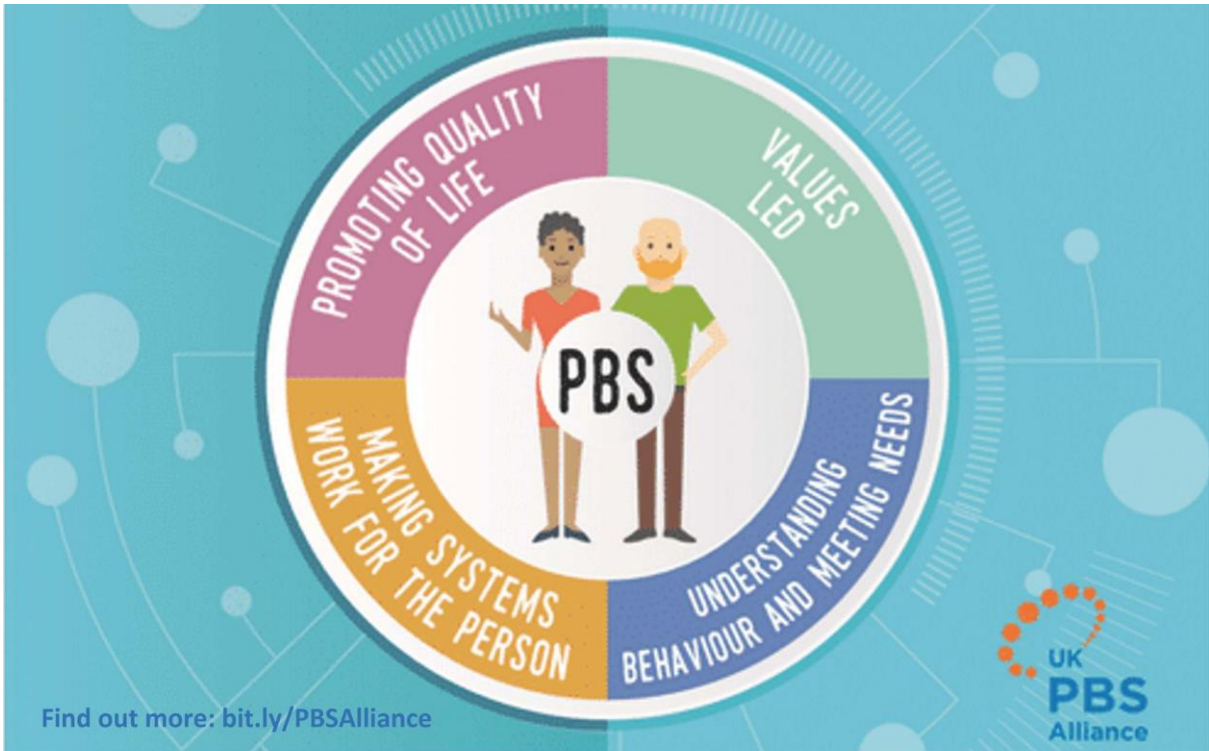




# **UK PBS Alliance**

## **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.

This workforce development framework is for organisations of all sizes who provide health, education or social care support services to adults or children who may sometimes communicate distress and express themselves through behaviour that others find challenging to support. The framework aims to help organisations and individual services understand exactly what training and support staff and carers need to work in a Positive Behaviour Support (PBS) informed way.

This framework should be used in conjunction with other capability frameworks for evidence based support of people with learning disabilities and autistic people.

[www.skillsforhealth.org.uk/services/item/945](http://www.skillsforhealth.org.uk/services/item/945)

[www.hee.nhs.uk/sites/default/files/documents/Transforming%20Care%20Partnership%20workforce%20plan%20guidance\\_FINAL.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Transforming%20Care%20Partnership%20workforce%20plan%20guidance_FINAL.pdf)

This means that staff and carers work preventatively and ensure systems work for people. Staff learn to understand and meet people's needs more successfully so that they do not have to resort to harmful or distressing behaviour to communicate difficulties.

