



# Aurora

## Positive Behaviour Support Policy

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### Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

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This policy must be read in conjunction with the Personal Plan Policy and the Restrictive Practice Policy

## 1. Policy Statement

- 1.1. Aurora is committed to enabling people with complex needs to experience the same rights as every other citizen and as equal members of the community.
- 1.2. Aurora promotes a human rights-based approach, this is reflective in all policies & procedures. The Personal Plan policy states a commitment to supporting self-directed living, using the Social Role Valorisation (SRV) theory of practice and is delivered through a person-centred approach to support people to achieve sustainable valued roles.
- 1.3. Aurora promotes Positive Behaviour Support (PBS) to individuals who present with behaviours of concern, this is in line with the human rights-based approach and the SRV/PCP theory of practice.

## 2. Purpose and Scope

- 2.1. The purpose of this policy is to ensure a collaborative, integrative and consistent approach when supporting individuals with behaviours of concern within Aurora. All relevant stakeholders are involved in the development of personal plans and, when required, a multi-element positive behaviour support plan.
- 2.2. The scope of this policy is to provide an in-depth account of positive behaviour support and how it exists within Aurora. This policy should be read in conjunction with the Personal Plan and Restrictive Practice policy.
- 2.3. Each person we support has the right to positive behaviour support, if required. This support encompasses positive, proactive, and preventative strategies that focus on attaining a meaningful life.

## 3. Definition

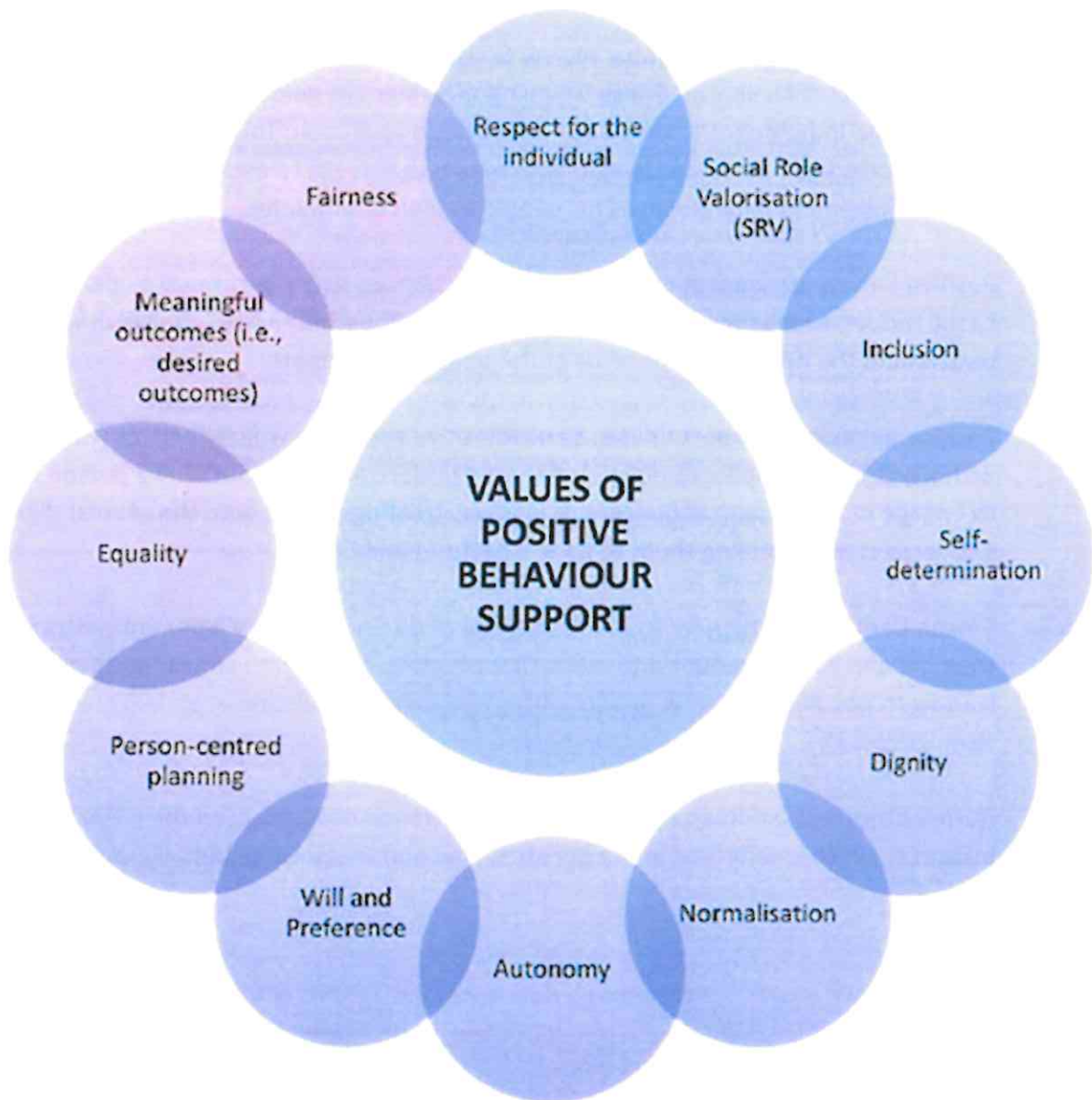
- 3.1. Positive behaviour support is an applied science that uses educational and systems change methods (environmental redesign) to enhance quality of life and minimise behaviours of concern (Carr et al., 2002). These strategies can be applied within school, work, social, community, and family (Horner et al., 1990).

