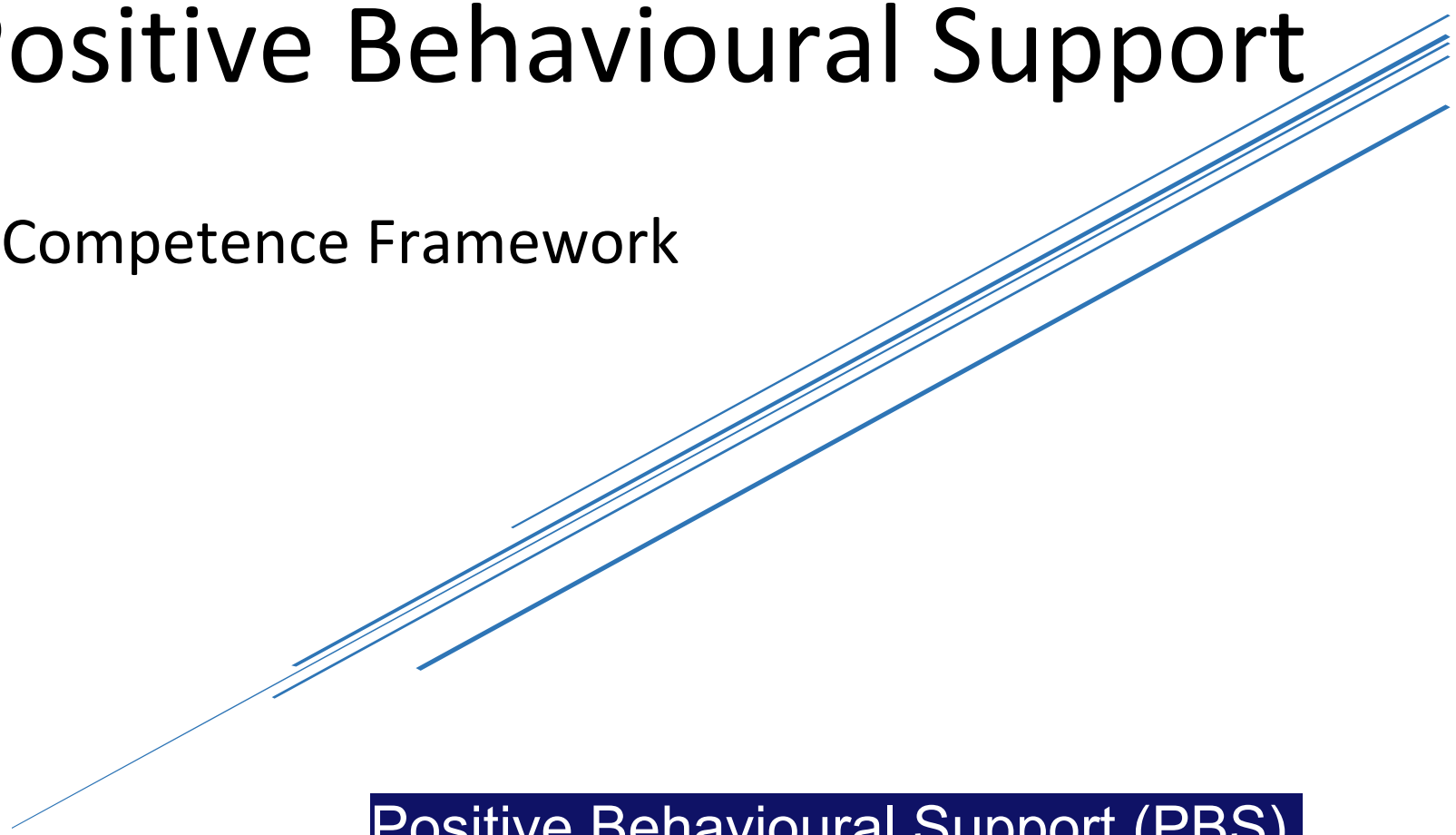
Positive Behavioural Support

A Competence Framework



Positive Behavioural Support (PBS) Coalition UK

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The Framework is available on the PBS Academy website: www.pbsacademy.org.uk

We are delighted that the PBS Competence Framework has been endorsed by the following organisations. Whilst this does not imply that each organisation is necessarily demonstrating all of the competencies required of quality provision as outlined in the framework, our expectation is that this suggests a commitment to its implementation.


Challenging
BEHAVIOUR
foundation
making a difference
to the lives of people with
severe learning disabilities


mencap
The voice of
learning disability


Skills for
Health


uk
sba
UK Society for
Behaviour Analysis


Dimensions
there for the people we support


Northumberland, Tyne and Wear
NHS
NHS Foundation Trust


Orbis
education & care


H&SA
Housing and Support Alliance


United
Response
support that changes with you


Positive
Behaviour
Solutions


Community
Therapeutic
Services


cmg
care management group


POSITIVE RESPONSE
TRAINING AND CONSULTANCY


Ambitious
about Autism


PBS

Challenging Behaviour Community of Practice	Impact Change Inform		Cymuned Ymarfer Ymddygiad Heriol	Effeithio Newid Rhoi Gwybod

Contents

What is Positive Behavioural Support?

