



# POSITIVE BEHAVIOURAL SUPPORT

## RESOURCE 2

WHAT SHOULD POSITIVE BEHAVIOURAL  
SUPPORT LOOK LIKE?



The Challenging  
Behaviour Foundation

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## Acknowledgements

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## Further information

To see all resources in this pack and additional information from The PBS Academy, The Challenging Behaviour Foundation and the Early Intervention Project go to:

[www.pbsacademy.org.uk](http://www.pbsacademy.org.uk)

[www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)

[www.pavingtheway.works](http://www.pavingtheway.works)

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<sup>1</sup> The PBS Coalition laid the foundation for the establishment of the PBS Academy and all materials are now published under the PBS Academy name.

## How to use this resource

You might be about to visit a service or school that you are considering using for your relative. You could be thinking about the service/school that currently provides support. Or you might be preparing for a home visit from a professional and you want to check that he or she has a good understanding of Positive Behavioural Support (PBS)<sup>2</sup>. Use this resource to help you “get a feel” of whether the service/school/professional is really doing what they claim in relation to PBS. If a service/school is providing PBS well, there will be some key things that you should be able to see and experience in the way people are supported.

These are essential aspects of PBS and each one is considered in turn within this resource:

- **People are valued and respected**
- **Supporting communication, health and well being**
- **Involving everyone and working in partnership**
- **Functional assessment (an assessment to understand why challenging behaviour is happening)**
- **Developing and using a behaviour support plan**
- **Skills teaching and development**
- **Staff skills and support**

Under each of these headings, other families tell us what best practice looks like for them and their relative. A checklist is then provided of things that you should look for, experience or ask to see when you visit or meet a professional providing PBS.

If it is helpful, you can tick these things off during or after your visit. There is also a space to make notes should you wish to do so.

You may then want to consider what you have seen and discuss your views with other family members/friends, the professional/service/school themselves, their manager, your care co-ordinator etc.

**Resource 3** will help you ask more detailed questions (should you wish to do so) where you will be able to check things out further. At the end of **Resource 3** there is some information on what to do if you are unhappy about what you have seen or do not receive satisfactory answers to your questions.

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<sup>2</sup> Positive Behavioural Support is sometimes referred to as Positive Behaviour Support. The PBS Academy uses Positive Behavioural Support to ensure that the emphasis is not on specific behaviours but on a behavioural approach to understanding and working with challenging behaviour.

## People are valued and respected as individuals



**Best Practice Examples**  
**Family carers say my relative's individuality is respected and supported by...**

“Having his own communication placemat and a positive behaviour support plan that all people who work with him read and understand thoroughly. By working around his needs, as he is less able to adapt. By having a familiar routine that is adhered to daily. Different routines for different settings.”

“Making sure that she has regular opportunities for trips out to go for walks, to visit shops, to buy the odd takeaway and go for drives. To be able to use her annual season ticket to visit the zoo.”

“Making sure no one else goes into his room either when he is there or when the room is empty. Also to make sure that his belongings are not used, abused or lost by staff or other residents.”

“Offering appropriate choices during the day to allow him to participate in activities that he enjoys. Choices should include what to do, what to wear and what to eat/drink. Being able to change into nightwear instead of going to bed in his day clothes.”

### Things you should see:



- ☐ People are supported to make and be involved in decisions about their support, e.g. where they live, what they do throughout the day, who they spend time with etc.
- ☐ The person is at the centre of the support they receive and staff recognise each person's abilities and needs.
- ☐ Staff are friendly and talk to everyone with dignity, warmth, respect, empathy and compassion.
- ☐ People are supported to have lots of choices throughout the day for a range of things, e.g. the clothes they wear, food, activities etc.
- ☐ People's religious and cultural needs are supported, e.g. they are supported to go to their place of worship if they want to.
- ☐ Staff use a range of ways to find out what each person likes and dislikes, e.g. asking the person or others who know them and respecting these when providing support.
- ☐ People spend time doing activities and meeting other people in the local community.
- ☐ People are supported to make friends and to keep in contact with people they are close to, e.g. by phone, using Skype, writing letters, arranging social events etc.
- ☐ People are supported take part in lots of different activities and are encouraged (but not forced) to try new things.