- 3.2. Positive behaviour support is based on the fundamental theory that all behaviour has a meaning and serves a purpose. In order to identify the function of a behaviour, assessments and analyses are employed. Effective assessments can provide an insight into why a behaviour occurs, highlighting biological, psychological, environmental and social factors.
- 3.3. Positive behaviour support also seeks to teach people new skills and to strengthen and expand upon those that they may already have, while also supporting the person in their meaningful life and roles. Attention is also directed towards a person's environment in order to first, enhance the person's quality of life and, secondly, to reduce the occurrence of behaviors of concern.
- 3.4. Positive behaviour support considers the person's communication style, and ensures the person is supported with whatever communications aids are required. People supported are encouraged to express their feelings and supported to manage any situation that impacts on their emotional wellbeing.

#### 4. Values of Positive Behaviour Support

- 4.1. There is an array of values attached to the application of positive behaviour support. Adherence to these values guarantees a support that places the person at its centre while promoting their human rights.

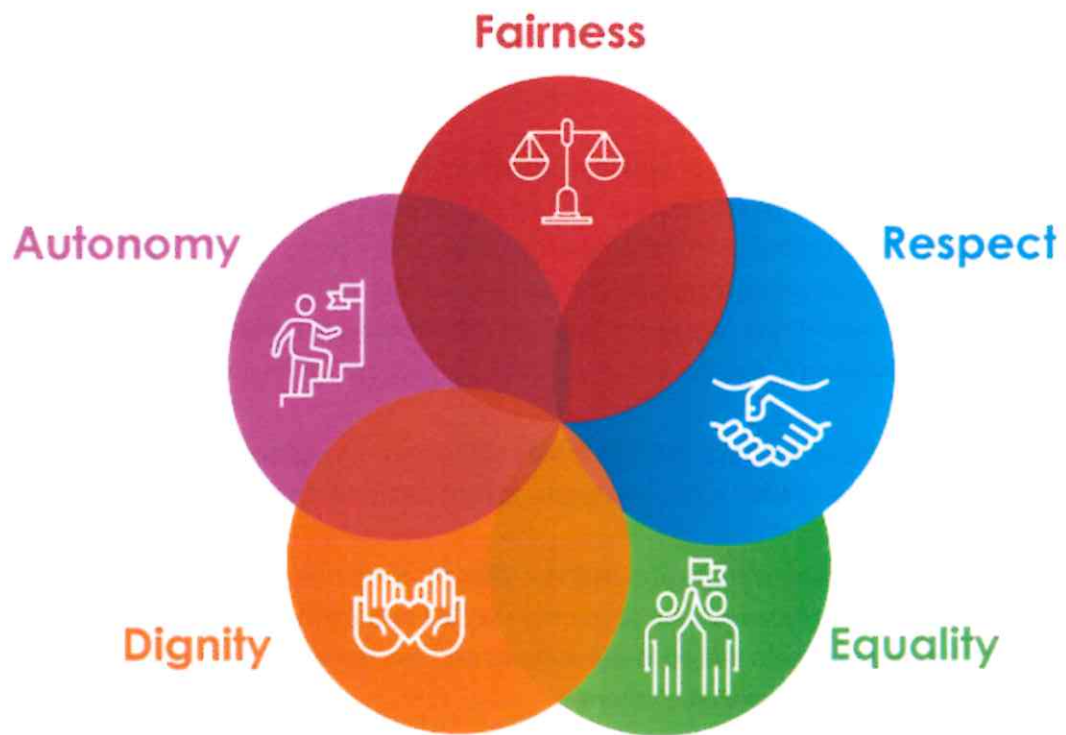
Figure A: Values of positive behaviour support



