

## CAPBS Organisational and Workforce Development Framework

Positive Behaviour Support (PBS) is a multi-component framework for working out how best to provide long-term support for persons with learning disabilities and/or autism whose behaviour may be of concern. The overall aim of Positive Behaviour Support (PBS) is to improve the quality of a person's life, and the quality of life of those around that person.

Most of us may at times behave in ways that other people find concerning or difficult to understand. However, when a child or adult with a learning disability displays concerning behaviours he or she is likely to be at risk of being excluded from important life opportunities and subject to restrictive practices. It is very important, therefore, that people with learning disabilities receive the support they need in order to avoid these sorts of outcome.

Positive Behaviour Support blends person centred values with an evidence-based understanding of how behaviour is learned and maintained. Person-centred assessment and intervention are each based on an understanding that behaviour develops to serve important functions for people (Gore et al, 2013). In summary this means all behaviour happens for a reason and each occurrence of behaviour has an impact on a person's physical and social environment. Changes in the physical and social environment interact with our social and learning histories to make it more or less likely that the same behaviour will be repeated in similar circumstances in the future.

Significant past events, both positive and negative, as well as quality of past and present relationships, contribute to people's learning histories and can have an impact, therefore, on daily experiences and interactions.

Behaviours of concern often occur in the context of difficult circumstances. People with learning disabilities are as likely as anyone else to experience traumatic life events, and more likely than most others to have impoverished social networks and support systems, and to live in environments that fail to meet their needs. They are also more likely than non-disabled counterparts to experience physical and emotional health problems and to lack meaningful things to do (Hastings et al. 2013). In such circumstances behaviours of concern may be seen as an expression of unmet need and assessment helps to identify what it is a person needs in order to live a fulfilling life. Understanding unmet need in the present and past establishes a context for understanding the important functions behaviour serves for a particular person

The severity or impact of the concerning behaviour is often the trigger for a referral to services and the reason for intervention. PBS interventions are person-centred, multicomponent. Interventions are designed specifically for each person with the aim of helping that person improve his or her overall quality of life and the quality of life experienced by others.

This usually requires a range of appropriate supports and interventions is provided that enhance people's daily lives, build new skills and address the emotional and physical needs of everyone involved. The aim is for people to have their needs met in ways that do not have such negative impacts on themselves and others around them.

Individuals providing direct support need an understanding of common biological factors (including cognitive differences), and environmental factors that contribute to the development of concerning behaviours. In addition, they should have specific knowledge of a particular person's history, which may include traumatic life events such as abuse

## Context and structure

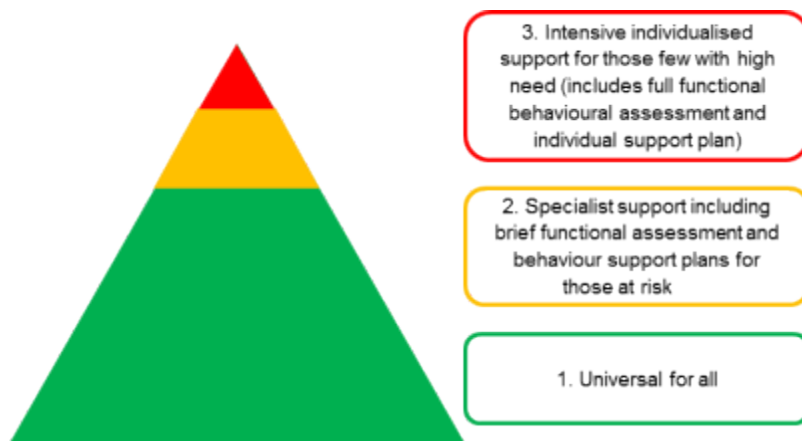
BILD's Centre for the Advancement of Positive Behaviour Support (CAPBS) has supported over 50 organisations across the public, private and charity sectors to implement Positive Behaviour Support (PBS).

Through this work, and using *Positive Behavioural Support: A Competence Framework* from the PBS Academy (2015), the Centre has created an effective and flexible Organisational and Workforce Development Framework. This document provides a summary of this learning.

The CAPBS Framework recognises that services and organisations are often providing a mixture of supports at different levels and may have different PBS workforce development needs at different times. The PBS three tiered approach to prevention, adapted from the school wide model, published by the OSEP Centre at the University of Oregon ([www.pbis.org.uk](http://www.pbis.org.uk)) is useful to help understand the range of supports needed.

In the CAPBS Framework, each tier is tailored to the training needs of different roles and functions to ensure that the right staff have the right competencies to facilitate organisational development. The framework is aimed at organisations that provide services across adult health and social care, as well as schools, but could be adapted for family carers and PAs. Some organisations and Transforming Care Partnerships may only need to commission additional training within those tiers where they do not already have appropriate training in place.

