

PBS Standards for Wales

Al Wales Community of Practice and the LDAG Subgroup Transforming Care in Wales for People with Learning Disabilities and Challenging Behaviour March 2018

Rebecca Evans AC/AM Gweinidog lechyd y Cyhoedd a Gwasanaethau Cymdeithasol Minister for Social Services and Public Health



Llywodraeth Cymru Welsh Government

Ein cyf/Our ref RE/05486/16

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KMS A AN

Thank you for your letter of 29 September and attachments.

developed by a sub-group of the Learning Disability Advisory Group (LDAG) with the Challenging Behaviour Community of Practice. My officials will have a separate discussion with you and your colleagues about the publication and distribution of the documents. am pleased to endorse the Positive Behavioural Support Measures and Guidance

challenging behaviour and help them to achieve their well-being outcomes. I am grateful to the LDAG sub-group and Community of Practice for their work in developing these documents which will improve the care of people with a learning disability and

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Positive Behavioural Support Standards for Wales Measure This measure is designed to assess outcomes for individuals with learning disabilities and challenging behaviour in relation to Positive Behaviour Support Standards. The Standards have been mapped against the National Outcomes Framework for Wales 2014-5. The measure may be used by commissioners to assess the standard of PBS services delivered, and by providers for self-evaluation and to promote service development.

NB. This measure is complementary to the Evaluation Matrix for Challenging Behaviour Services and both must be used in conjunction with the User Guide and the Evidence Template. Benchmarking results for both can be found in the User Guide.

Developed by members of the Learning Disability Advisory Group Subgroup 'Transforming Care in Wales for People with Learning Disabilities and Challenging Behaviour':

> Professor Kathy Lowe, Dr Edwin Jones, Wendy James (ABMU Health Board) Louise Albert (National Autistic Society) Lisa Morgan (Dimensions) Sharon Donovan (Perthyn) Rhian Jones (Drive) Claire Pritchard (Care Management Group) Keith Jones (Fieldbay) Tina Donovan, Richard Tiplady (Newbridges) Jonathan Crabb (BCU Health Board) Tina Hawkins (Walsingham) Hilary Jones (Cartrefi Cymru) Simon Clarke, Paul Copp (Elliotshill) Diane Jones (Community Lives Consortium) Jim Crowe (Learning Disability Wales)

Positive Behavioural Support (PBS) Standards mapped onto the National Outcomes Framework (Wales) 2014-15

Well-being		Physical and n	nental health and emotional well-being	Protection fr	om abuse and neglect	
What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	
I know and understand what care, support and opportunities are available to me. I get the help I need, when I need it, in the way that I want it	 My PBS plan helps me have a good quality of life 12 I am supported by staff trained in PBS 13 My PBS plan is implemented consistently by the staff team 	I am healthy I am happy	 My PBS plan helps me have a good quality of life I have appropriate treatment for my physical and mental health My behaviours that challenge are understood There is a sustained reduction in my challenging behaviours My PBS plan is implemented consistently by the staff team 	I am safe and protected from abuse and neglect	 My PBS plan helps me have a good quality of life 10 I am not subjected to restrictive practices 11 I am not subjected to punishment of punitive practice 12 I am supported by staff trained in PBS 14 I am safe and protected from abuse 	
Education, training	and recreation	Domestic, far	nily and personal relationships	Contribution	made to society	
What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	
I can learn and develop to my full potential I can do the things that matter to me	 My PBS plan helps me have a good quality of life I am supported to make informed choices and have control I participate at home and in the community My PBS plan is implemented consistently by the staff team 	I belong I have safe and healthy relationships	 My PBS plan helps me have a good quality of life I have relationships with family and friends My PBS plan is implemented consistently by the staff team 	I can engage and participate I feel valued in society	 My PBS plan helps me have a good quality of life I participate at home and in the community My PBS plan is implemented consistently by the staff team 	
Securing rights and	l entitlements	Social and ed	onomic well-being	Suitability of living accommodation		
What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	What people expect	Relevant PBS Standards	
My rights are respected I have voice and control I am involved in making decisions that affect my life My individual circumstances are considered I can speak for myself or have someone who can do it for me I get care through the Welsh language if I need it	 My PBS plan helps me have a good quality of life I am supported to make informed choices and have control I am supported to communicate I am not subjected to restrictive practices I am not subjected to punishment or punitive practice I am supported by staff trained in PBS My PBS plan is implemented consistently by the staff team I am safe and protected from abuse 	I am supported to work I have a social life and can be with the people that I choose I do not live in poverty I get the help I need to grow up and be independent	 My PBS plan helps me have a good quality of life I participate at home and in the community My PBS plan is implemented consistently by the staff team 	I have suitable living accommodation that meets my needs	 My PBS plan helps me have a good quality of life I live in an enriched typical environment , that suits my needs My PBS plan is implemented consistently by the staff team 	