## 5. Personal Plan Framework and Positive Behaviour Support

- 5.1. Aurora has a robust Personal Plan framework that outlines Aurora's commitment to supporting each individual and their Circle of Support to develop their Personal Plan.
- 5.2. Aurora strives to ensure that the people we support live a good life, in their own home, and are provided with all the support and opportunities needed to become active citizens.
- 5.3. People Supported host an annual review & visioning meeting which is facilitated by a Circle of Support facilitator. These visioning meetings are guided by the SRV theory of practice and implemented using a person-centred approach. This endeavour aligns with the Supported Self-Directed Living (SSDL) model that seeks to establish, maintain, and develop full and meaningful lives for people in their community.
- 5.4. Positive behaviour support can be defined as a human-rights informed, evidenced based model, which focuses on a compassionate, empathic and collaborative way to understand the needs and concerns of the people we support.
- 5.5. Positive behaviour support utilises a collaborative approach which involves working within a circle of support to develop a shared understanding about why a person needs to engage in behaviours of concern. It involves treating people with the utmost dignity and respect and enabling them to have a better quality of life.
- 5.6. Person Centred Planning (PCP) is as a method of discovering how a person wants to live their life and what is required to make that possible. The overall aim is "good planning leading to positive change in people's lives and services" (Ritchie et al. 2003, cited in NDA, 2006:12).
- 5.7. Aurora promotes a human rights-based approach and have adopted the FREDA principle, which is reflected in the personal plan and the positive behaviour approach.

Figure B: FREDA principles



## 6. The Application of Positive Behaviour Support

- 6.1. Positive behaviour support is applied within every setting and is available for each person we support.
- 6.2. The defining characteristic of positive behaviour support is operating from a person-centred values standpoint. Positive behaviour support is dedicated to supporting individuals in achieving the kind of life that they desire (e.g., where to live, who supports them, what opportunities to participate in). The focus on individual preferences has a direct impact on the role of behaviour support and other professionals when it comes to making decisions regarding an individual's life.
- 6.3. Positive behaviour support involves encouraging person supported and their circle of support in deciding what roles and goals are set and how they are to be achieved.
- 6.4. Comprehensive assessments are another integral component of positive behaviour support. Functional assessments typically involve two elements: identifying the factors that elicit and maintain adaptive behaviours and the variables that influence the existence of behaviours that challenge.
- 6.5. Assessment centres on the identification of variables that may be altered to achieve improvements in an individual's overall quality of life. For example, an assessment may be carried out in order to assess an individual's living environment, social relationships or community involvement.
- 6.6. Once the assessment is complete, a personalised intervention is designed. An intervention may involve altering variables that predict or strengthen a behaviour, teaching new skills, and/or staff training.

## 7. Assessments

- 7.1. The background to a behaviour's occurrence can often be complex. Functional assessments are put in place to establish the true reason a person engages in a specific behaviour of concern.
- 7.2. There are two main types of functional assessments: indirect and direct assessments.
- 7.3. Indirect functional assessments are completed by those who know the person best.

