

Brief guide: functional assessment of behaviour

Context

The incidence of challenging behaviour in people with learning disabilities varies from 5-15% in social care settings, to 30-40% in hospital settings. It is more common in younger people and people with more severe disabilities, and is more likely to develop when people have autism, sensory processing difficulties and physical or mental health needs. People with learning disabilities who are in hospital for significant periods of time may also demonstrate behaviours that challenge, and their treatment in hospital should include focussed interventions to respond to this.

Challenging behaviour is not a diagnosis, but represents a challenge to services and those who care for the person. It is recognised that it serves a function, or functions, for the person, and these include ensuring that the person gains attention, avoids demands, gains sensory stimulation or otherwise communicates a need. It often involves an interaction between characteristics of the person and the environment they are in. Functional assessment requires examination of the behaviours that are demonstrated and the circumstances in which they occur, and uses the information to develop hypotheses about the functions of the behaviour for the person.

The plan that is developed from this understanding seeks to support the person in using more appropriate methods of communicating their needs, in changing the environment in a way that makes the occurrence of the behaviours less likely and improves the person's skills, access to opportunities and an improved quality of life.

Evidence required

Look at care records to confirm they include the following evidence:

- Communication and physical and mental health needs have been assessed.
- Descriptions of the behaviours that challenge are recorded, including how often they occur and how intense they are.
- People are monitored regularly. This includes records of how the person seemed in terms of mood, what was happening before the behaviour occurred, where it happened, time of day, who else was in the environment, what the person actually did, how long the behaviour lasted for, who responded to it, what they did, when the behaviour stopped, why it stopped and what happened afterwards.
- There is a history of the behaviours that challenge and evidence of that the person's family has been involved in care planning (where appropriate).
- Information on reinforcers for the person (something that strengthens a behaviour or makes a behaviour more likely to reoccur).
- Indirect measures, such as interview schedules that list possible reinforcers and assess whether they are effective, which can then be used when a person is behaving appropriately as well as when they are behaving in a challenging way.
- Data collected is used to analyse possible reasons/causes for the behaviours.
- There is a plan for how staff should proactively manage behaviours and how they should respond when they occur, based on the reasons/causes for the behaviours.
- There is a plan for replacing the behaviours, e.g. teaching and developing new skills.
- There is a plan and dates for reviewing the interventions used.

Speak to staff to assess if they:

- Understand the role of, and how to conduct, functional assessment of behaviour.
- Know when and how to put the behaviour support plan into action.

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- Undertake multidisciplinary team discussions and reviews.
 - Have received training and how often they are supervised.
Review records to check that the provider:
 - Audits the quality and effectiveness of behaviour support plans.
 - Has a psychologist or behaviourally-trained nurse or specialist that regularly supervises staff on putting behaviour support plans into action.
 - Trains staff in positive behaviour support (PBS) methods.
- Check that the provider has an appropriate, evidence-based policy on PBS, as well as a policy on restrictive interventions.

Reporting

- In the ‘**Assessing of needs and planning of care**’ section of **effective** describe the quality of the assessments, including functional assessments, and care plans. State whether they follow the principles of PBS.
- In the ‘**Best practice in treatment and care**’ section of **effective** state whether staff use the functional assessment to decide which interventions to use. Also say whether the provider has audited how effective using PBS has been.
- In the ‘**Skilled staff to deliver care**’ section of **effective** report whether staff are supported to use PBS, e.g. through protected time, training and supervision.
- In the ‘**Involvement of people in the care they receive**’ section of **caring** comment on whether patients and families/carers were involved in developing the care plan.
- In the ‘**Good governance**’ section of **well-led** say whether the provider checks that patients are meeting the objectives of their PBS plans, such as using fewer restrictive interventions, and changes in people’s health and abilities.

Policy position

National Institute for Health and Care Excellence (NICE) Guidance on challenging behaviour recommend that assessment of challenging behaviour should include assessment of the functions of the behaviour for the person, and that this should be the basis for a behaviour support plan.¹ Department of Health guidelines outline a number of key actions, including putting behaviour support plans in place for all people in services who are at risk of being subject to restrictive interventions.² A functional assessment of behaviour is an essential component of a behaviour support plan.

Link to regulations

CQC should take action under:

- Regulation 9 if staff have do not have effective PBS plans in place.
- Regulation 12 if staff have not assessed or managed challenging behaviour effectively.
- Regulation 13 if staff have not taken reasonable steps to manage challenging behaviour in the least restrictive way.
- Regulation 17 if the provider has not monitored or audited the number of challenging behaviour incidents or other PBS plan outcomes.
- Regulation 18 if staff are not suitably trained in PBS or supervised by experienced people.

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Appendix 1

Guidance referenced above:

1) National Institute for Health and Care Excellence, [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#), NICE guidelines [NG11], May 2015.

2) Department of Health, [Positive and Proactive Care: reducing the need for restrictive interventions](#), 2014.

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