



Improving the quality of Positive Behavioural Support (PBS):

The standards for individual practitioners

Foreword

Positive Behavioural Support (PBS)¹ is recognised as an evidence-based, effective and ethical way of supporting people with learning (intellectual) disabilities² across the lifespan, who are at risk of behaviour that challenges³. 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”. 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.

PBS and/or its components have been recommended in several recent policy documents and professional guidelines including the NICE service design and delivery guidelines for learning disabilities and behaviour that challenges, and 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 Services⁴. 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 individual practitioners have been developed. Additional standards for service providers and teams and training are also available from the PBS Academy:

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

All three sets of standards 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.

¹ 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.

² English Transforming Care policy refers to people with learning disabilities, autistic people and those with both learning disabilities and autism. The current document applies to practitioners using PBS with these populations.

³ See appendix 1 for a definition of PBS.

⁴ Full references are given at the end of this document.

Core assumptions

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. As a framework, PBS is likely to be delivered by professionals from a variety of disciplines, as well as support workers and family carers.

No single professional group has the necessary skills to deliver PBS without relevant further education, training, supervision and experience. “Improving the quality of Positive Behavioural Support (PBS): The standards for individual practitioners” is for all individuals involved in the delivery of PBS regardless of their professional background, experience or role.

It is assumed that any individual practitioner will have received or be involved in the delivery of training that meets the standards outlined in, “Improving the quality of Positive Behavioural Support (PBS): The standards for training”; and, if working within a service provider or team will ensure adherence to the standards outlined in, “Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams.” These standards will be reviewed periodically to ensure the continued establishment of best practice in the support of people with learning disabilities across the lifespan.

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This license allows for redistribution, commercial and non-commercial, on the basis that it is passed along unchanged and in whole, and credits the PBS Academy. We encourage nonetheless the development of additional resources such as audit and self-assessment tools that map on to these standards, and that these are then made available under a Creative Commons Attribution-Share Alike 4.0 International CC BY-SA 4.0.

Structure of these standards

It was noted above that no single professional group has the necessary skills required in the delivery of PBS without relevant further education, training, supervision and experience. The structure of these standards reflects this basic premise:

Domain		Page
<p style="font-size: 2em; font-weight: bold; text-align: center;">1</p>	<p>Education, experience, on-going supervision and professional development criteria that are expected of all practitioners to ensure that they are likely to have the knowledge and ability to meet the competencies required when working within a PBS framework.</p> <p>The education and experience criteria are organised into three levels which map onto the Direct Support, the Behaviour Specialist/Supervisory/Managerial and the Higher-Level Behaviour Specialist/Organisational/Consultant levels specified in the PBS Competence Framework. As with the PBS competence framework these levels are detailed in terms of function and are not, therefore, role specific. They are hierarchical, but only in the sense of expertise in PBS and they reflect the three broad functions that are involved in the implementation of PBS:</p> <p>Direct contact standards are for all those providing direct support in a paid or professional capacity to persons with learning disabilities who may have behaviour that challenges⁵.</p> <p>Behaviour Specialist/Supervisory/Managerial practitioner standards reflect the fact that increasing levels of complexity within service delivery necessitate additional competence both in terms of systems support and clinical excellence.</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioner standards are the highest level and are divided into two sub-levels:</p> <ul style="list-style-type: none"> a) for those responsible for embedding PBS into and across services and building capacity. b) for those also expected to demonstrate expert clinical competencies required for the most complex systems and cases. 	<p style="font-size: 2em; font-weight: bold; text-align: center;">5</p>
<p style="font-size: 2em; font-weight: bold; text-align: center;">2</p>	<p>Standards of professional conduct required of all practitioners</p>	<p style="font-size: 2em; font-weight: bold; text-align: center;">9</p>
<p style="font-size: 2em; font-weight: bold; text-align: center;">3</p>	<p>Supervisory/practice leadership standards needed to put PBS into practice required of practitioners with supervisory responsibilities.</p>	<p style="font-size: 2em; font-weight: bold; text-align: center;">13</p>

⁵ It is recognised that many people provide support in an unpaid or volunteer capacity (including family members). Whilst these standards are equally relevant to this group, and provider organisations and independent practitioners are encouraged to provide training and supervision opportunities consistent with these standards to anyone providing support, the standards are not a requirement for those working in an unpaid or volunteer capacity.

