duration or intensity and act at that point, rather than allowing it to continue and a crisis point being reached.

APPENDIX 4

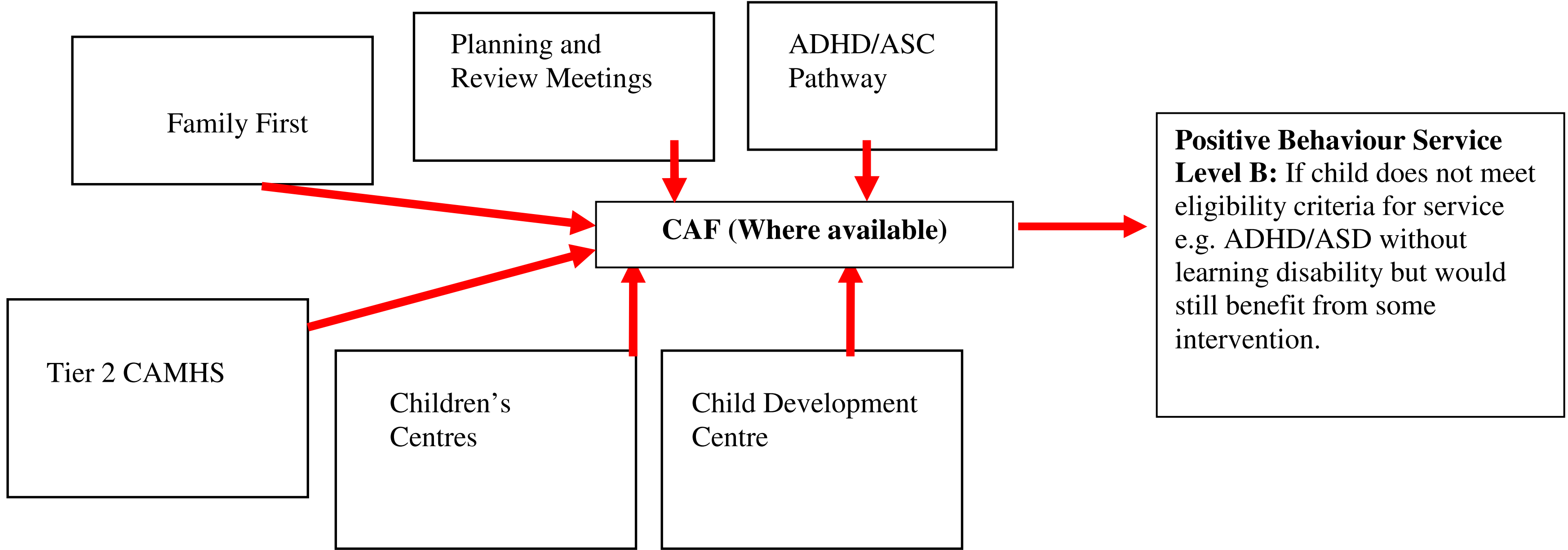
REFERRAL PATHWAY FLOWCHART FOR CHILDREN



Knowsley Metropolitan Council Children's Referral Pathway

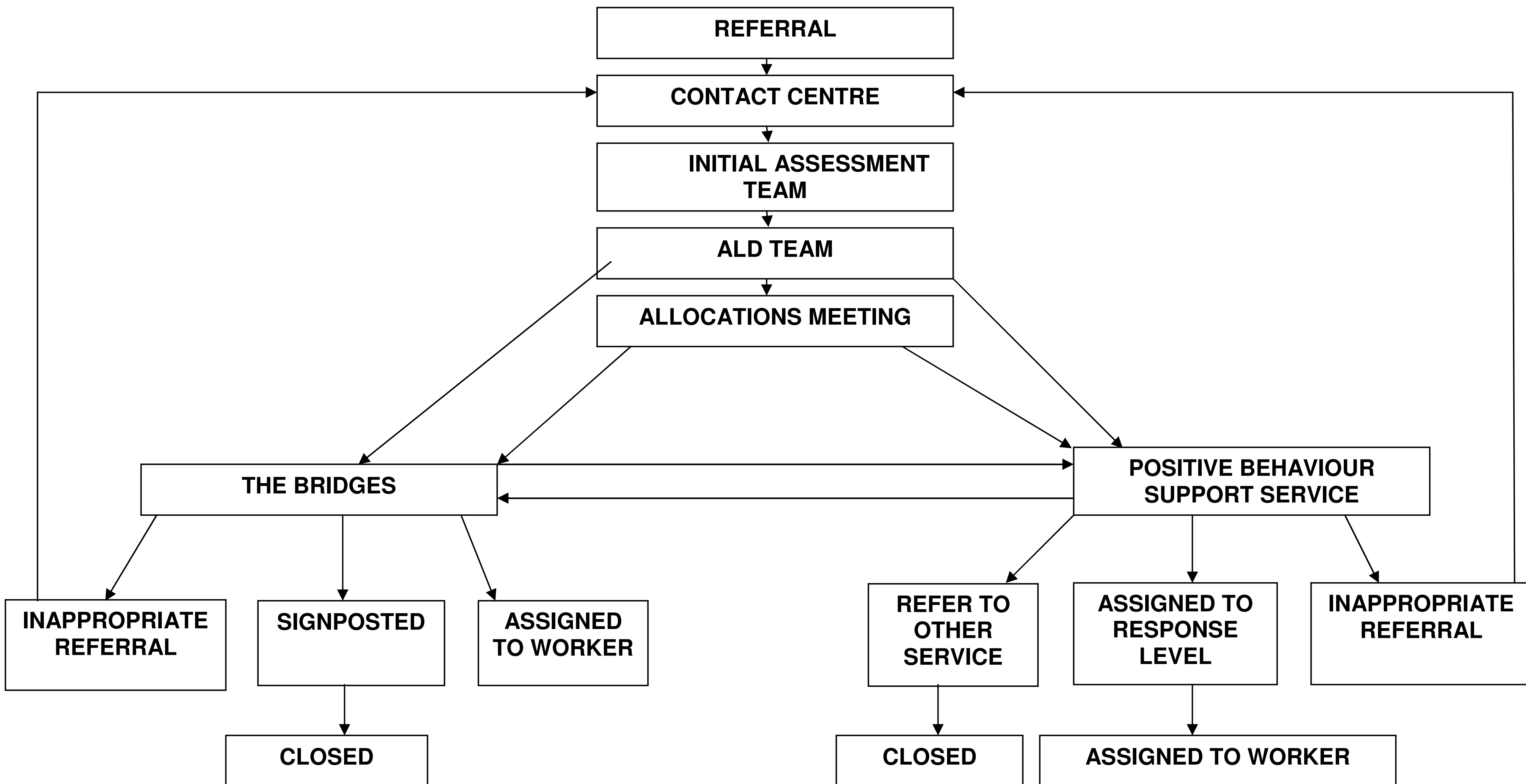


Level B



APPENDIX 5

REFERRAL PATHWAY FLOWCHART FOR ADULTS



APPENDIX 6

REFERRAL FORMS

PRIVATE AND CONFIDENTIAL

Positive Behaviour Service Referral Document (Children's Service)

<table>
<tr><td>Name of child:</td><td>D.O.B:</td><td colspan="2">Date of Referral:</td></tr>
<tr><td colspan="2">Address:

Telephone No:</td><td colspan="2">Current placement:</td></tr>
<tr><td colspan="2">Name of Parent/Carer:</td><td colspan="2" rowspan="3">Support involved: (Please name any current professionals/services already supporting child, include contact number)</td></tr>
<tr><td colspan="2">Parent/carer informed and in agreement with referral:
YES / NO (please circle)</td></tr>
<tr><td colspan="2">Name of GP:
Address:
Telephone No:</td></tr>
<tr><td colspan="4">Diagnosis/Medical information:</td></tr>
<tr><td>Has the child accessed the Positive Behaviour Service before:</td><td colspan="2">YES (specify when):</td><td>NO:</td></tr>
<tr><td colspan="4">Name of Referrer:</td></tr>
<tr><td colspan="4">Relationship to child:</td></tr>
<tr><td colspan="2">Address:</td><td colspan="2">Telephone No:</td></tr>
<tr><td colspan="4">REASON FOR REFERRAL:</td></tr>
<tr><td colspan="4">Description of challenging behaviour occurrence:
(include information on types of behaviours, frequency and intensity)</td></tr>
<tr><td colspan="4">Describe the impact of challenging behaviour on the child's life:
(include information on health well being, social interaction and family relations, school and home placements, inclusion in community)</td></tr>
<tr><td colspan="4">Describe the impact of challenging behaviour on the child's environment and family:
(include information on potential placement break downs, damage to home/school environment, family relations)</td></tr>
</table>