		Pl	ROFILE	S OF	THE	IND	IVIDUAL BEING ASSE	SSED	D AND THE ASSESSOR
					TI	HIE I	INDIVIDUAL BEING AS	SSES	SSED
Name and address of the i	ndividual	l being	assessed:						
Description of Compiles (als	Coli -	11 41 4							
Description of Service (ple Residential/ Supported Living	Day Day Drtunities	iii that a	ppiy) Respite		Spec	cialist	t challenging behaviour service		Other (eg ILF, sessional support, outreach, care at home, family home) please specify):
Number of service users		Numbe	r of staff ho	ours					
Service User Group	A	Il with c	challenging	behav	viour	•	Some with challenging behavi	iour	None with challenging behaviour
							THE ASSESSOR		
Name and Contact details	of Asses	sor:							
Relationship to the service assessed:	being	Inter	rnal to setti	ng			rnal to setting but internal to nisation		External to setting and organisation
Assessor Qualifications:						organ			organioadon
Experience related to chal	enging b	oehavio	ur:						
Experience in assessing s	ervices:								
Understanding of Positive	Behavio	ural Su	pport:						

PBS STANDARDS FOR WALES

N.B. Observation of practice, plus discussion/ interviews with staff, the person and families are key forms of evidence for all performance indicators.

	DARD 1		R	RAT	[N	G*
-	BS plan helps me have a good qua rmance Indicators	ality of life Evidence – obtain a copy of the latest Plan and examine it	0	1	2	3
1.1	My PBS Plan is up-to-date	A PBS plan is available that was completed or reviewed within the last 12 months				
1.2	 My PBS plan contains ALL of the following sections Pen picture Understanding my behaviours Days that I like/ My best day Primary prevention Secondary prevention Reactive strategies Plan monitoring an evaluation 					
1.3	PBS plan contents are written in language that all staff can understand easily.					
1.4	The plan is accessible at all times for staff members working directly with the person.					

0 – standard not met at all 1 – standard met in part only

6

2 – standard mostly met

3 - standard fully met

• RATING

1.5	A version of the plan is available	NB. If the person does not have the capacity to understand the plan, or	
	in a format that the person can	if sharing the plan is deemed detrimental to the person by the MDT,	
	easily understand	then code 'n/a' in column 3 and score 3 for this standard.	
1.6	My PBS plan places greatest	Primary prevention is the biggest section and contains strategies for	
	emphasis on improving my	improving quality of life	
	quality of life (primary	Active support	
	prevention)		
1.7	My PBS plan is comprehensive	All interventions used with the person are contained in the plan. All	
	and socially valid	interventions pass the 'in your shoes' and 'supermarket' tests (see User	
		Guide)	

	DARD 2		RATIN				
	supported to make informed cho	ices and have control					
Perfo	rmance Indicators	Evidence	0	1	2	3	
2.1	My choices, empowerment and decision-making are actively promoted and monitored by my service.	Quality improvement plans, service delivery plans, periodic service reviews, team meeting agendas, mental capacity assessment, Best Interest decision Making Tool, Person Centred Planning tools					
2.2	Staff shows respect and a positive attitude when they interact with me	Observation, Positive monitoring, periodic service reviews, service user feedback, family feedback, supervision, the Active Support Measure, inspection reports, behaviour monitoring forms/ABC charts. Review the language used in records and the types of response used.					
2.3	Staff know me well, including my personal history, my likes and dislikes, things I like to do and how I like to communicate.	Care plan, service delivery plan, PBS plan, knowledge tests, PSR scores Discussion with support staff, Behaviour Assessment Report					
2.4	I am supported to express my individuality.	Personal preferences are known and recorded in support plans (such as food, appearance, clothes, belongings). People do activities they like Different people do different activities					
2.5	Staff provide opportunities for me to make meaningful choices on a daily basis.	Activity and support plans, personal care routines, communication aids, participation record summaries, observation, daily diaries, discussion with staff					

