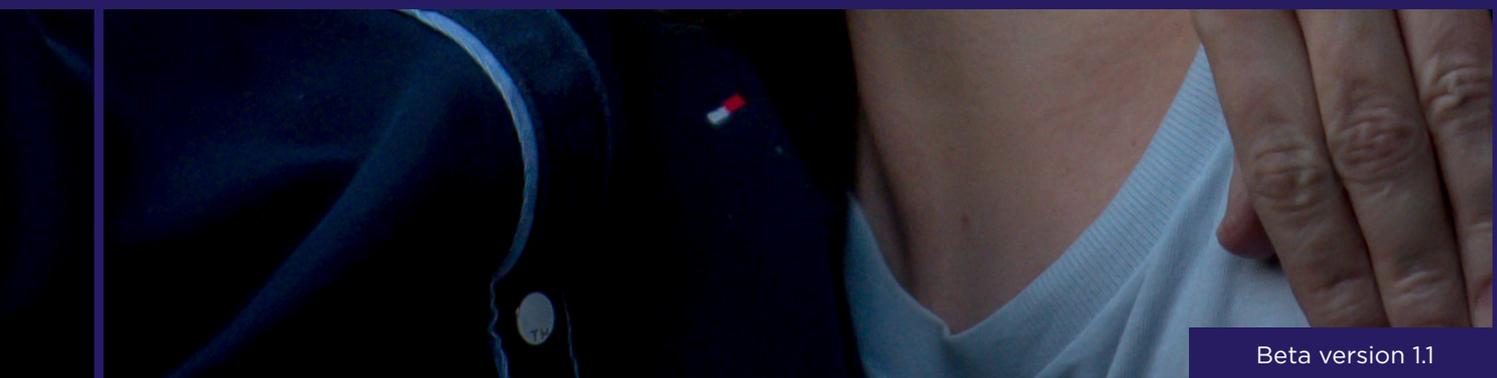




Improving the quality of Positive Behavioural Support (PBS):

The standards for service providers and teams



Beta version 1.1

Foreword

Positive Behavioural Support (PBS)¹ is recognised as an evidence-based, effective and ethical way of supporting people with learning disabilities across the lifespan, who are at risk of behaviour that challenges². PBS and/or its components have been recommended in several recent policy documents and professional guidelines 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 Services³.

The final report of the post Winterbourne consultation examining services in the UK for people with learning disabilities and/or autism published in February 2016, Time for change: The challenge ahead acknowledges PBS as the recommended framework for working with people with learning disabilities at risk of behaviour that challenges; and cites as one of its main recommendations:

The Transforming Care programme must consider the accreditation of training in Positive Behavioural Support with a view to establishing an appropriate body to manage the design of a PBS Standard and tiered accreditation systems for individuals and organisations delivering and receiving PBS.

It is within this context that the following standards for service providers and teams have been developed. Additional standards for training are also available from the PBS Academy:

- Improving the quality of Positive Behavioural Support (PBS): The standards for training

Both documents are independent of the establishment of an accreditation process. There is currently no accreditation body responsible for the accreditation of PBS. Establishing standards is a first and necessary step of any accreditation infrastructure and it is anticipated that any organisation offering accreditation in the future will base the accreditation process upon these standards.

Developing local capacity and the competence of everyone involved in the delivery of evidence-based and high-quality supports to people with a learning disability and challenging behaviours is critical to the successful implementation of PBS. “Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams” are for all services irrespective of size or ownership and are designed for individual service settings, rather than whole service provider organisations. However, some standards do refer to the policies or practices of the larger service provider organisation within the context of supporting the individual service setting in its implementation of PBS.

¹Positive 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.

² See appendix 1 for a definition of PBS

³ Full references are given at the end of this document

Core assumptions

PBS as a framework involves the “primary use of constructional principles and procedures from behaviour analysis to assess and support behaviour change” but includes the “secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system”.

Furthermore, whilst these standards and associated criteria cover all the core components of PBS framework (Gore et al, 2013) many of the standards can be considered staple features of high-quality support for people with learning disabilities in general, whether or not a service provides PBS. They need to be included because the primary goal of PBS is to increase quality of life: its theoretical underpinnings and the processes involved are implemented within the context of its core values and it is recognised that a service not evidencing these staple features will not be able to effectively implement PBS.

It is assumed that any service provider organisation will also meet the standards outlined in “Improving the quality of Positive Behavioural Support (PBS): The standards for training” for in-house training; or will commission training or specialist services that meet the training standards.