<table>
<tr><td colspan="4">FOR OFFICE USE:</td></tr>
<tr><td>Referral Date:</td><td>Date Received:</td><td>Reviewed by:</td><td>Date Reviewed:</td></tr>
<tr><td colspan="2">Response Level: A B C D</td><td colspan="2">Date for first appointment:</td></tr>
<tr><td colspan="2">Appointment attended by:</td><td colspan="2">Agreed category: 1 2 3
(For Level A referrals)</td></tr>
<tr><td colspan="2">Case to be taken by:</td><td colspan="2">Carefirst Number:</td></tr>
</table>

PRIVATE AND CONFIDENTIAL

Positive Behaviour Service Referral Document (Adult's Service)

Name of person:	**D.O.B:**	**Date of Referral:**
Address: **Telephone No:**		**Current placement:**
Name of significant others: e.g. parent/relatives/key worker		**Support involved:** (Please name any current professionals/services already supporting person, **include contact number**)
Have relevant persons been informed of this referral? **Yes** (specify who) **No**		
Name of GP: **Address:** **Telephone No:**		
Diagnosis/Medical information:		

Has the person accessed the Positive Behaviour Service before:	**YES (specify when):**	**NO:**
Name of Referrer:		
Relationship to person:		
Address:	**Telephone No:**	

REASON FOR REFERRAL:
Description of challenging behaviour occurrence: (include information on types of behaviours, frequency and intensity)
Describe the impact of challenging behaviour on the person's life: (include information on health well being, social interaction and family relations, day services and home placements, inclusion in community)
Describe the impact of challenging behaviour on the person's living environment and family: (include information on potential placement break downs, damage to home/day services and environment, social interaction, family relations)

FOR OFFICE USE:			
Referral Date:	**Date Received:**	**Reviewed by:**	**Date Reviewed:**
Response Level: A B C D		**Date for first appointment:**	
Appointment attended by:		**Agreed category:** 1 2 3 (For Level A referrals)	
Case to be taken by:		**Carefirst Number:**	

APPENDIX 7

REVIEWING FORM

Positive Behaviour Service: Reviewing Form
Client Name and Number:
Reviewer:
Date of review:

LEVEL OF RESPONSE TO REFERRAL		
Level	**Description**	**Reason**
A	Direct response for full assessment and intervention	
B	Ongoing mentoring of staff from other agencies	
C	One off consultation for advice and support	
D	Redirection to other services	

PRIORITISATION OF LEVEL A REFERRALS			
Priority	**Description**	**Response time**	**Reason**
1	Imminent threat of harm or placement breakdown, requiring urgent assistance	Engagement with referrer within 1 working day, with urgent multidisciplinary meeting arranged ASAP thereafter	
2	Likely threat of harm or placement breakdown requiring assured response	Engagement with referrer within 5 working days, with urgent multidisciplinary meeting arranged within 5 working days thereafter	
3	Possible threat of harm or placement breakdown requiring considered analysis	Engagement with referrer within 10 working days, with further action negotiated on merit	
Service to be implemented:			

ACTION			
Action to be taken:	**Target date of completion:**	**Date of completion:**	**Target date achieved?** (if no give reason)

APPENDIX 8

FUNCTIONAL ASSESSMENT

Please find attached the Functional Assessment Interview Document

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APPENDIX 9

QUESTIONS ABOUT BEHAVIOURAL FUNCTION

QUESTIONS ABOUT BEHAVIORAL FUNCTION (QABF)
Rate how often the child demonstrates the behaviours in situations where they might occur. Be sure to rate how often each behavior occurs, not what you think a good answer would be.

