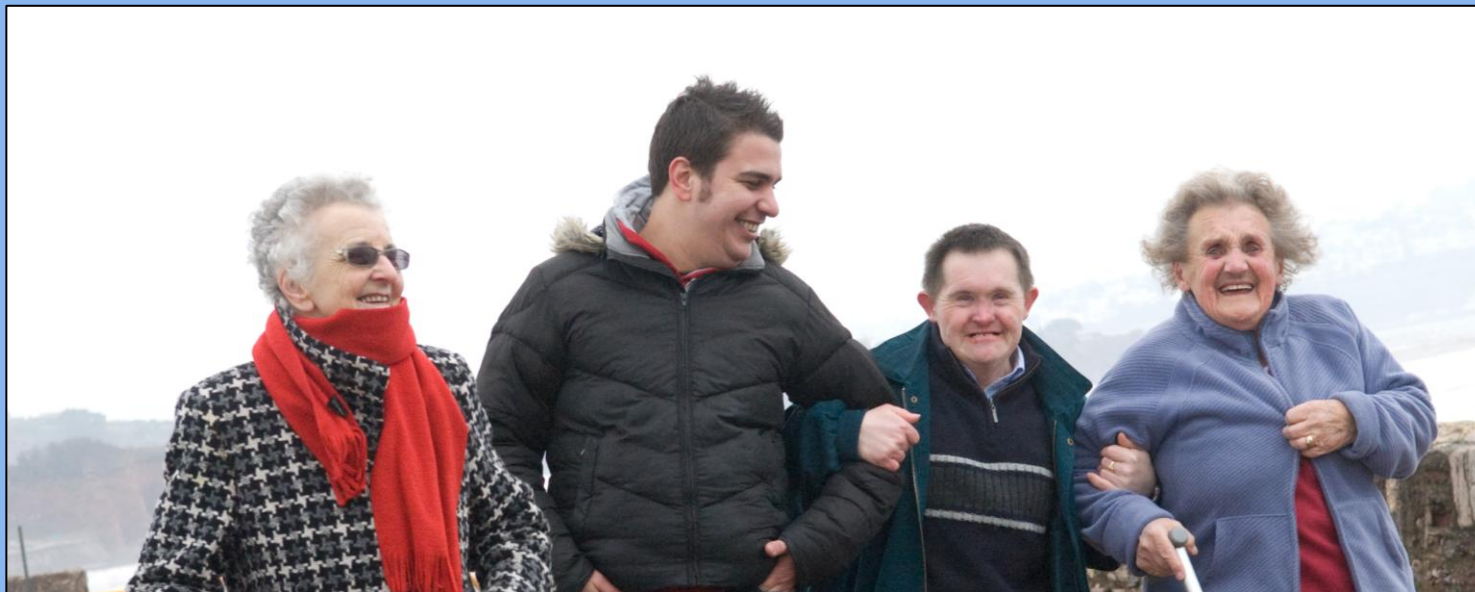




# Providing Positive Behavioural Support: A Checklist for Service Providers



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The following people were part of this working group:

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## Further information

[www.pbsacademy.org.uk](http://www.pbsacademy.org.uk)

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<sup>1</sup> The PBS Coalition laid the foundation for the establishment of the PBS Academy and all materials are published under the PBS Academy name.

## What is the Service Provider Checklist?

Service providers are accountable to the individuals they support, their families, their local communities, their own staff and governing bodies, as well as having to satisfy appropriate regulatory authorities. There is a raft of policy and guidance advising what providers need to put in place to deliver quality services. Each has a slightly different but often overlapping focus, making it difficult to assess where a service provider is in relation to current best practice. This checklist has been developed to help identify what is in place and working well in your provision of Positive Behavioural Support (PBS) in relation to best practice and is a first step towards service improvement and development. This checklist synthesises the key recommendations from current guidance into five major policy areas: Organisational values, Workforce development, Organisational processes, Practice based evidence and Stakeholder engagement. Each of these areas are also mapped against the PBS Competence Framework and together will ensure PBS is delivered effectively and to a high standard at all levels of an organisation. It is envisaged that using this tool will help you to:

- Evaluate your current practice, policies and systems against best practice guidelines.
- Provide a starting point to develop policies that map onto the PBS Competence Framework and help embed PBS into practice
- Demonstrate your organisation's commitment to best practice PBS