It is recognised that not all services will have all the skills in house to meet the standards for accredited services. It is assumed however that the responsibility lies with the service or its provider organisation to bring in appropriate expertise when needed and that external specialist support meets the relevant standards.

The terms “person” and “people” are used throughout the document. PBS is relevant to anyone with a learning disability at risk of behaviour that challenges and it is understood that the terms throughout the text include children and young people. The standards are applicable to services providing support to children and young people, but do not include content in respect of education provision.

It is recognised that a range of regulatory bodies exist which inspect or evaluate services that support people with learning disabilities (e.g. the Care Quality Commission (CQC), Care and Social Services Inspectorate Wales (CSSIW)). This document does not duplicate or supersede standards set by these bodies. It is acknowledged however that there is likely to be some overlap. In practice, a service that meets the standards outlined in this document may also meet many of the requirements set by regulatory bodies, and vice versa.

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Standards and Criteria

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Domain 1:

The experience of the person, including children and young people, and those involved in their lives

The purpose of the experience of the person domain is to ensure that services and those supporting the individual, operate from a person-centred foundation to enable a high quality of life for all concerned. This includes mitigating risk factors for the development and maintenance of behaviour that challenges and creating high quality and supportive environments. These will meet a person's social, physical and mental health needs, and facilitate engagement, communication, choice and control. The standards defined here should be staple features of any high-quality environment for people with learning disability whether or not they display challenging behaviour.

STANDARDS

PE1	The service evidences how the PBS values base informs their practice
PE2	The service evidences that they know each person they support and can match that support with goals that are important to the person and their families
PE3	The service evidences that each person is supported to communicate effectively
PE4	The service evidences that each person is supported to make choices, and participate in meaningful activity
PE5	The service evidences that the physical, emotional and psychological health and wellbeing of each person is supported and promoted
PE6	The service evidences that they actively seek the involvement of family, friends and wider community for each person they support
PE7	The service evidences that people feel safe and secure, valued and respected, in predictable and stable environments

CRITERIA

PE1	The service evidences how the PBS values base informs their practice
PE1 C1	The service has a statement that details the values that underpin its work.
PE1 C2	All staff can describe the service's values and it is clear from its culture and staff members' behaviour that these inform their day to day work.
PE1 C3	Service managers value and prioritise opportunities for staff to reflect, question and discuss their working practices and the impact these can have on challenging behaviour. Opportunities for reflection are a regular part of supervised practice.
PE1 C4	The service actively seeks and uses feedback from the persons they support (or their representative) and their family and friends about the service and its values.
PE1 C5	External feedback from persons supported (or their representative), their family members and people from the wider community acknowledges that the practice of the service is indicative of a values-led culture.
PE1 C6	Evidence from a range of sources indicates that each person feels valued, respected, safe, and secure in the environment provided by the service.

CRITERIA

PE2	The service evidences that they know each person they support and can match that support with goals that are important to the person and their families
PE2 C1	Each person's historical context, their social, medical, developmental history and previous experiences including adverse life events, is known, documented and considered when organising support.
PE2 C2	The service uses a range of individually tailored methods to identify each person's likes and dislikes, skills and abilities, strengths, needs, hopes and aspirations.
PE2 C3	Each person supported by the service has a person-centred plan and the support they receive is sensitive to their goals, preferences, and needs, including any religious or cultural needs. This is summarised into a short, accessible profile which captures the important information about them, their needs, communication style, and their goals.
PE2 C4	Staff consult with each person and their family, friends and others close to them to identify goals that are important to the person, and to develop plans to work towards these goals in all areas of their life.
PE2 C5	Support is provided in a way that is consistent with each person's preferences, needs, abilities, and enables them to work towards their goals.

CRITERIA

PE3	The service evidences that each person is supported to communicate effectively
PE3 C1	Each person has a communication plan which details their preferred methods and style of communication and, if appropriate, any goals for communication development.
PE3 C2	All staff are competent users of communication approaches relevant to the persons they support.
PE3 C3	Staff communicate effectively with each person, using the relevant communication system, and modify their communication as needed.
PE3 C4	Staff create opportunities to develop each person's communication skills and motivation to communicate throughout the day and across all activities.
PE3 C5	There are service wide systems in place to effectively support and facilitate each person's ways of communicating.
PE3 C6	The service identifies in the person's support plan where communication difficulties may be contributing to the development or maintenance of behaviours that challenge.
PE3 C7	There are procedures for identifying and teaching functionally equivalent communication where communication difficulties are found to contribute to behaviours that challenge.