	DARD 3	iondo	R	AT]	[NG	*
	e relationships with family and fr rmance Indicators	Evidence	0	1	2	3
3.1	My service has a clear policy to maintain and develop people's relationships with family and friends	Organisational policy,				
3.2	The people who are important to me are clearly identified	Person Centred Plan , Person's circle of support, PBS Plan, Care Plan				
3.3	I and the people important to me are helped to agree the frequency of and our preferred method of contact;	Person Centred Plan review minutes, Person Centred Plan, Daily records, Participation record summaries, Personal file				
3.4	I am supported to have opportunities to get to know new people.	Daily records, PCP Plan, PBS Plan, social skills training, use of social media (eg facebook or similar), membership of clubs, Person's circle of support				
3.5	I have a positive and reciprocal relationship with one or more relatives or friends	Records of visits to and from, overnight stays to and from, joint outings, social nights in and out, meals in and out				

	DARD 4 cicipate at home and in the comm	nunity	R	AT]	NG	*
=	rmance Indicators	Evidence	0	1	2	3
4.1	My service has a clear policy to support the ongoing development of people	Policy statements				
4.2	I engage in a wide variety of activities and receive Active Support.	Observations of staff interaction i.e. staff provide opportunities and assistance to enable people to participate in daily activities. Staff positively reinforce participation, Staff have undertaken training in Active Support, Organisation has identified 'Active support coaches'/ interactive trainers				
4.3	I participate in most household activities (shopping, cooking, cleaning, entertaining, leisure, gardening etc)	 Personal care routines, Participation plans, Opportunity plans Participation records and summaries, daily diaries Data on levels of participation are routinely summarised, fed back to the team and MDT, and show an increase in participation over time 				
4.4	I have employment, supported employment, work experience, social and leisure activities external to the service	Routine use of standardised scales such as 'Guernsey scale', Index of community participation, Index of participation in domestic life				
4.5	I learn new skills and maintain the skills I have	Organisations routinely monitor the skill levels of individuals using assessments e.g.The Assessment of Functional Living Skills (AFLS) Evidence of people choosing own learning goals Staff undertake precision teaching to help service users to learn new skills, evidenced by Teaching plans, Opportunity plans etc Other evidence of the person achieving identified skill goals				

	DARD 5 in an enriched typical environm	ent that suits my needs	R	ATI	NG*	:
	rmance Indicators	Evidence	0	1	2	3
5.1	I live close to a good range of local amenities, and have easy access to transport	Location of home Individual environmental specs				
5.2	I live in an ordinary home that is comfortable and meets my needs	Physical characteristics of house - domestic-styled and sized homeany adaptations, where needed, meet the needs of the people				
5.3	I have access to my own room and to all areas of the house (apart from other people's private rooms) including communal bathrooms, toilets, kitchen, utility etc	Observation 'House rules' PBS plans				
5.4	I chose personal items (pictures, photographs, ornaments, etc) /furnishings/décor for my own room	Observation Decor and personal items reflect individuality				
5.5	I am involved in choosing pictures, photographs, ornaments, furnishings, décor for communal areas	Discussion with staff and person				

-			R/	TI	NG*	:
	supported to communicatepormance IndicatorsEvidenceMy service has a clear policy to assess and support my communication needsPolicy statementsMy staff assess and support my communication needsA total/ inclusive communication approach/ works towards the 5 good communication standards RCSLT 2014, Staff training records, Presence of inclusive communication co-coordinators, observation of interactionThere is a detailed description of how best to interact with me.Individual SALT assessments communication passports, dictionaries, PCP, TEACCH, PECS, PBS Plan section on communication, interaction profileMy service supports me to be involved with decisions about my care and servicesDecision making agreement Information easy read formats. Review meetings Tenant participation strategyStaff value and use competently the best approaches to communicate with meSupport plans, Observations of staff interactions, Active support plans, observation of the environmentStaff create opportunities, relationships and environments that encourage me to communicateSupport plans, Observations of staff interactions, Active support plans, observation of the environmentI am supported to understand and express my needs inPBS plan reviews , PCP reviews, Health Action plans, annual health checks, attendance at own health appointments, accessible information	0	1	2	3	
6.1	assess and support my	Policy statements				
6.2	,	communication standards RCSLT 2014, Staff training records, Presence				
6.2		PCP, TEACCH, PECS, PBS Plan section on communication, interaction				
6.3	to be involved with decisions	Information easy read formats. Review meetings				
6.4	Staff value and use competently the best approaches to	Observation of staff using the prescribed communication methods for				
6.5	relationships and environments that encourage					
6.6						
6.7	I am supported to communicate and express myself in different social situations	communication skill development goals and teaching plans, social skills training, desensitisation, guidance in PBS plans				

