



# What does Positive Behavioural Support look like?

## An Observational Checklist



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## Acknowledgements

Some of the material in this resource was initially developed by Julie Beadle Brown and kindly made available for use by the PBS Academy as part of a suite of resources developed to help implement the PBS Competence Framework (2015). A broader guide has been produced by Julie Beadle Brown and Bev Murphy (referenced below) but the PBS Academy observational checklist is specific to people with learning disabilities with or at risk of behaviour that challenges. Some parts of this resource are similar. In particular we would like to thank Serena Brady and Nick Gore who wrote and edited sections that appear in both documents.

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## Further information

To see additional resources from The PBS Academy, go to:

[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 Positive Behavioural Support Observational Checklist?

This resource provides practical tools for those observing or inspecting services, which provide Positive Behavioural Support (PBS)<sup>2</sup> to anyone with a learning disability, who is at risk of behaviour that challenges. It is in two sections:

**Section 1** Includes an observation template that can be used to make notes during an observation, as well as an observational checklist to help you rate a service based on what you observed

**Section 2** Maps the observational checklist against quality standards.

The resource is based on the PBS Competence Framework (2015) and on, “What does good look like? A guide for observing in services for people with learning disabilities and/or autism”, written by Julie Beadle-Brown and Bev Murphy (2016). It draws on a number of sources describing best practice (see Additional Resources). It fits within important service standards such as the Care Quality Commission (CQC) Key Lines of Enquiry, and the LGA & NHS England Ensuring Quality Services report (2014).

It is not intended to be a comprehensive overview of PBS. Instead, it aims to provide examples of observable practice, which can indicate that a service is implementing PBS. Further information about PBS and its underpinnings can be found in Appendix 2.

## Who is this checklist for and where can it be used?

The resource can be used by anyone who might observe a service. This includes formal inspectors (e.g. CQC), experts by experience, professionals and researchers. Anyone observing a service will want to be confident that promoting the quality of life is a priority for all concerned and see evidence that behaviour support plans are properly formulated and delivered. The resource applies to a range of settings including and not limited to:

- Hospital assessment and treatment units
- Residential care homes
- Residential schools
- Residential colleges
- Domiciliary support services
- Supported living services

It is less likely to apply to secure forensic services, as some of the elements may be hard to effectively implement within the necessary constraints of the service. However, the resource could still be used in these settings with this borne in mind.

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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.

## **The observational process and how to use the template, checklist and quality standards mapping tool**

### **Observation Template**

This should be used first to make general notes during an observation and provide useful information about the context. Notes can be added throughout the observation period and afterwards as part of the process of reflecting on what was observed.

Further guidance on the observational process is provided in Appendix 1.

### **The Observational Checklist**

The checklist is designed to be used after an observation period to sum up the evidence seen (using the template), as well as evidence from other sources, e.g. informal observations, conversations with staff and service users and information from plans and records. It is a way of recording the views of anyone observing a setting or service in as objective a way as possible. It provides an aide memoir to be used along with all other information gathered as part of an overall evaluation of how Positive Behavioural Support is being implemented within a service. The two documents together can be used to form the basis for a report and/or feedback to the service. It is not intended to be used as a formal assessment on which to compare one setting against another.

It is really important that you rate what you actually see, without making adjustments for the perceived level of ability, or the perceived level of challenging behaviour or difficulty faced by staff. Included in the checklist are things that we know can be achieved even for those with the most severe and complex needs. Many environments prevent these things happening – in particular bigger more restrictive services make it really difficult for staff to be individualised, enabling and empowering in their approach. However, it is important to record reality so that we can get a true picture of what is happening in all services and help services to improve, in particular in terms of the outcomes experienced by the people they support.

### **Mapping the observational checklist onto quality standards**

Having completed the Observation Template and Observational Checklist you can map a service's strengths and needs against a range of quality standards using this tool. This will give an indication of areas where a service is doing well and where improvements need to be made.