CRITERIA

PE4	The service evidences that each person is supported to make choices, and participate in meaningful activity
PE4 C1	Staff offer a range of choices in all areas of the person's life and support them to make choices. This includes explicitly teaching them how to choose where needed, and taking into account what is important to and for the person.
PE4 C2	Staff respect a person's choices and preferences and use these to tailor their support.
PE4 C3	Staff identify activities that are meaningful to each person by consulting them (both formally and informally) and their family / friends / those that are close to them.
PE4 C4	Staff support each person to take part in a broad range of activities, including new activities, those that they like and those that may be less preferred but are necessary to everyday life.
PE4 C5	Staff provide the right level of support to enable each person to take part in meaningful activities of everyday life, bridging the gap between what the individual can currently do independently and what they may need to do for the activity.
PE4 C6	Staff support each person to develop skills that enable them to take part in meaningful activities and to work towards their goals, including reducing extended periods of disengagement.
PE4 C7	Detailed records are kept relating to the activities that each person takes part in and activities that are relevant to their goals and aspirations.
PE4 C8	Records are used to monitor and review the activities a person takes part in and modify support to maximise their engagement in meaningful activities.

CRITERIA

PE5	The service evidences that the physical, emotional and psychological health and wellbeing of each person is supported and promoted
PE5 C1	Each person has a detailed health care plan including information about any health needs and their management, medications, and signs indicating that physical and mental health and wellbeing may be deteriorating.
PE5 C2	Staff monitor each person's physical and mental health and wellbeing, and are vigilant to changes that may suggest a deterioration in their health or wellbeing.
PE5 C3	Staff support each person to maintain good health and wellbeing by enabling them to take part in activities related to this.
PE5 C4	Staff are aware of available health and wellbeing services in their area and know how to access these for the persons they support.
PE5 C5	Staff support each person to access routine, specialist, and emergency services relating to health and wellbeing.
PE5 C6	Each person is registered with a GP, and has an annual health check

CRITERIA

PE6	The service evidences that they actively seek the involvement of family, friends and wider community for each person they support
PE6 C1	Each person has an identified list of stakeholders ⁴ that includes their family and friends, those who know them well, professionals involved in their care and support etc.
PE6 C2	The service actively seeks input and involvement from the person and relevant stakeholders in relation to decisions about their care and support, and about the organisation and structure of the service.
PE6 C3	Relevant stakeholders are kept informed about the person's care, support, and development, with regard given to the person's right to confidentiality and their best interests.
PE6 C4	Staff facilitate relationships between the persons they support and their family and friends in a range of ways.
PE6 C5	Staff provide opportunities for social inclusion and the development of new relationships with others in the community.
PE6 C6	Staff identify and support the person's goals in relation to developing and maintaining relationships with others which may include close personal relationships.

⁴The term 'stakeholder' is used throughout this document to refer to other people who might be involved in the person's life. This will include family and friends, other people who are close to the person, direct support staff, professionals and advocates. Some services may use the term 'Circle of support'. See Gore et al. (2013) for additional discussion of the importance of involving stakeholders within PBS.

CRITERIA

PE7	The service evidences that people feel safe and secure, valued and respected in predictable and stable environments
PE7 C1	The service identifies and enacts changes to the social and physical environment that improve a person's quality of life and reduce the risk of challenging behaviour.
PE7 C2	There are system wide and individualised strategies to support each person to predict and control their environment.
PE7 C3	Planned activities take place and unexpected changes to the environment or available activities are minimised.
PE7 C4	Staff support each person to cope with changing environments through both specific interventions and generalised support strategies.

Domain 2:

Assessment: Functional, contextual, and skills based assessments

The purpose of the assessment domain is to ensure that support and intervention is informed by functional, contextual and skills based assessment. This is to make certain that the support outlined for each person is based on a thorough understanding of that person's historical and current physical, biological and social context, abilities and needs. It seeks to understand why challenging behaviour might develop for each person or why it continues to occur.

STANDARDS

CF1	The service evidences a culture where staff understand that all behaviour occurs for a reason, seek to identify the reason for behaviour and reflect on the impact of their own behaviour on others
CF2	The service evidences obtaining and supporting functional assessments
CF3	The service evidences obtaining and supporting skills assessments of the person supported
CF4	The service evidences obtaining and supporting preference assessments and understanding what motivates a person
CF5	The service evidences data based decision making
CF6	The service evidences actively involving stakeholders in all the above assessments