	DARD 7	physical and emotional wellbeing	RATING*				
	rmance Indicators	Evidence	0	1	2	3	
7.1	I am registered with a local GP, dentist and optician	The service has a policy to ensure all the people supported have appropriate access to healthcare services. Evidence of registration and contact with relevant medical practitioner					
7.2	My physical and mental health has been considered in relation to challenging behaviour	Functional assessment/ Behaviour Assessment Report					
7.3	My health is regularly monitored	The person has a healthcare passport that records an annual health check.					
		Evidence of regular contact with relevant medical practitioner e.g. 6 monthly dental checks					
		Information on individuals' physical and mental wellbeing are routinely reported to the MDT					
7.4	I am supported to attend medical appointments, express my views and to review my treatment with health care professionals	Evidence of support with attendance and communication Records of treatment reviews					
7.5	Any medication I have is given in compliance with MHRA, NICE guidance and best practice	Available medical records contain a clear rational for the use of medication signed by the responsible medical officer					
		NB if person has no prescribed medication, code `n/a' in column 3 and score `3' for this standard					

7.6	Good information is given to me or my staff about the medication I am prescribed ie. what it is, why I'm taking it and what the expected outcome is.	Information documents, medical records NB if person has no prescribed medication, code 'n/a' in column 3 and score '3' for this standard		
7.7	Any medication I am using is reviewed on a regular basis	Medical notes, MDT minutes NB if person has no prescribed medication, code `n/a' in column 3 and score `3' for this standard		
7.8	I consent to treatment	Consent was obtained for any treatment / medication or an appropriate formal legal framework for best interest decision & treatment monitored		
7.9	Staff alert medical professionals to changes in my health and well-being in a timely manner.	Changes in individuals' physical and mental health are documented and reported e.g. Health Records. Records of attendance at appointments etc, visits by health professionals, referrals		
7.10	Staff are aware of the side effects of medication administered to me	Record of Possible side effects in the individual's files. Staff can name possible side effects		

STAN	DARD 8		RA	TI	NG*	٤
My be	haviours that challenge are und	erstood				
Perfo	rmance Indicators	Evidence	0	1	2	3
8.1	I have an up to date functional assessment, undertaken in a holistic manner, taking into account my needs, strengths, likes, dislikes, and quality of life.	A Behavioural Assessment Report (BAR) is available that was completed or reviewed within the last 12 months.				
8.2	My functional assessment includes the use of assessment tools such as the BBAT, FAI, MAS, CAI etc (see Guide)	The BAR lists the tools used. The assessment was undertaken by a person trained and experienced in PBS e,g BTEC level 5 Professional diploma Involvement of behavioural specialists.				
8.3	My functional assessment includes the use of indirect and direct observation	The BAR contains a data summary including indirect observation (Behavioural Monitoring forms / ABC forms, scatter plots) and direct observation e.g. MTS,				
8.4	I have a summary statement identifying the slow triggers , fast triggers, behaviours and functions for each form of my challenging behaviour	Summary statement in BAR Summary statement is understood by staff supporting the person				

STAN	IDARD 9		R	TIN	IG*	:
	e is a sustained reduction in my o					
Perfo	ormance Indicators	Evidence	0	1	2	3
9.1	My behaviour is monitored as a routine part of operational procedures and decisions	Behavioural information is collected using formats such as ABC charts, individually tailored behavioural monitoring forms (BMFs), Incident Recordings, Scatter plots.				
9.2	Data on the frequency, duration and intensity of my behavioural incidents are routinely summarised and analysed to enable person-centred, data driven, decision making	Behavioural data are presented to and discussed by the multi- disciplinary team on a regular basis (i.e. at least 3-monthly).				
9.3	Changes in my behavioural incidents inform the review of my behavioural assessment reports and support plans	Minutes of review, show actions and changes to PBS plans.				
9.4	A sustained reduction in my challenging behaviours is demonstrated	Evidence of sustained reduction is shown in data plotted over time. NB 'Sustained reduction' is demonstrated by the current level being as low as or lower than any previous recording. This should be assessed for both the number of incidents and the level of severity.				

