

Hello. My name is Gemma Clarke and I am the lead for the positive behavioural support care pathway.

So when we assess the patient, we need to spend time with the person and see what happens before the behaviours occur and what happens afterwards. We call this completing observations. So we will need to visit the patient in the home and where they go in the day. So maybe to college or day services or if they have work placements.

We will also need to talk to all of the people that support that person. So we will also need to complete some formal assessment tools. All of this will help us to understand why the person is needing to use those behaviours, and it will help us to start to think about what might need to change, so that that person doesn't need to use those behaviours to get their needs met.

Following the assessment period, we will then write a positive behavioural support plan. This will describe what we call the proactive, active and reactive interventions. Under the proactive section, we will be able to list what the known triggers are to the person needing to use those behaviours. So what makes them feel anxious? We can then write out and think about how we can support that person to avoid those triggers, or how we can support them when they, when they are exposed to those triggers.

Under the proactive section, we will also detail how staff or the person's carers need to support that person. We can also think about how to introduce any new interventions, for example using the new communication system, how to introduce sensory activities, or how we could introduce more routine and structure for that person. The next section, the active section, will help us think about how to support that person when they are anxious, and how to prevent this escalating.

The last section, the reactive section will describe how to support that person when they are displaying those behaviours that challenge and how to manage those risks. We will also describe and provide, if necessary, any training needs for the carer, such as positive behavioural training, autism training.

Once we've wrote the plan, we will meet with the patient and their carers or their staff, team or families and think about and prioritise how we can start to make the changes in the person's environment so that they don't need to use those behaviours. We can also make a plan with you of how we provide that support, how often, and what that will look like.

We will be assessing the confidence and the skills of the carers in implementing the positive behavioural support plans throughout our involvement. Ultimately, we are aiming to see a reduction in how often the behaviours occur and a reduction in the level of risk associated with those behaviours. We are looking at looking for an improvement in the person's quality of life, i.e., for example, are they now able to access the community more frequently?

Are they feeling less anxious? Are they engaged with more frequently? Once we are seeing all of these occurring for a number of months or a sustained period of time, we will withdraw our support and send a letter describing what needs to stay in place and for those things to be maintained.