CRITERIA

CF1	The service evidences a culture where staff understand that all behaviour occurs for a reason, seek to identify the reason for behaviour and reflect on the impact of their own behaviour on others
CF1 C1	All staff understand the relationship between a person's behaviour and the environment and talk about behaviour and its function in observable and measurable terms, avoiding subjective judgements.
CF1 C2	Staff identify and keep records about possible antecedents ⁵ , and consequences ⁶ of behaviours.
CF1 C3	Staff keep records about other variables that might be related to a person's behaviour, including their quality of life, health and wellbeing, communication, skills and abilities etc.
CF1 C4	Staff seek to understand the function of each person's behaviour and use this to tailor their support.
CF1 C5	Understanding behaviour is an on-going process: staff are seen to be continually enquiring, updating records and feeding observations back to their teams.
CF1 C6	Staff are encouraged and supported to reflect on their own actions and how this might affect the persons they support, other staff, and others with whom they interact.
CF1 C7	All staff receive training about the functional properties of behaviour, including typical functions, and an understanding of how to identify the function of behaviour. This is updated on a regular basis.

⁵Antecedents are the things that happen to/for the person immediately before a behaviour. These might also be called triggers or setting events.

⁶Consequences are the things that happen to/for the person after a behaviour.

CRITERIA

CF2	The service evidences obtaining and supporting functional assessments
CF2 C1	The service conducts functional assessments in-house, or can access external support for functional assessments. Assessments are conducted by individuals who have been trained to do so (see PBS Standards for training).
CF2 C2	All staff understand the purpose of a functional assessment and are supported to contribute to the assessment process.
CF2 C3	Staff collect data to support a functional assessment.
CF2 C4	Functional assessments conducted by/for the service include data from a range of sources including direct observation, interviews or questionnaires, and, where relevant, experimental analyses.
CF2 C5	Staff support the person and other stakeholders during the functional assessment, and facilitate their active involvement in the process.
CF2 C6	Functional assessments result in hypotheses about the function of each person's behaviour.
CF2 C7	The service keeps detailed records relating to a person's behaviour to enable ongoing monitoring and identify whether further assessments are needed.
CF2 C8	Functional assessment is regularly reviewed and support is adjusted accordingly.

CRITERIA

CF3	The service evidences obtaining and supporting skills assessments of the person supported
CF3 C1	The service conducts skills assessments in-house, or obtains external support.
CF3 C2	Staff understand the purpose of skills assessment, and contribute to the assessment process.
CF3 C3	Staff support each person and other stakeholders throughout the assessment and facilitate their active involvement in the process.
CF3 C4	Skills assessment occurs across a range of domains, including communication, independence skills, functionally equivalent skills.
CF3 C5	Skills assessments are used to identify important goals for each person's skills development in consultation with the person themselves and other stakeholders.
CF3 C6	Skills assessments are used to tailor the support provided to each person based on their current abilities and goals.
CF3 C7	Staff collect data relating to each person's skills and skills teaching procedures to facilitate ongoing skills assessment, monitoring, and review.

CRITERIA

CF4	The service evidences obtaining and supporting preference assessments and understanding what motivates a person
CF4 C1	The service provider conducts preference assessments in-house, or can access external support for preference assessments.
CF4 C2	Staff understand the purpose of preference assessments and contribute to the assessment process.
CF4 C3	A range of methods are used to assess a person's preferences, including involving the person themselves and other stakeholders in identifying preferences.
CF4 C4	Assessment results are used to tailor the support provided to an individual and to increase their motivation for skills development and communication.
CF4 C5	Staff understand that preferences may change, with ongoing data collected to monitor changes in preferences over time.
CF4 C6	Staff understand how each person expresses their preferences and enjoyment, and this information is included in the person's one-page profile.

CRITERIA

CF5	The service evidences data based decision making
CF5 C1	Staff understand the purpose of keeping detailed data collected across a range of areas to support behaviour change and quality of life.
CF5 C2	Data is regularly collected using appropriate methods across a range of areas.
CF5 C3	A range of data types are collected relevant to the area, including observational data, questionnaire data, information provided by the person themselves and other stakeholders.
CF5 C4	Data is regularly analysed and fed back to staff teams using appropriate and accessible presentation formats.
CF5 C5	Staff use data when making decisions about a person's care and support.
CF5 C6	Data is used for a range of purposes, including contributing to assessments, planning support, identifying important goals for the individual, ongoing monitoring and review.

CRITERIA

CF6	The service evidences actively involving stakeholders in all the above assessments
CF6 C1	Staff consult the person and relevant stakeholders about all assessments and facilitate their active involvement in the assessment process itself.
CF6 C2	The person's consent is sought for all assessments where the person has capacity, or relevant stakeholders are involved in a best interests meeting relating to the assessment.
CF6 C3	Staff support the person themselves and other stakeholders throughout the assessment process, including explaining the purpose and procedures of the assessment, and how the results will be used.
CF6 C4	Assessment results are communicated to the person themselves and relevant stakeholders, and all are given an opportunity to comment on the results.

