Positive Behavioural Support

PBS Audit for Schools and Colleges

These standards have been adapted by Jane Johnson of the UK PBS Alliance from *PBS Standards for Wales* developed by the All Wales Community of Practice and the LDAG Subgroup

Transforming Care in Wales for People with Learning Disabilities and Challenging Behaviour
March 2018

Positive Behavioural Support Standards for Wales Measure

The original 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.

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Guidance on using this document:

This Audit is designed to support schools and colleges in identifying areas of strength and areas for development across a range of standards which support the implementation of PBS across the setting.

This tool is most helpfully administered by someone from within the organisation working with someone who does not work on a daily basis in the setting to allow for some objectivity. Ideally, both or one of the individuals administering the tool will have some formal training in PBS, such as:
- BILD coaches programme
- A Post-graduate qualification in PBS
- Level 4 or 5 Diploma in PBS

The tool can be used flexibly depending on the intended outcome and the setting. This may include:
- Rating the PBS support for one focus student who has some behaviours of concern
- To support observations and staff development in one class
- To audit across a whole year or school

When the tool has been completed and scores analysed on page 22, assess which areas (i) already have a development plan in place or (ii) need a development plan. These areas can be planned for on page 23 – the Action Plan. These development targets should be written as objectively as possible so that they can be measured over time, for example "90% of staff to be able to describe the 5 main functions of behaviour" "My plan to contain specific information about my key word level comprehension and preferred style of interaction by June 2020".

These targets are best written as a team, including PBS practice leads, senior management, therapy teams and senior teaching staff.
It is advised that the team review the progress through these actions on a termly basis.

As a result of using this tool, it is hoped that you will be able to identify development activities to promote your setting's PBS journey. These may include:
- Focused training in certain areas of knowledge, practice or culture
- Implementing procedures or policies that are currently missing
- Changing current paperwork to include different areas
- Training some staff in specific skills
- Identifying new roles that need to be developed to implement PBS – especially in "Practice Leader" roles
- Developing curriculum areas to meet current gaps

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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PROFILES OF THE INDIVIDUAL BEING ASSESSED AND THE ASSESSOR

THE INDIVIDUAL BEING ASSESSED

Name and address of the individual being assessed:

Description of Service (please tick all that apply)

Residential /Supported Living		Day opportunities		Respite		Specialist challenging behaviour service	Other (eg ILF, sessional support, outreach, care at home, family home) please specify):	

Number of service users		Number of staff		

Service User Group	All with challenging behaviour		Some with challenging behaviour		None with challenging behaviour	

THE ASSESSOR

Name and Contact details of Assessor:

Relationship to the service being assessed:	Internal to setting		External to setting but internal to organisation		External to setting and organisation	

Assessor Qualifications:

Experience related to challenging behaviour:

Experience in assessing services:

Understanding of Positive Behavioural Support:

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PBS audit for Schools and Colleges	RATING
PBS audit for Schools and Colleges **N.B. Observation of practice, plus discussion/ interviews with staff, the person and families are key forms of evidence for all performance indicators.**	**RATING** **0 – standard not met at all** **1 – standard met in part only** **2 – standard mostly met** **3 - standard fully met**

STANDARD 1 My PBS plan helps me have a good quality of life		RATING*			
Performance Indicators	**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
     1. Pen picture
     2. Understanding my behaviours
     3. Days that I like/ My best day
     4. Primary Proactive prevention
     5. Secondary prevention (De-escalation strategies)
     6. Reactive strategies (including non-restrictive)
     7. Plan monitoring an evaluation					

1.3	PBS plan contents are written in language that all staff can understand easily. (eg. By asking verbal questions or seeing evidence of quizzes about the plan)					
1.4	The plan is accessible at all times for staff members working directly with the person					
1.5	A version of the plan is available in a format that the person can easily understand	NB. If the person does not have the capacity to understand the plan, or if sharing the plan is deemed detrimental to the person by the MDT, then code 'n/a' in column 3 and score 3 for this standard.				
1.6	My PBS plan places greatest emphasis on improving my quality of life (primary prevention) and happiness / wellbeing	Primary prevention is the biggest section and contains strategies for improving quality of life (eg. Including things and people I love in my day, helping me try new experiences, helping my day contain less of the things that make me sad or anxious)				
1.7	My PBS plan is comprehensive and socially valid	All interventions used with the person are contained in the plan. All interventions pass the 'in your shoes' and 'supermarket' tests (see User Guide) (ie. They would be acceptable to be done to ourselves or members of our own family)				