Over the last three decades, Positive Behavioural Support (PBS) has increasingly become the model of choice in supporting people whose behaviour poses challenges to services. While there are a number of existing descriptions of PBS available (Allen et al., 2005; Carr et al., 2002; Horner et al., 1990, 2000; LaVigna & Willis, 2005), a recent definition by Gore et al., (2013) sought to bring together the fundamental elements of PBS in a way that could usefully inform future service, policy and research developments in the UK. The key features of this definition are summarised in Table 1.

Gore and colleagues emphasise that PBS is a *multicomponent framework* for developing an understanding of behaviour that challenges rather than a single therapeutic approach, treatment or philosophy. It is based on the assessment of the broad social and physical context in which the behaviour occurs, and used to construct socially valid interventions which enhance quality of life outcomes for both the person themselves and their carers.

The framework consists of ten elements grouped into three overarching themes of values, theory/evidence base, and process. It is important to stress that these elements do not represent a 'menu' of options. Rather, the effective implementation of PBS necessitates the combined use of *all* of these elements.

Values

PBS combines the technology of behavioural intervention with the values of normalisation, human rights, and self–determination to deliver effective person-centred support for people whose behaviour challenges. Crucially, these values inform both the way in which this technology is used and the outcomes that it is designed to achieve.

PBS, therefore, aims to enhance quality of life as both an intervention and outcome for people who display behaviour that challenges and those who support them. PBS interventions are also ***constructional*** in that increasing the person's repertoire of adaptive behaviours and their range of positive life opportunities is a central objective. In contrast, the use of aversive or punitive interventions is rejected on the basis of their incompatibility with a values-led approach.

Table 1: Key Components of PBS

Values	1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	2. Constructional approaches to intervention design build stakeholder skills and opportunities and reject aversive and restrictive practices
	3. Stakeholder participation informs, implements and validates assessment and intervention practices
Theory and Evidence Base	4. An understanding that challenging behaviour develops to serve important functions for people
	5. The primary use of constructional principles and procedures from behaviour analysis to assess and support behaviour change
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessment to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring and evaluation of interventions over the long term

Gore, N.J., McGill, P., Toogood, S., Allen, D., Hughes, J.C., Baker, P., Hastings, R.P., Noone, S.J. & Denne, L.D. (2013). Definition and scope for positive behavioural support. *International Journal of Positive Behavioural Support, 3 (2),* 14-23

PBS takes account of the behaviour and wellbeing of stakeholders (such as paid and family carers) and emphasises stakeholder participation to ensure that assessments, interventions, and outcomes are meaningful. PBS is therefore 'done with' rather than 'done to' the person and those who support them.

Theory and Evidence Base

PBS is founded upon an understanding that behaviours that challenge serve important functions for those who display them. They develop and are maintained within the context of a person's abilities, needs (including their physical and mental health) and circumstances and, critically, the characteristics of the social and physical environment within which the behaviour occurs. These environments often contain or lack important features that are provocative of behavioural challenges, and the term 'challenging environments' has been used to stress that many of the causal factors behind such behaviours lie outside the person.

This understanding, together with many of the assessment and intervention methods utilised in PBS, is grounded in constructional principles and procedures from behaviour analysis.

PBS is also an inclusive approach which incorporates additional evidence-based approaches that are supportive of its stated values and compatible with its overarching framework.

Process

PBS requires assessment and support arrangements to be personalised and grounded directly in information that has been gathered about the person (including their broader needs and abilities) and their environment.

The PBS process begins with a systematic assessment of when, where, how and why an individual displays behaviour that challenges, a process known as functional assessment or functional analysis. The primary outcomes of this process are[1]:

1. A clear *description* of the behaviours of concern (including classes or sequences of behaviour that occur together).

[1] from O'Neill et al., 1997

2. The identification of the events, times, and situations that *predict* when the behaviour *will* and *will not* occur across the person's full range of typical daily routines.

3. Identification of the *consequences that maintain the behaviour* (that is, the purposes or functions that the behaviour appears to serve for the person)

4. The development of one or more *summary statements* or hypotheses that describe specific behaviours, the situations in which it occurs, and the consequences that may maintain it.

5. The collection of *direct observational data* that support the summary statements that have been developed.

Reflecting the fact that behaviours that challenge often have multiple causative factors, PBS intervention plans typically have multi-components which are built on the findings of assessment and devised in partnership with key stakeholders. Proactive strategies that seek to reduce the likelihood of behaviours of concern occurring should form the majority of any plan. These will include interventions aimed at increasing stakeholder quality of life, ones that seek to alter the contexts in which challenging behaviours occur, and those which support the development of new skills that serve the same function as the behaviour or which enable the person to cope more effectively with situations that they find hard to manage.