Domain 3:

Intervention: Developing and implementing a Behaviour Support Plan

The purpose of the intervention domain is to ensure that services and those supporting the person develop and implement a function based Behaviour Support Plan (BSP). This provides a detailed and personalised description of how best to support each person with learning disabilities and their challenging behaviour. It guides the behaviour of those supporting them, specifies ways to develop their skills and support appropriate behaviour and strategies to redesign their environment to prevent and reduce the need for challenging behaviour. It provides guidance for safely and respectfully managing challenging behaviour when it does occur. A BSP is systematically monitored and adjusted in response to any changes in the person's skills, needs, and his or her environment.

STANDARDS

CB1	The service evidences that each person has a BSP based on functional, contextual, and skills based assessments
CB2	The service evidences that each BSP is multi-component and includes proactive strategies to address the factors that, for each person, evoke and maintain challenging behaviour
CB3	The service evidences that they devise and implement a least restrictive management strategy as part of the BSP
CB4	The service evidences that the delivery and effectiveness of the BSP is regularly monitored and that data are used to modify the BSP as necessary
CB5	The service evidences that there is a good contextual fit between the BSP and stakeholder perspectives and needs

CRITERIA

CB1	The service evidences that each person has a BSP based on functional, contextual, and skills based assessments
CB1 C1	All staff understand that the purpose of a BSP is to improve quality of life, promote skills development, reduce challenging behaviour and minimise restrictive practice.
CB1 C2	Staff actively contribute to processes involved in developing a BSP.
CB1 C3	Staff support the person and relevant stakeholders to be involved in the development and implementation of a BSP.
CB2 C4	BSP data are synthesised from a range of sources, including assessments, to create an overview of a person's skills and needs.
CB1 C5	The BSP is presented in an accessible way to facilitate understanding by staff, the person, and other important stakeholders.
CB1 C6	The BSP is shared with all services that support the person, taking into consideration consent and the person's right to confidentiality.
CB1 C7	Implementation of the BSP is regularly monitored.
CB1 C8	The service facilitates systems change to ensure implementation of the BSP where needed.
CB1 C9	Staff recognise when additional behavioural expertise is needed to develop the BSP and obtain this.

CRITERIA

CB2	The service evidences that each BSP is multi-component and includes proactive strategies to address the factors that, for each person, evoke and maintain challenging behaviour
CB2 C1	Proactive/primary prevention support strategies and quality of life goals make up most of a person's BSP and/or related person-centred plan with an ideal 80/20 balance between proactive and reactive strategies.
CB2 C2	Proactive/primary prevention support strategies include skills teaching, antecedent strategies, and reinforcement based interventions.
CB2 C3	Support strategies include the long-term maintenance and generalisation of desired outcomes to other situations where required.
CB2 C4	Support strategies included in the BSP are all consistent with the functional assessment and are primarily behavioural but may include other evidence-based interventions.

CRITERIA

CB3	The service evidences that they devise and implement a least restrictive management strategy as part of the BSP
CB3 C1	There is an understanding of the early signs of challenging behaviour for each person and effective interventions to prevent further escalation.
CB3 C2	Staff understand that the purpose of a crisis management strategy is to ensure everyone's safety when challenging behaviour does occur.
CB3 C3	Each person has a written crisis management strategy. Staff know this and modify their support as needed in line with the strategy.
CB3 C4	The design of crisis management strategies takes into consideration the legal and ethical frameworks for supporting someone during a crisis, and any individualised needs including physical/psychological contraindications for particular strategies.
CB3 C5	There is a hierarchy of crisis management strategies for each person supported to ensure that the least restrictive strategies are used first.
CB3 C6	Staff make reasoned decisions and implement appropriate strategies in emergency or unexpected situations, ensuring that these are the least restrictive necessary to maintain the person's and others' safety.
CB3 C7	Detailed records are kept about crisis incidents, including the use of planned or emergency management strategies and any restrictive strategies used.
CB3 C8	Records are used to learn from crisis incidents, review the BSP or its implementation as necessary, and monitor the use of any restrictive or emergency management strategies.

