

Gloucestershire Children and Young Persons Positive Behavioural Support Service

SERVICE SPECIFICATION



Contents

1. The Commissioning context : a local and national analysis
2. The Positive Behaviour Service as a key component of the Challenging Behaviour Strategy
3. Service philosophy and value base
4. Aims and objectives of the service
5. Service acceptance and exclusion criteria
6. Service processes and pathways
7. Applicable national standards
8. Key Performance Indicators (KPI) and monitoring arrangements
9. Location of team
10. Team composition



1. The Commissioning context : a local and national analysis

The creation of a Positive Behavioural Support Service in the council, focusing on early intervention and prevention for children and young people aged 0 - 25, is a response to the key lessons learned from Winterbourne View. Its' existence ensures a cohesive multiagency preventative approach is taken to prevent reliance on specialist services and to ensure that children, young people and adults with the potential to exhibit challenging behaviour have patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life of society.

The evidence base

Identifying deficits and potential difficulties in early childhood and using evidence-based approaches to intervene has the potential to deliver significant social and economic benefits. This is of particular relevance where the problems are likely to escalate over time; limit the life chances of the individual, and result in significant costs to society (Challenging Behaviour Foundation 2014).

Learning Disability refers to a significant impairment of general intellectual and adaptive functioning. Recent figures released from Public Health England have estimated that 1,043,449 people in England have a formal Learning Disability diagnosis. Research from Schools in England (2013) suggest that Learning Disability accounts for 179, 320 Special Educational Needs statements. The impairments in information processing and communicative ability that accompany Learning Disability can often lead to the development of behaviours described as challenging (Challenging Behaviour Foundation 2014).

It is suggested between 20 and 30% of children with cognitive impairments experience behavioural difficulties as compared to 4–10% of children without cognitive impairments, and children with intellectual disability account for approximately 15% of all children with a diagnosable mental health problem (Emerson & Hatton 2007).

Population based samples show an increased risk for problem behaviours in children with Learning Disabilities, compared to other children, by the time they are 3 years of age (Challenging Behaviour Foundation 2014).

The mean age of Self Injurious Behaviour is recorded to be 17 months old (Kurtz, Chin, Huete, Tarbox, O'Connor, Paclawskyj, Rush, 2003). All individuals assessed through the pilot, state the onset of challenges began in infancy (evidenced through Functional Behaviour Assessments).

The long term implications of challenging behaviour can include social exclusion, institutionalization, deprivation, physical harm, abuse, misdiagnosis, exposure to ineffective or aversive interventions, and failure to access evidence-based interventions (Emerson & Einfeld 2011). Families and carers face elevated risks of physical and psychiatric disorder, physical injury, increased financial burdens and reduced quality of life (Qureshi 1994). For commissioners, the major impact of challenging behaviour include potential exposure to negative publicity resulting from scandals associated with poor care provision and having to fund escalating care costs (Department of Health 2007). It is therefore well documented that high impact conditions that can have significant direct and indirect clinical, social and



fiscal implication (Allen, Langthorne, Tonge, Emerson, McGill, Fletcher, Dosen, & Kennedy, 2013).

Behaviour challenges in people with intellectual disabilities are often only addressed when they have become chronic and fully established, and therefore likely to be more resistant to effective intervention and increase likelihood of the negative outcomes outlined above (Allen et.al. 2013).

It is well documented that the younger the child the more effective the intervention (Corsello, 2005). Thus early intervention and prevention with regards to challenging behaviour should be a priority in order to reduce the risk of negative outcomes outlined above (including cost of care) and this approach is not prevalent in existing services in Gloucestershire.

Long term financial benefits of early intensive behavioural support can lead to savings. One study has identified a saving of \$45, 000, 000 over the lifetime of an individual with autism (Motiwala, Gupta, Lily, Ungar & Coyte, 2006).