## Things to ask to have a look at:

- ☐ A **person centred plan** (an individual plan developed by the person and others who know them well, which looks at all aspects of their life, their goals and dreams. Usually facilitated by someone with expertise in this area). You should be able to see how staff are working with the person to get the things they identified as their goals. Remember there may be some goals that are private to the person and written information about their progress may be kept confidentially.
- ☐ A **one-page profile** (one sheet of paper capturing all the important information about a person under three simple headings: what people appreciate about me, what's important to me and how best to support me).
- ☐ A support plan just for an individual, detailing how to support that person in their routines. There should be evidence of what a person likes and dislikes in this.
- ☐ A plan of what is going to happen each day, somewhere that the person can easily see. This plan might have pictures or symbols on it (**visual timetable**) as well as pictures of staff that will be on shift.
- ☐ A list of things that someone likes and dislikes.

## Your Notes

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## Supporting communication, health and well-being



### **Best Practice Examples** **Family carers say my relative's communication needs are supported by...**

“Offering regular access to the staff rota and updating him frequently on staff movements as he needs to know who is working, and who is on the next shift.”

“Using symbols and photographs at school”.

“Using key words in short sentences as confusion sets in easily which leads to challenging behaviour. Not chattering too much, especially if he is upset for whatever reason.”

“Not ignoring him, or giving him something different to what he asked for. Not breaking promises”

“Keeping photographs nearby as these are very important to him, including photos of family and other favourites nearby. Helping him send photos and cards home now and again, these are so very precious to us.”



### **Best Practice Examples** **Family carers say my relative's physical and mental health are supported by...**

“Having a stable, predictable life, walks in the country side at weekends and holidays, plenty of music at home and school including music therapy and top quality food/diet.”

“Regularly offering the activities he enjoys such as kicking a football around and going for walks.”

“Socialising. My son really enjoys the company of staff members to chat to and to socialise with.”

Listening to music. Allowing her to choose and listen to music of her own choice and for this pleasure not to be interrupted by others”

“Offering some activities which give him a chance to have some time away from other residents as the communal area can be very difficult for him with all the noise”





## Things you should see:

- ☐ Staff talk to people using their preferred method of communication (e.g. signing) and change how they talk to people when needed.
- ☐ Staff involve family/carers, the person and other professionals in assessing and developing support plans for the person's communication, health and well-being.
- ☐ Staff keep a check on each person's health and well-being and investigate any changes in behaviour, mood or activity levels that might suggest these are getting worse and take appropriate action, e.g. book a GP appointment.
- ☐ Each person has regular health checks.
- ☐ Each person is supported to use a range of health services as needed, e.g. the GP, the dentist, diabetes nurse, dietician, chiropodist, have blood taken, etc.
- ☐ Staff support people to be involved in managing their own health, e.g. taking tablets, writing things down, exercise, using creams
- ☐ Staff help people to make choices about their health and lifestyle by providing information and support, e.g. about healthy diet. Staff should respect a person's right to live the lifestyle they choose.



## Things to ask to have a look at:

- ☐ A health care plan that is specific for each person.
- ☐ Use of **communication passports** (a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them).
- ☐ Systems that staff use to monitor progress with things like teaching something new, amount of medication used, weight loss, etc.
- ☐ **Data** (information on charts, in notes and assessments) recorded about communication, health and wellbeing.
- ☐ Communication aids around the service, e.g. signs/labels on things, visual timetables, **social stories** (short descriptions of a situation or activity, which include specific information about what to expect and why) etc.

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## Involving everyone and working in partnership



### **Best Practice Examples** **Family carers say we are be involved by...**

“Doing activities and eating well to keep me well and happy so that I can take care of him well (my son is unhappy if I am unhappy)”.

“We are the main carers for our son. We provide the food our son eats, (he does have school dinners too), provide clean and dry clothes for him to wear, collect and take him to and from school and keep his home clean and tidy. His father takes him out after tea and weekend mornings and showers him before bed. A care worker looks after our child once a fortnight to give us a break.”

