

# Five signs of good Positive Behaviour Support

This document is aimed at a range of stakeholders, including commissioners, inspectors, service managers, and families, among others. There is an accessible version available for people receiving support.

The overall aim of Positive Behaviour Support (PBS) is to improve the quality of the person's life and the quality of life for those around them.

PBS is not a quick fix. PBS means that people receive the right support at the right time. The right conditions need to be created and maintained so people can achieve the quality of life that they want and deserve to have. Successful implementation needs a whole organisational approach and ongoing commitment.

We would be able to see good PBS happening in these five ways:

## 1. Personalisation

### **The support would be personalised**

We would see evidence of consistent actions being taken to enhance the quality of life and wellbeing of the person. These actions would have been created or agreed with the person and written into a plan. The actions would support the person to be engaged in activities that were meaningful to them and would enable them to experience an ordinary life within their own community.

## 2. A psychological understanding of behaviour

**The support would be based on the psychological understanding of how that person learns and what the behaviour of concern means for a person**

Practitioners would use standardised assessment tools to inform function-based interventions that are practically applied to the benefit of the individual. Any assessment would take into account the person's history and their unique and individual characteristics including their strengths, any cognitive differences, emotional and physical needs and any traumatic life events.

## 3. Active implementation

**The support would be well planned, implemented and monitored**

There would be clarity around every person's role and responsibilities together with evidence of good leadership at the service and organisational level. Support would be progressive and developmental for the individual and all other people involved. This would include the teaching and learning of new skills. Any restrictions deemed necessary would be kept under continual review and the least restrictive approach would always be taken.

## 4. Evidence based

**The support would be based on different kinds of data collected and analysed at all levels in the system**

Data, both hard and soft, would be used to inform assessment, to evaluate intervention, and to monitor and improve the quality of life and wellbeing of the person and others. Information should be collected from the person themselves and their families and supporters to see if things have got better for them.

## 5. Multicomponent interventions

**Support would be implemented at different levels and in different ways**

We would see proactive strategies to prevent or reduce the triggers and events that evoke or maintain the behaviours of concern. Interventions would be designed to support personal development and the learning and maintaining of new skills.

Coping strategies would be prioritised and there would be evidence that the environment had been altered to ensure it was the best possible fit for the person. There would be some reactive strategies to help people keep safe when needed. Support would be based on assessed need and may utilise a range of evidence-based therapies.

## Glossary of terms

**Behaviours of concern:** The term 'behaviour of concern' is used in this document as our preferred term, but you may also hear the terms, 'challenging behaviour', 'behaviours that challenge', and 'distressed or risky behaviour'.

**Standardised assessment tools:** This means we would use the appropriate questionnaires and other tools for measuring different aspects of the person's environment and life that had been tried and tested by other researchers and practitioners. This enables us to be as sure as we can that the tools are giving us accurate results.

**Function based interventions:** Any plans or strategies would be based on our understanding of what purpose the behaviour has for the person and how it helps them to get the things they need. A good strategy would help the person to develop new skills to help them manage their distress and get their needs met in better and less harmful ways for them.

**Hard and soft data:** We would expect to see a range of information being collected, some would be hard data – facts and figures, for example, how many, how often, etc and some would be soft data – more descriptive and based on people's personal experiences and feelings about things.

**Proactive strategies:** These are any strategies that help to prevent the behaviour of concern from happening – they might be preventive, as they aim to remove the trigger that prompts the behaviour for the person. Some proactive strategies should be developmental so that the person is supported to develop new skills so they can access what they need and/or develop coping strategies. Proactive means the strategies are put in place before the behaviour occurs, rather than being a response when the behaviour is happening. Teaching communication skills, looking after people's health, making sure that people have plenty of meaningful and interesting things to do and good social networks are all examples of proactive working.

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