The national context

Positive Behavioural Support (PBS) is advocated for by health and government authorities as being best practice in terms of supporting people who present with challenging behaviour. It was specifically developed for individuals with learning disabilities who present with challenging behaviour but has since been transferred to other populations i.e. children and old age citizens. The provision of Positive Behavioural Support at the initial onset of difficult behaviours will likely prevent those behaviours becoming engrained and thus reduces the restrictive effects challenging behaviour has in terms of engagement in education, community and home life. Of equal importance, it should facilitate the reduction of future strain on specialist services which would likely be required as the child grows and the difficult behaviours become engrained.

The positioning of the Positive Behavioural Support Team is consistent with national and local legislation and planning, including:

- **The Department of Health's response to Winterbourne View, December 2012** which highlights the need to radically reduce reliance on hospitals, Assessment & Treatment facilities and out of area placements, and instead to provide support in the community and keep people in their own homes. The report says intensive support should be provided via an intensive community-based support model through effective joint working between health and social care, instead of through specialist placements. It asks for the creation of joint plans to ensure good support for children, young people and adults with challenging behaviour and the development of a community-based support infrastructure to support further generations of admissions..
- **The Big Plan for people with Learning Disabilities** which says we need to focus on bringing people back to Gloucestershire and improving services for people with Challenging Behaviour.



- **The Mansell Report** which asks commissioners to be confident that the services they fund give Service Users with challenging behaviour choice, control, independence, rights and the potential to lead a meaningful life. This should ensure that placement breakdown is avoided, that people are not placed in large closed services or away from home and that family carers get support to cope.
- **Recent research into effective prevention of challenging behaviour escalation¹** which shows that providing support to people with challenging behaviour once it has reached a level of severity/crisis is costly and difficult as the causes of behaviour can be more difficult to understand and patterns of behaviour are more entrenched. A focus on addressing the behaviours while they are still low-level and/or during childhood has significant preventative value.

Local data:

<p>Number of adults with CB in Gloucestershire</p>	<p>24 out of 100,000 people in the national population are thought to have challenging behaviour. This is between 5 - 15% of people with Learning Disabilities².</p> <p>Set against the population of Gloucestershire, this suggests 206 people in the county. The effect of Gloucestershire being an importer of people with Learning Disabilities into our residential services (over 50% of the circa 1,000 beds in residential care are occupied by Service Users placed by other counties) suggests this number might be higher.</p> <p>It is also thought that other authorities place Service Users with challenging behaviour in Gloucestershire.</p>
<p>Number of children with CB in Gloucestershire</p>	<p>This figure is not currently tracked. Anecdotal evidence from the children's disability nursing team suggests 6 – 8 new cases requiring support from the team are identified a year.</p> <p>One role of this project will be to introduce a system to better identify children who challenge services or are likely to become a challenge to services when they reach adulthood.</p>

- People with challenging behaviour are at increased likelihood of placement breakdown which leads to being supported by 'institutional' specialist services.

¹ See research studies run by Dr Nick Gore at the Tizard Centre, Kent with the E-PatS team.

² Source: Foundation for People with Learning Disabilities



Analysis of the 172 cases logged on ERIC as receiving specialist services supports this pattern. Data from 2gether trust shows that the average amount of time a person with a Learning Disability spends in an inpatient unit in Gloucestershire to be 104 days.

- People with challenging behaviour are at risk of experiencing abuse or neglect. 45% of the Gloucestershire Safeguarding Team's workload is focused on people with Learning Disabilities.
- People with challenging behaviour are less likely than other people with learning disabilities to lead fulfilling lives, be fully involved in their local communities or be able to access employment. The ambitious GCC programme to get people with Learning Disabilities into employment found 30 new work placements for Service Users in 2012. None of these included people with challenging behaviour.
- Family Carers of people with challenging behaviour are at high risk of family breakdown and stress.

The costs of supporting people with challenging behaviour

Supporting people with challenging behaviour can be very expensive both for GCC and for Gloucestershire CCG. When 'mainstream' Learning Disabilities services cannot cope, increasingly costly specialist provision is accessed.