## Section 1: OBSERVATION TEMPLATE

Date of observation: \_\_\_\_\_ Time and length of observation: \_\_\_\_\_ Person observed (initials): \_\_\_\_\_

<b>What is the person you are observing doing?</b>	<b>What are staff doing?</b>	<b>Examples of what was said to people or other forms of communication used</b>	<b>Any other comments or observations</b> <small>(e.g. about the environment, whether challenging behaviour arose and how it was managed, staff attitudes, whether visitors present etc.).</small>

## OBSERVATIONAL CHECKLIST

For each of the following statements, please rate each individual item on the following scale:

**0**

**No evidence**

Rarely or not happening at all for most or all of the service users

**1**

**Partial evidence**

True for some of the people all of the time / all of the people some of the time

**2**

**Good evidence**

True for all of the people most or all of the time

### 1. Are people engaged in meaningful activities and relationships?

- |    |  |   |   |   |
|----|--|---|---|---|
| 1. | Do you see people being supported to do things for themselves as much as possible – even basic self-care things like feeding themselves, wiping their face, serving their food at the table? | 0 | 1 | 2 |
| 2. | Do you see people taking part (with or without support) in a range of real and age appropriate activities around the home/unit – household, leisure, education, gardening, social?           | 0 | 1 | 2 |
| 3. | Is there evidence that people regularly get to access shopping, leisure, education, work, social activities out in the local community?  | 0 | 1 | 2 |
| 4. | Are people supported to be active in their activities, not just sedentary activities?  | 0 | 1 | 2 |
| 5. | Is there a range of things available in the environment for people to do independently?  | 0 | 1 | 2 |
| 6. | Do people have regular contact with their families and friends, with regular visits of family to the unit/home and of individual to their family or friends?                                 | 0 | 1 | 2 |

<b>2. Are staff consistently supporting individuals to engage and to communicate?</b>			
7. Are all staff enabling and empowering individuals to participate in all aspects of their lives, using the same methods and those identified as preferred in people's support profile/care plan?	0	1	2
8. Are they using non-verbal communication, communication aids etc. to supplement verbal communication or if necessary replace verbal communication?	0	1	2
9. Are staff noticing and responding when people try to communicate?	0	1	2
10. Is it clear that communication is based on an assessment and an agreed plan for that individual, that all staff use consistently?	0	1	2
<b>3. Is there an accessible way that both those being supported and staff know what is happening that day?</b>			
11. Is there visual structure that helps people predict what is going to happen at least over the next few hours and who will be supporting whom?	0	1	2
12. Does this relate to what is actually going on at the time? If not is there a reasonable explanation why not? E.g. illness of individual, or they requested to do something different, or to go later etc.	0	1	2
13. Is this individualised so that each person has their routine and their plan reflected, not the same plan for everyone?	0	1	2
<b>4. Are staff supporting people to experience real choice and control?</b>			
14. Are people being offered/do they have available more than one option to choose from as they go through the day?	0	1	2
15. Do they have as much control as possible over how activities unfold? E.g. The order they do things, how long they do them for etc.	0	1	2
16. Do they have choice in terms of food, drink, how their room is decorated at least in terms of soft furnishings, their own personal possessions etc.?	0	1	2
17. Do they have choice about when family and friends can visit?	0	1	2
18. When people request activities or even a particular food that is not available that day are staff dismissing their requests or supporting them to plan for the future?	0	1	2