A PBS plan will also describe an appropriate and ethical range of reactive strategies to guide responses to incidents of behaviour that are not preventable and which aim to minimise escalation and reduce the risk of harm to the person and others. These should form a minority component of any plan, but play a crucial role in terms of making people safe.

Finally, PBS plans provide guidance on how strategies will be implemented, by whom and by when. Data-based systems are required to monitor both the reliability of plan implementation and resulting changes in quality of life and behaviours that challenge.

Why use PBS?

There are four main reasons to recommend PBS as an approach to support individuals whose behaviour challenges:

- PBS has been developing within a variety of settings in the UK over the past three decades, and there is now a strong practice base for its use.
- The values underpinning PBS are entirely congruent with those within national policy and frameworks for people with intellectual disability.
- There is a strong scientific evidence base for the technology that underpins PBS. Practitioner-researchers have been using single case experimental designs to evaluate intervention effectiveness for several decades. These have in turn been subject to a number of systematic reviews and meta-analyses (Campbell, 2003; Carr et al., 1990, 1999; Didden et al., 1997; 2006; Harvey et al., 2009; Marquis et al., 2000; Scotti et al., 1991). The most recent of these (Heyvaert et al., 2010, 2012) included over 250 single case design studies and confirmed that behavioural interventions deliver positive outcomes for individuals whose behaviour challenges. There is also limited randomised controlled trial (RCT) evidence which attests to the efficacy of PBS. One UK study in which individuals were allocated randomly to receive PBS delivered by a specialist team or input as usual showed significantly better outcomes for those allocated to the PBS arm of the trial (Hassiotis et al., 2009). Data were also reported which suggested that the PBS support cost slightly less overall to deliver (due to reduced use of other health services by the participants).
- PBS is recommended as best practice within professional practice documents (Royal College of Psychiatrists, British Psychological Society & Royal College of Speech & Language Therapists, 2007) and in national policy statements. In England, for example, this includes *Meeting Needs and Reducing Stress* (NHS Protect, 2013) *Positive and Proactive Care* (Department of Health, 2014), *Ensuring Quality Services* (Local Government Association and NHS England, 2014) and *A Positive and Proactive Workforce* (Department of Health, Skills for Health & Skills for Care, 2014), all of which champion the role of PBS in providing effective support to people who challenge. In Wales the PBS is a key recommendation in the Welsh government report by the Learning Disability Advisory Group and All Wales Challenging Behaviour Community of Practice entitled '*Transforming care for people in Wales with a learning disability and challenging behaviour: The five top priorities*.'

When, and for whom, might PBS assessment and intervention plans be needed?

The aim should always be to produce a functional assessment and accompanying Behaviour Support Plan (BSP) for challenging behaviour, irrespective of its severity or chronicity. The complexity and intensity of that assessment and plan will however vary with the complexity and intensity of behavioural challenge and should therefore follow an incremental approach.

A pre-assessment that involves gathering data which helps shape the initial focus and level of any assessment work should always be completed. Key information may be provided in referral forms or letters, but will typically need supplemented by obtaining further details from the referring agent and key carers.

For recent onset or low level behaviours, simple forms of functional behavioural assessment may be sufficient to identify relationships between the behaviour, antecedents and its consequences. Where there are behaviours of recent onset or marked changes in patterns of existing behaviours, the contribution of any significant alterations in environment, physical or psychological health must be explored and appropriate interventions implemented.

For more established and complex behaviours, or behaviours that do not respond to lower levels of assessment and intervention, more in-depth assessment involving combinations of informant interviews, direct observations, structured record keeping, questionnaires and reviews of case material will be required.

Irrespective of the level of assessment, the person's key carers and, whenever possible, the person themselves, should be fully involved in the process and in sense checking its outcomes.

Assessment of more complex behaviours should always be multi-disciplinary. The resulting formulation should be likewise with one, single account of why the behaviours are occurring being produced (as opposed to individual, uncollated professional opinions). The formulation should integrate findings about the person, their environment and behaviour into a coherent and dynamic whole. Assessment should also involve an analysis of the strengths and needs of the person's carers (for example, the

resources they have available, their existing knowledge, attitudes towards the person, their current beliefs about the behaviour, and any significant health or personal concerns).

Where the behaviour poses risk to the person or others, an appropriate risk assessment should also be completed.

Assessment should always include a baseline measure of current behavioural rate and intensity so that repeated measurements can be taken post-intervention to gauge change. Assessment should also involve baseline measures of quality of life and current usage of restrictive practices (such as physical restraint, as required medication, or seclusion). Assessment should be a dynamic rather than static process because precipitating and maintaining variables may change over time. Repeat assessments should always follow any change in presentation of a person's behavioural challenges.

How is PBS implemented?

PBS may be implemented in at least three ways:

- By a single practitioner coordinating all elements of the framework and leading each stage of the process on a case-by-case basis.
- In team partnerships between a range of professionals and a person's regular carers.
- Through system-wide approaches whereby the PBS framework is implemented at varying levels or tiers of intensity across an entire organisation (such as schools, residential or small group homes, or specialist inpatient settings) or geographical territory.