Domain 1:

Education and experience criteria

1: Direct Contact (those providing direct support in a paid or professional capacity)		
EC.1.1	Minimum Education/ training	Foundation PBS training of a minimum of 120 hours as specified in Improving the quality of Positive Behavioural Support (PBS): The standards for training (pages 6 to 8).
EC.1.2	On-going supervision after training	<p>Continuous on the job supervision from a more experienced practitioner (Level 2 as defined in the PBS Competence Framework) plus on the job coaching in situ as required. In addition a supervision session away from the support environment should be held at least once every 6 weeks. This can be group or individual.</p> <p>This means that direct care staff should receive supervision when directly supporting someone as well as during supervision meetings (1:1 or group) away from the support environment. Supervision during direct support should include direct coaching and feedback in relation to person specific support based on the person's behaviour support plan as well as wider skills around supporting opportunities, participation and engagement and as outlined in the PBS Competence Framework.</p> <p>Supervision sessions away from the support environment should include time for reflection about skills learnt, any skills gaps and plans for any additional training or coaching to meet those gaps.</p>

2: Behaviour Specialist/Supervisory/Managerial practitioner

EC.2.1	Entry level requirements	<p>Education/training at National Qualifications Level 5⁶ or equivalent (Foundation degree, first year degree, NVQ level 5 e.g. Registered Managers Qualification).</p> <p>OR</p> <p>Ability to study at Foundation degree, first year degree, National Qualifications Level 5 or equivalent AND a minimum of 1 year's experience providing direct contact support as detailed by the PBS Competence Framework.</p>
EC.2.2	Minimum additional Education/training with a specific focus on PBS	Intermediate PBS training (National Qualifications Level 5 or above) of a minimum of 240 hours as specified in Improving the quality of Positive Behavioural Support (PBS): The standards for training (pages 6 to 8).
EC.2.3	Minimum level of supervised experience after training before going on to supervise others	At least 52 hours of supervised experience from a more experienced practitioner (Level 3 as defined in the PBS Competence Framework). This can be group or individual and a proportion should be in-situ. Supervision should take place for 2 hours every 2 weeks over a minimum period of 12 months for a full-time role and for 2 hours every month over a minimum period of 24 months for a part-time role.
EC.2.4	Minimum requirement of on-going supervision	1 hour's clinical supervision every 8 weeks from a more experienced practitioner (Level 3 as defined in the PBS Competence Framework) or specialist supervision in cases of increased complexity. This can be group or individual and a proportion should be in-situ.
EC.2.5	Continued professional development	12 hours continuing professional development relevant to PBS including directed learning, reading publications, conference participation over a 12 month period.

⁶ <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels>

3: Higher-Level Behaviour Specialist/Organisational/Consultant practitioner

a) for those responsible for embedding PBS into and across services and building capacity.

EC.3.1.a	Entry level requirements	Recognised professional qualification and/or post graduate academic training in an unrelated field at National Qualifications Level 5 or above AND a minimum of 3 years of relevant experience providing Behaviour Specialist/Supervisory/Managerial practitioner support as detailed by the PBS Competence Framework.
EC.3.2.a	Minimum additional education/training with a specific focus on PBS	Advanced PBS training (National Qualifications Level 6 or above) of a minimum of 360 hours as specified in Improving the quality of Positive Behavioural Support (PBS): The standards for training (pages 6 to 8).
EC.3.3.a	Minimum level of supervised experience after training before going on to supervise others	12 months supervision from a more experienced practitioner (Level 3 as defined in the PBS Competence Framework), for 2 hours every 2 weeks for a full-time role (can be group or individual and a proportion should be in-situ).
EC.3.4.a	Minimum requirement of on-going supervision	One hour's clinical supervision every 8 weeks from a peer or more experienced practitioner (Level 3 as defined in the PBS Competence Framework). Can be group or individual and a proportion should be in-situ.
EC.3.5.a	Continued professional development	Twelve hours continuing professional development relevant to PBS including directed learning, reading publications, conference participation over a 12 month period.