<b>5. Are staff warm, respectful, empathetic and positive towards the people they support and their families?</b>			
19.	Are staff using positive, respectful language?	0	1 2
20.	Are staff warm and appropriate in their interactions?	0	1 2
21.	Do staff treat people with dignity?	0	1 2
22.	Do staff have positive expectations for the people they support – do they work on the basis that people can and will participate in all areas of their lives with enough support?	0	1 2
23.	Do staff use appropriate approaches in their interactions with people – calm, focused, paying attention to people’s particular needs?	0	1 2
<b>6. Are people showing any behaviour that might be described as challenging and if so do staff respond with strategies consistent with PBS?</b>			
24.	Is restraint only used as a last resort?	0	1 2
25.	Do staff appear to be successfully using proactive strategies to reduce the frequency and severity of challenging behaviour?	0	1 2
26.	Are staff vigilant, watching people’s reactions, paying attention to their non-verbal communication, quickly identifying if someone is becoming over-aroused, upset or frustrated and then acting to diffuse the situation or distract the person?	0	1 2
Please tick here if no challenging behaviour observed _____			
<b>7. Do you see evidence that each person’s health and wellbeing needs are known?</b>			
27.	Does each person have a health care plan?	0	1 2
28.	Is there evidence that people are supported to access mainstream and specialist health / mental health services?	0	1 2
29.	Are comprehensive records kept relating to health & wellbeing? E.g. medication records, doctors’ visits, health care procedures etc.	0	1 2
30.	Are all individuals supported to monitor their own health and wellbeing?	0	1 2
31.	Do staff encourage a healthy lifestyle whilst respecting an individual’s right to live the lifestyle choose?	0	1 2



<b>8. Do staff identify skills teaching targets based on what is important to the individual, developing their independence, and skills relating to the function of any behaviours that challenge?</b>			
32. Is there an assessment of skills and goals that informs skills teaching targets?	0	1	2
33. Do staff use systematic skills teaching procedures, e.g. prompting, modelling, shaping etc.?	0	1	2
34. Are skills taught in a range of environments with a range of people?	0	1	2
35. Does every individual have a skills teaching plan (which may be part of their behaviour support plan)?	0	1	2
<b>9. Is there evidence of a range of assessments conducted for each person and the results used to develop support?</b>			
36. Is there evidence that assessments are conducted and repeated as necessary?	0	1	2
37. Is on-going data collected about a range of outcomes, e.g. quality of life, communication, skills, engagement in meaningful activity, challenging behaviour etc.?	0	1	2
38. Are plans for support updated regularly and in light of data?	0	1	2
<b>10. Is there evidence of stakeholder involvement?</b>			
39. Is there evidence that the individual themselves is supported to be involved in all aspects of their support (including assessments, planning, and reviews) in whatever way they can (e.g. through taking part in meetings, or having their preferences assessed and respected)?	0	1	2
40. Is there evidence that other stakeholders (including family carers, friends, support workers, specialists if necessary) are involved in all elements of an individual's support, including assessments, planning, and reviews?	0	1	2
41. Are stakeholders (including the individual themselves) able to provide feedback to the service, and is this feedback used to improve support and celebrate good practice?	0	1	2
42. Are stakeholders provided with training in aspects of the individual's support?	0	1	2
43. Is there evidence that stakeholders are offered support for their emotional wellbeing?	0	1	2
44. Is there evidence that stakeholders (including the individuals who use the service) can be involved in shaping the organisation, e.g. on recruitment panels, steering groups, providing feedback on policy etc.?	0	1	2

For the following items, rate how often the item happens using the following scale:

<b>0</b>	<b>1</b>	<b>2</b>
<b>No evidence</b> Rarely or not happening at all	<b>Partial evidence</b> True some of the time on a reasonably regular basis	<b>Good evidence</b> True most or all of the time

<b>11. Do you see senior staff and managers leading good practice?</b>				
45.	Are senior staff visible with staff rather than being in the office?	0	1	2
46.	Do they show skills in supporting people in person-centred approaches?	0	1	2
47.	Do they take opportunities to give feedback to staff, to model appropriate behaviour if needed?	0	1	2
48.	Are they conducting regular, useful supervision with staff and supporting the team to keep the person centre of what they do through team meetings etc.?	0	1	2