CRITERIA

CB4	The service evidences that the delivery and effectiveness of theBSP is regularly monitored and that data are used to modify the BSP as necessary
CB4 C1	A range of types of data including quality of life, skills, engagement, challenging behaviour, use of restrictive practices, and medication are collected, recorded and shared to support monitoring of the effectiveness of the BSP.
CB4 C2	Data are collected from a range of sources to support monitoring of implementation fidelity and integrity relating to the BSP.
CB4 C3	Service staff regularly contribute to the review, modification, feedback and evidencing of effectiveness of the BSP.
CB4 C4	Services ensure data are gathered to support and identify where further resources, staff training or support may be needed to improve fidelity / integrity.
CB4 C5	The service supports the person and relevant stakeholders to contribute to reviews of the BSP in both formal review meetings and informally at other times.

CRITERIA

CB5	The service evidences that there is a good contextual fit between the BSP and stakeholder perspectives and needs
CB5 C1	Feedback indicates that the BSP is consistent with stakeholder values and perspectives on support.
CB5 C2	The service or its provider organisation conducts training and skills audits relating to its staff to identify whether staff have the necessary skills to implement all aspects of the BSP.
CB5 C3	The service accesses training (either in house or externally) relating to specific elements of the BSP for staff and other stakeholders where needed.
CB5 C4	The service provides regular supervision, behaviour skills training and on-the-job coaching for staff and stakeholders to support implementation of the BSP.
CB5 C5	The service ensures that all resources needed to implement the BSP are in place prior to its implementation and are regularly replenished as needed.
CB5 C6	The service ensures that all systems necessary for implementing the BSP and collecting data on its effectiveness are in place prior to its implementation and are monitored and updated as necessary.

Domain 4:

Facilities, resources, and workforce

The purpose of the facilities, resources and workforce domain is to ensure that the person's physical and social environments are designed to keep them engaged with their community, support relationships, promote autonomy and skills and foster a sense of self-worth. The implementation of PBS requires joined-up working ensuring that everyone understands their role in delivering this approach and is effective. For services, this requires the recruitment and retention of the right people, quality training and staff development, opportunities for staff progression within services, the ability to assess staff performance and evaluate service provision.

STANDARDS

F1	The service evidences that the environment supports the person's needs: the building, its content, its location, its size, design enable individuals to have an ordinary life
F2	The service evidences that there are adequate resources to support both the physical and social environment
F3	The service evidences that staffing (numbers, skills, resilience, training and deployment, staff ratios) is in line with each person's as well as group needs
F4	The service as well as its provider organisation evidences a comprehensive workforce support and development programme

CRITERIA

F1	The service evidences that the environment supports the individual's needs: the building, its content, its location, its size, design enable individuals to have an ordinary life
F1 C1	The building within which support is provided is adequately sized for the persons' needs with consideration given to any sensory or mobility requirements.
F1 C2	The size of the building is similar to the size of other homes within the community and is not so large as to stand out or be considered institutional.
F1 C3	Each person supported has their own personal space within the building.
F1 C4	The building has adequate indoor and outdoor space with communal/social areas that facilitate social interaction and enable activities to take place.
F1 C5	The building is located within the local community to facilitate community involvement, and is close to amenities and transport links.
F1 C6	The building is decorated in an attractive and homely manner, with the persons who live in the building consulted and involved in choosing the décor.
F1 C7	The buildings' contents include items that are essential for the persons who live there to have an ordinary life, including washing machines, cookers, sanitary facilities, cleaning appliances etc.
F1 C8	The contents of the building include each person's personal items and a range of items relating to activities that they enjoy.

CRITERIA

F2	The service evidences that there are adequate resources to support both the physical and social environment
F2 C1	The service maintains the building to a high standard, fixing any problems in a timely manner to minimise any disruption to the persons living there.
F2 C2	The service maintains and replenishes resources needed to implement each person's BSP.
F2 C3	Where the persons being supported have responsibility for financial costs relating to maintaining the building and resources, any money used is approved by the person, relevant stakeholders/ their power of attorney (as part of a best interests meeting) and expenditure is recorded and monitored.
F2 C4	The service ensures that staffing levels are sufficient to maintain the social environment and facilitate activities and community inclusion.
F2 C5	Consideration is given to the person's preferences about who they live with and where they live.