- The cost of an out of county placement for people with challenging behaviour can be up to circa £7,000 a week. This project will enable learning around the level of efficiencies which can be made from such an approach.
- There are significant savings to be made by moving people out of specialist out-of-county provision. Recent packages have reduced, with good support in-county in community provision, from £7,000 per week to £2,000 - £3,000 per week
- The costs of supporting people with challenging behaviour can be ordered for payment by the NHS by the criminal justice system and when behaviours escalate unexpectedly, the costs of packages can increase rapidly. This presents a non-forecastable risk to both NHS and social care budgets.
- Data from challenging behaviour strategies with a similar approach indicate some level of savings is achievable³. Forecasting savings is difficult as there is no sound evidence to support such an exercise. Sound evidence on the long-term cost-saving to funders on taking a more preventative approach would require demonstration by longitudinal studies hitherto not carried out.

³ See literature on the Ealing children's learning disability services behaviour respite and outreach model, as well as the Birmingham Supported Living Outreach Team (SLOT)



2. The Positive Behaviour Service as a key component of the Challenging Behaviour Strategy

The Positive Behavioural Support team is a key component of other elements of the Challenging Behaviour Strategy. Other initiatives are:

- **A Gloucestershire concordat** which brings together providers, families, user-led organisations and professionals in a shared commitment for change and improvement for children and adults with learning disabilities and challenging behaviour.
- **The Learning Disability Intensive Support Service**, which provides support to children, young people and adults in crisis to prevent the need for a hospital admission or an out of county placement. This is in direct response to the Department of Health, paper on Winterbourne View, December 2012 which highlights the need to radically reduce reliance on hospitals, Assessment & Treatment facilities and out of area placements, and instead to provide support in the community and keep people in their own homes.
- An **Early Intervention programme (which the Positive Behavioural Support Service is a part of)** to children and young people aged 0 – 25 who are experiencing challenging behaviour but are not yet reaching crisis. Gloucestershire has been proactive in its response to the Children and Families Act 2014, and the subsequent Code of Practice published jointly by the Department of Health and Department of Education. The legislation introduces changes to processes including the need for support to be 0-25, co-produced between families and agencies, and to centre on early intervention. This team will also become part of Gloucestershire's 'Local Offer' which each local authority is obliged to present and must include provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled,
- **A comprehensive training programme** within a Positive Behavioural Support framework (as recommended through national guidance and based on the identified best practice of Salford Council) which delivers one consistent training model across Gloucestershire. This training package has been developed with two leading providers in this area: Positive Response Training, led by Professor David Allen and a national charity called The Challenging Behaviour Foundation. Training is available to providers and families and is available at a number of levels from foundation to advanced skills, depending on the level of expertise of the provider.
- **Support to families** through a reference group, a family mentoring programme and family training. Family feedback also directly feeds into the monthly Challenging Behaviour Working Group which impacts the direction of the Strategy.
- The establishment of a **Community of Practice** which brings together professionals and non-professionals from all organisations to develop and keep up with best practice. The group is looking at issues such as understanding Positive Behavioural



Support and developing consistent behaviour monitoring paperwork to be used in Gloucestershire by providers. The Community of Practice is jointly run by Providers of services in Gloucestershire, Family Carers, and Gloucestershire County Council and currently accommodates 75 representatives on a quarterly basis.

- **An Out of Area Board**, chaired by the independent chair of the Learning Disability Partnership Board which provides a scrutiny and challenge function around the return home plans of individuals placed out of area by Gloucestershire CCG and Gloucestershire County Council. As it develops, this board will extend its' remit to consider, understand and review all proposed out of county placements and look at the return home plans of children and young people and adults with physical disabilities, sensory disabilities and mental health issues. This will be linked to the work and principles of the reunification project and ensure both projects work effectively together to achieve outcomes for children and young people.
- **The Community Learning Disability Teams** provided by 2gether (community nursing, speech and language therapy, the services of a consultant psychiatrist, psychology, physiotherapy and occupational therapy).
- **Two inpatient units: Westridge and Hollybrook.** Westridge is due to close in the new fiscal year 2015 – 2016. Hollybrook will over the same time period restructure to provide 'place of safety' beds and assessment and treatment services.
- **A joint complex & challenging procurement process.** NHSG and GCC have a joint procurement and contracting process where providers are jointly vetted against specific criteria to ensure they have the skills and capability to support Service Users.
- **Mainstream Mental Health services** consisting of an Outreach and Crisis team.