## Section 2: MAPPING THE OBSERVATIONAL CHECKLIST ONTO QUALITY STANDARDS

		<b>PBS Competence Framework</b>	<b>CQC Key Lines of Enquiry</b>	<b>Ensuring Quality Services</b>
1.	<b>Are people engaged in meaningful activities and relationships?</b>	1.1 <i>Ensuring that services are values led</i> 1.2 <i>Knowing the person</i> 1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i> 1.4 <i>Establishing clear roles &amp; effective team work</i> 1.6 <i>Supporting choice</i> 1.8 <i>Supporting relationships with family, friends &amp; wider community</i> 1.10 <i>Supporting high levels of participation in meaningful activity</i>	Caring Effective Responsive Safe	Principal 4: <i>Family carer and stakeholder partnerships</i>  Principal 6: <i>Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i>  Principal 10: <i>Support for additional needs</i>
2.	<b>Are staff consistently supporting individuals to engage and to communicate?</b>	1.1 <i>Ensuring that services are values led</i> 1.2 <i>Knowing the person</i> 1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i> 1.5 <i>Supporting communication</i> 1.9 <i>Supporting safe, consistent and predictable environments</i>	Caring Effective Responsive	Principal 6: <i>Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i>  Principal 7: <i>Support for communication</i>
3.	<b>Is there an accessible way that both those being supported and staff know what is happening that day?</b>	1.1 <i>Ensuring that services are values led</i> 1.2 <i>Knowing the person</i> 1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i> 1.5 <i>Supporting communication</i> 1.9 <i>Supporting safe, consistent and predictable environments</i>	Caring Effective Responsive	Principal 6: <i>Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i>  Principal 7: <i>Support for communication</i>

4.	<b>Are staff supporting people to experience real choice and control?</b>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.2 <i>Knowing the person</i></li> <li>1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i></li> <li>1.5 <i>Supporting communication</i></li> <li>1.6 <i>Supporting choice</i></li> <li>1.10 <i>Supporting high levels of participation in meaningful activity</i></li> </ul>	<p><i>Effective</i></p> <p><i>Responsive</i></p>	<p>Principal 6: <i>Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i></p> <p>Principal 7: <i>Support for communication</i></p>
5.	<b>Are staff warm, respectful, empathetic and positive towards the people they support and their families?</b>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.2 <i>Knowing the person</i></li> <li>1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i></li> <li>1.4 <i>Establishing clear roles and effective team work</i></li> <li>1.11 <i>Knowing and understanding relevant legislation</i></li> </ul>	<p><i>Caring</i></p> <p><i>Effective</i></p> <p><i>Responsive</i></p> <p><i>Safe</i></p> <p><i>Well led</i></p>	<p>Principal 13: <i>Workforce</i></p>
6.	<b>Are people showing any behaviour that might be described as challenging and if so do staff respond with strategies consistent with PBS?</b>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.5 <i>Supporting communication</i></li> <li>2.4 <i>Understanding the principles of behaviour</i></li> <li>2.5 <i>Supporting data driven decision making</i></li> <li>3.1 <i>Understanding the rationale of a behaviour support plan and its uses</i></li> <li>3.4 <i>Devising and implementing multi-element evidence based support strategies</i></li> <li>3.5 <i>Devising and implementing a least restrictive crisis management strategy</i></li> <li>3.9 <i>The behaviour support plan as a live document</i></li> </ul>	<p><i>Caring</i></p> <p><i>Effective</i></p> <p><i>Responsive</i></p> <p><i>Safe</i></p>	<p>Principal 3: <i>Prevention and early intervention</i></p> <p>Principal 6: <i>Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i></p> <p>Principal 7: <i>Support for communication</i></p>