The following policy and guidance has been used to develop this checklist and full references are given at the end of the document:

- Ensuring Quality Services (2014)
- Positive and Proactive Care: reducing the need for restrictive interventions (2014)
- A Positive and Proactive Workforce (2014)
- NICE Guidance - Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015)
- Supporting staff working with people who challenge services (2013)

## What is Positive Behavioural Support?

Positive Behavioural Support (PBS)<sup>2</sup> is an effective and ethical way of supporting people with learning disabilities who are at risk of behaviour that challenges. PBS is a framework for developing an understanding of behaviour that challenges rather than a single therapeutic approach, treatment or philosophy. It is based on an assessment of the broad social, physical and individual context in which the behaviour occurs, and this information is used to develop interventions. The overall goal of PBS is to improve the person's quality of life and the quality of life of those around them, making it less likely that challenging behaviour will occur in the first place.

When a person is supported using PBS, it is unlikely to come from just one individual, one professional group or one service. Families, carers, professionals, service providers and commissioners need to work together and each play their part in supporting that person.

The PBS framework is made up of ten core elements (Gore et al., 2013) each of which should be included and visible if a service is providing PBS. The elements relate to the values that underpin PBS, the theory and evidence base that supports PBS interventions, and the process, i.e. the methods used to implement PBS. (See Box 1, below).

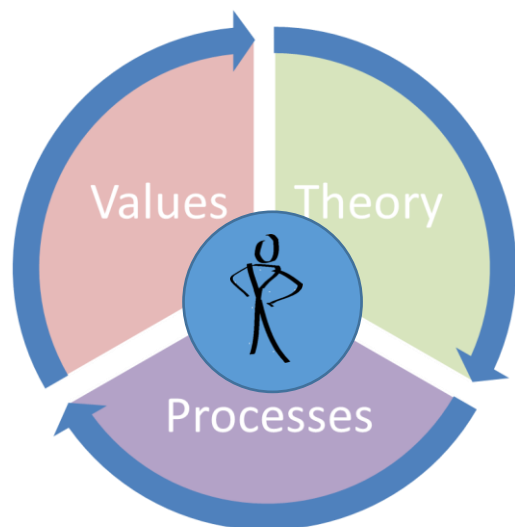
PBS and/or its components have been recommended in a number of policy documents and professional guidelines<sup>3</sup> including the NICE Guidelines for Challenging Behaviour; Ensuring Quality Services; Positive and Proactive Care: Reducing the need for Restrictive Interventions; A Positive and Proactive Workforce; and Supporting Staff Working with People who Challenge Services: Guidance for Employers.

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<sup>2</sup> Positive Behavioural Support is sometimes referred to as Positive Behaviour Support. The PBS Academy uses Positive Behavioural Support to ensure that the emphasis is not on specific behaviours but on a behavioural approach to understanding and working with challenging behaviour.

<sup>3</sup> Full references are provided at the end.

**Box 1: The Core Elements of PBS (Gore et al., 2013)**



Each of the 10 elements described opposite must be included and visible in any service delivering PBS; and each must have as their central focus, the person being supported and their family.

**Values**

1. The core aim of PBS is the prevention and reduction of challenging behaviour by improving the quality of life of the person and those around them
2. It works by developing and building skills of the person and of those who support them rather than using aversive (i.e. unpleasant) or restrictive (i.e. limits the person's movement or activities) interventions
3. Practitioners work in partnership with the person and all of those who are important to them including their family and friends, carers, and other professionals and actively include them in assessments, defining targets, implementing interventions, and reviews

**Theory**

4. All behaviour, including challenging behaviour happens for a reason - understanding what this is (practitioners call it the *function* of the behaviour) can suggest how to make sure the person has access to the things they need in other ways (e.g. by changing the environment, teaching them new skills etc.)
5. PBS uses the principles and procedures from behaviour analysis to assess and support skills teaching and behaviour change
6. Other, complementary evidence-based approaches may be included in PBS plans (e.g. Cognitive Behaviour Therapy, Parent training for children with CB, early intervention for children 3-5 with emerging CB)

**Processes**

7. PBS bases decisions on data gathered about a person's skills, behaviour, and needs
8. A functional assessment (a range of procedures) helps to identify the reasons (*function*) for a person's behaviour and is used to create a clear and structured plan of action
9. A PBS plan will include proactive strategies to prevent challenging behaviour from happening, strategies to teach new skills to make the challenging behaviour less likely and reactive strategies that minimise restriction if it does occur
10. PBS is not a quick fix: the aim is to actively support people over the long-term and to monitor and maintain their quality of life.