3: Higher-Level Behaviour Specialist/Organisational/Consultant practitioner

b) for those also expected to demonstrate expert clinical competencies required for the most complex systems and cases.

EC.3.1.b	Entry level requirements	<p>Recognised professional qualification and/or postgraduate academic training in a related field at National Qualifications Level 6 or above.</p> <p>Examples include MA in Autism; MA in Special Educational Needs; BSc in Psychology; BSc in Nursing; BN (Hons) Learning Disability Nursing; BSc (Hons) Occupational Therapy; Doctorate in Clinical Psychology (DClinPsy).</p>
EC.3.2.b	Minimum additional education/training with a specific focus on PBS	<p>Advanced PBS training (National Qualifications Level 7 or above) of a minimum of 360 hours as specified in Improving the quality of Positive Behavioural Support (PBS): The standards for training (pages 6 to 8).</p>
EC.3.3.b	Minimum level of supervised experience after training before going on to supervise others	<p>12 months supervision from a more experienced practitioner (Level 3 as defined in the PBS Competence Framework), for 2 hours every 2 weeks for a full-time role (can be group or individual and a proportion should be in-situ).</p>
EC.3.4.b	Minimum requirement of on-going supervision	<p>One hour's clinical supervision every 8 weeks from a peer or more experienced practitioner (Level 3 as defined in the PBS Competence Framework). Can be group or individual and a proportion should be in-situ.</p>
EC.3.5.b	Continued professional development	<p>Twelve hours continuing professional development relevant to PBS including directed learning, reading publications, conference participation over a 12 month period.</p>

Domain 2:

Professional Standards

It is expected that, in addition to the relevant education and experience criteria above, and any relevant ethical codes for their profession, practitioners at all levels will also meet the following standards in relation to professional conduct:

PS.1	<p>Evidence how the PBS competence framework values base informs their practice and integrity</p> <ul style="list-style-type: none">• Help shape and change, when appropriate, the values of the organisations they work with• Support staff to describe and deliver the values and core aims of the organisation• Role model dignity, respect, warmth, empathy, compassion in all interactions, and monitor this in the teams they work with• Facilitate feedback from persons supported, as well as their family and friends, on how values are expressed in actions, and use this feedback to shape and change the organisation• Actively manage staff and resources to build a positive and supportive environment
PS.2	<p>Promote and protect the interests of the persons and families they work with</p> <ul style="list-style-type: none">• Treat people, their carers and their families as individuals respecting their privacy and dignity• Build effective relationships with the person supported, family carers and other important people in the person's life• Work in partnership with people, their carers and their families, involving them in decisions about the care, treatment or other services to be provided• Encourage and help people to maintain their own health and well-being and support them so they can make informed decisions• Obtain consent from people, their carers and families or other appropriate authority before providing care, treatment or other services• Never discriminate against people, their families, other professionals or colleagues by allowing personal views to affect professional relationships or the care, treatment or other services provided

PS.3	<p>Communicate appropriately and effectively</p> <ul style="list-style-type: none"> • Listen to people, their carers and their families and take account of their needs and wishes • Give people, their carers and their families the information they want or need, in a way they can understand • Use the most effective forms of communication to meet people’s language and communication needs • Work in partnership with colleagues and other professionals sharing skills, knowledge and experience where appropriate, for the benefit of people, their carers and their families • Share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a person and their family • Use all forms of communication appropriately and responsibly, including social media and networking websites
PS.4	<p>Work within the limits of their knowledge and skills</p> <ul style="list-style-type: none"> • Only practise in the areas where they have appropriate knowledge, skills and experience • Refer a person to another practitioner or seek appropriate supervision if the care, treatment or other services they need are beyond their scope of practice
PS.5	<p>Commit to least restrictive practice</p> <ul style="list-style-type: none"> • Use restrictive practices (whether planned under Deprivation of Liberty (DOLS) or the Mental Health Act (MHA), or as part of crisis management) as a <u>last resort</u> and only to maintain the safety of the person or others • Record and monitor any use of restrictive practices to ensure that their use is minimised and reduced
PS.6	<p>Proactively manage risk (whilst not limiting opportunities)</p> <ul style="list-style-type: none"> • Take all reasonable steps to reduce the risk of harm to people, their carers and families and colleagues • Do not do anything, or allow someone else to do anything, which could put the health or safety of a person, their carers, families, or colleagues at unacceptable risk • Adopt a positive risk-taking approach whereby risks are identified and minimised, rather than avoided altogether, particularly when an activity is important to the person supported