- 7.4. Rating scales, questionnaires, and interviews are the most common forms of indirect assessments. Information surrounding a person's history, likes and dislikes, valued roles, struggles, etc. are best collected through indirect functional assessments.
- 7.5. Direct functional assessments involve observing the person in an everyday setting. Recording the circumstances related to the behaviour's occurrence. Scatterplots and ABCs are regularly used to identify the how often a behavior occurs and why it happens, respectively. Direct functional assessments are often completed by the staff who support the person.

## 8. Documentation and Recording

- 8.1. Documentation of all positive behaviour support is essential in ensuring that all information related to the support received by the person supported is accessible to all relevant parties. It also allows for the analysis and review of past supports, providing a timeline of when and what supports were in place.
- 8.2. Each person supported has their own personal plan folder which contains various types of documentation. The behaviour support section of the folder contains copies of the multi-element positive behaviour support plan, referrals, notes, data collection, etc.
- 8.3. A summary of the person's day is completed on a daily basis using Data Management System (DMS). The report should contain information that is detailed, accurate and respectful.
- 8.4. The National Incident Management System (NIMS) is the platform used to record incidents involving behaviours that challenge. Incidents must be recorded by staff before finishing their shift. The information that is recorded should be accurate, objective, detailed and respectful of the person and their privacy.

## 9. Referrals

- 9.1. Following consultation with the PIC a behaviour support referral should be sent by member of staff:
  - once a sustained pattern of behaviour of concern is observed and all attempts to manage the behaviour have been ineffective, or
  - if it is believed that a person supported is in need of additional support
- 9.2. The behaviour support referral form must be completed online with all relevant information. A response to the referral can be expected within three working days.
- 9.3. The Behaviour Support Specialist will then engage with person supported, the PIC and key team members to commence plans for person supported.

## 10. Responsibilities

- 10.1. It is the responsibility of all support employees within Aurora to be familiar with the positive behaviour support policy and its corresponding documentation. It is the responsibility of the Person in Charge and the Provider or his or her designate to oversee the implementation of positive behaviour support within Aurora.

### **Person In Charge (PIC)/Team Leader (TL)**

The PIC/TL is responsible for:

- Ensuring that all members of a team have the necessary training in order to support a person who demonstrates behaviours that challenge
- Regulation 7.1 - Implementing this policy and procedure on the provision of behavioural support to people supported (HIQA 2013, 3.2.1)
- Ensuring that all support employees have read, understand and signed the policies that relate to positive behaviour support and that they are followed at all times
- Ensuring that all documentation in the personal plan, risk assessments, Standard Operating Procedure (SOP) and support plans are reviewed and updated for annual review & Visioning Meetings, Psychiatrist reviews, etc. and as required thereafter.
- Encouraging and supporting positive risk taking

- Guaranteeing that each person supported receives the appropriate physical and psychological support following an incident
- Working alongside the Behaviour Specialist in the development of the multi-element positive behaviour support plan to include data collection.
- Ensuring that all members of the team receive the necessary support following an incident. If necessary, a debrief should also be completed with those who were involved in the incident
- Incident management and discuss incidents at Team Meetings with reflection on the learning.
- Recording and reviewing and close off on incidents on NIMS
- Confirming that the safeguarding pathway is followed and that internal notification and other safeguarding documentation is completed and is sent to the safeguarding designated officer
- Managing Health Information and Quality Authority (HIQA) notifiable events
- Prepare relevant information for any case reviews for a person supported.

### **Direct Support Staff**

All direct support employees are responsible for:

- Supporting the person supported with behaviour(s) of concern in line with their personal plan and/or multi-element positive behaviour support plan.
- Working alongside the Behaviour Specialist in the development of the multi-element positive behaviour support plan to include data collection.
- Reviewing all documentation and noting any amendments in the personal plan folder
- Promoting positive risk taking
- Identifying issues of concerns and reporting them to the PIC/TL
- Exploring strategies to reduce or eliminate issues of concern
- Escalating issues of concern to the PIC/TL or Behaviour Support Specialist, when attempts to resolve the issue have been unsuccessful
- Recording incidents on NIMS and completing daily notes relevant to the person supported
- Following an incident establish therapeutic rapport and re-establishing their

relationship with the person supported.