What is the PBS Competence Framework?

While the emphasis on PBS in UK policy is welcome, its main impact to date is that many services, agencies and trainers now lay claim to implementing this approach when their actual practice bears little or no resemblance to the model described above. This parallels experience in North America, where a similarly rapid promotion of PBS was associated with a misunderstanding, dilution and corruption of the approach.

The genuine implementation of PBS requires joined-up working across service sectors and within multi-disciplinary teams, ensuring that both teams and the individuals within them understand their role in delivering this approach. It also requires the recruitment and retention of the right people, quality training and staff development, opportunities for staff progression within services, the ability to assess staff performance and evaluate service provision, knowing what to look for in a service provider, and consistency in practice to facilitate research. Mapping these components against a shared framework of peer-reviewed competencies is one way of supporting such joined-up working (Denne et al., 2013).

The UK PBS Competence Framework therefore provides a detailed framework of the things that you ***need to know*** and the things that ***you need to do*** when delivering best practice PBS to persons with intellectual disabilities and behaviours that challenge. The objectives of the framework are that:

- More individuals with intellectual disabilities and behaviours that challenge will benefit from high-quality, evidence-based support delivered by competent professionals working as part of a multi-disciplinary team.
- Practitioners will benefit from professional development and occupational standards.
- Organisations supporting individuals with intellectual disabilities and behaviours that challenge will be able to employ practitioners with a greater degree of certainty about competence and quality.
- Commissioners will have a greater understanding of the nature and use of PBS in practice.
- Practice based research will contribute to the growing evidence base for PBS.

Who is the framework for?

The UK PBS Competence Framework is for any individual providing or procuring direct support or working with persons with intellectual disabilities and behaviours that challenge, as well as any health, education or social care professional, service provider, researcher, academic institute, government or non-government organisation and government department, responsible for the provision of such services. This includes, for example, family carers, support workers, volunteers, teachers, behaviour analysts, psychologists, intellectual disability nurses, speech and language therapists, occupational therapists, psychiatrists, and key decision and policy makers.

How can the framework be used?

The framework lists the competencies that define best practice. It is a resource that provides a common and shared knowledge and associated actions necessary for the delivery of PBS. It could be used to help:

- develop a whole organisation approach to PBS
- develop a structured and progressive continuing education curriculum for all professionals involved in the delivery of PBS
- develop a structured and progressive training curriculum for PBS specialist practitioners
- provide a framework for human resource management including recruitment, retention and staff progression
- develop assessment tools with which to evaluate individual and group performances
- provide a way for consumers and commissioners to evaluate the likely quality of PBS providers
- provide a way for those seeking training and professional development to evaluate training programmes
- provide a baseline for research purposes

Any organisation or individual may develop curricula, tools, guidelines based on the framework that meet their own needs. The aim is not to prescribe what these may look like; rather it is to provide a common basis upon which such resources may be developed.

What does the PBS Competence Framework look like?

The Framework is shown in table 2:

Table 2: The PBS Competence Framework

1.	Creating high quality care and support environments	2.	Functional, contextual and skills based assessment	3.	Developing and implementing a Behaviour Support Plan (BSP) Evaluating intervention effects and on-going monitoring
1.1	Ensuring that services are values led	2.1	Working in partnership with stakeholders	3.1	Understanding the rationale of a BSP and its uses
1.2	Knowing the person	2.2	Assessing match between the person and their environment and mediator analysis	3.2	Synthesizing data to create an overview of a person's skills and needs
1.3	Matching support with each person's capabilities and with goals and outcomes that are personally important to them	2.3	Knowing the health of the person	3.3	Constructing a model that explains the functions of a person's challenging behaviour and how those are maintained
1.4	Establishing clear roles and effective team work	2.4	Understanding the principles of behaviour (4 term contingency); understanding the function of behaviour	3.4	Devising and implementing multi-element evidence based support strategies based on the overview and model Antecedent strategies • Antecedent strategies • Developing functionally equivalent alternative behaviour (to CB) • Increasing skills and communication • Systems change and contextual interventions
1.5	Supporting communication	2.5	Supporting data driven decision making		
1.6	Supporting choice	2.6	Assessing the function of a person's behaviour		
1.7	Supporting physical and mental health	2.7	Assessing a person's skills and understanding their abilities	3.5	Devising and implementing a least restrictive crisis management strategy • Arousal curve • Reactive strategies
1.8	Supporting relationships with family, friends and wider community	2.8	Assessing a person's preferences and understanding what motivates them		
1.9	Supporting safe, consistent and predictable environments			3.6	Developing the plan; outlining responsibilities and timeframes
1.10	Supporting high levels of participation in meaningful activity			3.7	Monitoring the delivery of the BSP (procedural/treatment fidelity/integrity)
1.11	Knowing and understanding relevant legislation			3.8	Evaluating the effectiveness of the BSP
1.12	A commitment to Behaviour Skills Training			3.9	The BSP as a live document

The Framework is divided into three main areas, each of which details specific competencies that need to be achieved to deliver effective support. These areas are:

Creating high quality care and support environments aims to ensure that organisations, and those providing individual support, operate from a person-centred foundation. The purpose of person-centred support is to enable a high quality of life for all concerned, which includes mitigating risk factors for the development and maintenance of behaviour that challenges. The likelihood and impact of behaviour that challenges is likely to be reduced in supportive environments that meet a person's social, physical and mental health needs, and that facilitate engagement, communication, choice and control. Many of the competencies described here, while having particular resonance in relation to supporting people with behavioural challenges, should be staple features of any high-quality service for people with intellectual disability.