-	DARD 10 not subjected to restrictive prac	tices	R/	TI	١G	k
	mance Indicators	Evidence	0	1	2	3
10.1	My service has a clear organisational policy to reduce restrictive practice	Policy Statement				
10.2	The use of physical intervention with me and any other deprivation of my liberty or restriction under the Mental Capacity Act is sanctioned by the Court of Protection or DOLs team.	Any restrictive intervention is written up and approved by the MDT There is a record that consent was sought for any planned use of physical intervention, deprivation of liberty or restriction &/or an appropriate formal legal framework was adopted for any restrictive interventions used in the person's best interest e.g welfare orders, applications to court of protection. Report re DOLS, MCA assessments, Individual PBS plans				
10.3	Any restrictive practice done to me is reported to the person responsible where I live	Named staff member Reports provided to senior management and board				
10.4	My service implements a policy of following the least restrictive practice, and there is a plan to reduce any currently approved restrictive practice to keep me safe.	Organisational Policy, , Individual PBS plans &/or risk assessments show no evidence of punishment or punitive practice. MDT minutes &/or records of individual reviews show reduction in restrictive practice. Reduction in restrictive practices evident for individuals and across organisation. Discussion with support workers and practice leader Decision on restraint reduction are based on data. NB. If no restrictive practice is prescribed for the person, code `n/a' in column 3 and score `3' for this standard				
10.5	Data are systematically collected, summarised &	Individual incident records Organisational summaries of incident records and reports to senior				

	analysed on at least a monthly basis for me NB. If no incidents have occurred for the person in the last 12 months f, code 'n/a' in column 3 and score '3' for this standard	 management and board contain data on:- Frequency of use of physical and mechanical restraint, as required medication (secondary prevention & reactive) and seclusion - identifying the various types used Duration of restraint and seclusion Injuries to me, staff and others Names of staff members involved Reliability checks on incident records and data are implemented Data are analysed individually and organisationally and reported to senior management team and board
10.6	Staff who support me are trained in ethical physical intervention	Staff are trained in PBM (or other formally accredited physical intervention training programme, e.g. BILD)
10.7	Post incident support is routinely provided to me following an incident of challenging behaviour	Record of Debrief sessions. Organisational monitoring of the provision of post incident support.
10.8	Post incident support is routinely provided to my staff following an incident of challenging behaviour	Record of Debrief sessions. Organisational monitoring of the provision of post incident support.
10.9	Staff who support me are supported to manage stress and their wellbeing	Records of supervisions, Team meetings, staff sickness and absence levels, staff turnover. Counselling service. Provision of stress management training (e.g. Mindfulness). Return to work interviews

STAN	DARD 11		R	\TI	NG*
I am I	not subjected to punishment or p	punitive practice			
Perfo	rmance Indicators	Evidence	0	1	2 3
11.1	My service has a clear organisational policy to not use punishment or punitive practice	Policy Statement NB. Punishment or punitive practice is making the person experience something they find unpleasant after they have behaved in a certain way. This includes taking away something they like, stopping them doing something they like to do, making them do something they dislike, doing something to them they dislike.			
11.2	Staff who support me can distinguish between positive reinforcement, negative reinforcement and punishment/punitive practice	Discussion with staff PBS plan			
11.3	My staff know what to do if they see punishment or punitive practice used with me	Named practice leader Reports provided to senior management and board No formal or informal use of punishment Discussion with staff			

