



PBS Alliance Organisational and Workforce Development Framework

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POSITIVE BEHAVIOUR SUPPORT



VALUES LED

PBS supports human rights and promotes respect, dignity, inclusion and a life without unnecessary restriction. PBS means treating people equally and working in partnership with the person and their family to make things better for everyone.



PROMOTING QUALITY OF LIFE

The overall aim of PBS is to improve the quality of a person's life and that of the people around them. This includes children, young people and adults, as well as older people. PBS provides the right support at the right time for a person so they can lead a meaningful and interesting life participating in activities and learn new skills.



UNDERSTANDING BEHAVIOUR AND MEETING NEEDS

PBS uses different methods to gather information to work out what people's behaviour means. It improves support and empowers people to use better and less harmful ways to get their needs met. This often involved using a range of different approaches that enhance a person's life.



MAKING SYSTEMS WORK FOR THE PERSON

Giving the right support at the right time so people can thrive and fulfil their potential. This may mean changing the way the person is supported. Carers and staff may need training, and service structures and cultures may need to change. Continuous review is important to make sure support carries on working well for the person and those around them.

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Positive Behaviour Support (PBS) is widely recognised as an evidence based way of improving quality of life, reducing behaviour that challenge and restrictive practices. It is widely recommended across the UK in government policy and other guidance (see reference list).

What do services or organisations need?

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, shown in figure 1 below is adapted from the school wide model (www.pbis.org.uk) and helps to understand the range of supports needed for individuals and how that might inform workforce development priorities. The PBS framework makes sense when visualised as a pyramid with three tiers representing a hierarchy of needs and supports. PBS is a preventative, because we should always work to prevent or avoid behaviour that has a negative impact on the person's life, by providing better ways for people to communicate and get their needs met.

Figure 1: The three tiered approach to prevention



The temptation is to aim all resources at tier three as that is where needs are most acute and crisis often occurs, instead of a planned whole organisational approach that meets needs at all levels, and reduces need at the top tier three or apex of the pyramid. A holistic approach to PBS is required, addressing workforce and organisation needs at all levels to improve quality of life across the whole organisation, for all the people being supported and their families and carers.

Using *Positive Behavioural Support Competence Framework* (PBS Academy 2015), and the *Positive Behavioural Support* training standards (PBS Academy 2018) as a reference, we have created a flexible model based on role functions rather than job titles. Service models and roles vary greatly. Therefore, a person centred approach that identifies the needs of the adults or children being supported first and then works out how they can be met, eg what level of PBS skills and knowledge are needed by whom, is best. Organisations will only need to commission input where they need it and basic assessment tools can be useful (eg see appendix 1).

Critical factors for success

Achieving positive outcomes for the person and those that support them is the key test of whether PBS has been successfully implemented. Critical factors include:

- The presence of skilled, empathic mediators, ie those who directly support the person (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)

Competency based roles and curriculum

The *Positive Behavioural Support Competence Framework* (PBS Academy, 2015) describes the knowledge and skills needed at different levels. At the direct support level, for example, more than 200 knowledge and skills competencies are listed; far more than a traditional model of one or two day training can deliver, for this and other reasons we recommend a model based on investment in Practice Leadership as the most effective and efficient. We have known for decades that traditional training methods (ie short workshop/classroom-based teaching) have limited impact on the practice of direct contact staff and are unlikely to facilitate the delivery of personal outcomes for people. Therefore, training needs to be delivered in a proven effective way that incorporates theory-based knowledge acquisition and practice-based skill acquisition such as ongoing coaching, mentoring and feedback by a practice leader. Further, the competence of staff participants should be assessed (see Anderson, 1987; Denne et al 2015; Deveau, 2019; Deveau and McGill, 2014; Jones, 2013 2019; Jones et al 1987; Jones et al, 2001 a and b; LaVigna et al, 1989, 1994; Stancliffe et al, 2008a).