CRITERIA

F3	The service evidences that staffing (numbers, skills, resilience, training and deployment, staff ratios) is in line with each person's as well as group needs
F3 C1	Staff recruitment is responsive to the needs of each person and of the group, and focuses on recruiting staff with values that are consistent with the values of the service as well maintaining the continuity of a person-centred service across inevitable staff changes.
F3 C2	When staff leave the service, exit surveys are conducted to identify whether the service can modify its practice and staff support to reduce turnover and retain staff.
F3 C3	Staffing levels, skills, and values are regularly reviewed to ensure that it is consistent with the needs of the workforce as a whole.
F3 C4	Staff ratios are designed according to the needs of people being supported, not for convenience of the staff / service.
F3 C5	Staff rotas are designed to ensure that enough staff are on shift to support each person, provide a range of activities at all times throughout the day and deliver support accordingly to an individual's BSP.
F3 C6	Staff rotas are designed with consideration of staff emotional wellbeing and resilience (i.e. working hours are appropriate, adequate breaks during and between shifts are provided etc.) and allows time for team meetings, training and supervision.
F3 C7	Night staffing levels are appropriate to the needs of each person supported and the group, and are sufficient to ensure that any necessary support strategies can be implemented as needed.
F3 C8	The service supports staff emotional wellbeing and resilience through the provision of regular supervision and specific support strategies including post crisis debriefing.

CRITERIA

F4	The service as well as its provider organisation evidences a comprehensive workforce support and development programme
F4 C1	The service or its provider organisation has a workforce development strategy which is reflected in key policies and procedures including Human Resources, IT, etc. and is applicable to everyone within the organisation from admin and support staff through to board management.
F4 C2	The workforce development strategy should include participation in stakeholder training.
F4 C3	The service or its provider organisation provides training that is consistent with the PBS standards for training (either in house or externally) for all staff relating their role, combined with on-the-job coaching and supervision.
F4 C4	The service or its provider organisation conducts and maintains organisation learning needs analyses/audits to monitor the training and skill level of its staff.
F4 C5	Each member of staff has a personal development plan that is compatible with the needs of the person or people they are supporting.
F4 C6	Training is regularly updated for all staff and opportunities are provided for continuing professional development.
F4 C7	Behaviour skills teaching ⁷ is used to support staff to develop specific skills relevant to their role.
F4 C8	The service provides regular supervision to staff to facilitate reflective practice and provide opportunities for issues relevant to the staff member's role to be discussed.
F4 C9	The service utilises practice leadership ⁸ to support staff and promote good practice.
F4 C10	The service or its provider organisation keeps detailed records in relation to its workforce development.

⁷Behaviour Skills Teaching/Training may also be known as on the job, in-situ, or in-vivo training and involves instructions, modelling, rehearsal and feedback.

⁸Practice leadership is defined (Mansell, Beadle-Brown, Ashman, & Ockenden, 2004) as practices implemented by front-line manager of a staff team to develop and maintain good staff support for service users.

Domain 5:

Keeping all people safe: least restrictive practice and maximising quality of life

The purpose of the safety domain is to ensure there are systems and processes that create and maintain safe, predictable and stable environments that maximise quality of life. Services commit to least restrictive practice and support is delivered within the relevant legal and ethical framework. Most people (with and without learning disabilities) want to live and work in safe, attractive environments where they have a sense of purpose and feel at home⁹.

STANDARDS

S1	The service evidences knowledge, understanding and compliance with relevant legislation
S2	The service evidences support of every person's rights and responsibilities, their hopes, aspirations, gifts and talents
S3	The service and all staff evidence systems and processes focused on maintaining a safe environment for everyone involved within the service
S4	The service has an active managed risk strategy with positive risk taking in the context of doing things that are important to each person supported rather than simply adopting risk avoidance protocol
S5	The service evidences a commitment to using least restrictive practices and monitoring and reducing the use of restrictive supports

⁹Services should also refer to relevant guidance from organisations such as the CQC or CSSIW

CRITERIA

S1	The service evidences knowledge, understanding and compliance with relevant legislation
S1 C1	The service demonstrates an awareness and understanding of relevant legislation and professional guidelines, such as the Mental Capacity Act; Deprivation of Liberties Safeguards; Mental Health Act; Human Rights Act; Health & Safety at Work Act; NICE guidelines for Challenging Behaviour; Ensuring Quality Services; Positive and Proactive Care: Reducing the need for Restrictive Interventions; A Positive and Proactive Workforce; Supporting Staff who Work with People who Challenge Services etc.
S1 C2	All staff understand relevant legislation and guidance and can apply this to their practice at a level appropriate to their role.
S1 C3	There are systems in place to monitor compliance with key legislation such as best interest's meetings under the Mental Capacity Act.
S1 C4	The service seeks advice relating to legislation and guidance where needed to ensure understanding and compliance.
S1 C5	Systems are in place to monitor changes in legislation, disseminate these to staff, and facilitate implementation of changes to ensure compliance with legislation as necessary.