“Getting regular updates by email or phone as to how he is and what he has been doing. We would like to be more involved. Our son is the most precious thing in our lives and we would like to be involved in his life the same as any other family even though he is in a residential placement. We would like to continue to visit him regularly and him us. If he is not well we would like a phone call and to know what is being done to help him. We would like to be invited to regular 6 month reviews and have an opportunity to voice concerns. We want to be taken seriously and treated as equals.”



### **Best Practice Examples** **Family carers say professionals and staff should...**

“Understand that experience is the best teacher, families have a lot of that to offer”

“Have a trusting and respectful relationship with us. We would like to be treated as equals and have regular opportunities to play a full part in our son’s life.”

“Introduce us to new members of staff so we can develop a basic working relationship with them if possible. It would also be helpful to be told when someone is about to leave in case we would like to say goodbye. It is important to us that staff feel appreciated and valued. Anything that helps us demonstrate our appreciation would be very welcome. Please involve us in all significant decision making and health matters.”



## Things you should see:



- ☐ The person, family carers and others are treated as equal partners in the organisation and in the person's support, and they are recognised as playing an important role.
- ☐ Each person is supported to be involved in decisions, assessments, and planning, and is involved in whatever way they can be (e.g. by being part of meetings and planning, or indirectly through staff, family members or advocates).
- ☐ The person, family carers and others are involved in selecting goals and desired outcomes of PBS.
- ☐ The person, family carers and other key people are invited to meetings and reviews about the person's support.
- ☐ The person, family carers and other key people are involved in assessments (e.g. by contributing information) and help to develop interventions and supports.
- ☐ The person, family carers and other key people are kept informed (e.g. by receiving information and being given accessible copies of assessment results and plans). Regard is given to the person's right to confidentiality.
- ☐ The person, family carers and other key people are able to provide feedback in a range of ways. E.g. talking to staff informally, written feedback, attending meetings etc. and this is used to improve the support they provide and celebrate good practice.
- ☐ Family carers and others are offered training in the key aspects of their relative's support, for example in how to implement their **behaviour support plan** (written plan based on a functional assessment of behaviour which strategies designed to alter the environment and teach new skills), communication methods etc.
- ☐ Staff recognise that other people including family carers also have emotional needs and either provide support for this or information on other services that can help.
- ☐ The person, family carers and others are invited to be involved in shaping the organisation both formally (e.g. by being part of a steering group, attending organisational planning meetings, being on recruitment panels, co-facilitating workshops for staff etc.) and informally (e.g. by providing comments and suggestions to the service, by consulting on policy documents etc.).

## Things to ask to have a look at:



- ☐ Written information about how everyone can be involved and provide feedback.
- ☐ Methods for everyone to provide feedback. E.g. comments form, email addresses etc.
- ☐ Written information / policies on how to share information with everyone and keep them informed.
- ☐ Evidence that copies of assessments and plans have been given to key people.
- ☐ Written information on training offered to everyone.
- ☐ Leaflets/information for family/carers on maintaining their own wellbeing, how the organisation can support this, and other services that can help.

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### Good practice example - *Gloucestershire PBS offer to families*

Gloucestershire offer support to families to implement their relative's positive behaviour support plan. Depending on the needs of the individual and their family this support can include;

- **Consultations or class based training** for families, carers and all those involved in the person's life around PBS approaches including functional assessments, prevention, de-escalation and reactive plans.
- **Support provided by the team** to implement the recommendations. This will involve modelling and demonstration of techniques/interventions or a competency-based training approach.
- **Training packages** on a case by case basis so the service provided is appropriate and relevant. It is likely training will be delivered in a bespoke way, although grounded in a competency-based approach.
- **Direct modelling** of proposed interventions where necessary. This will ensure that families and other stakeholders feel supported and confident in implementing the behaviour support plan.

**For further information:**

<http://www.challengingbehaviour.org.uk/driving-change/gloucestershire-pbs/gloucestershirepbs.html>

## Functional assessment

(An assessment to understand why challenging behaviour is happening)



### Best Practice Examples

**Family carers say to understand why challenging behaviour is occurring...**

“We used a clinical psychologist. The Challenging Behaviour Foundation did a training course that school staff and I attended. We had several meetings and it was eventually worked out that the major trigger was people talking too much, and the pain caused by an ingrowing toenail. We eventually had this operated on with the assistance of the learning disability liaison nurses, which helped to make it happen. Intensive Interaction was also used, as was music therapy.”