Interdependencies with other services:

As a strand of the Gloucestershire Challenging Behaviour Strategy and an extension of the current services which support individuals who may exhibit challenging behaviour, the Positive Behavioural Support team will regularly work in close partnership with other people, services, and professionals.

These are likely to include:

- The clients family and extended support network
- 2gether Trust such as Community Learning Disability Team, Children and Young Peoples Service, and Learning Disability Intensive Support Service
- Gloucestershire Clinical Commission Group; commissioning managers
- Education settings, both mainstream and special schools
- Early Years settings
- Care providers
- Carers Gloucestershire



- Young Carers?

3. Service philosophy and value base: Positive Behavioural Support

Research evidence shows that the most effective interventions for supporting people with challenging behaviour are derived from Applied Behaviour Analysis (ABA). ABA takes the view that challenging behaviour is functional—it serves a purpose for the individual. The outcomes of those behaviours are therefore legitimate, but the means (the behavior) is problematic. ABA provides a means to identify the function of maladaptive behaviour, and various technologies and procedures to effect changes in behaviour.

A Positive Behavioural Support (PBS) Framework will be employed as the guiding Behavioural model for this service. The development of PBS was driven by a number of human rights and values-based movements in the field of intellectual disability. These movements include social role valorisation and person-centred planning. PBS combines the technological toolkit of ABA with the values of the John O' Briens' Five Essential Service Accomplishments and Dr. Wolf Wolfensbergers' Social Role Valorisation theory, while delivering support within individualised, person-centred frameworks. The model focuses on prevention of challenging behaviour through environmental adaptations and teaching positive skills as an alternative to the challenging behaviour. Additionally, the model employs a life span perspective with a focus on inclusion in meaningful community activities and improving quality of life, using person centred approaches to achieve these means. These values should be demonstrated in Positive Behavioural Support by practices that reflect key principles outlined below:

- Based on an understanding of why, when and how behaviours happen and what purposes they serve (via the process of functional analysis)
- Focuses on altering triggers for behaviour (in order to reduce the likelihood of the behaviour occurring)
- Uses skill teaching as a central intervention (as a lack of critical skills is often a key contributing factor in the development of behavioural challenges)
- Uses changes in quality of life as both an intervention and outcome measure
- Achieves reductions in behaviour as a side-effect of the above
- Has a long-term focus (in that challenging behaviours are often of a long-term nature and successful interventions therefore need to be maintained over prolonged periods)
- Has a multi-component focus (reflecting that the fact that challenging behaviours are often multiply determined and also that users typically display multiple forms)
- Eliminates the use of punishment approaches
- Includes both proactive strategies for changing behaviour and reactive strategies for managing behaviour when it occurs (because even the most effective change strategies may not completely eliminate risk behaviours from behavioural repertoires)



This service is designed to help avoid adverse outcomes associated with challenging behaviour, reduce the use of restrictive measures in preventing, responding to and managing challenging behaviour and to support services/families to deliver the highest quality outcomes for people who challenge.

PBS uses client outcomes to measure effectiveness of interventions, outcomes based on the improvement within the contexts outlined below:

- Life span perspective
- Person centred Planning
- Use of evidence based practices
- Inclusion in meaningful activities
- Community participation

These values are also in line with one of John O' Brien's Five Essential Service accomplishments, a widely accepted set of outcomes that services should aim to deliver for the people they support.

- ✓ Community Presence: The right to take part in community life and to live and spend leisure time with other members of the community.
- ✓ Relationships: The right to experience valued relationships with non-disabled people.
- ✓ Choice: The right to make choices, both large and small, in one's life. These include choices about where to live and with whom to live.
- ✓ Competence: The right to learn new skill and participate in meaningful activities with whatever assistance is required.
- ✓ Respect: The right to be valued and not treated as a second-class citizen.

(Brown & Benson, 1992)

4. Aims and objectives of the service

The Positive Behavioural Support service will operate under a Positive Behavioural Support framework.