Functional, contextual and skills based assessment focuses more on *emerging* or *established* behavioural challenges and aims to ensure that the support outlined for each person is based on a thorough understanding of that person's needs, preferences, abilities, communication style, the function for them of any behaviour that challenges and how this is maintained, and the context and resources in which and with which such support may be given.

Developing and implementing a Behaviour Support Plan (BSP) also focuses *emerging* or *established* challenging behaviours and aims to provide a detailed and personalised description of how best to support each person with developmental disabilities and their behaviours of concern. It will include prompts to guide the behaviour of those supporting them, strategies to redesign their environment and therefore reduce challenging behaviour, and a plan to develop their skills and appropriate behaviour. The competencies relating to evaluating intervention effects and on-going monitoring aim to ensure that a BSP continues to meet a person's needs and is systematically adjusted in response to any changes in those needs, the person's skills and his or her environment.

All of the competencies listed are necessary from the point of view of the person being supported. Regardless of provider, the nature of provision, and the number of stakeholders involved, their overall support package should therefore reflect these competencies in their entirety. This does not mean that all the competencies will need to be demonstrated by every individual involved in that provision. While there are certain core competencies (particularly those around creating supportive environments) which will be applicable to everyone, there are also specialist competencies which will be the focus of practitioners such as psychologists, psychiatrists, speech and language therapists, behaviour analysts and any other professional leading on PBS within a service setting.

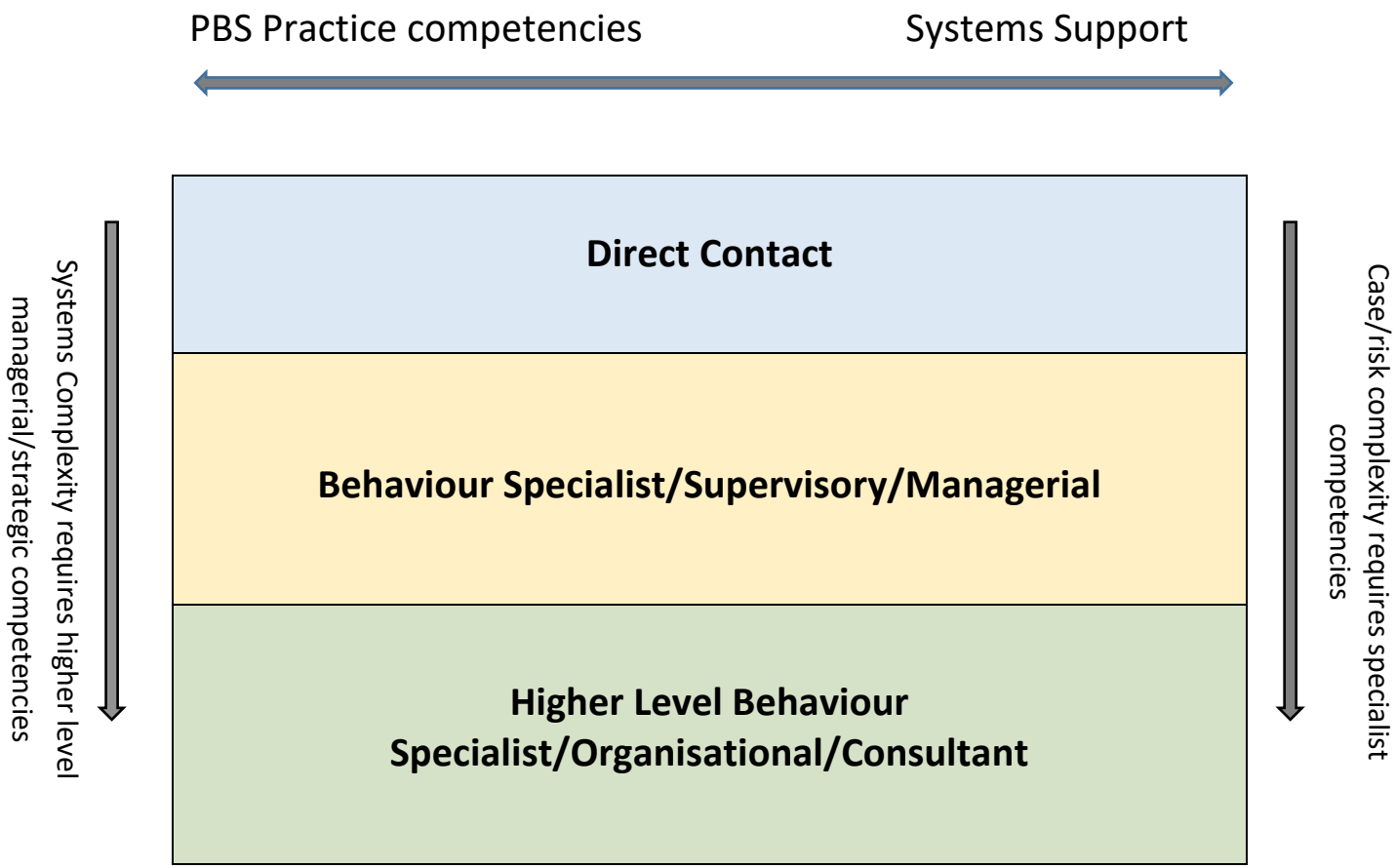
For this reason, the framework details three levels of competencies by function: Direct contact, Behaviour Specialist/Supervisory/Managerial and Higher Level Behaviour Specialist/Organisational/Consultant.

