Positive Behaviour Support Plan

[For support in completing this please refer to the PBS Plan guidance document]

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| Date of initial plan: | Last review of plan: | Next review date: |
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| This plan was created & agreed by: | | |
| Name | Role | Contact Details |
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| PART A: BACKGROUND |

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| 1. **Who / Contact Details**   INSERT PHOTO | **Name:**  **NHS Number:**  **Date of Birth:**  **Address:**  **Telephone:** |

This plan should be implemented alongside a risk management plan. The two plans will proactively and reactively manage risk and support the **reduction of restrictions**. Restrictions include any intervention (environmental, physical, relational, psychological or pharmacological) that prevent a person in your care from pursuing free action. This plan should be developed with support from a clinician with behavioural expertise following an assessment and functional analysis of the problem behaviour. All staff implementing this plan should be supported via appropriate levels of training and supervision.

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| **Consent to Intervention** |

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| 1. **Intervention requiring test of mental capacity** |  |
| Date |  |
| Discussion |  |
| Outcome: | **The above named person has / does not have\* Capacity in relation to decision**  (*\*delete as appropriate)* |
| Does this decision require a best interest decision? | **Y/N** |

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| 1. **C:\Users\pattka\Downloads\Map local.pngWhere and When the plan is to be used** |  |

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| 1. **Background information**   **C:\Users\pattka\Downloads\Family 1.png** |  |

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| 1. **Likes and Dislikes**   Likes Dislikes Stock Illustrations – 166 Likes Dislikes Stock  Illustrations, Vectors &amp; Clipart - Dreamstime |  |

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| 1. **Physical Health** |  |

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| 1. **Aims of PBS plan**   C:\Users\pattka\Downloads\Achieve.png | **Immediate Goals**  **Long Term Goals** |

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| PART B: ASSESSMENT OF BEHAVIOUR |

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| 1. **When does the behaviour happen?**   **C:\Users\pattka\Downloads\When_.png** | **Activities:**  **Places:**  **Other people (staff/service users/visitors):**  **Days or times of day**: |

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| 1. **What is the behaviour and why do we think the behaviour happens?**   **C:\Users\pattka\Downloads\Confused1.png** | **Description of behaviour that challenges** | **Slow Triggers** | **Fast triggers** | **Function of the behaviour that challenges** | **Consequences/ History** |
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| 1. **Reducing restrictions** | **What boundaries are currently in place to support the individual and to keep them safe?**  **Can we reduce these?**  **What strategies are in place to monitor, evaluate and reduce boundaries for this person?** |

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| PART C: Positive Behavioural Support | |
| 1. **Reinforcing the positive / Active Support**   **C:\Users\pattka\Downloads\Patricia 16.png** | **Person current strengths and skills –**    **What life skills can we offer and teach that will help the person cope with their challenging behaviour?**  **How can we promote active support?**  **How can we implement the PERMA model to ensure happiness and wellbeing for the individual?**  Consider what the service user currently has in their life and what could be done to improve in these areas:  Positive Emotion –  Engagement –  Relationships –  Meaning –  Accomplishment –  \*\*-Martin E. P. Seligman (2012). *Flourish (A Visionary New Understanding of Happiness and Well-Being)*. USA: Atria Books. 368.  <https://www.youtube.com/watch?v=OWavCPydQ5k> |

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| 1. **Environment**   Plane fly over house with rainbow and cloud Vector Image | **How can the individual’s environment be improved? Refer to the 12 Characteristics of the capable environment.**  *(Mcgill, et al 2020)* |

Traffic Light System

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| 1. **Primary Preventative**   **Strategies**  **(Green Plan)**  **C:\Users\pattka\Downloads\Tick Yes.png** | **Indicators of baseline behaviour:**  **Positive Interactions and how to communicate**  **Active Support/Skills Teaching**  **Activities and Routines**  **Maintaining Triggers**  **Other Strategies** |

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| 1. **Secondary Preventative Strategies**   **(Amber Plan/Early Warning Signs)**  **C:\Users\blooha\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8622142E.tmp** | **Early Indicators of behaviours escalating**  **Secondary strategies during Escalation / How should staff respond to this?** |

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| 1. **Reactive Strategies**   **(Red Plan)**  8 Do&#39;s and Don&#39;ts of Email Marketing During a Crisis - Relationship One | **Non Physical Strategies reactive strategies**  **What PRN medication can be used [if appropriate]?**  **Restrictive physical interventions/ What reactive strategies can be used as a last resort**?  **Breakaway and self-protective physical interventions/**  **Planned restrictive physical interventions**  **NOTE: If restrictive interventions are frequently used the positive behaviour support plan should be reviewed.** |