### **Behaviour Support Specialist**

Behaviour support specialist is responsible for:

- Overall responsibility on assessment and development of multi-element positive behaviour support plans.
- Responsible for providing training/On the Job Mentoring/upskilling/mentoring staff teams
- Responding to referrals and identifying people supported who may require behaviour support
- Conducting functional assessments (e.g., skills, communication, behaviours of concern etc.) and developing behaviour support interventions
- Liaising and supporting PIC/TL and support employees,
- Reviewing and/or updating relevant documentation
- Connecting with members of the multi-disciplinary team as required
- Reviewing incidents and daily notes and reporting to ADOS/DOS
- Analysing and completing reports on incidents per designated centre.
- When required, attend a debrief for employees/people supported to offer support following an incident and to assist them to reflect on their practice and ultimately to encourage and promote best practice approaches.
- On behalf of the “provider” complete audits on positive behaviour support and restrictive practices in each designated centre.

## 11. Health Act 2007

### 11.1. Regulation 7 Positive behaviour support

National standards (designated centres for people with disabilities)

Standard 3.2 Each child and person experiences care that supports positive behaviour and emotional wellbeing.

Standard 3.3 Children and people living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.

### 11.2. It is fundamental that Aurora services comply with the regulation and standards and that there is clear evidence that the people we support are receiving safe and effective services.

## 12. HIQA, Regulation 7.5

### 12.1. The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this regulation:

- *Every effort is made to identify and alleviate the cause of the person supported challenging behaviour*
- *All alternative measures are considered before a restrictive procedure is used*
- *The least restrictive procedure, proportionate to the risk, for the shortest duration necessary, is used*

## 13. Restrictive Practices

### 13.1. Restrictive practices are defined as the intentional restriction of a person's movements or behaviour. Restrictive practices are used as a last resort, when all other alternatives have been trialled and exhausted. Restrictions are always proportionate to the risk associated and only applied to maximise safety and minimise harm. These will be assessed and reviewed on a regular basis (see Restrictive Practice Policy).

## 14. Audits, Evaluations and Training

### Audits

- 14.1. HIQA use regulations and national standards to monitor and inspect. Inspections ensure that services meet the requirements set out by the Health Act 2007, regulations and national standards in order to be registered to operate.
- 14.2. Each house within Aurora is internally audited, to ensure that they are continuously compliant with the Health Act regulations. Regulation 23 dictates that Aurora, as a provider, must:
  - *Ensure that a high quality and person-centred service is provided to the people we support*
  - *Conduct 6 monthly and annual unannounced visits to each house, to monitor the quality of the service being provided within Aurora*

### Training

- 14.3. Team members are provided with the necessary knowledge and training that enables them to manage and respond to behaviours that challenge.
- 14.4. All support employees must complete the module “An Introduction to Positive Behaviour Support”.
- 14.5. Aurora provides training in the use of safety interventions to employees in locations identified, ensuring that staff are equipped to respond to specific behavioural challenges.
- 14.6. CPI (formerly known as MAPA) training has, in previous years, been provided to team members identified as needing the training, with refresher training completed on an annual basis. In line with the review of requirements for training and refresher needs, Aurora is changing the refresher period to every 2 years, implemented with training completed as per 1.1.2024.

- 14.7. Based on ongoing incident reviews by the provider and those on a local level, any required or additional training needs will be escalated by the PIC or WCI manager and implemented as necessary.

## 15. References

Carr, E.G. Dunlap, G., Horner, R.H., Koegel, R.L., Turnbull, A.P., Sailor, W., Anderson, J.L., Albin, R.W., Koegel, L.K. & Fox, L. (2002) 'Positive behaviour support: Evolution of an applied science', *Journal of Positive Behaviour Interventions*, 4(1):4-16.

Health Information and Quality Authority (2013) *National Standards for Residential Care Settings for Adults and Children with Disabilities* [Online]. Available at <http://www.hiqa.ie/publications/national-standards-residential-services-children-and-adults-disabilities> [Accessed Sept 2014].