PBS implementation and support at any service level is dependent on three essential roles or functions:

- *The practice leader function* – essential for the successful implementation and maintenance of PBS practice, leaders must be available to support in situ
- *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 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 and organisations are in the best position to decide how they should best provide these three functions.

The different levels of workforce development

Basic Awareness These curriculum areas would be important for everyone who is part of the delivery of PBS at any level, direct or otherwise:



Direct support everyone who provides direct PBS support and implements PBS plans would need basic awareness and some additional curriculum areas



Practice Leader/Coach is a term used to describe the act of leading staff in how to do a good job. Mansell et al (2004), defined practice leadership as the development and maintenance of good staff support for the people served by:

- **Focusing** on the quality of life of the people served and how well staff support this
- **Allocating and organising** staff to deliver better support, when and how the people being supported need and want it
- **Coaching** staff to deliver better support by spending time with observing, providing feedback to develop skills and modelling good practice

- **Reviewing** the quality of support provided by staff in regular one-to-one supervision and finding ways to help staff improve it
- **Utilising** regular team meetings to review effectiveness and motivate staff

Practice leaders will support staff to implement behaviour support plans and support the collection of data for assessments. Some practice leaders may also have had training in completing functional assessment and designing interventions.

Behaviour Specialist These are higher level specialists who can complete complex functional assessment and design intervention plans with the support of all stakeholders. Professional qualifications and pathways exist, and practitioners at this level may be internal or external to organisations. They may also be from a variety of core professional for example, a learning disability nurse or clinical psychologist who has had specific training to complete functional assessment at tier three level.

Senior organisational managers/leaders senior managers need to understand how PBS is implemented (Fixen et al, 2018) what organisational conditions make it successful and how it is maintained and developed. They need to know what PBS is and isn't, the kinds of policies needed to support implementation, workforce training, the values organisations need to embed and how to support practice leaders.

Table 1 shows some of the potential impacts if PBS workforce development isn't seen as a whole organisational approach

Role	What is it?	What's the impact if this role doesn't understand PBS
Everyone	Anyone who is part of the delivery of PBS at any level, in any function, direct or otherwise	<ul style="list-style-type: none"> • There's no organisational cohesiveness around PBS • No consistency in approach • Non-support functions may use uninformed or aversive techniques • Behaviour gets attributed to the person not the environment
Direct Supporters	Everyone who provides direct PBS support, implementing and contributing to PBS plans	<ul style="list-style-type: none"> • PBS doesn't happen • Behaviour is misunderstood or punished or ignored • Restrictive practice is more likely to be used instead • Supported people are more likely to lead impoverished lives • Staff morale is low • Injury rates are higher • Turnover is higher
Practice Leaders	Practice leaders who support the implementation of PBS	<ul style="list-style-type: none"> • Policy doesn't get translated into practice • Plans aren't implemented on the ground • No coaching – harder for new staff to learn • No monitoring of practice • Practice drift -either stop doing PBS, or think they are still doing it • No feedback – so direct practitioners don't develop their practice
Behavioural Consultant/experts	Complete complex functional assessments and design intervention plan	<ul style="list-style-type: none"> • Complex behaviours are misunderstood • RP is more likely for very challenging behaviours • Misunderstanding of FA • Ineffective or harmful interventions are implemented • Analysis of organisational and individual data
Senior managers	Oversee services/schools, responsible for leadership and management of organisations	<ul style="list-style-type: none"> • The organisational systems and processes aren't in place • No organisational monitoring • No commitment of resources • Buy-in behavioural advice • Less likely to understand the need to reduce RP • Policies aren't supportive of practice development • PBS approaches are likely to wash out

Functional assessment – The technical skills needed for PBS

Functional assessment is at the heart of PBS and at its simplest level it means thinking about why the person is behaving and what they are communicating. Functional assessment informs interventions designed to meet the person needs so they don't have to use behaviours that challenge in order to do so. Interventions are multi component, and include the range of different strategies needed to meet people's needs and the people around them. Understanding the degrees of functional assessment helps organisations answer questions regarding workforce requirements regarding the skills and competencies required at the various levels, see table 1.