PS.7	<p>Respect confidentiality</p> <ul style="list-style-type: none"> • Treat information about people, their carers and families as confidential • Only disclose confidential information if: <ul style="list-style-type: none"> - This is in line with the organisation's policy - Permission has been granted/consent has been obtained - The law allows it - It is in the person's best interests - It is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people
PS.8	<p>Report concerns about safety</p> <ul style="list-style-type: none"> • Report, and follow up any concerns about the safety or well-being of the person supported promptly and appropriately • Support and encourage others to report concerns and not prevent anyone from raising concerns • Take appropriate action if they have concerns about the safety or well-being of children or vulnerable adults • Make sure that the safety and well-being of people, their carers and families always comes before any professional or other loyalties • Acknowledge and act on concerns raised by others, investigating, escalating or dealing with those concerns (where it is appropriate to do so)
PS.9	<p>Maintain and develop knowledge and skills</p> <ul style="list-style-type: none"> • Keep knowledge and skills up to date and relevant to clinical practice through continuing professional development • Keep up to date with and follow the law, professional guidance, and other requirements relevant to clinical practice

PS.10	<p>Seek appropriate supervision and reflect on practice</p> <ul style="list-style-type: none"> • Be open and honest when something has gone wrong with the care, treatment or other services provided by: <ul style="list-style-type: none"> - Informing people, their carers and families that something has gone wrong - Apologising - Taking action to put matters right, if possible making sure that people, their carers and families (where appropriate) receive a full and prompt explanation of what has happened and any likely effects - Supporting people, their carers and families who want to raise concerns about the care, treatment or other services they have received - Giving a helpful and honest response to anyone who complains about the care, treatment or other services they have received • Make changes to the way they practise, or stop practising, if their physical or mental health may affect their performance or judgement or put others at risk for any other reason
PS.11	<p>Be honest and trustworthy</p> <ul style="list-style-type: none"> • Make sure that their conduct justifies the public's trust and confidence in their profession • Be honest about their experience, qualifications and skills • Make sure that any promotional activities they are involved in are accurate and are not likely to mislead • Declare issues that might create conflicts of interest and make sure that they do not influence their judgement
PS.12	<p>Maintain accurate records</p> <ul style="list-style-type: none"> • Keep full, clear, and accurate records for everyone they care for, treat, or provide other services to • Keep records secure by protecting them from loss, damage or inappropriate access • Act in compliance with General Data Protection Regulation (GDPR) requirements
PS.13	<p>Adhere to ethical guidelines</p> <ul style="list-style-type: none"> • Deliberately avoid the use of punishment and/or aversive procedures • Ensure that any experimental functional analysis conducted is approved by the recognised ethical body for the organisation • Ensure that all interventions are undertaken within the clinical governance of the service

Domain 3:

Supervisory and practice leadership standards

It is expected that, in addition to the relevant education and experience criteria above, any relevant ethical codes for their profession, and the standards in relation to professional conduct, anyone with supervisory responsibilities will meet the following Supervisory/practice leadership standards needed to put PBS into practice. There are two sections:

1. Behaviour Specialist/Supervisory/Managerial practitioner standards

2. Higher-Level Behaviour Specialist/Organisational/Consultant practitioner standards

1. Behaviour Specialist/Supervisory/Managerial practitioner standards			
<p>Ensure delivery of the competencies needed for effective support when working within a PBS Framework</p> <p><small>(Source: Positive Behavioural Support (PBS): A Competence Framework 2015)</small></p>			
	<p>SP.1.1.1 Creating high quality care and support environments</p>	<p>SP.1.1.2 Assessment of behaviour and skills</p>	<p>SP.1.1.3 Developing, using and checking the effectiveness of a Behaviour Support Plan (BSP)</p>
SP.1.1	<p>Behaviour Specialist/Supervisory/Managerial practitioners have a key role in creating and maintaining the physical and social environment of the people they support. They are responsible for planning, organising and monitoring each person's support, as well as directly providing support where relevant and modelling good practice.</p>	<p>Behaviour Specialist/Supervisory/Managerial practitioners lead and contribute to comprehensive assessments of each person's behaviour, skills, abilities, and needs. They assist direct support workers to understand the importance of assessments and fulfil their responsibilities in relation to these assessments.</p>	<p>Behaviour Specialist/Supervisory/Managerial practitioners lead and contribute to the production, implementation, and monitoring/review of a behaviour support plan (BSP) for each person tailored to their individual needs. They ensure that direct support workers understand the importance of the BSP and implement effectively the BSP for each person they support.</p>

<p>SP.1.1</p>	<p>This involves:</p> <ul style="list-style-type: none"> • Respecting each person as an individual with the same human rights as everyone else • Appreciating and supporting a person’s social, physical and mental health needs • Supporting communication and choices • Supporting and organising participation in activities people enjoy • Matching support to an individual’s needs as well as their likes/dislikes • Creating safe, consistent and predictable environments • Building upon and teaching new skills • Supporting relationships with the person’s family, friends and their wider community • Adopting the least restrictive support (and the legislation supporting this) 	<p>This involves:</p> <ul style="list-style-type: none"> • Understanding the importance of working in partnership with others and ways to facilitate this • Assessing the match between the person and their environment • Knowing the health of the person and ways to maintain and monitor this • Understanding the principles of behaviour and that all behaviour occurs for a reason • Using clear information (data) to support all decisions about a person’s support • Assessing the function (reason) of a person’s behaviour • Assessing a person’s skills and understand their abilities (including the impact of their learning disability) • Assessing a person’s likes/dislikes and understanding what motivates someone and ways to do this 	<p>This involves:</p> <ul style="list-style-type: none"> • Understanding the purpose of a BSP; roles, responsibilities and timescales • Why we use data to understand a person’s skills and needs and how data should be used as part of a BSP • Understanding the reasons for a person’s challenging behaviour, the situations it is likely to occur and the range of factors that maintain it • Antecedent strategies (proactive and preventative strategies) • Methods of teaching new skills and alternatives to behaviour which challenges • Reactive strategies including the use of the least restrictive crisis management strategies • Importance of monitoring the delivery and effectiveness of the BSP and how to do this
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Facilitate effective practice and effective practice supervision across all three areas of PBS practice

Behaviour Specialist/Supervisory/Managerial practitioners have a key role in facilitating effective practice and practice supervision for direct workers implementing PBS and facilitating effective practice for other professionals working within a PBS framework. Supervision is an accountable process, the purpose of which is to improve the quality of practice to achieve agreed objectives and outcomes.

Practitioners must:

- Create environments that facilitate excellent practice
 - Be visible and accessible and lead by example
 - Demonstrate knowledgeability, integrity, creativity, resilience
 - Establish recording systems to ensure quality, monitor safety/restrictive practice and promote the supervisees goals
 - Manage staff rotas/organisation based on needs of people supported (with time for training/team meeting/supervision etc.)