**Figure 1:** The three tiered approach to prevention



### Critical factors for success

Factors critical to PBS being successfully implemented – by which we mean there is a positive outcome for the person and those that support them – include:

- The presence of skilled empathic mediators (those also deliver the direct support) (Allen et al 2013, Denne et al, 2013, 2015)
- Practice leaders (Denne et al, 2015, Deveau and McGill, 2014)
- Access to appropriate levels of behavioural expertise, and organisational structures that support implementation (Allen, 2011)

### Methods of delivery

Traditional methods of classroom style training have limited impact and are unlikely to be suited to facilitating the delivery of personal outcomes for people (Denne et al, 2015). The CAPBS Coaches Programme promotes a competence based model, empathy based training and developing the workforce through practice leadership, where skills can be actively practiced and developed.

CAPBS Coaches are prompted to think about competence assessment in the workplace. For example, to support staff to implement individual Behaviour Support Plans, a multi-stage model is used - verbal instruction, demonstration and role play and then coaching and assessment in situ - similar to that described by LaVigna and Willis (1994) in the Periodic Service Review.

Ongoing mentoring, feedback and advice has been shown to be highly effective in facilitating continuous improvement to practice and organisational change - the success of the Active Support training model is also relevant here (Stancliffe et al, 2008a).

## Competences into curriculum

The *Positive Behavioural Support: A Competence Framework* (PBS Academy, 2015) is a substantial publication that describes the knowledge and skills needed at three levels: direct support, manager and higher specialist level. At the direct support level for example, more than 200 knowledge and skills competencies are listed. As this is more than a traditional model of one or two day staff training can support, the CAPBS Organisational and Workforce Development Framework has attempted to categorise these competencies into manageable 'chunks', or areas for development.

There are some areas of overlap, but effectively they can be modularised into an accessible curriculum that can be audited for prior knowledge, and competence checked through the *Support Workers Doing Positive Behavioural Support Well: A Competence Checklist* (PBS Academy, 2016). Sessions and supporting materials can then be facilitated through Practice Leaders/Coaches to meet the gaps and support ongoing development.

The modules in the CAPBS Organisational and Workforce Development Framework are outlined below and, in more detail, in Table 1.

**Figure 2:** CAPBS curriculum development modules



### Level 1: Foundation and Practitioner

To aid effective use of resources, and with reference to the three tier PBS model above, we have separated the competencies at Level 1 into two groups:

- *Foundation Level 1A:* Those that people need if they are delivering a general PBS approach (including active support), and
- *Practitioner Level 1B:* Those who are implementing Behaviour Support Plans and need an extended set of skills and knowledge. Details of curriculum areas are below. Please note curriculum area three, ie providing supportive environments, would incorporate mediator needs as well as the needs of direct recipients of PBS

**Curriculum areas for Foundation Level 1A** – Everyone who is part of the delivery of PBS at any level, direct or otherwise



**Curriculum areas for Practitioner Level 1B** – Everyone who provides direct PBS support and implements PBS plans and already has foundation knowledge



## Level 2: Lead Practitioner/Coach

In the PBS Academy Competence Framework, this second level of competence is for managers, supervisors and specialists. Organisations and services incorporate a wide range of service structures and different professional groups, so we find it easier to express this as three functions rather than roles. All three functions are needed to be in place at this level:

- *The behavioural expertise function* – is dependent on service need, quality and quantity of other behaviour expertise and support available externally and internally. Much of this function can be provided externally if supported by a practice leader/coach with enough knowledge to support level one practice
- *The practice leader function* – essential for the successful maintenance of PBS practice, these people must be available to support on site
- *The managerial function* – to oversee systems and resource allocation

These functions may be covered by one, two or three people dependent on the service model, but all three are essential. Individual services are in the best position to decide how the three functions are covered.

## Level 3: Advanced Practitioner/Consultant

The third level in the Competence Framework is that of higher level specialist and there are external professional qualifications and pathways for this. Higher level Specialists or consultants who are responsible for supporting complex case management will need to have a range of skills and knowledge to inform a person centred Positive Behaviour Support plan that supports a bio/psycho/social understanding of the person's strengths and needs. This includes the ability to integrate other evidence based interventions and approaches to meet individual needs in a holistic way. They may need to use data from multiple sources and coordinate work from other clinical specialists.

Complex cases could include people who have a diverse range of cognitive differences and/or vulnerabilities including autism, ADHD, current and historic experiences of trauma, and attachment difficulties as well as psychological and physical health needs. The specialist will need a good understanding of how these different factors or vulnerabilities interact with the overall environment to create and maintain behaviours of concern how those conditions can be altered to reduce the likelihood of them occurring.