It will meet the aims and objectives set out in terms of its' evidence and value base by:

1. Conducting evidence-based assessments to identify the function of problem behaviour, skills to build upon, and deficits to reduce
2. Providing targeted function based Behaviour Support Plans



3. Enhancing the quality of life and habilitation for the client and their circle of support. [Habilitation is defined for the purpose of this document as assisting an individual with the means to develop maximum independence in activities of daily living through training or treatment.]
4. Providing targeting training (skill and knowledge building) for those in the circle of support
5. Reducing future support package costs

Additionally:

- This model employs a life span perspective with a focus on inclusion in meaningful community activities and improving quality of life. It uses person centred approaches to achieve these means. Additionally, the model focuses on prevention of challenging behaviour through environmental adaptations and teaching positive skills as an alternative to the challenging behaviour.
- The service will provide assessment and targeted function based intervention to clients flexibly across settings. This may include home, education, and community settings.
- The service will deliver support that ensures children, adolescents, and young adults (0-25 years old) with disabilities at risk of presenting with behaviour that challenges have timely access to appropriate behavioural support. The service will promote independence and attempt to reduce reliance on specialist services by proving families, carers, and all those involved in supporting the individual, with the skills necessary to identify, target and change challenging behaviour.

5. Service exclusion and acceptance criteria

Acceptance Criteria:

The service is available to people of 0-25 years of age

0-6 year olds Acceptance Criteria:

- Not meeting developmental milestones; milestones include motor skills, language skills, social skills, adaptive skills and cognitive skills.
- In addition to Behaviour becoming challenging/behaviour leading to challenges/currently challenging and additional support is needed

0-6 year olds Exclusion criteria:

- Developmental milestones reached and engaging in behaviour that challenges should be referred to a mainstream service i.e. parenting course, health visitor, Children and Young Peoples Service, paediatrician/GP



6-25 year olds Acceptance Criteria

- Must meet criteria for Disabled Children's and Young Peoples Service
- In addition to behaviour becoming challenging/behaviour leading to challenges/currently challenging and additional support is needed.

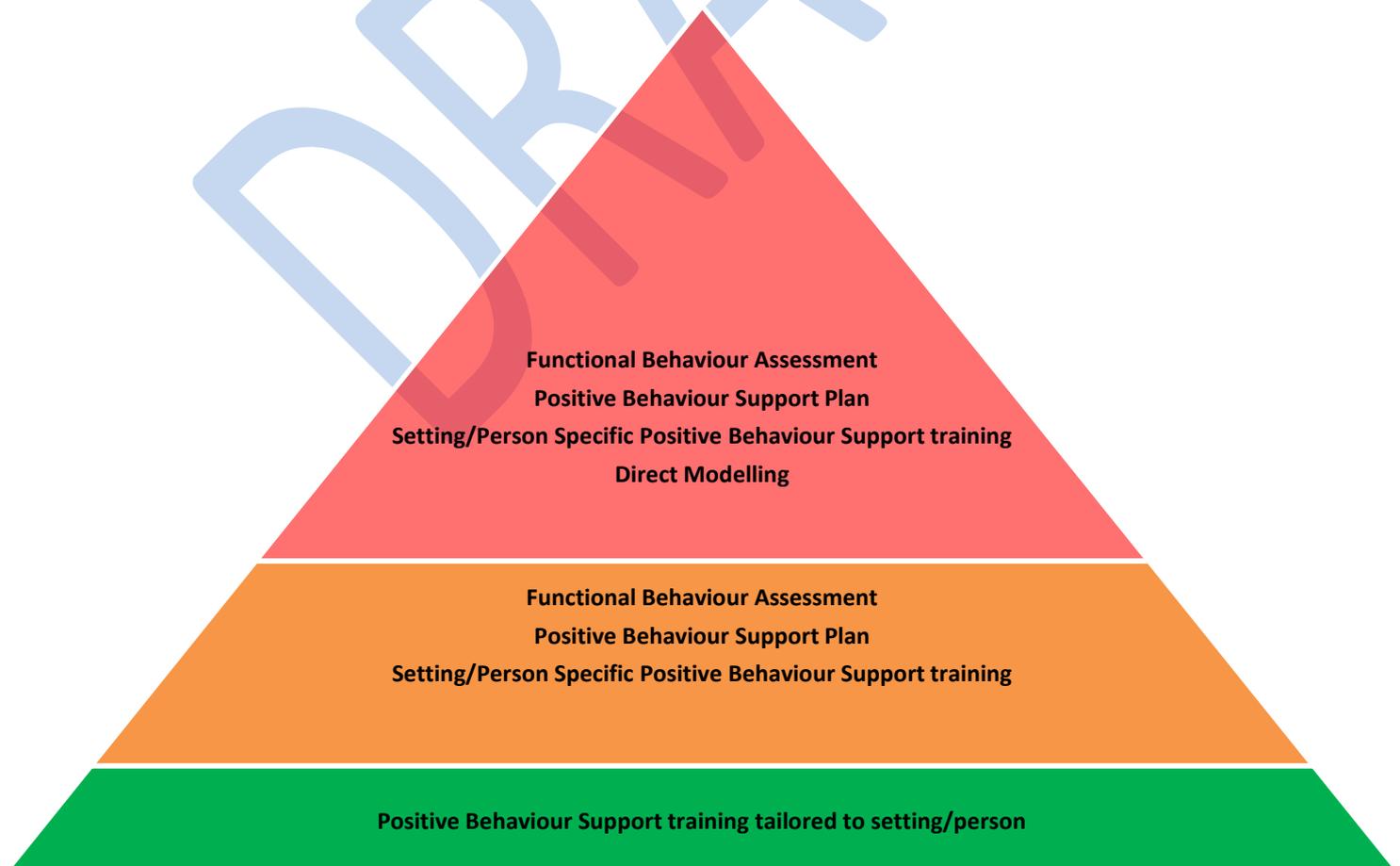
Additional Exclusion Criteria:

- Above 25 years
- Pre-crisis/crisis and thus needing a level of intensive support beyond the capacity of the team

6. Service processes and pathways

A tiered approach

Although the service delivers interventions across a common pathway, it also delivers different levels of intervention, depending on assessed need. This is illustrated in the diagram below. The level of support delivered will be appropriate to their specific needs. Depending on the needs identified in the initial assessment, the pathway you follow would be that describe in either the green, amber or red segment of the triangle below:



Process overview

The service will be flexible and individualised, but the following structure will be used:

- **Referral**
- **Initial assessment to understand needs**
- **Functional Behaviour Assessment**
- **Stakeholder meeting to explore findings**
- **Positive Behavioural Support Plan**
- **Implementation of the Positive Behavioural Support plan with training and modelling**
- **Review of effectiveness**
- **Withdrawal of support**

Referral:

Referrals will be accepted from the following:

- Educational Psychology Service
- Advisory Teaching Service
- Lead Professional's/Social Workers from Disabled Children and Young People Service
- Early Help Advisors/Early Years Practitioners
- Children and Adult Social Care Commissioners
- Children and Adult Community Learning Disability Teams
- Learning Disability Operations
- Special Education Needs Coordinator
- Strategy and Transformation team manager

Referral forms can be accessed through SENCO spot or by contacting the Positive Behavioural Support team directly. The Positive Behavioural Support team can be contacted by telephone on 01452 58 3494/ 01452 58 3506 or via email on Denise.Kelleher@gloucestershire.gov.uk/ Karen.Roche-galvin@gloucestershire.gov.uk. The forms can be completed electronically or by hand and referrals will be accepted via email, or post.

Initial assessment to understand needs:

An initial assessment will be carried out within 10 days to evaluate eligibility for the service and a decision will be made within 48 hours of assessment.

If a child, young person, or adult is eligible, a Functional Behaviour Assessment will commence within 7 days. The duration of time this will take to complete will depend on the complexity of the behaviours. No intervention will be put in place until a Functional Behaviour Assessment is completed to ensure the intervention is function based and individualised.