- **Direct contact** competencies are for all those providing direct support to persons with developmental disabilities who may have behaviour that challenges. This may be in a paid or unpaid, professional or volunteer capacity (including family members). Whilst these competencies are clearly important for those working on a day to day basis, it is likely that anyone involved in the delivery of PBS services, including those in supervisory and strategic positions, will have had experience of providing direct support at some point in their careers and will continue to do so from time to time, such as when providing specialist individual support. These competencies are therefore not repeated at the Supervisory and Strategic levels but will, nonetheless, be a requirement for those individuals who continue to have or even occasionally have direct contact with persons with challenging behaviour.

- The **Behaviour Specialist/Supervisory/Managerial** and **Higher Level Behaviour Specialist/Organisational/Consultant** competencies reflect the fact that increasing levels of complexity within service delivery necessitate additional competence both in terms of systems support and clinical excellence. **Behaviour Specialist/Supervisory/Managerial** competencies are for anyone involved in supporting those who provide direct contact. This may be in a supervisory (e.g., directly supervising front line staff), managerial (supporting and responsible for supervisor and front line staff) or “clinical” (responsible for assessment, devising and overall implementation of the BSP) capacity.

- **Higher Level Behaviour Specialist/Organisational/Consultant** competencies are the highest level and are for those responsible for embedding PBS into and across services and building capacity; but also include expert clinical competencies required for the most complex systems and cases.

This structure, and the way in which the competencies are presented, acknowledges the fact that PBS will often be delivered by multi-disciplinary teams. The levels are not therefore, necessarily, role specific. They are hierarchical, but only in the sense of expertise in PBS and they reflect the three broad functions that are involved in the implementation of PBS. For example, a clinical consultant depending on their role within a service, may not need or have PBS competencies at the highest level within the framework.


PBS Practice competencies
Systems Support
Systems Complexity requires higher level managerial/strategic competencies
Direct Contact
Behaviour Specialist/Supervisory/Managerial
Higher Level Behaviour Specialist/Organisational/Consultant
Case/risk complexity requires specialist competencies

Competence Area 1: Creating high quality care and support environments

Aim: To ensure organisations and those providing direct support operate from a person-centred foundation to ensure a high quality of life for individuals supported and that they proactively address risk factors for the development and maintenance of behaviour that challenges. The likelihood and impact of behaviour that challenges is likely to be reduced in environments that meet an individual's social, physical and mental health needs, and that successfully facilitate engagement, communication and choice-making.			
1.1	**Ensuring that services are values led**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The value base underpinning modern high quality services, including: The principles and practices of normalisation and inclusion, especially in relation to creating opportunities for increased community presence, stronger networks of relationships, greater participation in ordinary activities, making a greater number of choices, developing skills, and enhancing personal dignity and respect The principles and practice of person centred planning and action The importance and meaning of adopting the least restrictive approach	Show dignity, respect, warmth, empathy, and compassion in all interactions Treat every individual as a person and provide support that is tailored to meet need Arrange and support participation in community activities and events Search out and support the development of relationships Arrange and support participation in activities of everyday life Arrange and support meaningful choice Arrange and support opportunities for learning and development Help and support behaviour and daily interactions that make the person look and feel good. Minimise any restriction of activities or movement; and use positive handling strategies when needed in emergency situations	The key focus of learning disability support is enablement, which is different from other 'hotel' models of care and support.