Behaviour specialists report high demand, problems with role capacity and high case load. Horner and Anderson (2007) explain that appropriate levels of training, ongoing support and supervision resources can be spread more effectively so that practice leaders can undertake function based intervention with less complex cases and coach practitioners.

Table 2 The Three Tiers of PBS, Levels of Functional Assessment and Related Interventions

Tiers	Levels of Functional Assessment	PBS Plans/ Intervention
Tier One	Informal – everyday problem solving, an understanding that behaviour is functional	Capable environments, active support, total communication, trauma-informed, positive risk taking, community presence
Tier Two	Brief Functional Assessment – needs some training (some assessment tools, brief observation, interviews with carers, and ABC/STAR charts) Possible tools: MAS; BBAT; BFAI; QABF	All of tier one plus: brief functional assessment,, function-based PBS plans and individual strategies in key areas

Tier Three	<p>Comprehensive Functional Assessment – needs a higher level of training (observations and a range of interviews with different carers)</p> <p>Possible tools: any of tier 2 plus; FAI; IABA comprehensive; MTS; continuous ABC</p>	<p>MDT-informed comprehensive functional assessment Full multi-element PBS plan Specialist behavioural interventions Monitoring & evaluation</p>
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Physical intervention training

The underpinning principles of the PBS framework support personalisation, human rights and the least restrictive practice. PBS is much broader than physical intervention training (Denne et al, 2015), but it is acknowledged some services may need to provide this training to carers based on a training needs analysis referencing the needs of the individuals served. The *Restraint Reduction Network Training Standards* (Ridley and Leitch, 2019) should be followed with clear person-centred plans in place for the reduction of restrictive physical interventions and restrictive practice.

This 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).

An organisational and workforce development framework matrix

Table 3 summarises the recommendations and includes further examples of competency based curriculum content and current sources of training inputs.

Table 3: Organisational and Workforce Development Framework Matrix

<i>Type of training</i>	<i>Who is it for?</i>	<i>Examples of Content (can also be mapped to the Competence framework)</i>	<i>Some EXAMPLES of available training NB this is not an exhaustive list</i>
Basic awareness for everyone	Everyone who is part of the delivery of PBS at any level, direct or otherwise	<ul style="list-style-type: none"> • Values and components of PBS • Person centred planning and action • Understanding behaviour • Providing supportive and capable environments 	Free DoH Online awareness , available on the BILD website Short programmes by different providers (see skills for care peer review)
Senior leaders and managers	Senior leaders and managers who oversee service and schools who are trying to implement PBS	<ul style="list-style-type: none"> • Establishing conditions for implementation of PBS • Monitoring and sustaining PBS • Continuous improvement 	<i>CAPBS Senior leader programme</i> Unit 12 PBS BTEC level 5 Professional Diploma
PBS for direct supporters	Everyone who provides direct PBS support, implementing and contributing to PBS plans	<ul style="list-style-type: none"> • Values and components of PBS • Person centred planning and action • Providing supportive and capable environments • Supporting functional assessment • Implementing Behaviour Support Plans • Teaching new skills • Ethical use of reactive responses • Active support 	Shorter programmes by different providers (see skills for care peer review) IABA basic Active support introduction PBS BTEC level 3 advanced certificate
Practice leaders	Practice leaders who support the implementation of PBS	<ul style="list-style-type: none"> • Practice leadership skills • Maintaining tier one practices /good support /meeting needs • Supporting tier two practices • Teaching others active support • Functional assessment up to level needed unless already in place 	CAPBS PBS coaches programme Active support train the trainers PBS BTEC diploma level 4 Professional Certificate Redstone coaches programme
Behavioural specialist	Assessment and design of intervention for complex behaviours	<ul style="list-style-type: none"> • Complex functional assessment an intervention design 	PBS BTEC level 5 Professional diploma CAPBS Descriptive functional assessment IABA longitudinal Level 7 Northumberland Glasgow University Postgraduate Certificate PBS MSc Bangor/ Tizard

Communities of practice

Communities of practice can greatly assist with many aspects of PBS, including workforce development. Etienne Wenger (Wenger, 1998, www.ewenger.com) described a community of practice (CoP) as a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. They are defined by a shared domain of interest and a 'community' is only established when members engage in joint activities and discussions, help each other, share information and build relationships that enable them to learn from each other. Members are 'do-ers' or 'practitioners' developing a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short, a shared practice.