In the case where a child, young person or adult does not meet the eligibility criteria, the rationale will be clearly detailed in a referral decision letter and the team will endeavour to signpost the individual to the most appropriate service to meet their needs. If the child is 6 or under and presents with challenging behaviour but there is not evident developmental delay following observations, the observations will inform some individualised recommendations to assist along with signposting to other helpful services such as Portage or parenting courses. If the child, adolescent, or young person does not meet the criteria for Disabled Children and Young Persons service then signposting may include Family Linking, Functional Family Therapy, parenting courses, or the children's community learning disability team. In the event that there is an eminent risk of placement breakdown or the challenging behaviour is of such frequency/intensity/duration that it is beyond the capacity of the Positive Behavioural Support service, the team will liaise with Health and Social services to ensure timely access to effective intensive intervention in order to avoid placement breakdown.

Functional behaviour assessment

A Functional Behaviour Assessment will be completed through direct and indirect behavioural observations across all environments. A Functional Behaviour Assessment is a set of procedures to identify the reason, or reasons, why certain behaviour might occur. The term 'functional' refers to the cause of behaviour.

A functional assessment of the challenging behaviour and assessment of current skills and skill deficits will provide the likely reasons behind the behaviour and what is maintaining it. It will also identify potential reinforcers which can be employed to strengthen positive behaviours.

A Functional Behaviour Assessment is conducted through direct and indirect behavioural observations. This information is then analysed to identify how the individual learned the maladaptive behaviour and how it is being maintained. A Functional Behaviour Assessment will also examine what makes the behaviour more likely to occur, as well as the individuals' skills and deficits.

Stakeholder meeting to explore findings

Once the Functional Behaviour Assessment has been completed a meeting will be scheduled with stakeholders to explore findings. This step might be carried out remotely with prior agreement of all parties in place of a meeting where appropriate. The objective of the meeting will be to agree shared goals and ensure the social validity of proposed interventions.

A Positive Behavioural Support Plan

A Positive Behavioural Support Plan which is data-driven and evidence based will be produced. It will contain the results of strategic data collection (Functional Behaviour



Assessment) and is a plan of how to enhance the individual's quality of life and decrease challenging behaviour. It will also include instruction of how this can be achieved, how this will be evaluated, and how it can be maintained throughout the individuals' future.

Implementation of the Positive Behavioural Support plan with training and modelling

The team may use a variety of techniques to support a setting or a family to implement a Positive Behavioural Support plan.

Dependent on the needs of the individual, support could include:

- Consultations or class based training for families, carers and all those involved in the person's life around Positive Behavioural Support approaches including functional assessments, prevention, de-escalation and reactive plans. This may include early information and signposting to alternative and appropriate resources. [This can take place alongside other interventions but also be a standalone offer for a setting where a child or young person does not require a full assessment and behaviour support plan.
- Support provided by the team to implement the recommendations. This will involve modelling and demonstration of techniques/interventions or as competency-based training approach. Training is a critical component in the provision of effective care. Traditional classroom instruction is known to have little impact in terms of influencing practice; therefore training should adopt a competency-based approach (Smith, Parker, Taubman, & Lovaas, 1992).

Training packages will be devised on a case by case basis so the service provided is appropriate and relevant. It is likely training will be delivered in a bespoke way, although grounded in a competency-based approach.

- The team are also able to train in Positive Behaviour Management techniques to services/families where applicable.
- Enhancement of current services through the application of individualised evidence based assessment and intervention. This may include the development of a person specific training package and direct modelling where necessary
- Evaluation of current services as a by product of direct behavioural observation and function based Positive Behavioural Support plans which will ensure services are effective and meet individual need
- Direct modelling of proposed interventions where necessary. This will ensure that families and other stakeholders feel supported and confident in implementing the Positive Behavioural Support plan



- Training and education to ensure that stakeholders are effectively skilled up and there is a reduction in the dependency on specialist services
- Multiagency working to ensure a cohesive approach to care and support and a reduction in the risk of duplicating services
- Signposting to other relevant services to ensure that individuals are accessed the right level of support necessary to meet their needs

Review of effectiveness

The effectiveness of the interventions will be evaluated through the use of standardised tools. In line with the core values of Positive Behavioural Support, measures of Quality of Life, Stress and a dimension of the target behaviour will be taken before and following intervention to establish effectiveness of the service provided

Periodic service review will be completed after a period of time specified in the Positive Behavioural Support plan following discharge. This will evaluate the effectiveness of the services received by the individual and is an opportunity to make any necessary modifications.