- Facilitate effective team work
 - Motivate others, building positive relationships with others (internal and external to organisation)
 - Incorporate feedback from supervisees and other stakeholders on support provided, promote team work

- Promote staff well-being
 - Facilitate reflective practice and understanding of how behaviour/values/attitudes influence others
 - Monitor staff wellbeing
 - Provide constructive feedback and specific support for areas of difficulty
 - Recognise and celebrate skills/achievements
 - Support work life balance, appropriate professional relationships, professional boundaries etc

SP.1.2

<p>SP.1.3</p>	<p>Develop excellent practitioners</p> <p>Developing excellent practitioners is an important part of Behaviour Specialist/Supervisory/Managerial practitioners' role. They develop a culture of learning and striving for improvement, in which all staff are motivated to develop their skills and improve their practice.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Demonstrate what is expected of supervisees and train them to competent practice through behaviour skills teaching • Recognise and celebrate the skills of direct support workers • Identify development needs of support workers and create opportunities for learning • Motivate staff and lead by example • Create a culture of learning and improvement • Facilitate reflective practice • Conduct in-situ observations and provide feedback to staff • Conduct debriefs after incident and provide emotional support • Support staff to demonstrate values consistent with PBS
<p>SP.1.4</p>	<p>Undertake confident analysis and decision making</p> <p>Behaviour Specialist/Supervisory/Managerial practitioners will often need to make decisions about people's support and staff working practices. This requires confident analysis and decision making.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Facilitate data-based decision making and create an analytical culture • Establish procedures for collecting data on person's behaviour/skills/needs • Monitor the implementation of a BSP/other support strategies • Ensure that all involved in supporting a person have a functional understanding of behaviour • Ensure decisions involve the person and others who are important to them and are consistent with the goals of the person and their family/other stakeholders • Manage records/personal documentation for the people supported and change/update these when necessary

2. Higher-Level Behaviour Specialist/Organisational/Consultant practitioner standards

<p>Ensure delivery of the competencies needed for effective support when working within a PBS Framework (source: Positive Behavioural Support (PBS): A Competence Framework 2015)</p>			
	<p>SP.2.1.1 Creating high quality care and support environments</p>	<p>SP.2.1.2 Assessment of behaviour and skills</p>	<p>SP.2.1.3 Developing, using and checking the effectiveness of a Behaviour Support Plan (BSP)</p>
<p>SP.2.1</p>	<p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners are responsible for organising and providing the infrastructure that supports whole settings to create high quality care and support environments.</p> <p>This involves:</p> <ul style="list-style-type: none"> • Creating and maintaining a values-led culture within the service, including producing documents that describe the service's values and how these should be demonstrated 	<p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners ensure that assessments of each person's behaviour, skills, abilities, and needs, as well as assessments relating to the service itself and the support provided by staff, are conducted.</p> <p>This involves:</p> <ul style="list-style-type: none"> • Devising systems and processes that support data-driven decision making within the service • Conducting complex assessments where needed, e.g. experimental functional analyses • Designing and implementing data collection procedures to be used by staff teams 	<p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners create the infrastructure and systems to ensure that every person supported by the service has a comprehensive BSP that is implemented effectively and regularly reviewed and updated.</p> <p>This involves:</p> <ul style="list-style-type: none"> • Establishing service wide standards and expectations that each person will have a comprehensive BSP that is implemented effectively • Synthesising complex assessment data and supporting staff teams to understand assessment outcomes