## What does good quality PBS provision involve?

The Positive Behavioural Support Competence Framework (2015) outlines all the things that need to be known and done when delivering best practice PBS. The competencies listed are all necessary in order to support someone effectively using PBS. Regardless of provider, the type of provision or the number of stakeholders involved, a person's overall support package should reflect these competencies in their entirety.

It is not expected that every stakeholder or member of staff within a service will be able to demonstrate all the competencies. However, the service provider and various stakeholders will work together to ensure an individual receives best practice PBS and collectively, they should be able to demonstrate all the competencies.

For a service provider to be using PBS with a commitment to ensuring the implementation of the PBS Competence Framework, it will need to establish an organisational culture, values and infrastructure that reflect the 10 core elements of PBS. This will require an alignment of all of the systems and policies within an organisation including workforce development to integrate PBS, whilst continuing to meet national and local regulation and inspection requirements.

## Guidance for Using the Checklist

Service providers should complete the checklist during “round table” events involving staff at different levels of the organisation (support workers, practice leaders, managers, members of the executive team) along with families, people the organisation supports and other stakeholders. This should be undertaken **as a partnership** and ideally be based on a process that enables honesty and active involvement. Every attempt should be made to enable people to participate in the process.

It is likely that the checklist will be completed over **two half-day sessions**. The first part of the process should be devoted to completing the checklist to identify what is working well in terms of the organisation’s PBS provision, and what needs to change. Your organisation may wish to consider areas of strength and weakness for each question or rate the extent to which your service is meeting each area of practice. The second part of the process should focus on developing an action plan to assist your development of best practice PBS. You may wish to break down, “**Where do we want to be**” and “**What do we need to do next**”, into stages. For example, the next 6 months, 1 year, 3 years etc. You may also wish to include who is responsible for any actions. An editable Word document of this part of the checklist can be downloaded from the PBS Academy website so you can fill this in electronically.

Using the checklist at regular intervals will help you to track developments, celebrate achievements and keep moving forward. This acknowledges that PBS is not “a quick fix” and will require effort, enthusiasm and time for your organisation to change.

# The Checklist

## 1. Organisational Values

### Commentary

Services should be led by the values that underpin PBS, which focus on improving the quality of life of the people they support.

**Best practice says** services should:

- Treat everyone (including the people they support, family carers, other staff members/professionals etc.) with dignity, warmth, respect, empathy, and compassion
- Treat the people they support as individuals and incorporate choices and personal preference into the support provided
- Support people to be involved in their community and to develop and maintain social relationships
- Structure the day for people they support with lots of varied activities and opportunities to get involved in new activities

### Evidence that this is happening may include:

- All interactions between staff, the individuals supported, families and other people are friendly, respectful, and positive
- Support is tailored to each person's needs and abilities, e.g. staff provide the level of help needed by each person for difficult tasks and supports them to do parts of the task themselves
- The use of **person centred planning** and **circles of support** to identify and work towards each person's goals
- Individuals are supported to make and be involved in decisions about their lives, e.g. where they live, what they do throughout the day, who they spend time with etc.
- All members of staff are able to state what PBS is and how they use it to best support people
- Evidence that staff are valued and good practice, in relation to PBS, is acknowledged and celebrated
- People who use services and family carers are invited to be involved in shaping the organisation both formally (e.g. by being part of a family carer steering group, being on recruitment panels, co-facilitating workshops for staff etc.) and informally (e.g. by providing comments and suggestions to the service, by consulting on policy documents etc.)
- An annual report which is published in an accessible way and widely available to all staff, families, people who use services and others, providing information on progress of behaviour support planning and reductions in the use of restrictive practice



Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>1. Do you have a clear written statement of policy and practice that demonstrates a commitment to PBS at all levels of your organisation?</p>			
<p>2. Is your PBS policy accessible and available to all staff, people who use your services and their families?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>3. Do you have at least one member of your executive team with relevant training and experience in PBS who is responsible for organisation wide PBS and the reduction of restrictive practices?</p>			
<p>4. How does your organisation support the well-being of staff, families and people who use your services in recognition of the impact challenging behaviour may have on them?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>5. How does your organisation implement its vulnerable adults policy and act upon concerns raised by staff, families and people with behaviour that challenges?</p>			
<p>6. Does your organisation audit and publish accessible information for staff, families, people who use services and the public, detailing progress on increasing behaviour support planning and reductions in restrictive practices?</p>			

## 2. Workforce Development

### Commentary

Staff and other stakeholders should receive comprehensive training and support to enable them to implement PBS with the people they support. **Best practice says** services should:

- Value their staff in addition to valuing the people they support, their families and other stakeholders
- Ensure staff are trained in all areas of their role (e.g. PBS, communication approaches, physical interventions etc.) and that this training is updated regularly
- Provide practical and emotional support to staff in relation to behaviour which challenges through supervision, training and monitoring
- Enable staff to reflect on their own PBS practice, both in relation to the people they are supporting and to other staff
- Establish an effective recruitment process which identifies individuals who display values and beliefs that are consistent with PBS values

### Evidence that this is happening may include:

- Staff work as a team to use PBS and provide/seek peer support when required
- Staff are provided with regular supervision and feedback from supervisors/managers in relation to PBS and have opportunities to reflect and learn from practice
- Competence based PBS training is provided to all staff at a range of levels dependent on role
- Managers/supervisors are physically present and support staff to undertake their role and improve their PBS practice
- Staff rotas/timetables are sustainable and enable time for training, team meetings, and supervision
- Staff are provided with debriefing following an incident of challenging behaviour
- Staff turnover is low; staff appear to enjoy their role and staff are valued by other staff, their supervisor/manager, and the service as a whole, e.g. evidence of celebrating good PBS practice, staff social events, etc.
- New staff are recruited using recruitment processes which involve the people supported by the service and other stakeholders. Recruitment procedures identify individuals who display the values of PBS and who have appropriate training and qualifications
- Training and guidance is provided on relevant legislation (e.g. courses, case study discussions, posters relating to safeguarding, the mental capacity act, health and safety etc.)

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>1. Do you provide competence based PBS training (including induction, &amp; annual refresher training) to <b>all</b> levels of staff within your organisation, which reflect a balance of proactive and reactive interventions?</p>			
<p>2. Do your practice leaders/ managers (those responsible for leadership and development of PBS) have in-depth training in PBS, which includes practice based assignment and independent assessment of performance?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>3. Do staff in Consultant roles have a relevant PBS qualification (e.g. Applied Behaviour Analysis, Positive Behavioural Support, Clinical Psychology) as well as relevant experience?</p>			
<p>4. What mechanisms does your organisation have for evaluating changes in the workforce as a result of PBS training? E.g. reduction in the use of reactive strategies, changes in knowledge, increased confidence in supporting people who use services.</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>5. Do all staff receive regular and appropriate supervision from someone with more extensive PBS training and experience than themselves (including those acting in PBS Consultant roles)?</p>			
<p>6. What systems does your organisation have to embed PBS training into workplace practice? For example, PBS orientated recording, supervision, on the job coaching, opportunities for reflection on practice, performance management.</p>			

### 3. Organisational Processes

#### Commentary

Services should ensure behaviour support is based on holistic assessment of a person, incorporates functional assessment of behaviour and the development of an individualised behaviour support plan, which is implemented consistently and accurately.