STANDARD 2		RATING*			
I am supported to make informed choices and have control					
Performance 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, learner walks, team meeting agendas, mental capacity assessment, Best Interest decision Making Tool, EHCP review - agenda and process, Person Centred Planning tools, staff training sessions				
2.2	Staff shows respect and a positive attitude when they interact with me	Observation, Positive monitoring, Learner walks, service user feedback, family feedback, supervision, Video reflection, 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.	Support plan, service delivery plan, PBS plan, knowledge tests, Periodic Service Review scores Discussion with support staff, Behaviour Assessment Report				
2.4	I have clear tools available to help me express my choices and my staff know how to use them.	Visual supports readily available, eg. Communication book, talking mats, comic strip conversations, etc Staff can readily explain how and when to use these.				
2.5	Staff provide opportunities for me to make meaningful choices on a daily basis and respond to my choices wherever this is possible to do so.	Session and support plans, personal care routines, communication aids, participation record summaries, observation, daily diaries, discussion with staff				

STANDARD 3 **I have relationships with family and friends and potential romantic relationships if I am 16+ and have expressed a desire for this**		RATING*			
Performance 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 and romantic relationships	Organisational policy				
3.2	The people who are important to me are clearly identified	Person Centred Plan , Person's circle of support, PBS Plan, Support Plan				
3.3	I am able to access age and developmentally appropriate education around friendships, relationships and sexual relationships	Person Centred Plan, EHCP outcomes and targets, setting curriculum and timetable, outcomes of learning and knowledge tests around SRE				
3.4	I am supported to have opportunities to get to know new people – inside and outside of school / college and maintain existing friendships	EHCP and reviews, 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	If I am 16 + staff have a clear idea whether I have the Mental Capacity to consent to a romantic or sexual relationship. My rights to a relationship are advocated for along with the correct level of support for my level of capacity.	Records of MCA around relationships and sexual relationships, advocacy, accessing supporting dating agency or social events (if student desires this), individual support sessions to discuss these issues with an appropriate adult documented				

STANDARD 4			RATING*			
I participate in the community – home, social and work opportunities						
Performance Indicators		Evidence	0	1	2	3
4.1	My EHCP contains outcomes which support my growing independence and a life as similar to my non-stream peers as possible	EHCP goals and outcomes; clear recording (eg, RARPA) of my skill areas – the development of these and future targets				
4.2	I engage in a wide variety of activities which are fun and meaningful to me and support my mental wellbeing and enjoyment of life	Evidence of assessment of activities which student enjoys and give well-being (eg. Direct assessment such as talking mats, accessible questionnaires or indirect, such as staff observations, etc) 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 am supported to try new activities every term – both internal and external to my school / college	Evidence of one off outings (eg. Photos, diaries), experience days in setting, student voting for activities, residential trips, photo evidence of visits to new environments, staff / student recordings of feedback or ratings				
4.4	I have EHCP outcomes which support me to participate in most household activities (shopping, cooking, cleaning, entertaining, leisure, gardening etc) and these are transferred to my home environment and monitored	EHCP outcomes and goals, Participation records and summaries, daily diaries from home setting Data on levels of participation are routinely summarised, fed back to the team and MDT, and show an increase in participation over time Routine use of standardised scales such as Index of participation in domestic life				

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4.5	I access internal or external (as appropriate) employment, supported employment or work experience	EHCP outcomes and goals, weekly timetable, evidence of work tasters and expression of preferences regarding different work activities, work diary (written or photos),				
4.6	My staff know how to give me the right level of support and prompting to enable me to be successful in my learning	Staff have undertaken Active Support training; staff can describe different ways to support learning (eg. Physical prompts, verbal prompts, demonstration, etc), Staff can describe how they gradually reduce prompts to enable me to be more independent, observations, video reflection sessions				

