

Positive Behaviour Support principles for practice during COVID-19

This is a stressful time for us all, people with learning disabilities and autistic people will be confused and may find altered routines and changes difficult to cope with. It is important that the core principles of Positive Behaviour Support person-centred support are maintained and human rights are respected, even when everyday lives are affected by national restrictions. Below are some straightforward principles we should all try to follow.

Principles

Identify the person's preferred methods of communication, as effective communication can help to reduce their anxiety about any changes that need to happen.

Communicate and try to explain to people about the changes to their day-day activities and plans and why.

Try not to unnecessarily alarm or worry people.

Enable the person to **exercise choice and control** over decisions that affect them, **seek their views and input** about sudden changes to their activities.

Suggest alternative things to do instead and develop different strategies and approaches.

Share information about adjustments and changes that may happen because of medical isolation and/or due to the closure of services.

Review the person's PBS or behaviour support plan (if they have one) for any recommendations for supporting their behaviours of concern as well as the common triggers for their behaviour.

If the person you support wishes to attend public gatherings that they typically participate in, and those gatherings are currently limited, it is critical that you **gently explain to them why they cannot** participate during this period. Refer to their behaviour support plan (if they have one) for any recommendations before doing so.

If the person does not have a behaviour support plan, draw on your existing **understanding of their interaction and communication preferences**. Or ask someone who knows them well, what those preferences are.

Consider known **triggers for the person's behaviour of concern** and put in place strategies to mitigate these. Some common triggers are boredom, sudden changes to routines, missing friends or families, and communication difficulties.

Take into account the **person's preferences** when preparing activities or indoor recreational activities that may be used for time in isolation at home. Ask what they wish to do or offer alternatives that are consistent with the Government and NHS advice. Remember to use Active Support to help people to have things to do it's more important now than ever. At home, for example, most every day domestic tasks can be fun—if you make them enjoyable, create opportunities for people to participate in them and give the right level of help and reinforcement. Try cooking or baking together, cleaning, doing dishes, laundry, gardening, crafts etc.

It is ok to go out every day to exercise as long as social distancing requirements e.g. staying two metres away from people you don't live with, are adhered to - so going for walks etc can be a big help.

Implementing social distancing amongst between the people you support and your workers may be challenging in certain environments. It is useful to **explain to everyone the need for and importance of social distancing** and ask them what activities they wish to do. For example, some may prefer to do activities on their own or where they do not need to be in close proximity with others. These activities may include a social story-telling activity, individual art or craft, spending time in one's own room to play computer games, read a book or write a journal, individual dance (e.g. "silent disco") or sing-along sessions.

Maintaining the **person's social and family network** through regular telephone, social media or videoconferencing facilities are helpful in ensuring connectedness to friends and families during this period of COVID-19 isolation.

Some activity ideas include sharing news or stories using video smart phone links or sending photos of themselves doing an activity or sharing news via the telephone.

Try to roster **support staff with whom the person is familiar** or gets along well with as far as possible.

To prevent resorting to the use of physical restraint or other forms of restrictive practice, it is important to speak to the person about why self-isolation and social distancing are needed. During this difficult time, it is more important to focus on **comforting and reassuring** the person, and providing them with a level of safe choice and control. The use of physical restraint should be the last resort of intervention.

If a person is confused or angry and this leads to behaviours of concern (such as leaving their home unsupported placing the person at risk), you may need to apply an environmental restraint or restriction, such as locking the doors for this period. **This should be used only as a last resort to keep people safe, and be implemented for the shortest time possible, seek advice from senior managers in your organisation if unsure.**

Remember, the use of any restrictive practice should be recorded

Staff supporting a person who has been directed to self-isolate need to follow appropriate universal **infection control precautions**.

*These principles have been adapted from guidance produced by NDIS
(**Coronavirus (COVID-19): Behaviour support and restrictive practices** NDIS Quality and
Safeguards Commission Australia www.ndiscommission.gov.au 2020)*

Here is a useful link to resources from the Learning Disability Senate:
<https://www.bild.org.uk/ldsenate/>

Sarah Leitch, Edwin Jones and Tom Evans, Bild, April 2020