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| 1. **Post Incident Support**   **(Blue Plan)**  Ice Cube Clip Art - Free Transparent PNG Clipart Images Download | **How to tell the incident is over**  **How to support the individual**  **How to support others involved post incident and who do we need to inform (De-brief)?**  **What has been learned from the incident?** |

**PBS Plan Grab Sheet**

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| Name: | | |
| **Primary Strategies**  **(What to do to prevent the behaviour happening)** | **Secondary Strategies**  **(What to do when the individual is showing warning signs)** | **Reactive Strategies**  **(What to do when the individual in crisis)** |
| **How does the individual present at their baseline (on a normal day to day):**  **What do to keep the individual happy and settled**  Communication/Interaction:  Structure and Routine:  Sensory Needs:  Environment Needs:  **Activities and other Strategies**  **What new skills to focus on** | **Warning signs:**  **How to support the individual when they are displaying early warning signs:**  Communication/Interaction:  Environmental Management:  Distraction/Redirection:  **What strategies can the individual utilise when they are displaying early warning signs?**  **PRN Medication [if required]** | **When the individual is in crisis they may:**  **How to support the individual when they are in crisis:**    Environmental management:  Distraction/Redirection:  **What strategies can the individual use when they are in crisis?**  **PRN Medication [if required]** |
| **Post Incident Support** | How to support the individual  How to support others | |

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| **19. Quality checklist** | 1. Does the plan clearly indicate how restrictions placed on the individual are being monitored and evaluated?   Yes [ ] No [ ]  2. Is the plan reviewed with the patient and where appropriate family/carers to ensure it are working?  Yes [ ] No [ ]  3. Are records being kept up to date that enables you to see if the plan is working and restrictions are being reduced safely over time?  Yes [ ] No[ ]  4. If the plan is not helping or the person is facing increased restrictions is this being proactively raised with senior professionals involved in the person’s care?  Yes [ ] No[ ]  5. Are there any safeguarding concerns that need to be raised regarding this plan?  Yes [ ] No [ ] |

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| **Service User Review** | |
| Are you happy with plan? | 11,842 Green Smiley Face Stock Photos and Images - 123RF |
| Do you feel the plan is working? |  |
| How can we make this better? |  |
| Do you agree this PBS plan? | Yes No |

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| PLAN EVALUTION & REVIEW |

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| **Plan Evaluation & Review** | | | | | |
| REVIEW 1  To be completed with 2 weeks of the plan being implemented | **Completed By:** | | | | **Date:** |
| Number of incidents since last review? | |  | | | |
| Has the goals of the plan been achieved? Have new goals been set? | | YES | NO | Details here: | | |
| Has the individual learnt any new skills? | | YES | NO | Details here: | | |
| Has frequency of behaviours decreased? | | YES | NO | Details here: | | |
| Has severity of behaviours decreased? | | YES | NO | Details here: | | |
| Has duration of behaviours decreased? | | YES | NO | Details here: | | |
| Is there a full record of each incident and the interventions used? | | YES | NO | Details here: | | |
| Were interventions used effective? | | YES | NO | Details here: | | |
| Have there been any changes in behaviours? | | YES | NO | Details here: | | |
| Do the individual support team demonstrate awareness of the plan? | | YES | NO | Details here: | | |
| Does the staff skill set match the needs of the individual? | | YES | NO | Details here: | | |
| Is there evidence of a reduction in restrictions? | | YES | NO | Details here: | | |
| Have all reasonable measures been put in place to safeguard the well-being of the person and other people? | | YES | NO | Details here: | | |
| If you have answered ‘No’ to any of the above questions please escalate your concern to a senior professional/MDT. | | | | | | |
| Are changes to this plan or the risk management plan needed? If YES please state: | | YES | NO | Details here: | | |
| Responsible Person: |  |  |  | Date: | | |

PBS plans should be reviewed whenever the needs of the service user change or reviewed at least every 6 months. Please use above from to complete this as a MDT.

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| **Service User PBS Grab Sheet** | | | |
| **How am I feeling** | **What am I doing?** | **What can I do to help me?** | **What can other people do to help?** |
| Smiley - Wikipedia |  |  |  |
| Emoji Request - AnxiousEmoji |  |  |  |
| Angry emoji, Emoji Emoticon Anger Smiley Face, angry emoji, face, smiley  png | PNGEgg |  |  |  |
| Calm, emoticon, face, smiley Free Icon of Emoticons Filled Two Color Icons |  |  |  |