X = Doesn't apply 0 = Never 1 = Rarely 2 – Some 3 = Often

Score	Number	Behavior
	1.	Engages in the behaviour to get attention.
	2.	Engages in the behaviour to escape work or learning situations.
	3.	Engages in the behaviour as a form of "self-stimulation".
	4.	Engages in the behaviour because he/she is in pain.
	5.	Engages in the behaviour to get access to items such as preferred toys, food, or beverages.
	6.	Engages in the behaviour because he/she likes to be reprimanded.
	7.	Engages in the behaviour when asked to do something (get dressed, brush teeth, work, etc.
	8.	Engages in the behaviour even if he/she thinks no one is in the room.
	9.	Engages in the behaviour more frequently when he/she is ill.
	10.	Engages in the behaviour when you take something away from him/her.
	11.	Engages in the behaviour to draw attention to himself/herself.
	12.	Engages in the behaviour when he/she does not want to do something.
	13.	Engages in the behaviour because there is nothing else to do.
	14.	Engages in the behaviour when there is something bothering him/her physically.
	15.	Engages in the behaviour when you have something that he/she wants.
	16.	Engages in the behaviour to try to get a reaction from you.
	17.	Engages in the behaviour to try to get people to leave him/her alone.
	18.	Engages in the behaviour in a highly repetitive manner, ignoring his/her surroundings.
	19.	Engages in the behaviour because he/she is physically uncomfortable.
	20.	Engages in the behaviour when a peer has something that he/she wants.
	21.	Does he/she seem to be saying, "come see me" or "look at me" when engaging in the behaviour?
	22.	Does he/she seem to be saying, "leave me alone" or "stop asking me to do this" when engaging in the behaviour?
	23.	Does he/she seem to enjoy the behaviour, even if no one is around?
	24.	Does the behaviour seem to indicate to you that he/she is not feeling well?
	25.	Does he/she seem to be saying, "give me that (toy, food, item)" when engaging in the behaviour?

Attention	**Escape**	**Non-social**	**Physical**	**Tangible**
1. Attention	2. Escape	3. Self-stim	4. In pain	5. Access to items
6. Reprimand	7. Do something	8. Thinks alone	9. When ill	10. Takes away
11. Draws	12. Not do	13. Nothing to do	14. Physical problem	15. You have
16. Reaction	17. Alone	18. Repetitive	19. Uncomfortable	20. Peer has
21. "Come see"	22. "Leave alone"	23. Enjoy by self	24. Not feeling well	25. "Give me that"
Total	Total	Total	Total	Total

Matson, J.L & Vollmer, T. (1995). Questions About Behavioural Function (QABF). Baton Rouge, LA: Disability Consultants, LLC.

Appendix 10

MOTIVATION ASSESSMENT SCALE

NAME ____________________ . DATE ______________ . BEHAVIOUR ____________________ .

	Never						Always
1. Would this behaviour occur continuously if the person was left alone for long periods of time (for example, one hour)?	0	1	2	3	4	5	6
2. Does this behaviour occur following a command to perform a difficult task?	0	1	2	3	4	5	6
3. Does this behaviour occur when you are talking to other people in the room?	0	1	2	3	4	5	6
4. Does this behaviour ever occur to get an object, activity, food, or game that the person has been told he/she can't have?	0	1	2	3	4	5	6
5. Does this behaviour occur repeatedly, over and over, in the same way? (For example, rocking back and forth for five minutes)	0	1	2	3	4	5	6
6. Does this behaviour occur when any request is made of the person?	0	1	2	3	4	5	6
7. Does this behaviour occur whenever you stop attending to the person?	0	1	2	3	4	5	6
8. Does this behaviour occur when you take away a favourite object, activity, or food?	0	1	2	3	4	5	6
9. Does it appear to you that the person enjoys performing this behaviour, and would continue even if no one was around?	0	1	2	3	4	5	6
10. Does the person seem to do this behaviour to upset or annoy you when you are trying to get him or her to do what you ask?	0	1	2	3	4	5	6
11. Does the person seem to do this behaviour to upset or annoy you when you are not paying attention to him of her? (For example when you are sitting in a separate room, interacting with another person)	0	1	2	3	4	5	6
12. Does this behaviour stop occurring shortly after you give the person the object, activity, or food he/she has requested?	0	1	2	3	4	5	6
13. When this behaviour is occurring, does the person seem unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14. Does this behaviour stop occurring shortly after (one to five minutes) you stop working or making demands of him or her?	0	1	2	3	4	5	6
15. Does the person seem to do this behaviour to get you to spend some time with him or her?	0	1	2	3	4	5	6
16. Does this behaviour seem to occur when the person has been told that he/she can't do something he or she wanted to do?	0	1	2	3	4	5	6