The UK PBS Alliance has produced this document in response to many requests for guidance on how to implement best practice in this area – more specifically to help organisations and services understand what level of knowledge and competence the workforce needs so they can provide good support.

The UK PBS Alliance [www.bild.org.uk/uk-pbs-alliance/](http://www.bild.org.uk/uk-pbs-alliance/) is a partnership of organisations focused on improving the quality of life of people whose behaviour may challenge services and those providing support. Its purpose is to develop a shared understanding of PBS, improve the quality of PBS training, support the implementation of PBS across the education, social care and health. It provides an umbrella for a number of autonomous PBS communities who connect through the UK PBS Alliance.

Positive Behaviour Support is widely recognised as an evidence based way of improving quality of life, reducing behaviours that challenge and the need for restrictive practice. It is widely recommended across the UK in government policy and other best practice guidance (see reference list). Read about the key messages of PBS [here](#).

## A PBS Framework

Services and organisations often provide a mixture of support at multiple levels and may have varying PBS workforce development needs at different times. The PBS Framework with three levels of prevention, shown in figure 1 below is adapted from the schoolwide model ([www.pbis.org.uk](http://www.pbis.org.uk)). This framework helps to understand the range of supports needed for individuals and how these might inform workforce development priorities. The PBS Framework makes sense when visualised as a pyramid with levels representing a hierarchy of needs and supports.

**Figure 1:** The PBS Framework



## 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’s 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. An understanding of a person’s history and the impact of trauma and stress should also inform the assessment. Understanding the degrees of functional assessment helps organisations answer questions regarding workforce requirements regarding the skills and competencies required at the various levels.

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.

The table below shows how different levels of assessment of function fit into the PBS Framework illustrated above.

**Table 1:** The three tiers of the PBS Framework and corresponding levels of functional assessment and interventions

Level	Levels of functional assessment	PBS plans/intervention
Level one	Informal – everyday problem solving, an understanding that behaviour is functional	Capable environments, active support, total communication, trauma-informed, positive risk taking, community presence
Level 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	Monitoring and evaluation All of tier one plus: brief functional assessment, function-based PBS plans and individual strategies in key areas
Level three	Comprehensive functional assessment – needs a higher level of training (observations and a range of interviews with different carers) Possible tools: any of tier 2 plus; FAI; IABA comprehensive; MTS; continuous ABC	MDT-informed comprehensive functional assessment Full multi-element PBS plan Specialist behavioural interventions Monitoring and evaluation

Often the approach of services in supporting individuals with behaviour that challenges is to focus all resources at level three of the PBS Framework as this is where needs are most acute and crisis occurs. This is instead of a planned, whole organisational approach that aims to meet needs at all three levels, ultimately reducing need at the top level or apex of the pyramid. Therefore a holistic approach to PBS is required for all the people being supported, which addresses workforce and organisational needs at all levels to improve quality of life across the whole organisation and for all people being supported and their families.

Using the *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 specific job titles as 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 recommended. Organisations will only need to commission workforce development input where they need it and there are some basic assessment tools that can be useful to work out what training and development is required (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 in the implementation of PBS 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 the implementation of PBS (Allen, 2011)

### **A competency based curriculum**

The *Positive Behavioural Support Competence Framework* (PBS Academy, 2015)

<http://pbsacademy.org.uk/pbs-competence-framework/> describes the knowledge and skills needed at different levels to successfully implement PBS informed approaches within organisations. At the direct support level, for example, more than 200 knowledge and skills competencies are listed; this is far more than the traditional model of one or two-days of training can deliver. For this and other reasons we recommend investment in Practice Leadership as the most effective and efficient approach to workforce and organisational development. We have known for decades that traditional training methods (ie short workshop/classroom-based teaching) have a limited impact on the practice of direct support



staff and are unlikely to facilitate the delivery of personal outcomes for people (Smith et al, 1992). Therefore, training needs to be delivered in a proven, effective way that incorporates theory-based knowledge acquisition and practice-based skill acquisition, employing approaches such as ongoing coaching, mentoring and feedback by a practice leader. Further, the competence of staff 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).