7.	<p><b>Do you see evidence that each person's health and wellbeing needs are known?</b></p>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.2 <i>Knowing the person</i></li> <li>1.3 <i>Matching support with each person's capabilities</i></li> <li>1.7 <i>Supporting physical and mental health</i></li> <li>1.8 <i>Supporting relationships with family, friends, and the wider community</i></li> <li>1.9 <i>Supporting safe, consistent, predictable environments</i></li> <li>2.1 <i>Working in partnerships with stakeholders</i></li> <li>2.3 <i>Knowing the health of the person</i></li> </ul>	<p><i>Effective</i> <i>Responsive</i> <i>Safe</i></p>	<p><i>Principal 4: Family carer and stakeholder partnerships</i></p> <p><i>Principal 6: Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i></p> <p><i>Principal 7: Support for communication</i></p> <p><i>Principal 8: Physical health support</i></p> <p><i>Principal 9: Mental health support</i></p> <p><i>Principal 10: Support for additional needs</i></p>
8.	<p><b>Do staff identify skills teaching targets based on what is important to the individual, developing their independence, and skills relating to the function of any behaviours that challenge?</b></p>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.2 <i>Knowing the person</i></li> <li>1.3 <i>Matching support with each person's capabilities and with goals and outcomes that are personally important to them</i></li> <li>1.5 <i>Supporting communication</i></li> <li>1.6 <i>Supporting choice</i></li> <li>1.10 <i>Supporting high levels of participation in meaningful activity</i></li> <li>3.6 <i>Developing the plan; outlining responsibilities and timeframes</i></li> </ul>	<p><i>Effective</i> <i>Responsive</i></p>	<p><i>Principal 6: Behaviour that challenges is reduced by better meeting needs and increasing quality of life</i></p> <p><i>Principal 7: Support for communication</i></p>

9.	<b>Is there evidence of a range of assessments conducted for each person and the results used to develop support?</b>	<ul style="list-style-type: none"> <li>1.3 <i>Matching support with each person’s capabilities and with goals and outcomes that are personally important to them</i></li> <li>2.2 <i>Assessing match between the person and their environment and mediator analysis</i></li> <li>2.5 <i>Supporting data driven decision making</i></li> <li>2.6 <i>Assessing the function of a person’s behaviour</i></li> <li>2.7 <i>Assessing a person’s skills and understanding their abilities</i></li> <li>2.8 <i>Assessing a person’s preferences and understanding what motivates them</i></li> <li>3.2 <i>Synthesising data to create and overview of a person’s skills and needs</i></li> <li>3.3 <i>Constructing a model that explains the functions of a person’s challenging behaviour and how those are maintained</i></li> <li>3.7 <i>Monitoring the delivery of the behaviour support plan</i></li> <li>3.8 <i>Evaluating the effectiveness of the behaviour support plan</i></li> <li>3.9 <i>The behaviour support plan as a live document</i></li> </ul>	Effective Responsive	Principal 5: <i>Function based holistic assessment</i>  Principal 14: <i>Monitoring quality</i>
10.	<b>Is there evidence of stakeholder involvement?</b>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.2 <i>Knowing the person</i></li> <li>1.3 <i>Matching support with each person’s capabilities and with goals and outcomes that are personally important to them</i></li> <li>2.1 <i>Working in partnership with stakeholders</i></li> </ul>	Caring Effective Responsive Safe	Principal 4: <i>Family carer and stakeholder partnerships</i>  Principal 12: <i>Safeguarding and advocacy</i>
11.	<b>Do you see senior staff and managers leading good practice?</b>	<ul style="list-style-type: none"> <li>1.1 <i>Ensuring that services are values led</i></li> <li>1.4 <i>Establishing clear roles and effective team work</i></li> <li>1.11 <i>Knowing and understanding relevant legislation</i></li> <li>1.12 <i>A commitment to Behavioural Skills Training</i></li> <li>2.2 <i>Assessing match between the person and their environment and mediator analysis</i></li> </ul>	Effective Well led	Principal 13: <i>Workforce</i>

## Appendix 1: The observational process: When & how long to observe

The best time to observe is leading up to a mealtime. The reason for this is that research has shown (Beadle Brown & Murphy, 2016) that this period of time is the richest in opportunities for engagement and for choice – if people are not engaged and empowered during this period of the day, then it is highly unlikely that they will be engaged and empowered at other times. This period is also a time where you will have the opportunity to observe staff attitudes and their management of risk. It will become clear whether it is a risk averse culture or an enabling culture based on risk management. It also allows you opportunities to observe communication, and whether staff are supporting an individual's communication appropriately.