**Best practice says** services should:

- Assess behaviours which challenge using a range of tools to identify the function, as part of a holistic assessment
- Develop written multi-element behaviour support plan (BSP) which contain strategies to prevent behaviour occurring, teach new/functionally equivalent skills and reactive strategies to keep the person and others safe if behaviour does occur
- Ensure provision of consistent and predictable environments, conducive to the amelioration of behaviours which challenge and which support participation
- Ensure all necessary resources and training are in place for staff/others to implement an individual's BSP effectively
- Monitor the effectiveness of the plan by collecting data on a range of outcomes including behaviour, quality of life, preferences, skills, activities, health and wellbeing, staff behaviour etc.
- Ensure the BSP is reviewed/updated regularly in light of data collected

#### Evidence that this is happening might include:

- A range of data is collected to identify function of behaviour, design the BSP, and monitor implementation and effectiveness
- Stakeholder involvement in assessments and design of the BSP (including those with expertise in behavioural approaches)
- The BSP is consistent with the individual's needs/preferences, with strategies that are acceptable to the individual and others
- Preventative strategies (e.g. skills teaching, environmental changes) are included in the plan, are routinely used and promote quality of life outcomes
- A hierarchy of reactive strategies included in the plan to manage behaviour safely and ensure least restrictive strategies used
- Up to date risk assessment that informs the person's behaviour support plan
- Staff rotas and resources organised to ensure BSP can be implemented in its entirety, e.g. ensuring enough staff are on duty
- Staff and others are trained to implement BSP correctly using a combination of direct coaching, modelling and feedback
- Regular review/update of BSP by all stakeholders, using data to monitor implementation and progress on outcomes
- Staff and other stakeholders are provided with debriefing after incidents of behaviour to maintain everyone's wellbeing



Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>1. Are holistic assessments completed for <b>each individual</b> with functional behaviour assessment (where applicable) central to this process?</p>			
<p>2. Are <b>all</b> your behaviour support plans developed from this assessment and include preventative and reactive strategies, ensuring least restrictive practice?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>3. Do you have systems in place, which specify how staff will be helped to implement the plan reliably and consistently?</p>			
<p>4. Does your organisation use data to monitor implementation of the BSP and review expected outcomes including quality of life, reductions in challenging behaviour &amp; restrictive practice?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>5. Does your organisation have recent examples of risk assessments (for those people who need one), which informs their BSP and allows for positive risk taking?</p>			
<p>6. How does your organisation provide a suitable physical environment, adapted to individual need, which is conducive to the amelioration of behaviours, which challenge?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>7. Does your organisation provide consistent and predictable support to people using an active support model?</p>			
<p>8. Do you use data to review the extent and variety of choice and participation in meaningful activities?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>9. Do you have an organisational plan for the reduction of the use of restrictive practice, which is available to all staff, families and people who use your services?</p>			

## 4. Practice based evidence

### Commentary

Services should have data based quality assurance systems, which are used to monitor practice and drive organisational development and change. **Best practice says** services should:

- Use evidence for defining outcomes for all functions of the organisation
- Systematically collate a range of data (both for individuals and the service), which should be considered and acted upon by the organisation
- Practice in all aspects of service delivery is informed, reviewed and improved by use of data

### Evidence that this is happening might include:

- Data is used to inform function-based assessment and develop behaviour support plans
- Behaviour support plans specify expected outcomes & how these will be measured both in terms of quality of life, reductions in challenging behaviour and restrictive practices. These are reported on annually
- Data is used to evaluate the quality, consistency and correctness of implementation of BSPs and practice changes are made when improvements are required
- Data is used to evaluate outcomes, e.g. quality of life outcomes, extent and variety of people's participation in meaningful activity, frequency and severity of challenging behaviour, use of restrictive practice, injuries, safeguarding alerts etc., reported on and changes are made for both individuals using services and the organisation as a whole
- A range of data is systematically collated and considered within the organisation on staff turnover, sickness, stress, morale, satisfaction with services, and organisational responses made to change/improve practice

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>1. Do all your behaviour support plans specify individual outcomes and how these will be measured in terms of quality of life, reductions in behaviours which challenge and reductions in restrictive practice?</p>			
<p>2. Does your organisation use data to review and improve the quality, consistency and integrity of implementation of its behaviour support plans?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>3. Do you use data based systems to inform and review the quality of PBS provision and can you demonstrate how your organisation uses this information to learn and improve services?</p>			



## 5. Stakeholder Engagement

### Commentary

Services should involve a range of stakeholders in each person's support. **Best practice says** services should:

- Involve a range of stakeholders (such as the person themselves, family / carers, others who know the person well, care managers, social workers, support staff etc.) in assessments, reviews, planning, and direct support
- Actively enable stakeholder involvement/feedback both formally (e.g. meetings) and informally (e.g. through talking with staff)
- Recognise family carers and other stakeholders have an important role in the life of the person and play a significant part in their support
- Train stakeholders to be able to implement the person's behaviour support plan and any other supports needed
- Identify and support the emotional wellbeing of stakeholders, in particular family / carers
- Involve family carers and other stakeholders (if they would like to be) in shaping the organisation, i.e. consulting them on relevant policy changes, involving them in recruitment etc.

