



# **Positive Behavioural Support Specification for Contracts**

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The following people were part of this working group:

Peter Baker

Jackie Collins

Troy Jones

Annie Henley-Ashton

Peter McGill

Jo Poynter

Louise Denne and Alison Branch (Director and Co-ordinator of this project) chaired the working group and were responsible for writing, editing and producing the overall content.

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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 now published under the PBS Academy name.

## What is the PBS Specification for Contracts?

This specification template has been adapted from the publication *Ensuring quality services* (Local Government Association, 2014). It also uses the PBS Competence Framework (2015), to ensure all of the things that need to be known and need to be done when delivering PBS are included.

The template is intended to provide commissioners with sample wording for contract specification of services designed to incorporate Positive Behavioural Support. It can also be adapted to review existing service provision.

## What is Positive Behavioural Support?

Positive Behavioural Support (PBS)<sup>2</sup> is recognised as an effective and ethical way of supporting people with learning disabilities who are at risk of behaviour that challenges. It and/or its key 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 who work with people who Challenge Services.

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 uses this information to develop interventions. The overall goal of PBS is to improve the person's quality of life and of those around them, thus reducing the likelihood of challenging behaviour occurring in the first place.

The 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 Appendix 1, Box 1).

When a person receives 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.

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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.

## SERVICE REQUIREMENTS

1. **Functional Assessment.** The service provider is expected to have an ongoing functional behaviour assessment for each individual. The service provider must be able to conduct or obtain a suitable functional assessment and evidence this with an anonymized example. For current placements, the service provider must be able to produce a recent or recently reviewed (within past 12 months) assessment report.
  - 1.1. The report provides evidence of assessment of:
    - 1.1.1. history
    - 1.1.2. immediate antecedents and consequences
    - 1.1.3. genetic context (where applicable)
    - 1.1.4. physical health context
    - 1.1.5. mental health context
    - 1.1.6. broader social context
    - 1.1.7. communication and social skills.
  - 1.2. The report provides evidence of involvement or attempted involvement in the assessment process of:
    - 1.2.1. the individual
    - 1.2.2. the individual's family, friends and independent advocate
    - 1.2.3. the paid carers supporting the person.
  - 1.3. The report provides evidence of the assessment having been conducted in a manner consistent with the Mental Capacity Act.
  - 1.4. The report includes a summary which integrates the information gathered into a coherent formulation of the factors influencing the person's behaviour.
2. **Behaviour Support Plan.** The service provider is expected to maintain and follow a current behaviour support plan for each individual. The service provider must be able to produce or obtain suitable behaviour support plans and evidence this with anonymized examples. For current placements, the service provider must be able to produce a recent or recently reviewed (within past 12 months) behaviour support plan. The behaviour support plan will be personalised, will be different from plans written for other individuals, will be integrated with a wider person-centred plan for the individual and a named individual will have responsibility for implementing, monitoring and reviewing the plan. The behaviour support plan must include:
  - 2.1. A description of the person's challenging behaviour(s). The behaviour(s) are operationally defined, observable and measurable.

2.2. A summary of the most probable reasons underlying the person's challenging behaviour, written in everyday language and consistent with the conclusions of the assessment informing the support plan. The function(s) of the person's behaviour(s) is/are clearly stated.

2.3. Proactive strategies:

2.3.1. How to avoid or prevent all of the challenging behaviours identified.

2.3.2. One or more clearly defined strategies for developing the person's ability to communicate or otherwise more effectively influence what happens to them without displaying challenging behaviour. These strategies comprehensively address the identified functions of the behaviour(s).

2.3.3. One or more clearly defined teaching programmes designed to develop the person's skills in an area that allows them to more effectively engage in activities without the need for challenging behaviour. These programmes comprehensively address the identified functions of the behaviour(s).

2.4. Reactive Strategies:

2.4.1. How support staff should respond to instances of the person's challenging behaviour(s).

2.4.2. One or more clearly defined strategies designed to respond to early signs of distress to prevent behaviour from escalating further.

2.4.3. One or more non-restrictive strategies for responding to instances of the person's challenging behaviour.

2.4.4. Where restrictive strategies (for example, physical intervention, seclusion, prn medication) are included, these are not identified as the first reactive strategy to be used without a clear rationale for this being provided.

2.4.5. Circumstances in which restrictive strategies are recommended are defined unambiguously.

2.5. Monitoring and review arrangements:

2.5.1. The plan specifies expected outcomes (in terms of reductions in challenging behaviour, improvements in quality of life, reductions in restrictive practices) and how these will be measured.

2.5.2. The plan includes a timetable and organisational arrangement for review (for example, through a multidisciplinary meeting every six months).

2.5.3. The plan specifies how staff will be trained to reliably and consistently implement strategies.

## 2.6. Implementation:

- 2.6.1. Evidence of consistency and correctness of implementation (for example a Periodic Service Review (PSR)).
- 2.6.2. Data on expected outcomes demonstrates reductions in challenging behaviour and/ or improvements in quality of life and/or reductions in restrictive practices leading to review and continuation of the plan; or
- 2.6.3. Data on expected outcomes demonstrates no change or worsening in challenging behaviour and/or quality of life and/or use of restrictive practices leading to reassessment and redevelopment of behaviour support strategies.

### 3. **The organisation.** The service provider organisation must provide leadership for, and take ownership of, the implementation of PBS.