### ***What's needed in each service for implementation?***

Effective PBS implementation in any service and support is dependent on three essential elements, which within each has its own set of competencies:

- *A practice leader element* – essential for the successful implementation and maintenance of PBS practice, leaders must be available to support in situ
- *A behavioural expertise element* – 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
- *A managerial element* – to oversee systems and resource allocation

These elements 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 these elements are covered.

### **Levels of workforce development**

This section sets out curriculum areas that training should cover at each level. The curriculum areas can be mapped to those described in the *Positive Behavioural Support Competence Framework* (PBS Academy, 2015) <http://pbsacademy.org.uk/pbs-competence-framework/>

## Competencies and understanding needed by everyone – basic awareness

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



## Competency and understanding needed by people who provide direct support and implement behaviour support plans

These aspects of curriculum are important for those who provide direct PBS support and implement PBS plans. They include the basic awareness curriculum and the additional curriculum areas outlined below:



## Competencies and understanding needed by practice leaders/coaches

*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

The united response document is a useful reference: <https://bit.ly/39DWmWb>

Practice leaders support staff to implement behaviour support plans and the collection of data for functional and other assessments. Some practice leaders may also be trained in completing functional assessment and designing interventions.

Practice leaders need the same competencies and understanding described above for direct support workers with an additional training in practice leadership so they can coach others.





### **Competencies and understanding needed by senior managers**

Senior managers need to understand how PBS is implemented (Fixsen et al, 2018), what organisational conditions make it successful and how it is maintained and developed. Training for senior managers is essential. 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. A curriculum for senior managers should cover basic awareness plus additional understanding in how PBS is established, implemented, monitored and continuously improved.



### **Competency and understanding needed by behavioural consultant/experts**

These are higher level specialists who undertake complex functional assessment and design intervention plans with the support of all stakeholders. Professional qualifications and pathways exist. Practitioners at this level may be internal or external to organisations. Clinicians with professional backgrounds such as learning disability nursing or clinical psychology may also be well placed to undertake functional assessment at the three levels (BPS, FPID, 2018).

There are a range of higher education PBS qualification options available for PBS specialists but no professional accreditation pathway at the current time.

**Table 2:** Summary table Levels of Workforce Development Framework

Type of training	Who is it for?	Examples of content (can also be mapped to the Competence framework)
<b>Basic awareness for everyone</b>	Everyone who is part of the delivery of PBS at any level, direct or otherwise	<ul style="list-style-type: none"> <li>• Values and components of PBS</li> <li>• Person centred planning and action</li> <li>• Understanding behaviour</li> <li>• Providing supportive and capable environments</li> </ul>
<b>PBS for direct supporters</b>	Everyone who provides direct PBS support, implementing and contributing to PBS plans	<ul style="list-style-type: none"> <li>• Values and components of PBS</li> <li>• Person centred planning and action</li> <li>• Understanding behaviour</li> <li>• Providing supportive and capable environments</li> <li>• Supporting functional assessment</li> <li>• Implementing Behaviour Support Plans</li> <li>• Teaching new skills</li> <li>• Ethical use of reactive responses</li> <li>• Active support</li> </ul>
<b>Practice leaders</b>	Practice leaders who support the implementation of PBS	<ul style="list-style-type: none"> <li>• Practice leadership skills and interactive coaching</li> <li>• Values and components of PBS</li> <li>• Person centred planning and action</li> <li>• Understanding behaviour</li> <li>• Providing supportive and capable environments</li> <li>• Supporting functional assessment</li> <li>• Implementing Behaviour Support Plans</li> <li>• Teaching new skills</li> <li>• Ethical use of reactive responses</li> <li>• Active support</li> <li>• Functional assessment up to level needed unless already in place</li> </ul>
<b>Senior leaders and managers</b>	Senior leaders and managers who oversee services and schools who are trying to implement PBS	<ul style="list-style-type: none"> <li>• Values and components of PBS</li> <li>• Person centred planning and action</li> <li>• Understanding behaviour</li> <li>• Providing supportive and capable environments</li> <li>• Establishing conditions for implementation of PBS</li> <li>• Monitoring and sustaining PBS</li> <li>• Continuous improvement</li> </ul>

