

**BENCHMARK OF BEST PRACTICE**  
**FOR**  
**BEHAVIOUR MANAGEMENT**

**April 2007**

This benchmark is not intended to be exhaustive and the indicators are not listed in order of preference or priority. It should be recognised that other indicators will be identified.

**Document control**

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**Benchmark of Best Practice for Behaviour Management.**

**Agreed Child-Focused Outcome**

<b>Factor</b>	<b>Benchmark of Best Practice</b>
1. Assessment	An individualised Functional Assessment is completed and updated.
2. Behavioural Support Plan	Individual Behaviour Support Plan available reviewed and updated.
3. Risk	Risk plans are completed and reviewed.
4. Record Keeping	Individuals benefit from records that demonstrate effective communications, which support and inform high quality care.
5. Education and Training	Staff to access appropriate behavioural training (internally/externally).
6. Policy	

**Factor 1      Assessment**

**Functional  
Assessment is  
undertaken**

**Benchmark of Best Practice**

An individualised Functional Assessment is completed and updated

**INDICATORS OF BEST PRACTICE**

- ❖ Observational data collected and analysed
- ❖ Parents/Carers, children where appropriate and significant others are involved in assessment process
- ❖ (Functional) Assessment contains a clear description of the behavioural sequence(s) and measures frequency, intensity and duration of behaviour
- ❖ Description of situations (people, activities, places) under which the behaviour is most likely to occur
- ❖ Historical factors that have contributed to the behaviour (e.g. life events, history of interventions that took place)
- ❖ Environmental/social/health factors are included (addressed in the assessment)
- ❖ The contra-indications of using physical intervention are assessed
- ❖ Summaries are documented of previous methods used/interventions that have been unsuccessful
- ❖ Risks issues are identified and risk plans are formulated
- ❖ Evidence of the assessment as a working document
- ❖ Mental state examination gives a diagnosis/formulation where appropriate
- ❖ Assessment concludes why the behaviour occurred, and is presented in an accessible format (e.g. diagrams)

- ❖ Assessments are signed and dated and indicate who was involved
- ❖ Assessment considers the child's communication needs
- ❖ Accessible information is available for the individual
- ❖ Assessment covers individual skills and preferences
- ❖ The assessment leads to other referral(s) where indicated
- ❖ Policy on assessment outlines behavioural assessments
- ❖ Evidence of multidisciplinary involvement in assessment.

**Factor 2 BEHAVIOURAL SUPPORT PLAN**

**Behavioural Support Plan is written**

**Benchmark of Best Practice**

Individual Behaviour Support Plan is available reviewed and updated

**INDICATORS OF BEST PRACTICE**

- ❖ Behavioural Support Plans are individualised and consists of ways of avoiding the need for the behaviour to occur (80% proactive) – including primary prevention and secondary prevention strategies
- ❖ Parents/Carers and Children where appropriate are involved in the development of their plan
- ❖ Plans are based on outcomes of an individualised functional assessment/mental state examination
- ❖ Clear timescales for reviewing Behavioural Support Plan are agreed (minimum 6 monthly)
- ❖ Behavioural Support Plan provides clear interventions for all to follow
- ❖ Behavioural Plan supports the child in developing new skills
- ❖ Families and carers are offered advice and training in relation to working with the child
- ❖ Behavioural Support Plan does not contain aversive techniques
- ❖ Behavioural support Plans describe interventions, which are evidenced based – (which should be referenced)
- ❖ Behavioural Support Plan including reactive/physical handling/intervention is monitored using measurable standards (refer to Physical Intervention Policy)
- ❖ Behavioural Support Plan identifies warning signs that may lead to behaviour