The highest level of development through CAPBS is that of Advanced Practitioner. We would expect that an Advanced Practitioner may have successfully completed an accredited Coaches Programme and/or have an external post-graduate qualification, and would be able to provide evidence that the organisation is implementing and continuing to develop its PBS practice.

Some organisations that have individuals at Advanced Practitioner level may wish to become a CAPBS Centre and the Advanced Practitioner can join our consultancy bank so their skills can be utilised to support other organisations at different stages in the PBS process.

Among other relevant training:

**PBS Awareness training** – CAPBS also provides awareness sessions for anyone who comes into contact with services providing PBS. These are bespoke for different groups of stakeholders who may include people who are receiving PBS, families, MDT professionals and commissioners. This promotes readiness, understanding and development of a shared language about PBS. These sessions are non-competency based.

**Physical intervention training** – The underpinning principles of the framework support personalisation, human rights and the least restrictive practice. CAPBS do not provide physical intervention training. PBS is broader (Denne et al, 2015), but it is acknowledged some services may need to provide this training to carers based on individual audit and we recommend that the *BILD Code of Practice* (BILD, 2014) is followed and there are clear plans in place for reduction of their use.

The framework supports the recommendation of Gary LaVigna and Thomas Willis, *“that the line between proactive and reactive strategies should be a solid one... the only role of a reactive strategy is the minimisation of episodic severity. All responsibility for the future is assigned to proactive strategies...”* (LaVigna and Willis, 2016).

**Functional assessment** – CAPBS uses the model developed by Anderson and Horner (2007) to help organisations answer the questions of who can complete functional assessments and develop interventions plans, if they are needed, and at what level.

Levels of functional assessment (Horner and Anderson, 2007 )	<b>CAPBS Pathway</b>
Informal – everyday problem solving	<b>CAPBS Foundation 1B</b>
Level 1 Basic – needs some training (brief observation and interview)	<b>CAPBS Basic Functional Assessment Programme plus Foundation Level 1B</b>
Level 2 Complex – needs a higher level of training (observations and interviews)	<b>BCU Accredited Programme (CAPBS Coaches Programme plus Functional Assessment module)</b>
Level 3 Functional analysis – trained behaviour analyst	<i>External qualification programmes from Bangor /Tizard, etc.</i>

In services where a behaviour specialist exists, it is likely that they will have a high case load. In referring to the model above and providing appropriate levels of training, ongoing support and supervision resources can be spread effectively and practice leaders can manage some of the less complex cases and coach practitioners to support some aspects of assessment and intervention.

Sarah Leitch  
CAPBS Development Manager

October 2016

© Copyright BILD 2016

**Centre for the Advancement of Positive Behaviour Support**

Birmingham Research Park  
97 Vincent Drive  
Edgbaston  
Birmingham B15 2SQ

0121 415 6960  
capbs@bild.org.uk  
[www.bild.org.uk/capbs](http://www.bild.org.uk/capbs)