<p>SP.2.1</p>	<ul style="list-style-type: none"> • Cultivating and maintaining relationships with other services and professionals (e.g. behavioural specialists, health services and professionals, community services etc.), and facilitating joint working • Creating systems and processes for monitoring support and key outcomes for each person and across the service • Designing service level policy, procedures and guidance • Devising specialised interventions where needed (e.g. to support people to develop new skills) 	<ul style="list-style-type: none"> • Considering comorbidity and other complexities, and seeking support from other professionals where needed • Ensuring that the match between the person and their environment is assessed and that sufficient resources are available to staff teams to support each person 	<ul style="list-style-type: none"> • Constructing formulations and contingency diagrams to explain the functions of each person's behaviour, and supporting staff teams to understand this information • Facilitating the development of a BSP for each person and supporting staff at all levels to be involved in the process • Ensuring that systems and procedures are in place to support the implementation of antecedent strategies and that all staff understand the purpose and use of antecedent strategies for each person • Ensuring that there is a clear policy about the use of least restrictive practice and designing systems and procedures to facilitate this, including a framework to reduce the use of restrictive practices within the service • Establishing mechanisms for debriefing following crises
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SP.2.1			<ul style="list-style-type: none">• Regularly auditing and monitoring outcomes at an individual, group of individuals, and service wide level relating to BSPs and their implementation• Ensuring that regular audits of BSPs are conducted and that BSPs are reviewed and updated as needed.
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<p>SP.2.2</p>	<p>Lead and govern excellent practice</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners are responsible for leading and governing excellent practice in PBS both within and across organisations/systems.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Promote and implement PBS values across organisations/systems • Lead by example and demonstrate integrity, creativity, resilience • Develop good relationships both internal and external (e.g. commissioners) to organisation/system • Establish recruitment and staff retention systems to attract and maintain a quality workforce • Establish a culture of accountability across organisations/systems • Drive change and progress
<p>SP.2.3</p>	<p>Create a context and system for effective practice</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners are responsible for creating a values led culture by developing a clear statement of values and ensuring that all staff demonstrate values in their practice and interactions with others.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Create a values-led culture • Secure the necessary resources to implement PBS, support activities and community involvement etc • Obtain additional professional support where needs arise if issues beyond competency of service/staff • Be aware of responsibilities in relation to legislation and ensure compliance

<p>SP.2.4</p>	<p>Develop excellent practitioners</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners are responsible for developing excellent practitioners. This means supporting staff at all levels in their continuing professional development and securing resources and training to facilitate this.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Establish a workforce development plan that includes training, supervision and on-going continuing professional development in line with Improving the quality of Positive Behavioural Support (PBS): The standards for training and Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams • Secure the resources necessary to effect the workforce development plan • Establish supervisory systems for staff • Establish a culture of inquiry, reflection and continued learning that feeds back into, and continuously develops workplace practices
<p>SP.2.5</p>	<p>Support effective decision making</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners are likely to have responsibility for decisions about the service itself (e.g. how it is run, its organisation and structure, working practices etc.) as well as the way in which people are supported by the service.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Facilitate data driven decision making • Design systems and processes for monitoring progress • Modify support on basis of progress data • Promote reflective practice
<p>SP.2.6</p>	<p>Establish quality assurance and improvement</p> <p>Higher-Level Behaviour Specialist/Organisational/Consultant practitioners need to set and maintain high standards for the services/organisations they work within and ensure that they set good examples for staff.</p> <p>Practitioners must:</p> <ul style="list-style-type: none"> • Establish systems that allow organisations/systems to meet the standards set out in Improving the quality of Positive Behavioural Support (PBS): The standards for training and Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams • Establish processes for monitoring key outcomes • Incorporate feedback from people supported and stakeholders into wider service design and organisation

References

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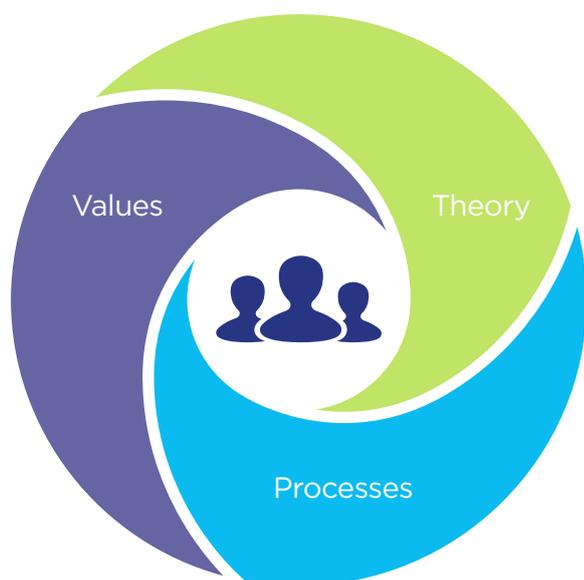
To see additional resources from the PBS Academy, go to:

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