SCORING SHEET
Motivation Assessment Scale

A score is obtained for each of the four categories of maintaining variables by adding the scores for each of the category's four questions and computing a mean.

Scoring Summary

Self-Stimulatory	Escape/avoidance	Attention	Tangible
1________	2_______	3_______	4_______
5________	6_______	7_______	8________
9________	10______	11______	12_______
13_______	14______	15______	16_______
_________	________	________	________

The Motivation Assessment Scale by V.Mark Durant, Ph.D., and Daniel B. Crimmins, Ph.D. Copyright 1992 by Monaco & Associates Incorporated

APPENDIX 11

CONSENT FORM

Positive Behaviour Support Service: CHILDRENS SERVICE
Work with individual clients:

Name has been referred to the Positive Behaviour Support Service. As part of this facility some or all of the following procedures are likely to be implemented:

1) A full Functional Assessment interview.
2) Indirect and direct observations of Name.
3) An experimental Functional Analysis
4) The formulation of a treatment intervention plan.
5) The collection of information from other services and individuals e.g. Name's school staff or social worker.
6) The sharing of information with other services e.g. Name's school staff or social worker.
7) The ongoing collection and evaluation of behavioural data.
8) The training of staff members with specific reference to name.

As good practice the Positive Behaviour Support Service seeks written consent to implement any such procedures.

STATEMENT OF CONSENT:

I give consent for name of service user to receive input from the Positive Behaviour Support Service. I understand that consent is voluntary and can be withdrawn at any time.

Signed: .... Relationship to name: ....

Date:

STATEMENT OF CONSENT TO TREATMENT PLAN:

I am in approval of name's behaviour intervention plan.

Signed: .... Relationship to name: ....

Date:

STATEMENT OF CONSENT TO TREATMENT PLAN MODIFICATION:

I am in approval of verbally stated modifications to name's behaviour intervention plan.

Signed: .... Relationship to name: ....

Date:

If you are at all dissatisfied with any aspect of the Positive Behaviour Support Service, please contact Paul McWade (Operational Director of Complex Care): *email:* paul.mcwade@halton.gov *Tel:* 0151 471 7437 Ext 3503

APPENDIX 12

INFORMATION SHARING CHECKLIST

POSITIVE BEAHVIOUR SUPPORT SERVICE

Information sharing sheet

When meeting a new client the following information should be shared.

1) A brief description of what a Functional Assessment is ☐
2) Doing observations ☐
3) Possible data collection responsibilities ☐
4) The development of a treatment plan ☐
5) The need to information share ☐
6) Possible training aspects ☐
7) Consent ☐

(Tick to confirm discussion)

Name of service user:

Case Number:

Persons spoken with:

The above information has been shared in an appropriate and a suitably explanatory manner with the client,

Signed:
Date:

APPENDIX 13

PERSON CENTRED BEHAVIOURAL ASSESSMENT AND INTERVENTION PLAN

Please find attached the Person Centred Behavioural Assessment and Intervention Plan document.

U:\People and Communities\ALD\Pos

APPENDIX 14

Self-Assessment of Contextual Fit

The purpose of this questionnaire is to make sure that the elements of the proposed intervention plan fit the contextual features of your environment. We want to provide you the opportunity to rate (a) your knowledge of the elements of the plan, (b) your perception of the extent to which the elements of the plan are consistent with your personal values, and skills, and (c) your ability to implement the plan. We will discuss with you any changes to the plan that are necessary.

Please read the attached intervention plan, and answer the questions below.

Your name:_________________________. Your role / relationship: .

Client name:_________________________. Behaviour Analyst: .

Date reviewed:_______________________. Setting: .