National Disability Authority (2006) *Guidelines on Person Centred Planning in the Provision of Services for People with Disabilities in Ireland* [Online]. Available at <http://www.nda.ie/cntmgmtnew.nsf/0/12AF395217EE3AC7802570C800430BB1?OpenDocument> [Accessed 4 April 2014].

16. Appendix 1. ABC data sheet

ABC Functional Assessment Form

Date & Time	Place Where did the behaviour happen?	Antecedent Describe what happened just before the behaviour. What was the person doing? Who else was there? What were they doing? What else was happening?	Behaviour What exactly did the person do? Be as specific as possible.	Consequence What happened immediately following the behaviour. What did you do? What did the person do? What did other people do? What else happened?

17. Appendix 2 Online positive behaviour support referral form



## Behaviour support referral form

\* Required

1. Name of person supported \*

2. Name of person making the referral \*

3. Date of referral \*

4. Reason(s) for referral \*

- Physical aggression
- Verbal aggression
- Self-injurious behaviours
- Absconding
- Property damage
- Sensory related behaviours
- Other

5. Has a referral to behaviour support been made before for this person? \*

- Yes
- No

6. If yes, what was the issue of concern?

7. What was the outcome from the referral?

8. Does the person have a positive behaviour support plan in place? \*

Yes

No

9. Details of the current issue \*

(i.e. what does the behaviour look like, what is the intensity of the behaviour, how is the behaviour impacting on the person and/or others etc.)

10. Details on when the issue began \*

11. Has data been collected on the current issue? If yes, what type of assessment was used? \*

12. Prior to making this referral, what strategies have been put in place to overcome this issue? \*

13. Has this referral been approved by a PIC or WCI manager? \*

Yes

No

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## 18. Appendix 3 Multi-Element Positive Behaviour Support Plan

Multi-Element Positive Behaviour Support Plan



Multi-Element Positive Behaviour Support Plan	
Name	
House	
Date of review	
Those involved in the review and their relationship to	
About	
<b>About the person and their history</b>	
See person's my profile and biography for more information	
<b>Health and multi-disciplinary team</b>	
See OT's report/review for more information	
<b>Communication</b>	
See OT's report/review and person's communication toolbox for more information	
<b>Conditions for success (what I need, to be my best)</b>	
See person's my profile and biography for more information	
<b>Sensory</b>	
OT's report/review for more information	
To support person in the best possible way, staff must know and understand her <i>skills, abilities, likes/dislikes, dreams</i> and <i>aspirations</i> . All of this information can be found in person's: <b>my profile, daily notes, annual visioning and monthly reviews.</b>	

*Positive Behaviour Support (PBS) is an applied science that seeks to teach people new skills and to strengthen and expand upon those that he/she may already have, while also supporting the person in their meaningful life and roles. Attention is also directed towards a person's*



**Behaviours that cause harm to self and others**

Proactive strategy..... 3

**Behaviour..... 4**

    Early warning signs - ..... 5

    Reactive strategy - ..... 6

Post-incident strategy..... 7

**Proactive strategy**

It is important that person has access to all of her conditions for success, this will help person to be at their happiest and most content. It is believed that following the strategies below, staff can provide the best support to

**Behaviour that causes harm to self and/or others**

**Behaviour description**

**Triggers and setting events**

**Activity**

**Communication**

**People**

**Physical environment**

**Place**

**Routine**

**Time**

**Health**

**Items/objects**

**Other**

**Function(s) of the behaviour**

Attention

Access (activities/items)

Escape

Physical (pain/ill)

Sensory

**Early warning signs -**

As soon as an early warning sign is observed, staff are to support person in returning to a calm and content state. Staff are recommended to continue applying the strategies outlined in the proactive strategy section of this plan. Additionally, the responses described below should also be implemented on the basis of an early warning sign being identified.