Withdrawal of Support:

The gradual withdrawal of the service will be clearly scripted in the Positive Behavioural Support plan and will be individualised to meet the needs of the child, young person or adult.

All interventions will be designed with maintenance and generalisation in mind. Positive Behavioural Support plans will also include a periodic service review which will allow post intervention evaluation.

Withdrawal of support will involve systematic step-down points to ensure the individual is effectively supported and to reduce unsustainable reliance

7. Applicable national standards

Any support provided to individuals whose behaviour is described as challenging will meet both legal and best practice standards. While there is no specific legislation that addresses the provision of care to people with intellectual disabilities and challenging behaviour, the following documents are relevant when supporting challenging individuals and will be regularly consulted:

- The Deprivation of Liberty Safeguards (2008)



- The Mental Capacity Act (2005)
- The Human Rights Act (1998)
- The Children Act (1989)
- The Mental Health Act (1983, 2007)
 - Children and Families Act 2014
 - Care Act
- The Health & Safety at Work Legislation (1974, 1999), with its statutory requirements for employers to manage risks in the workplace, has major relevance to the planning and delivering of training in reactive strategies.
- Lyon & Primor (2004) remains the definitive UK guidance on legal issues relating to the use of physical interventions.

Further guidance on best practice will be obtained from:

- Ensuring Quality Services (2014)
- Preventative and Proactive workforce (2014)
- Gloucestershire Challenging Behaviour Strategy (2013)
- Mansell Report (Department of Health, 2007)

8. Key Performance Indicators and monitoring arrangements

The team will be monitored quarterly against the Key Performance Indicators and outcomes specified. These are described in the Service Level Agreement, appended to this specification.

Quarterly monitoring meetings will bring together commissioners and operational leads from disabled children's services and learning disability adults services to evaluate progress.

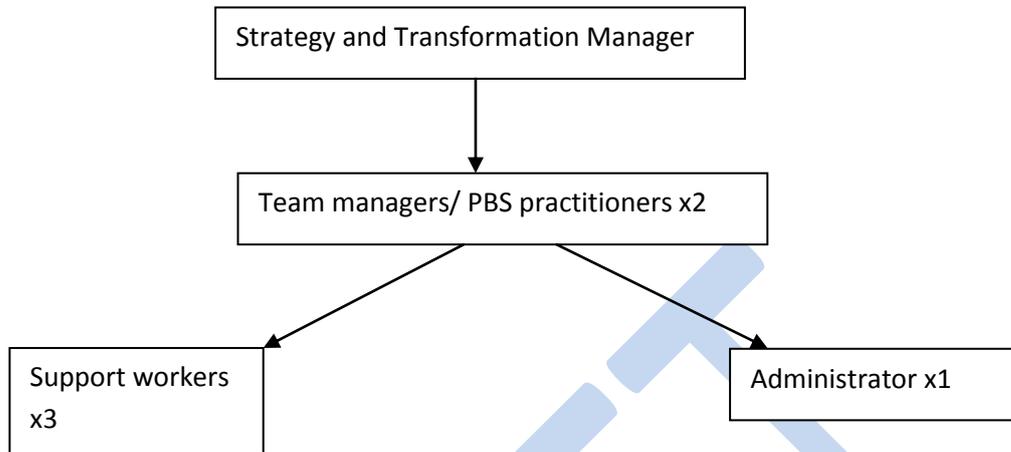
9. Location of Team

The Positive Behavioural Support service will be based in Joint Commissioning, Strategy and Transformation Team, Gloucestershire County Council, Block 5, Fourth Floor West, Shire Hall, Westgate Street, Gloucester GL1 2TG



10. Team composition

The team will consist of the following structure:



DRAFT