Knowledge of elements in the intervention plan

1. I am aware of the elements of this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

2. I know what I am expected to do to implement this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Skills needed to implement the Behavior Support Plan

3. I have the skills needed to implement this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

4. I have received or will receive the training I need to be able to implement this plan.

   No training needed _____

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Values are consistent with elements of the plan

5. I am comfortable implementing the elements of this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

6. The elements of this plan are consistent with the way I believe people with disabilities should be treated.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Resources available to implement the plan

7. I / we have the time needed to implement this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

8. I / we have sufficient funding, materials and space needed to implement this plan.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Effectiveness of the Plan

9. I believe the plan will be effective in achieving the specified outcomes.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

10. I believe the plan will help prevent future occurrence of problem behaviors.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Best interests of the person

11. I believe this plan is in the best interest of the person.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

12. This plan is likely to assist the person to be more successful in life.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

13. This plan will make life better for me / us as a carer.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

The plan is efficient to implement

14. Implementing this behavior support plan will not be stressful.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

15. The amount of time, money and energy needed to implement this plan is reasonable.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Administrative Support – (service environments only)

16. My service agency provides the supervision and support needed to implement this plan.

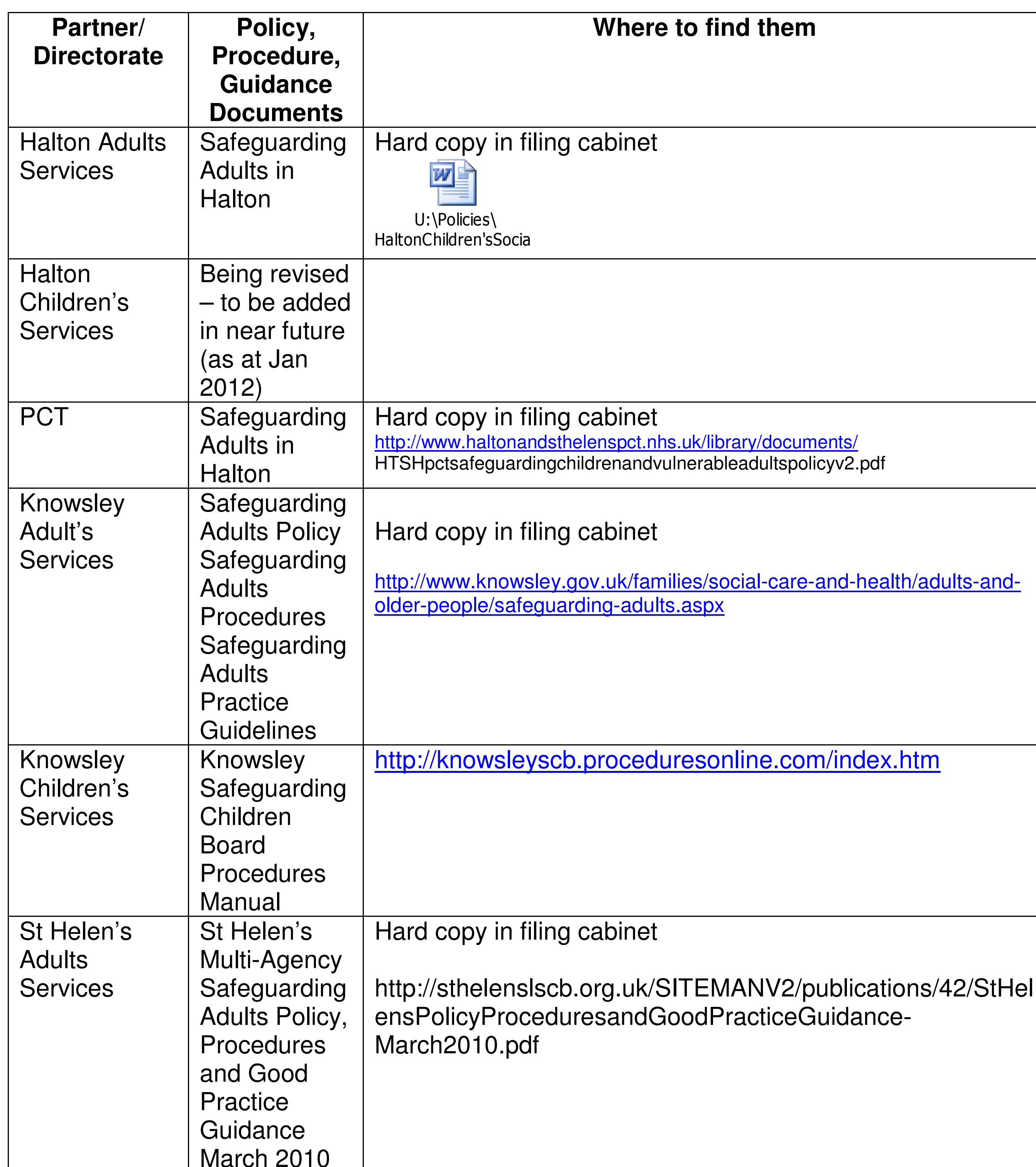
1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree

Thank you for completing this questionnaire. Your Behaviour Analyst will discuss your responses with you before proceeding to intervention.

Appendix 15

Safeguarding Flowchart

There are separate Safeguarding Policies and Procedures for the different funding partners of the PBSS. We need to be aware of them and at the very minimum, know where to find information and guidance on Safeguarding issues. Those staff working across all partners need to be familiar with each of the partner's policies.
The table below shows where you can find the relevant documents.



Partner/ Directorate	Policy, Procedure, Guidance Documents	Where to find them
Halton Adults Services	Safeguarding Adults in Halton	Hard copy in filing cabinet U:\Policies\ HaltonChildren'sSocia
Halton Children's Services	Being revised – to be added in near future (as at Jan 2012)	
PCT	Safeguarding Adults in Halton	Hard copy in filing cabinet http://www.haltonandsthelenspct.nhs.uk/library/documents/ HTSHpctsafeguardingchildrenandvulnerableadultspolicyv2.pdf
Knowsley Adult's Services	Safeguarding Adults Policy Safeguarding Adults Procedures Safeguarding Adults Practice Guidelines	Hard copy in filing cabinet http://www.knowsley.gov.uk/families/social-care-and-health/adults-and-older-people/safeguarding-adults.aspx
Knowsley Children's Services	Knowsley Safeguarding Children Board Procedures Manual	http://knowsleyscb.proceduresonline.com/index.htm
St Helen's Adults Services	St Helen's Multi-Agency Safeguarding Adults Policy, Procedures and Good Practice Guidance March 2010	Hard copy in filing cabinet http://sthelenslscb.org.uk/SITEMANV2/publications/42/StHelensPolicyProceduresandGoodPracticeGuidance-March2010.pdf

In addition to being aware of the policies, PBSS staff must complete relevant training:

- All PBSS staff should have undertaken Halton's Safeguarding e-learning module
- All PBSS will complete Halton's Safeguarding Training Course over the coming months. Staff will be directed as to when to book onto this course and will do so through the Training reception.
- PBSS Practice Managers working with other partners should liaise with key people to identify training requirements and opportunities available through those partners eg Knowsley have already suggested that staff can attend their Safeguarding training.

If you suspect any instance of abuse or threat to the safety of somebody who you are working with, follow the procedure below:

1. Inform your line manager → line manager to inform Principal Manager (Maria Saville) or Paul McWade in Maria's absence.
2. Take direction from Maria/Paul on who will contact the professionals in safeguarding department of relevant partner organisation/directorate.

<u>Contact details</u>

Partner/Directorate	**For advice about safeguarding**	**To make a safeguarding referral**
Halton Children's	In review	In review
Halton Adult's and PCT		If possible criminal allegation: contact police immediately If not: 24 hour contact centre 0151 907 8306
Knowsley Children's		9am – 5pm: 0151 443 3792 or 0151 4433798 5pm – 9am (out of hours): 0151 443 2600 Emergency: Merseyside police 24hr number: 0151 709 6010
Knowsley Adults	0151 443 4261*	0151 443 4261
St Helen's Adult's		8.45am – 5.15pm: 01744 456600 5.51pm – 8.45am: 0845 0500148

*This team is very small so if personnel cannot be contacted and you are in any concern about potential safeguarding, do not delay in making a referral.