STANDARD 5		RATING*			
My school / college learning supports my behaviour					
Performance Indicators		**Evidence**	**0**	**1**	**2**	**3**

	Performance Indicators	Evidence	0	1	2	3
5.1	My EHCP is aspirational and contains outcomes that are "important TO me" as well as outcomes chosen by family / professionals as "important FOR me"	EHCP outcomes, evidence of student voice,				
5.2	I have outcomes and targets which teach me "better ways" to communicate my needs, other than my behaviours of concern	Evidence of functional assessment and clear description of function of behaviour, clear targets based on functionally equivalent alternative behaviours in personal targets / EHCP outcomes, teaching plans for alternative behaviours, staff can describe which alternative behaviours they are prompting, RARPA evidence of progress (eg. Photos, witness statements)				
5.3	I have outcomes and targets which teach me better coping strategies, relaxation or specific skills, such as anger management, learning to wait	EHCP outcomes or goals, timetabling and teaching plans for skill teaching, RARPA evidence of progress (eg. Photos, witness statements)				
5.4	My EHCP / timetable includes plenty of times for me to engage in activities that I love and give me wellbeing – understanding that this will improve my quality of life and proactively increase my ability to cope					
5.5	There are clear spaces I can go to, if I need to, to be able to relax or de- escalate	Observation, staff interview				

STANDARD 6		RATING*			
I am supported to communicate					
Performance Indicators	**Evidence**	**0**	**1**	**2**	**3**
6.1 My service has a clear policy to assess and support my communication needs	Policy statements				
6.2 My staff assess and support my communication needs	A total/ inclusive communication approach/ works towards the 5 good communication standards RCSLT 2014, Staff training records, Presence of inclusive communication co-coordinators, observation of interaction				
6.3 There is a detailed description of how best to interact with me.	Individual SALT assessments, communication Passports, Support or PBS Plan section on communication				
6.4 Staff value and use competently the best approaches to communicate with me	Observation of staff using the correct total communication methods for the person when interacting, video reflection / positive monitoring used				
6.5 Staff create warm, fun, interactive environments that encourage me to communicate	Observations of staff interactions, interaction observed for social reasons and not just to deliver instruction, Video reflection, staff training session, Learner walk feedback				
6.6 I am supported to communicate and express myself in different social situations and with different people	communication skill development goals and teaching plans, social skills training, desensitisation, guidance in PBS plans				

STANDARD 7			RATING*			
I have appropriate treatment for my physical and emotional wellbeing						
Performance Indicators		**Evidence**	**0**	**1**	**2**	**3**
7.1	I am registered with a local GP, dentist and optician	School has record of young person's GP, dentist and optician				
7.2	My physical and mental health has been considered in relation to challenging behaviour	Functional assessment/ Behaviour Assessment Report; evidence of medical referrals or visits				
7.3	My health is regularly monitored via my EHCP and other meetings and staff alert medical professionals to changes in my health and well-being in a timely manner and work proactively with my health team (eg. Community LD team, MHLD team, LD Nurse)	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 Changes in individuals' physical and mental health are documented and reported				
7.4	I am supported to attend medical appointments, express my views and to review my treatment with health care professionals – at school/college and outside	Evidence of support with attendance and communication Evidence of Mental Capacity Assessments regarding treatment if 16+ Records of treatment reviews				
7.5	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	Information documents, medical records NB if person has no prescribed medication, code 'n/a' in column 3 and				

	what the expected outcome is.	score '3' for this standard				
7.6	I consent to treatment	Consent was obtained for any therapeutic or behavioural interventions at school/college and any medication taken (Mental Capacity Assessment and signed consent evidence if 16+ or an appropriate best interest decision recorded)				
7.7	My plan documents potential side effects of medication administered to me	Record of Possible side effects in the individual's files. Staff can name possible side effects				