Observers should spend ideally 2 hours formally observing during a visit – especially in larger services. In smaller settings (2 people or less) they should aim for two half hour sessions.

### How to observe

During the observation, observers should attempt to capture a picture for as many people as possible who are supported by the service. In larger settings you might need to include just a sample. Ideally you would want to include in the observation those who are recorded or identified by staff as showing severe challenging behaviour and for whom seclusion or restraint (physical or chemical) is being used. However, you also want to include some of the “quieter” users – as they are often the people who are overlooked by staff, often inadvertently, as the focus is on the people who show or have potential of showing challenging behaviour. The best sample strategy is generally to rotate around those in the environment focusing on each individual for a set amount of time but of course sometimes this isn't possible dependent on the environment and the individual. As such the key thing is to try to get a sense of what is happening for, to and around as many individuals as possible during the course of your visit.

Be careful to also pay attention to what staff are doing. You will find it useful to make some notes as you go – write down in particular examples of what you hear staff say and how they communicate with the people they support. Note whether staff are interacting with the individual or doing other things. We have provided a template for your notes, which will help you structure your observation. N.B. One sheet would be completed per person observed.

In addition to the formal observation, you will also be able to draw on your informal observations, your conversations with staff and with service users and also on your perusal of plans and records in completing the checklist below. You ideally would complete as much as you could of the checklist after a formal observation period but then would firm up your ratings at the end of the day, having talked to people and consulted plans and records.

## Appendix 2: What is Positive Behavioural Support?

Positive Behavioural Support (PBS) 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 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 the assessment of the broad social, physical and individual context in which the behaviour occurs, and uses this information to develop interventions. The overall goal is to improve the person's quality of life and of those around them, thus reducing the likelihood of challenging behaviour 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 Box 1, below).

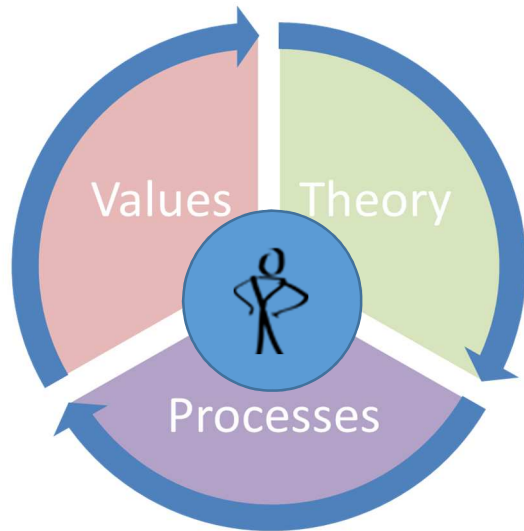
When a person receives PBS, it is unlikely to come from just one individual, one professional group or one service. Families, carers, professionals, service providers and commissioners need to work together and each play their part in supporting that person.

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<sup>3</sup>Full references are given at the end of this document



**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

## Additional resources and references

- Beadle-Brown, J. and Mills, R. (2010). *Understanding and Supporting children and adults on the autism spectrum*. Brighton: Pavilion Publishing.
- Beadle-Brown, J. and Murphy, B. (2016). *What does good look like? A guide for observing in services for people with learning disabilities and/or autism*. Retrieved from <http://www.unitedresponse.org.uk/what-does-good-look-like>
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