SUP/ MGR	The importance of establishing clear leadership in setting the culture of the organisation	Help shape and change, when appropriate, the values of the organisation. Support other staff to describe and deliver the values and core aims of the organisation, orally, in writing and in actions. Provide positive feedback on staff performance related to their support of the person's community presence, relationships, choice, behavioural skills and image. Recruit team members with appropriate values and attitudes Review and discuss team members' attitudes regularly and support team members to demonstrate positive attitude to the person. Respond when positive attitudes are not present Role model dignity, respect, warmth, empathy, compassion in interactions at all times, and monitor this in the team Facilitate feedback from the person and their family and friends on how values are expressed in actions, and use this to shape and change the organisation Actively manage staff and the environment to build a positive environment	
ORG/ CST	Understand the policies and procedures that enshrine legislation and best practice and reflect the service philosophy base Understand the principles of change management and the process of establishing an organisation-wide culture	Develop a values led strategic vision and philosophy for the organisation Create the necessary infrastructure to support a values-led culture and documents that clearly communicate principles, values, guidelines Commission or develop training that will ensure that the service can provide the support required by the individuals that it supports	

		Develops partnerships with commissioners to ensure that they are able to be actively involved in the initial provision of service and its ongoing development	
1.2	**Knowing the person**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of developing relationships and rapport[2] The person's individual history and family/social context The person's interpersonal style, likes / dislikes, general skills and abilities The person's communication skills	Develop a rapport with the person (can be evidenced by observing multiple positive interactions between the staff member and person supported) Identify and describe how the person expresses enjoyment and displeasure in activities Directly support the person to access things that are important to them (preferences) and balances this with the things that are required for them to have a good quality of life Support the person across a range of activities and contexts Reflect on your relationship with the person	Social contact is a basic human need. In situations where the person receives unconditional, positive social interactions, in a way that suits their preferred communication style, they are often less likely to display challenging behaviour to obtain social interaction. However some individuals may not favour social contact. Understanding individual differences is important. Staff who establish good relationships with individuals can embed
SUP/ MGR	The person's individual history, health needs, communication preferences, preferred activities / items, likes / dislikes, skills and abilities Why this is important	Proactively support other staff to develop and maintain positive relationship with the person, for instance, by suggesting/supporting joint activities relevant to person's interests and interactional style, communication skills and abilities.	

[2] The close and harmonious relationship that needs to be developed between PBS professionals, service users, families and staff and which underpins effective intervention.

		Organise person's personal documentation and collect, arrange or change this information as required by different agencies and systems Support the team to reflect on relationship with client, both the positives and the negatives. Organise person's support to include circle of support[3] meetings, key worker[4] meetings and activities with keyworker Offer support and guidance if direct contact staff are finding rapport building difficult, e.g. organises staff training in interaction techniques	any necessary less positive interactions (e.g. physical care that may be uncomfortable or distressing). Most people (with and without developmental disabilities) want to receive positive social interactions from those around them. (Allen et al., 2013)
ORG/ CST	The evidence base behind the reasons why everyone who has direct contact with an individual needs to have a detailed knowledge of that individual	Ensures that anyone having direct contact with a person either knows them or knows where and from whom to get pertinent information Interacts positively and respectfully all persons within the service	
1.3	**Matching support with each person's capabilities and with goals and outcomes that are personally important to them**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	Each person's strengths, needs, preferences, hopes, dreams and aspirations How to describe personally important outcomes for individuals that are observable, measurable, and timely How to measure and assess change	Collect information about a person's strengths, needs, preferences, hopes, dreams and desires Help schedule the implementation of personally important goals Help measure progress toward personally important goals	Everyone's strengths and needs are different and people's aspirations and ambitions will vary. Competent environments match support to need on a

[3] A circle of support is a network of friends, family members and supportive workers who come together to help promote and support the goals of a person with learning disability.
[4] A key worker is someone who plays a lead role in planning and co-ordinating the delivery of services to a person.

	How to check for balance and timeliness when scheduling the implementation of individualised goal-based support How to identify and report progress, problems and barriers How to communicate effectively with persons with limited verbal ability How to communicate with family members and other significant persons	Help check that implementation balances across areas of life, type of outcome and preferences	moment to moment basis, and have in place ways of identifying, implementing, supporting and measuring a range of goals and outcomes that are personally important to the individuals that own them.
SUP/ MGR	The importance of person-centred planning How to implement a person-centred approach	Liaise with circle of support Organise and lead on collecting information about a person's strengths, needs, preferences, hopes, dreams and desires Schedule the implementation of and measure progress towards personally important goals Check that implementation balances across areas of life, type of outcome and preferences	
ORG/ CST	Multiple systems for person-centred planning	Implement personalised systems for goal-based person-centred outcome planning, implementing plans, and monitoring their impact	

1.4	**Establishing clear roles and effective team work**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The central functions and responsibilities of one's own role and the roles of others to support the wellbeing of individuals (i.e., direct support workers are enablers not just to drive the bus, do all the cleaning/cooking etc.) The importance of establishing enabling relationships in empowering people to learn and manage as much of their lives possible To maintain high but realistic expectations. The relationship between one's own behaviour and the behaviour of others The importance of maintaining a sustainable pattern of work The need to maintain professional boundaries (e.g., conflicts of interest, social media contacts)	Demonstrate appropriate level of support to the person, rather than doing too much for them, or not engaging with them Demonstrate the difference between care and providing personalised and active support[5] Act as a key worker for one person or more Provide peer support to colleagues Actively participate in teamwork; attend and participate in team meetings and supervision Maintain proper work timetables; advise supervisor if work hours risk becoming unreasonable Reflect on own actions and feelings, and how these impact on the actions and feelings of others Seek support from supervisor/manager/peers when needed Declare any personal and/or professional relationships that will or might impact on job role or organisation's functioning Attend to own physical, psychological and emotional wellbeing	Staff are the key resource in any support service. Having high quality staff, low staff turnover and effective teamwork is critical to successful outcomes.