- ❖ Clear ways of responding to behaviour from warning signs through to crisis and recovery are within Behavioural Support Plan
- ❖ Discussion has taken place with the parent/carer and child (if appropriate) regarding options about which practice strategy they would prefer if they become challenging
- ❖ The need for physical/mechanical interventions are a last resort and are recorded in the individual Behavioural Support Plan as a reactive response (the need for physical/mechanical intervention are stated and recorded) – (refer to Physical Intervention Policy)
- ❖ Behavioural Support Plan is available in an accessible format to meet needs of individual children
- ❖ Risk Management guidelines are included as appropriate
- ❖ Consent/Best interest has been obtained from the parents
- ❖ An accessible format is available for the parent
- ❖ Behavioural Support Plan has multi-agency involvement as appropriate
- ❖ Where PRN medication is used PRN Guidelines must be written and be an integral part of the behavioural support guidelines and reactive plan
- ❖ Includes a description of the specific physical handling/intervention techniques, which are sanctioned for that individual child, the dates on which they will be reviewed and who sanctioned them (refer to Physical Intervention Policy)
- ❖ Includes a description of the people judged competent to use these methods with the individual child.

**Factor 3 RISK**

**Risk  
Assessment  
is undertaken**

**Benchmark of Best Practice**  
  
Risk Plans are completed and reviewed

**INDICATORS OF BEST PRACTICE**

- ❖ There is multidisciplinary involvement in risk identification and planning wherever possible
- ❖ There is evidence individual children are supported in taking positive risks
- ❖ Risks are clearly documented
- ❖ Individual risks – surrounding the individual child have been considered, prioritised and recorded
- ❖ Policies/procedures on Risk Managements are referred to
- ❖ Risk Assessments consider
  - Physical
  - Emotional
  - Social
  - Quality of Life issues
- ❖ Risk assessed for the individual child
- ❖ Risk assessed for significant others
- ❖ There is evidence to show that using physical/mechanical interventions against risk or not using them are considered and documented
- ❖ Risk plans are reviewed in light of changes or at least every three months
- ❖ There is evidence that the risk assessment has informed behavioural support plan



- ❖ There is evidence of changes in risk assessment informing behavioural support plan
- ❖ Parents/Carers and the child where appropriate involved in risk identification/planning/and accessible format is available
- ❖ Documents are available
- ❖ Risk Policy Reflects Best Practice in Risk Assessment/Management

**Factor 4 RECORD KEEPING**

**Records do  
inform care  
plans**

**Benchmark of Best Practice**

Individuals benefit from records that demonstrate effective communications, which support and inform high quality care

**INDICATORS OF BEST PRACTICE**

- ❖ Staff receive training in relation to Record Keeping
- ❖ Staff adhere to Bolton Primary Care Trust record keeping policy
- ❖ There is evidence that records are audited regularly
- ❖ There are systems in place within the organisation to monitor behavioural support plan
- ❖ A recording system is in place to record incidents e.g. Incident Book with numbered and dated pages (refer to Physical Intervention Policy).

**Factor 5 EDUCATION AND TRAINING****Training is given****Benchmark of Best Practice**

Individuals are supported by staff who have undertaken appropriate behavioural training, which includes ongoing updating.

**INDICATORS OF BEST PRACTICE**

- ❖ All clinical staff are trained in behavioural management
- ❖ Teams working together have undertaken the same physical intervention training
- ❖ All staff have appropriate training in prevention management of challenging behaviour tailored to the client group they work in, e.g. de-escalation technique, reactive/pro-active strategies, active support, applied behaviour analysis, active listening, anxiety management and communication skills
- ❖ The proportion of training will be aimed at 80% pro-active and 20% reactive (of which some of the 20% will be physical handling)
- ❖ All staff have annual refresher training in similar proportions to those above
- ❖ Evidence of regular refresher 'role play' training in areas where physical interventions are used
- ❖ Physical intervention plans are discussed as part of the supervision process
- ❖ There is access to clinical supervision/support.

**Factor 6 POLICY**

**Policies are  
in place**

**Benchmark of Best Practice**

Services have access to  
relevant national and local  
policies

**INDICATORS OF BEST PRACTICE**

- ❖ There is an organisational Policy on Assessment outlining functional assessment of behaviour/mental state examination
- ❖ A copy of the full guidance document is available in the service
- ❖ Staff are able to locate the policy
- ❖ Staff are able to summarise key points of the policy
- ❖ An accessible format of the policy is available