### Evidence that this is happening may include:

- Stakeholders are invited to all meetings and reviews about the person's support
- Stakeholders are involved in assessments (e.g. by contributing information) and in designing interventions and supports
- Stakeholders are kept informed (e.g. given accessible copies of assessments & plans) in line with confidentiality considerations
- Stakeholders provide feedback in a range of ways (e.g. talking to staff informally, written feedback, attending meetings) and services use feedback to improve the support they provide to a person/ service and to celebrate good practice
- Each person is supported to be involved in decisions, assessments, and planning about their support and is involved in whatever way they can be (e.g. by directly contributing to meetings, or indirectly through staff)
- Staff recognise the emotional needs of stakeholders, particularly family/carers, and either provide support for this or provide information on other services that can help
- Stakeholders are invited to be involved in shaping the organisation both formally (e.g. by being part of a steering group, attending organisational planning meetings, being on recruitment panels, co-facilitating workshops for staff etc.) and informally (e.g. by providing comments and suggestions to the service, by consulting on policy documents etc.)
- Stakeholders are treated as an equal partner in the organisation and in the person's support, and they are recognised as playing an important role in the person's life

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>1. How does your organisation work in partnership with people the service supports, their families, support staff, commissioners, other professionals and the wider community?</p>			
<p>2. How does your organisation train/support staff to develop positive and productive relationships with families and other important people in an individual's lives?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>3. Is PBS training made available to families and others involved in supporting people who use your service?</p>			
<p>4. Does your organisation have recent examples of individuals you support being involved in decisions, assessments and planning their support for behaviour described as challenging by staff?</p>			

Question	Where are we now?	Where do we want to be?	What do we need to do next?
<p>5. How do the people you support and families influence the organisation's policy and practice locally and nationally?</p>			

## References

Allen, D. (2011). *Reducing the use of restrictive practices with people who have intellectual disabilities: A practical approach*. Birmingham: British Institute of Learning Disabilities.

Department of Health (2014). *Positive and Proactive Care: Reducing the need for restrictive interventions*, London: DH. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300293/JRA\\_DoH\\_Guidance\\_on\\_RP\\_web\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf)

Department of Health, Skills for Health and Skills for Care (2014). *A positive and proactive workforce. A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health*, London: DH. Available at <http://www.skillsforcare.org.uk/Document-library/Skills/Restrictive-practices/A-positive-and-proactive-workforce-WEB.pdf>

Gore, N.J., McGill, P., Toogood, S., Allen, D., Hughes, C., Baker, P., Hastings, R.P., Noone S., & Denne, L. (2013). Definition and Scope for Positive Behavioural Support. *International Journal of Positive Behavioural Support* 3 (2) 14-23.

NHS England & Local Government Association (2014). *Ensuring quality services: Core principles for the commissioning of services for children, young people, adults and older adults with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges*. London: NHS England & LGA. Available at <http://www.local.gov.uk/documents/10180/12137/Good+Quality+Services/594f801a-03e5-46db-a2a9-d4c95f7fdabf>

NICE (2015). *Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges*. NICE guideline 11. Available at <https://www.nice.org.uk/guidance/ng11> [NICE guideline]

Positive Behavioural Support (PBS) Coalition UK. (2015). *Positive Behavioural Support (PBS): A Competence Framework*. Available at <http://www.pbsacademy.org.uk>

Skills for Care and NTDi (2013). *Supporting staff working with people who challenge services: Guidance for employers*, London: SfC/NTDi. Available at [http://www.ndti.org.uk/uploads/files/Supporting\\_staff\\_working\\_with\\_challenging\\_behaviour\(Guide\\_for\\_employers\)vfp1\(May\\_2013\).pdf](http://www.ndti.org.uk/uploads/files/Supporting_staff_working_with_challenging_behaviour(Guide_for_employers)vfp1(May_2013).pdf)