“We would like staff and family to work together when there are challenges to make use of the skills that everyone has to help. We would like our care provider to be open and fair so that we know what is going on. We would like help and advice if we face challenges on home visits”.

“We would like a timely assessment by the in-house PBS specialist carried out and effective steps put in place to address the cause. We would like to be able to sit in on staff training.”

## Things you should see:



- ☐ A range of key people being involved in assessments, including professionals with expertise in behavioural approaches (if required).
- ☐ The results of assessments being fed back to the person (if possible) and key people and this information being used to design a behaviour support plan.
- ☐ Staff writing things down about the person's behaviour and things that might affect it. An example could be **ABC recording** where staff record events in which challenging behaviour occurs, including what happened before (**A**ntecedent), during (**B**ehaviour), and after the behaviour (**C**onsequences). Other things staff may record are the numbers of times the behaviour happens or how long it goes on for, communication skills, the person's health, staff issues (sickness rates, new staff, change in manager) etc.
- ☐ Information being collected about the person's **quality of life** (those things that are important to the person and make them happy).
- ☐ Staff trying to work out the **function** (the reason) for an individual's behaviour by using a range of ways. These may include directly observing the person, interviewing key people and staff/family members being asked to fill in questionnaires.



## Things to ask to have a look at:

- ☐ **Data** (Information) collected on an individual's challenging behaviour and other things that may affect it, e.g. their health, level of activity etc. This might be on paper or on a computer.
- ☐ Results from a functional assessment and other relevant assessments, e.g. communication assessment or skills assessment.

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## Developing and using a behaviour support plan



### Best Practice Examples

#### **Family carers say to develop and use a behaviour support plan for my relative...**

“We worked with school staff. The plan included major triggers, how to keep him calm, what to do if challenging behaviour occurred, how to calmly assert yourself and give positive instruction.”

“You need to understand that my son is environmentally sensitive. All new staff need to be properly trained and made aware of my son’s needs before they work with him. My son does not like the dark, animals and especially is phobic about cats. Staff need to make sure appropriate steps are taken to prevent distress. He also finds the spray from vehicles in the rain hard to tolerate when travelling. Noise, flickering lights and flying creatures are also hard for him to cope with.”

“We worked out why my son was self injuring with careful work via an ABA trained professional, and worked out a safe replacement behaviour.”

“People need to know my son. For example, he has no sense of danger therefore staff must always stay close to him as he could step out into a road, into the path of a vehicle or other danger.”

“Everyone reads and understands the same important information about my relative, and have the understanding and ability to support people with severe learning disabilities and autism.”

“People support my relative in accordance with her behaviour support plan and care plan. Being trained in the relevant skills.”

## Things you should see:



- ☐ A **behaviour support plan** (written plan based on a functional assessment of behaviour which contains different strategies designed to alter the environment and teach new skills to reduce challenging behaviour and increase quality of life) being developed for an individual, where everyone is involved.
- ☐ This plan should reflect the person's needs and likes/dislikes and have strategies that are acceptable to them and others involved.
- ☐ **Preventative strategies** (things used to reduce the likelihood of behaviour occurring) included in the plan and routinely used. These include skills teaching, environmental changes and strategies which promote quality of life (e.g. increasing inclusion in the community, supporting social relationships etc.).
- ☐ A hierarchy of **reactive strategies** (things that are used after a behaviour occurs) are included in the plan to manage behaviour safely and to ensure that the **least restrictive strategy** (limiting the degree of restriction to someone's freedom of liberty) will be used.
- ☐ All staff should know each person's behaviour support plan and follow it.
- ☐ Staff, families and others receive training in the use of the behaviour support plan.
- ☐ Staff rotas and resources should be organised to ensure that the behaviour support plan can be followed. E.g. by ensuring enough staff are on duty.
- ☐ Regular meetings involving everyone so the behaviour support plan can be reviewed and updated. Data should be used in this process and further assessments completed if needed.
- ☐ Staff and other people are provided with **debriefing** (opportunity to talk through an incident and consider changes of how to respond in future) after incidents of challenging behaviour to maintain everyone's well-being.