**Table 1: CAPBS Organisational and Workforce Development Framework**

<i>CAPBS Level</i>	<i>Who is it for?</i>	<i>Length of programme</i>	<i>Curriculum</i>	<i>Complementary awareness and skills We recommend an individualised person centred needs analysis takes place</i>
<b>Level 0: Awareness</b>	Anyone who comes into contact with services providing PBS	2 hours	<ul style="list-style-type: none"> <li>Core values underpinning PBS</li> <li>Basic understanding of behaviour and causes of behaviours of concern</li> <li>Applications of PBS</li> <li>What does good PBS look like?</li> </ul>	<i>Some awareness and induction knowledge can be gained using the online PBS introductory course if understanding is followed up within service and within supervision</i>
<b>Level 1a: Foundation (Induction)</b>	Everyone who is part of the delivery of PBS at any level, direct or otherwise	1 day	<ul style="list-style-type: none"> <li>Values and components of PBS</li> <li>Person centred working</li> <li>Providing supportive and capable environments</li> <li>Understanding behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Communication skills</li> <li>Introduction to learning disability</li> <li>Introduction to Active Support</li> </ul> Alternative online PBS awareness programme by ABMU, available on the BILD website
<b>Level 1b: Practitioner</b>	Everyone who provides direct PBS support and implements PBS plans and already has foundation knowledge	2 days	<ul style="list-style-type: none"> <li>Values and components of PBS</li> <li>Person centred working</li> <li>Providing supportive and capable environments</li> <li>Supporting functional assessment</li> <li>Implementing Behaviour Support Plans</li> <li>Teaching new skills (eg emotional regulation)</li> <li>Ethical use of reactive responses</li> </ul> NB does not include physical intervention training	<ul style="list-style-type: none"> <li>Promoting wellbeing as an intervention</li> <li>Basic Functional Assessment</li> <li>Active Support</li> <li>Reducing Restrictive Practices</li> <li>Trauma Informed Care</li> </ul> Specialist programmes <ul style="list-style-type: none"> <li>PBS in Schools</li> <li>PBS and Autism</li> </ul>
<b>Level 2a: CAPBS Coaches Programme</b>	Lead Practitioners and Coaches who support the implementation of PBS and/or managers who oversee services using PBS approaches	3 days taught + workplace assignment plus 1 day follow up	<ul style="list-style-type: none"> <li>Extending PBS knowledge and skills</li> <li>Using coaching to support implementation of Behaviour Support Plans</li> <li>Facilitating workforce development</li> <li>Producing accessible resources to support awareness and competence at level 1</li> <li>Understanding organisational implementation and supporting service and organisational development</li> <li>Developing an action plan and individual service, organisational baseline measures</li> </ul>	<ul style="list-style-type: none"> <li>Practice leadership</li> <li>Interactive Coaching</li> <li>Periodic Service Review</li> </ul> CAPBS Coaches Network CPD programme including regular masterclasses, practice sharing forums and specialist CPD events, CAPBS consultant supports PBS action plan developed on Coaches Programme
<b>Level 2b: BCU Accredited Programme (CAPBS Coaches Programme + Functional Assessment module)</b>	Lead Practitioners and Coaches who are required to undertake descriptive functional assessments and design intervention plans and do not already possess an appropriate qualification	Workplace assignment with mentoring - six months	<ul style="list-style-type: none"> <li>Writing a descriptive functional assessment</li> <li>Developing an intervention plan</li> <li>Coaching staff to follow the intervention plan</li> <li>Facilitating reflective practice</li> </ul>	CAPBS consultant monitors the implementation of PBS action plan developed on Coaches Programme  BTEC Diploma in PBS plus CAPBS Practice Leadership programme
<b>Level 3: CAPBS Training Hub</b>	Advanced Practitioner/Consultant: Organisational Behaviour Lead	Ongoing	<ul style="list-style-type: none"> <li>Completes PG course</li> <li>Becomes CAPBS Consultant</li> <li>Organisation becomes BILD CAPBS Centre</li> <li>Provides regular evidence of action plan compliance and competencies</li> </ul>	<i>External Masters programmes from Bangor/Tizard, etc</i>



## References

- Allen, D (2011) *Reducing the Use of Restrictive Practices with People who have Intellectual Disabilities. A practical approach*. Birmingham: BILD publications
- Allen, D, McGill, P, Hastings, R, Toogood, S, Baker, P, Gore, N J and Hughes, J C (2013) Implementing positive behavioural support: changing social and organisational contexts. *International Journal of Positive Behavioural Support*, 3(2), 32–41
- Anderson, C and Horner, R (2007) *Developing Feasible and Effective Interventions based on Functional Behavioral Assessment*. PPT presentation. Available at: <http://bit.ly/1Qtfe7N>
- BILD (2014) *BILD Code of Practice for Minimising the Use of Restrictive Physical Interventions: Planning, Developing and Delivering Training. A guide for purchasers of training, training organisations and trainers*. Birmingham: BILD publications
- Denne, L D, Noone, S, J, Gore, N J, Toogood, S, Hughes, J C, Hastings, R P, Allen, D, Baker, P and McGill, P (2013) Developing a core competencies framework for positive behavioural support: issues and recommendations. *International Journal of Positive Behavioural Support*, 3(2), 24–31
- Denne L, Jones E, Lowe K, Jackson Brown F, and Hughes C J (2015) Putting positive behavioural support into practice: the challenges of workforce training and development. *International Journal of Positive Behavioural Support*, 5(2), 43-54
- Deveau, R and McGill, P (2014) Leadership at the front line: impact of practice leadership management style on staff experience in services for people with intellectual disability and challenging behaviour. *Journal of Intellectual and Developmental Disability*, 39(1), 65-72
- LaVigna G W, Willis T J, Shaull, J, Abedi. M and Sweitzer M (1994) *The Periodic Service Review. A total quality assurance system for human services and education*. Baltimore: Paul H Brookes Publishing Co
- LaVigna, G W and Willis, T J (2016) The alignment fallacy and how to avoid it. *International Journal of Positive Behavioural Support*, 6(1), 6–16
- OSEP Center on Positive Behavioral Interventions and Supports. University of Oregon [www.pbis.org](http://www.pbis.org)
- PBS Academy (2015) *Positive Behavioural Support: A Competence Framework*. [www.pbsacademy.org.uk](http://www.pbsacademy.org.uk)
- PBS Academy (2016) *Support Workers Doing Positive Behavioural Support Well: A Competence Checklist*. [www.pbsacademy.org.uk](http://www.pbsacademy.org.uk)
- Stancliffe R, Jones E and Mansell, J (2008a) Editorial. Active support research. *Journal of Intellectual Developmental Disabilities*, 33(3), 194-195