- 3.1. The service provider organisation must have a clear, written statement of policy and practice commitment to PBS that is available to all staff and accessible to service users and family members.
- 3.2. At least one member of the executive team/Board has specific responsibility for organisation-wide implementation of PBS.
- 3.3. At least one member of the executive team/Board has experience and training in using a PBS approach with individuals.
- 3.4. The service provider organisation must develop and maintain an inclusive strategy for organisation-wide PBS with clearly defined outcomes. The strategy must be informed by consultation with service users, frontline staff and family members and be reviewed annually. The strategy includes components relating to:
  - 3.4.1. the primary prevention of challenging behaviour through organisation-wide procedures and methods of working
  - 3.4.2. the secondary prevention of challenging behaviour through the identification and support of at-risk individuals
  - 3.4.3. the implementation of PBS with individuals who display challenging behaviour of a defined severity.

### 4. **Environment.** The service provider must ensure:

- 4.1. That personalised environments are provided which reflect an individual's needs, preferences and choices.

- 4.2. That the physical environments where services are provided are within a typical range (for that type of environment) in respect of space, aesthetic appearance, noise, state of repair.
  - 4.3. That adaptations to fittings and fabric have been made to increase environmental safety without disrupting the environment's typical nature.
  - 4.4. That recent and checkable examples can be provided of adaptations being made to the physical environment to reduce the likelihood of challenging behaviour and/ or to increase the safety of the individual or others.
  - 4.5. That proactive tenancy management is used to prevent unnecessary tenancy breakdown.
5. **Activities.** The service provider must provide an Active Support model of care and must be able to provide evidence that:
- 5.1. All service users routinely participate in personalised, meaningful activities for the majority of their time.
  - 5.2. All service users have personalised and predictable routines and timetables.
  - 5.3. Support staff have designated timetabled responsibility for supporting a person to engage in meaningful activity
  - 5.4. Staff are skilled in providing personalised levels and kinds of assistance – enhancing participation, preventing challenging behaviour and reducing risk.
  - 5.5. Information is collated on levels of participation in meaningful activity and this information is used to review and change support arrangements.
6. **Staff Training and Supervision.** The service provider must evidence that:
- 6.1. All support staff receive competence based in-house training in PBS, which is refreshed at least annually.
  - 6.2. All support staff with a leadership role (for example, shift leaders, frontline managers) have completed, or are undergoing, more extensive training in PBS which includes practice-based assignments and independent assessment of performance.

- 6.3. All staff with a role (which may be peripatetic or consultant) in respect of assessing or advising on the use of PBS with individuals have completed, or are undergoing, externally-validated training in PBS which includes both practice and theory based assignments with independent assessment of performance at National Qualifications Framework Level 5 or above.
- 6.4. All staff involved in the development or implementation of PBS strategies receive supervision from an individual with more extensive PBS training and experience. Staff in consultant roles are supervised by an individual (within or outside the organisation) with a relevant postgraduate qualification, for example, applied behaviour analysis, positive behaviour support, clinical psychology.
- 6.5. Where physical intervention is used, all staff receive regularly updated training (at least annually) in a suitably accredited physical intervention training programme.
- 6.6. The organisation has plans for the flexible deployment of suitably trained staff to support an individual during a period of crisis.
7. **Quality Assurance.** The service provider must have a quality assurance strategy which is driven by data and a desire for organisational development and learning. The service provider must be able to evidence that:
- 7.1. A range of data is systematically collated and considered within the organisation on a monthly basis, informing organisational responses in respect of specific individuals or services. This must include:
- 7.1.1. frequency and severity of challenging behaviour
  - 7.1.2. use of restrictive practices (physical intervention, seclusion, prn medication)
  - 7.1.3. injuries sustained as a result of challenging behaviour
  - 7.1.4. safeguarding alerts
  - 7.1.5. extent and variety of service user participation in meaningful activities.
- 7.2. A range of data is systematically collated and considered within the organisation on an annual basis, informing organisational responses in respect of specific services or more widely. This must include:
- 7.2.1. attainment of specific objectives identified in PBS plans for individuals
  - 7.2.2. service user and family/friend/ advocate satisfaction
  - 7.2.3. support staff turnover, staffing levels, sickness, stress and morale
  - 7.2.4. changes in the abilities and general health of service users.

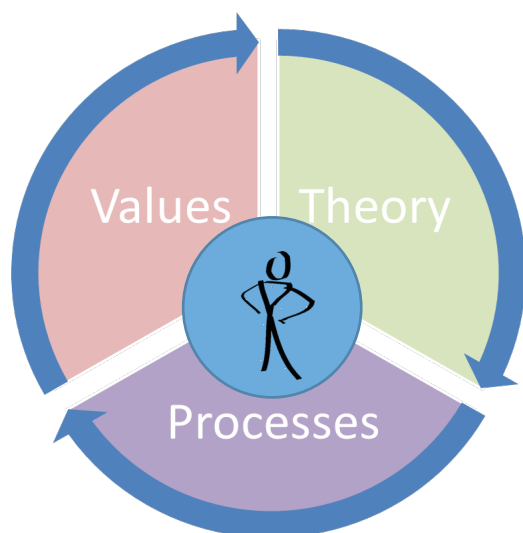


7.3. The service provider organisation must provide evidence of learning and changes in practice arising from the above data collection.

7.4. The service provider organisation must be signed up to the Driving Up Quality Code and submit an annual self-assessment. The annual self-assessment must also be submitted to the commissioner.

## Appendix 1

### 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

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