STANDARD 8			RATING*			
My behaviours that challenge are understood						
Performance 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, eg 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 | | | | |
| 8.5 | My family / carers have contributed to my functional assessment. | My BAR lists my family as contributing towards my FA. | | | | |

STANDARD 9			RATING*			
There is a sustained reduction in my challenging behaviours						
Performance 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.*				
9.5	My behaviour and PBS Plan are reviewed by all stakeholders as part of my EHCP review	EHCP review report and minutes				

STANDARD 10		RATING*			
I am not subjected to restrictive practices					
Performance 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 agreed with person and their family and documented as part of EHCP review or other meeting	Any restrictive intervention is written up and approved by the MDT Evidence of MCA / Best interests decision on the use of physical intervention for 16+				
10.3	Any restrictive practice done to me is reported to the person responsible where I study and 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.	School / College is part of the Restraint Reduction Network. 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 & analysed on at least a monthly basis for me	Individual incident records Organisational summaries of incident records and reports to senior management and board contain data on:-				

	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	▢ 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 a formally accredited physical intervention training programme, which follows the Restraint Reduction Network's training standards				
10.7	Post incident support is routinely provided to staff following an incident of challenging behaviour	Availability of accessible de-brief materials. Record of Debrief sessions. Organisational monitoring of the provision of post incident support.				
10.8	Post incident support is routinely provided to me following an incident of challenging behaviour	Record of Debrief sessions. Evidence of accessible de-brief forms / communication tools for students 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				
10.10	Subtle restrictive practices in the setting are audited and staff are trained to spot and question these (eg. "no use of iPad during break times) and understand these can increase behaviours	Evidence of staff training, audits of subtle restrictive practices				

STANDARD 11			RATING*			
I am not subjected to punishment or punitive practice						
Performance Indicators		Evidence	0	1	2	3
11.1	My service has a clear organisational policy to not use punishment or punitive practice (or "consequences"), eg. Removing a preferred item / activity because of behaviour	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 Evidence of staff training PBS plans				
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				
11.4	My staff can say which values underpin their work in this school / college	When asked staff talk about some of the following and give examples: Person centred planning; Human rights (eg. To be free of degrading treatment, right to liberty); self-determination and choice and control in life; Respect & equality; principle of normalization and having an ordinary life				

STANDARD 12 I am supported by staff trained in PBS		RATING*			
Performance 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	Eg. Learning support workers -BTEC advanced certificate PBS Practice leaders / Managers in charge of behaviour / SENCOs - BTEC Professional certificate PBS Behavioural specialists Professional diploma PBS Evidence of other relevant training, Post Grad courses e.g. Tizard, BACB etc				

STANDARD 13		RATING*			
My PBS plan is implemented consistently by the staff team					
Performance Indicators	Evidence	0	1	2	3
13.1 Staff who support me receive 3 stage training in how to implement my plan and are supported to achieve verbal, role play and in situ competence	Training records and training plans. Training scripts Discussion with staff				
13.2 A practice leader/ manager is responsible for managing my staff team and frequently and regularly works directly alongside staff supporting me	Managers job description Staff rotas Discussion with manager and staff 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				
13.5 Some classroom observations focus on the positive monitoring of 1 student's support against their support plan to monitor how well support plans are being followed in the setting	Evidence of positive monitoring on a regular basis Procedural policy in place to ensure individual monitoring of PBS plan compliance is part of quality assurance system				

SUMMARY 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 and potential romantic relationships if I am 16+ and have expressed a desire	15					
4	I participate in the community – home, social and work	18					
5	My school / college learning supports my behaviour	15					
6	I am supported to communicate	18					
7	I have appropriate treatment for my physical and emotional wellbeing	21					
8	My behaviours that challenge are understood	15					
9	There is a sustained reduction in my challenging behaviours	18					
10	I am not subjected to restrictive practices	30					
11	I am not subjected to punishment or punitive practice	12					
12	I am supported by staff trained in PBS	6					
13	My PBS plan is implemented consistently by the staff team	15					
TOTAL		219					

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

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.wales.nhs.uk
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