**Early warning signs and how to respond to them**

Behaviour

Responses

**Reactive strategy -**

If person is unable to return a calm state, she may reach a point where behaviours of concern occur. In the event of a behaviour of concern occurring staff are recommended to:

**Specific behaviours of concern and how to respond to them**

<b>Behaviours</b>
<b>Responses</b>



Hold and Stabilize      Pull/Push

**CPI principles of disengagement**

- **Hold and stabilize** (limit the range of motion)  
When someone is holding you, you may simply need your attention, reassurance, or stability. Hold and stabilize allows you to limit the Patricia's movements and prevent harm
- **Pull/Push** (move in the opposite directions)  
Pulling and pushing at the same time in opposite directions weakens the Patricia's grip while minimizing any pain or injury
- **Lever**  
Combining momentum (energy and speed) with movement (rotation) around a single point (e.g., elbow, shoulders and hips) creates linear and angular motion which is more effective and efficient the Pull/Push

### Post-incident strategy

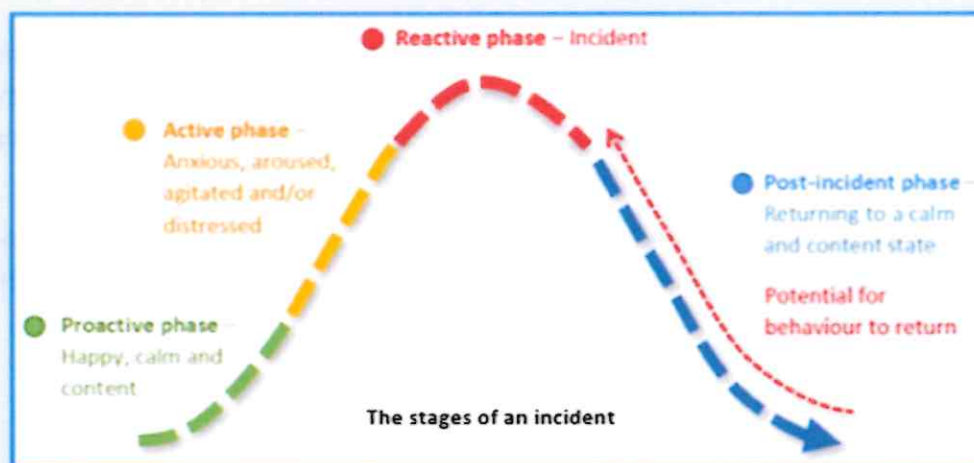
The aim of a post-incident strategy is to help person return to a calm and content state.

After an incident has occurred, staff are advised to remain cautious and alert as the behaviour could still return without any warning.

In order to help person and staff after an incident has occurred the following strategies are recommended:

After an incident, near miss, or indeed a well-managed situation it is important that at the next team meeting staff take the opportunity to reflect on what happened, how it came about and the way in which it was managed. Special attention should be directed to the possible setting events, triggers, cues, behaviours, distractor and how well they worked, etc.

Following a critical incident staff, PIC, WCI manager and/or BSS will meet as soon as possible to discuss the incident and to design and implement an action plan.



## 19. Appendix 4 CPI (MAPA) and Positive Behaviour Support

### Aurora Positive Behaviour Support and CPI training

Aurora is supporting people with complex needs in line with a Human Rights Based Approach. Our Personal Plan Framework Policy ensures that every person living in Aurora is supported to self-direct, using the principles of Social Role Valorisation (SRV), delivered through a person-centred approach to support each person in achieving and sustaining their individual roles.

To ensure that people who communicate through behaviours are supported in line with above, Aurora has a comprehensive Positive Behaviour Support Policy, which is providing guidance and support to employees in responding to behaviours of people that might challenge. Aurora's Behaviour Support Specialist is providing additional support via Multi Element Support plans for each person supported and their team.

All Aurora employees must read the above policies and adhere to same. Additionally, all employees complete "An indication to positive behaviour support" Training.

Additionally, Aurora is providing training in Safety Interventions to employees in identified locations to ensure they are equipped to respond to specific behavioural challenges that can arise.

CPI (formerly known as MAPA) training has in previous years been provided to the identified team members, with refresher training completed on an annual basis. In line with the reviewed requirements of the training and refresher needs, Aurora is aligning the refresher period now to every 2 years, implemented with training completed as per 1.1.2024.

Based on ongoing incident review by the provider and on local level any required training needs will be escalated by the Person In Charge or WCI manager, and additional training identified and implemented as required.