	DARD 12 Supported by staff trained in PB	S	RA	TIN	NG*	¢
Perfo	rmance Indicators	Evidence	0	1	2	3
12.1	All staff who support me have undertaken training in PBS	Training policy Staff training records evidence training in PBS All Staff have undertaken awareness training in PBS				
12.2	All staff who support me have attained relevant qualifications in PBS	Support workers -BTEC advanced certificate PBS Practice leaders- BTEC Professional certificate PBS Behavioural specialists Professional diploma PBS Evidence of other relevant training, Post Grad courses e.g. Tizard, BACB etc				

	STANDARD 13		R/	IIT/	۱G*	:
Му РВ	S plan is implemented consister	itly by the staff team				
Perfo	rmance Indicators	Evidence	0	1	2	3
13.1	Staff who support me receive 3 stage training in how to implement my plan	Training records and training plans. Training scripts Discussion with staff				
	and are supported to achieve verbal, role play and in situ competence					
13.2	A practice leader/ manager is responsible for managing my staff team and frequently and	Managers job description Staff rotas Discussion with manager and staff				
	regularly works directly alongside staff supporting me	Appraisal Positive Monitoring				
13.3	The practice leader/ manager coaches staff on PBS and how to implement my plan	The manager conducts regular frequent positive monitoring observations & provides feedback that emphases what staff do well and helps them to solve any problems Records of feedback Records of positive monitoring Records of supervision and team meetings Discussions with staff				
13.4	Staff who support me provide feedback on what is working and what is not working	Supervision records minutes of meetings Changes and reviews of PBS plans				

_	DARD 14 Safe and protected from abuse		R/	TIN	\G*	
	rmance Indicators	Evidence		1	2	3
14.1	My service has a safeguarding policy	Organisational safeguarding policy				
14.2	My service has clear processes for alerts and protection of Whistleblowers	Data re implementation and remedial actions taken Including Lessons learned after any minor or major incident / near miss				
14.3	Staff at all levels are trained and refreshed in safeguarding and in understanding various types of abuse - physical, sexual, psychological, neglect / omission, institutional, financial / material, discriminatory	Training records CSSIW reports, meeting minutes, observation of practice				
14.4	I am supported to understand and exercise my rights in a communication method of my preference.	Challenging Behaviour Charter, MCA, DoLS, Easy read docs, translation, Books Beyond Words, discussion with person				
14.5	Other people such as my family / friends / advocate are aware of my rights.	Discussion, information given to others				
14.6	Staff who support me and their managers have open and supportive relationships to enable sharing of concerns at an early stage.	staff satisfaction surveys, complaint / compliments, grievances, CSSIW report discussion with staff				
14.7	The values and attitudes of staff who support me are checked out thoroughly	Recruitment procedures DBS and reference checks, CSSIW reports, Audits, staff records, dignity				

SUM	MARY OF OVERALL RATINGS FOR EACH STANDARD	Max score	Actual score	% score	No action needed	Action plan already in place	Action plan needed
1	My PBS plan helps me have a good quality of life	21					
2	I am supported to make informed choices and have control	15					
3	I have relationships with family and friends	15					
4	I participate at home and in the community	15					
5	I live in an enriched typical environment , that suits my needs	15					
6	I am supported to communicate	21					
7	I have appropriate treatment for my physical and emotional wellbeing	30					
8	My behaviours that challenge are understood	12					
9	There is a sustained reduction in my challenging behaviours	12					
10	I am not subjected to restrictive practices	27					
11	I am not subjected to punishment or punitive practice	9					
12	I am supported by staff trained in PBS	6					
13	My PBS plan is implemented consistently by the staff team	12					
14	I am safe and protected from abuse	21					
тот	AL	231				I	

Service:

Manager of Service:

Name of Assessor(s):

Date of Assessment:

	RECOMMENDATIONS/ACTION PLAN * For each Action, note which standard it refers to										
	RECOMMENDED ACTION	*	Agreed by	Who responsible	Deadline						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Positive Behaviour Support Awareness Raising Course

QuickTime™ and a decompressor are needed to see this picture. The purpose of this 3 – 4 hour online course is to raise awareness of the principles and practices embedded in PBS. It can be used as a useful introduction or refresher. The course is freely available to all.

To access it: Open the website Learning@NHSWales

Type in 'PBS awareness raising' in the Search Courses box.

This takes you to the start button to open the course

N.B. There is no need to log in to use this course

It is also freely available on: www.skillsforhealth.org.uk and www.bild.org.uk