The All Wales Challenging Behaviour Community of Practice (CBCoP) (Jones, 2019a) enables people to share a common interest in improving the quality of life of people with learning disabilities who are at risk of using behaviours that challenge to communicate and get their needs met. Members support and learn from each other, by sharing good practice that fits within the positive behavioural support (PBS) framework. The CBCoP has developed into a cohesive and dynamic group over the last decade. Members implement PBS from the grassroots up in their own organisations and network at the CBCoP, to improve our own practice and influence policy from an expert practitioner perspective on local and national levels. The CBCoP is constituted as an expert reference group with direct representation on the Welsh Government's Learning Disabilities Ministerial Advisory Group (LDMAG). This feedback loop keeps the government informed of developing good practice and helps formulate national policy and implementation plans, including the development of a new suite of qualifications across health and social care that include PBS. The CBCoP is, therefore, very much a product of its members' commitment and hard work and other CoPs focussing on PBS are being established in England and Scotland

Conclusion

PBS when done well is an effective way of supporting people with complex needs. It is a framework of different elements that are combined in different ways for different people. It is not a very simple approach that can be implemented without management attention to training and workforce development. Involving stakeholders is a key feature of PBS and should be reflected in strategies to develop organisations and workforces. Sharing good practice is also a key to success, and there are many resources available to help (see reference list). We believe that with the right organisational culture and leadership PBS can be introduced to improve the quality of life for many vulnerable people.

Appendix 1

Questions that will help to identify your PBS pathway

1. Is your organisation just starting to think about implementing PBS?

Basic Awareness: PBS works best when everyone who works in the service or organisation understands what PBS is.

There is a free online introductory course, the PBS Awareness Course, available at www.bild.org.uk/free-online-pbs-awareness-course/ – or you could run your own awareness session for everyone, from ancillary staff to the directors.

We also recommend you provide awareness sessions or information for those people who will be receiving Positive Behaviour Support, and for their families too, so they can give informed consent and be involved in any plans.

2. Do all direct staff have a basic understanding of Positive Behaviour support?

NO: We suggest you use the free online introductory course, the PBS Awareness Course, available at www.bild.org.uk/free-online-pbs-awareness-course/ as a first step and then complete some basic training. This will help you maintain a supportive environment. You could also consider Active Support training for everyone.

YES: You could audit the competence level with the direct support worker competence checklist available at <http://pbsacademy.org.uk/support-workers/> and identify a practice leader to support the maintenance of a capable environment. You could consider Active Support training for everyone through an Active Support training programme.

3. Do staff have to follow behaviour support plans?

NO: We suggest all staff should have basic training

YES: We suggest all staff delivering direct support and implementing behaviour support plans also complete a longer programme

4. Does anyone in the team have the skills to do a basic functional assessment?

NO: Consider a basic functional assessment programme, it may help to identify need at an early stage and prevent more serious behaviours from developing

5. Do some of the people you provide support to have complex behaviours?

YES: Do you have access to specialist behavioural support either within your team or externally?

Yes: Do you have a PBS Practice Leader in your service that can coach other staff to follow the behaviour support plans that the specialist develops if not you could identify a natural leader and consider practice leader training

No: If you don't have access to specialist support you could consider sending the Practice Leader on to gain another behavioural qualification.

6 Do senior managers understand what they need to do to make sure PBS is implemented well and maintained and how they can support practice leaders to do a good job

No / not sure

We suggest that you should invest in some development for the leadership team otherwise PBS will not be sustainable

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