CRITERIA

S2	The service evidences support of every person's rights and responsibilities, their hopes, aspirations, gifts and talents
S2 C1	The service supports, defends, and promotes the rights of the persons they support, their staff, and other stakeholders.
S2 C2	Persons supported by the service (or their representatives) are told about their rights and what to do if they feel that these are not being adequately supported by the service.
S2 C3	The service seeks to actively identify the hopes and aspirations of everyone within the service (including the people they support, staff, and other relevant stakeholders) and to provide support for the person to achieve these in both the short and long term.
S2 C4	The service recognises, promotes, and celebrates each person's gifts and talents.
S2 C5	Feedback indicates that the persons supported by the service, staff and other stakeholders feel that their rights are upheld and protected.

CRITERIA

S3	The service and all staff evidence systems and processes focused on maintaining a safe environment for everyone involved within the service
S3 C1	All staff within the service take responsibility for maintaining a safe physical and social environment, understand their role in relation to this, and are familiar with the safeguarding and Deprivation of Liberties (DoLs) procedures.
S3 C3	There are systems in place for any individual involved in the service to report unsafe environments in relation to staff working practices or the physical environment itself.
S3 C4	Reports of unsafe environments are promptly investigated and action taken to improve safety as soon as possible.
S3 C5	There are a range of measures utilised to protect the safety and security of the service.
S3 C6	Any measures utilised to promote safety and security do not restrict individuals' freedom and right to live an ordinary life.

CRITERIA

S4	The service has an active managed risk strategy with positive risk taking in the context of doing things that are important to each person supported rather than simply adopting risk avoidance protocol
S4 C1	Risk assessments are undertaken relating to the building and environment within the service at regular intervals and dynamically (i.e. moment to moment) by staff during each shift.
S4 C2	Staff dynamically assess risks within an activity or situation and adapt their support to minimise any risks that arise.
S4 C3	The service adopts a positive risk-taking strategy whereby risks are identified and minimised, rather than avoided altogether, particularly when an activity is important to an individual.
S4 C4	Staff support each person to assess risks and make informed decisions about risks and benefits relating to a specific activity or choice without judgement or attempting to influence the person's decision.
S4 C5	Where a person expresses a desire to undertake an activity that is deemed to be of high risk, this is discussed with the person and relevant stakeholders, to determine whether the risk level is acceptable and whether adaptations might be made to help mitigate risks.
S4 C6	All risk assessments are updated in light of changing circumstances.

CRITERIA

S5	The service evidences a commitment to using least restrictive practices and monitoring and reducing the use of restrictive supports
S5 C1	The service's statement of values includes a commitment to using least restrictive practices in their support.
S5 C2	The service has a clearly documented process around the use of restrictive practices including observation / supervision, environmental restrictions, physical interventions, mechanical restraint, use of emergency medication etc., and an identified team/manager to coordinate governance, oversight and use of restrictive practices.
S5 C3	Staff understand that restrictive practices (whether planned under DOLS or the MHA, or as part of crisis management) should be used as a last resort and only to maintain the safety of the person or others.
S5 C4	A hierarchy of restrictive practices (individualised for each person) is included in the individual's BSP to facilitate use of the least restrictive practice necessary to maintain the safety of the person or others. Any planned restrictions listed include the rationale for their use, the nature of the restriction, the anticipated outcome, and the long-term plan to monitor and reduce their use.
S5 C5	Use of restrictive practices is recorded and monitored to ensure that their use is minimised and reduced where possible.
S5 C6	The use of any unplanned restrictive strategies triggers a review of the support provided to a person and of the implementation of a BSP.

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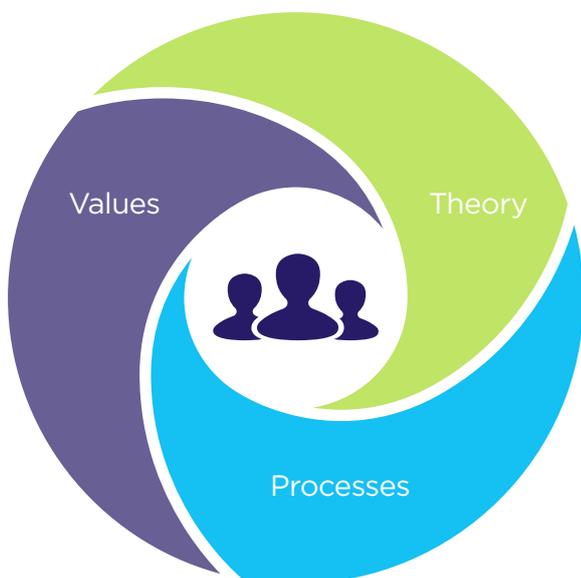
To see additional resources from the PBS Academy, go to:

www.pbsacademy.org.uk

Appendix 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