## Things to ask to have a look at:

- ☐ A comprehensive and individualised **behaviour support plan** (see **Resource 5** for an example).
- ☐ Methods for collecting data to monitor the plan (e.g. physical data sheets, computer programs for data collection etc.).
- ☐ A system in place for reviewing and updating the plan and who is responsible for this.

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## Skills teaching and development



**Best Practice Examples**  
**Family carers say my relative is supported to learn new skills through...**

“A programme of domestic and self help tasks around the home”.

“Providing regular opportunities to go out and experience the environment and community, to suggest new things and not be afraid to try new ventures.”

“Working in partnership with the school on targets and taking any opportunity which arises at home to teach new skills”.

### Things you should see:



- ☐ Family carers, staff and other professionals are involved in assessments and plans for skills teaching.
- ☐ Everyone uses techniques from **behaviour analysis** (the science of behaviour which uses an understanding of why behaviour occurs to address a wide range of social issues, including helping individuals to learn) to teach new skills.
- ☐ Everyone is given training and support (e.g. direct coaching, modelling, feedback) in skills teaching methods.
- ☐ Techniques for promoting **generalisation** (where a skill is performed in different situations with different people)) and **maintenance** (where a skill continues to be performed over time even after teaching or a specific intervention has stopped) are routinely used.
- ☐ Skills teaching enabling the individual to have more independence, choice, and control over their lives which in turn leads to an increase in their quality of life.
- ☐ Assessment of skills are repeated regularly to monitor effectiveness of skills teaching plans.



## Things to ask to have a look at:

- ☐ Information on skills assessments (collected over time).
- ☐ Plans for teaching a person new skills (which may be included in the individual's behaviour support plan and/or separate).
- ☐ Detailed written guidance for teaching each new skill.
- ☐ Methods for collecting information (e.g. physical data sheets, computer programs for data collection etc.) to check progress.
- ☐ Evidence of behavioural techniques being used, e.g. **task analysis** sheets (where a task is broken down into its smaller steps), **discrete trial teaching** record forms (is a method of teaching where the skill is broken down into small steps and "built-up" teaching each step one at a time).

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## Staff skills & support



### Best Practice Examples

**Family carers say my relative is supported to learn new skills through...**

“Training in relevant health needs e.g. epilepsy”

“Training in PBS and the ability to use PBS techniques”

“Skill, patience and empathy.”

“Given the need for total support with personal care we would expect some training on basic hygiene to be provided and initial training to also include an appreciation of DoLS (Deprivation of Liberty Safeguards), best interests and safeguarding. First aid would also be advisable.”

“As a parent I have experience, plenty of patience, unconditional love, assertiveness, I have learnt on the job and have attended a number of courses, read books and attended talks by experts and autistic people to help me understand my child’s disability.”

### Things you should see:



- ☐ Staff work as a team within the service and provide support and feedback to each other.
- ☐ Staff are provided with regular supervision from supervisors/managers and receive on going development using **behavioural skills training** (a method of training that consists of instruction, modelling, practising, and being given feedback)
- ☐ Staff reflect on their working practice and how their behaviour may impact the people they support and other staff.
- ☐ Staff seek support when required, both from other staff and from managers/supervisors.
- ☐ Managers/supervisors are physically present and support staff to undertake their role and improve their practice.
- ☐ Staff rotas/timetables allow time for training, team meetings, and supervision.
- ☐ Staff are provided with debriefing following an incident of challenging behaviour.
- ☐ Staff turnover is low; staff enjoy their role and are valued by people they work with, their families, other staff, managers, and the service as a whole.
- ☐ New staff are recruited when necessary and recruitment processes involve the people supported by the service, their families and others. Recruitment procedures recognise the importance of identifying potential staff who respect and value people as individuals and who have appropriate training and qualifications.



## Things to ask to have a look at:

- ☐ Staff rotas/timetables displayed with evidence of time for training and team meetings.
- ☐ Evidence that staff are valued, such as information about staff social events, evidence of celebrating good practice, written information on training and workshops available to staff, written information on ways that staff can get additional support etc.
- ☐ Guidance on relevant legislation (e.g. posters relating to safeguarding, the mental capacity act, health and safety etc.)

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