Table 3 below outlines the potential impacts if PBS workforce development lacks a whole organisational approach and describes what is likely to happen if any of the levels of competency and knowledge are not in place.

**Table 3:** Potential impacts if PBS workforce development lacks a whole organisational approach

What is likely to happen if the recommended levels of competency and understanding aren't in place	
Everyone who is part of the delivery of PBS at any level, in any function, direct or otherwise	<ul style="list-style-type: none"> <li>• There's no organisational cohesiveness around PBS</li> <li>• No consistency in approach</li> <li>• Non-support functions may use uninformed or aversive techniques</li> <li>• Behaviour is attributed to the person not the environment</li> </ul>
<i>Direct supporters</i> Everyone who provides direct PBS support, implementing and contributing to PBS plans	<ul style="list-style-type: none"> <li>• PBS doesn't happen</li> <li>• Behaviour is misunderstood, punished or ignored</li> <li>• Restrictive practice is more likely to be used instead</li> <li>• Supported people are more likely to lead impoverished lives</li> <li>• Low staff morale</li> <li>• High injury rates</li> <li>• High staff turnover</li> </ul>
Practice leaders who support the implementation of PBS at service level	<ul style="list-style-type: none"> <li>• Policy is not translated into practice</li> <li>• PBS Plans are not implemented on the ground</li> <li>• No coaching – harder for new staff to learn</li> <li>• No monitoring of practice</li> <li>• Practice drift – either stop doing PBS, or think they are still doing it</li> <li>• No feedback – direct practitioners do not develop their practice</li> <li>• Complex behaviours are misunderstood</li> <li>• RP is more likely for very challenging behaviours</li> <li>• Misunderstanding of FA</li> <li>• Ineffective or harmful interventions are implemented</li> <li>• Analysis of organisational and individual data</li> </ul>
Senior managers who oversee services/schools etc and are responsible for leadership and management of organisations	<ul style="list-style-type: none"> <li>• Organisational systems and processes aren't in place</li> <li>• No organisational monitoring</li> <li>• No commitment of resources</li> <li>• Buy-in behavioural advice</li> <li>• Less likely to understand the need to reduce RP</li> <li>• Policies are not supportive of practice development</li> <li>• PBS approaches are likely to wash out</li> </ul>

## 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 their staff teams based on a training needs analysis, referencing the needs of the individuals supported. The *Restraint Reduction Network Training Standards* (Ridley and Leitch, 2019) should be followed with clear person centred PBS 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). Physical intervention training must not be delivered alone, but only in the context of wider PBS training.

## Communities of practice

A number of autonomous regional and professional PBS networks and communities of practice connect through the UK PBS Alliance. Information about the different communities can be found here <https://www.bild.org.uk/uk-pbs-alliance/>

Communities of practice 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. Etienne Wenger (Wenger, 1998, [www.ewenger.com](http://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.

In relation to workforce development, communities of practice have a potentially important role in supporting the development of best practice. For example, 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 their 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.

## **Conclusion**

PBS when done well is an effective way of supporting people with a range of needs. It provides a framework for building on the existing expertise of individuals and the people that support them .

To be successfully implemented it requires management leadership and attention to training and on-going focus on 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/](http://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/](http://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 though 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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