[5] Active support (AS) is a multi-component person focused intervention that aims to improve the quality of life of people with an intellectual disability by increasing the opportunities to participate in all types of activities of daily life with the appropriate support from staff (from Totsika et al., 2010)

SUP/ MGR	The role of supervision in terms of supporting the skills, training and personal wellbeing needs of others within the team such that they can fulfil their roles adequately The importance of practice leadership[6] The impact of one's own role; the roles of team members and other key stakeholders The need for consistent approach amongst team members The relevance of positive monitoring[7], including Periodic Service Review (PSR)[8] How to facilitate decision-making How to resolve conflict	Provide regular and frequent individual supervision for all staff (detailed in supervision contract) Observe staff working practices and provide verbal and written feedback – practice supervision – and systematically check procedural fidelity[9] in delivering agreed support plans Demonstrate good supervision skills in training and developing skills around: understanding behaviour; work relationship dynamics; maintaining personal boundaries; work-life balance Monitor staff wellbeing and mentor staff in this area Conduct appraisals, monitor staff performance, and identify and meet training needs of direct care staff Monitor staff awareness of their own behaviour and provide feedback, guidance and supervision as needed Lead and model the implementation of PBS in practice (i.e. practice leadership) Clarify staff roles in practice, and promote team work Organise regular Periodic Service Review (PSR) and ensure assessments are valid and that the results are readily apparent to staff. Facilitate regular team meetings to review and update support plans, gain staff feedback, and involve staff in decision making.	

[6] A model of leadership in which managers prioritise spending time in the care environment and routinely role play and model desired standards of practice to their staff.
[7] A system for monitoring, giving feedback on and improving staff performance first described by Porterfield.
[8] A continuous process of quality assurance that was devised by LaVigna and colleagues and which is particularly useful for supporting the accurate implementation of positive behavioural support.
[9] A measure of how accurately and reliably a behaviour support plan is implemented.

		Set clear goals and vision with team involvement. Provide frequent and regular feedback to individuals and the team as whole on everyday performance and progress toward goals.	
ORG/ CST	The strategic importance of effective team leadership The importance of robust human resource management in the support of a positive environment The importance of effective staff recruitment and on-going staff retention in a market in which there is often high turnover The importance of supporting the supervisors	Establish a human resource infrastructure and policies that facilitate effective team working and encourage staff involvement Implement good human resource and personnel management and supervision procedures Establish an effective staff recruitment process Monitor reasons for high staff turnover and empower the management team to address this issue	
1.5	**Supporting communication**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That communication is critical for supporting autonomy, wellbeing and quality of life That communication needs differ from person to person, moment to moment, and across settings and social contexts Individualised communication plans should be developed for the person being supported	Effectively communicate and support the use of core communication systems (e.g., nonverbal, verbal, gestural, pictorial/textual) in all interactions with others Use appropriate communication with different people depending on needs	Challenging behaviour is less likely when the person understands and is understood by those around them. Most people (with and without developmental disabilities) want to communicate with those around them, especially

	The need for modifying one's own communication style for the audience and the importance of clear professional communication	Actively support, develop and change communication systems for each person (e.g., keep a PECS symbols [10]up to date, adapt to learning and behaviour change) Contribute to the development of a detailed description of how best to communicate with the person Demonstrate appropriate communication methods at team meetings, and daily interactions with persons and colleagues	those they are close to. (Allen et al., 2013)
SUP/ MGR	That communication is critical for supporting autonomy, wellbeing and quality of life and the role of supervision in supporting this The key functions of communication as they relate to behaviour that challenges (i.e., request for tangible items and social contact, removing unwelcome demand) The importance of teaching and supporting alternative behaviour[11] matched to the communicative function[12] of challenging behaviour	Implement service/setting wide systems to facilitate communication (e.g., words/signs/pictures used to label doors, visual menus in key settings) Ensure that all persons being supported have individual communication plans, and that these are regularly updated Ensure that the team has access to appropriate training about communication Ensure that the staff team creates opportunities, relationships and environments that increase a person's motivation to communicate Ensure team members know the assessed communicative function of challenging behaviour and how to support alternate behaviour in its place	

[10] Developed by a Behaviour Analyst and Speech and Language Therapist PECS is a form of augmentative and alternative communication. It is typically used as an aid in communication for children with autism and other special needs. Learners are taught to exchange single pictures for items or activities they really want. (http://www.pecs.org.uk)

[11] A socially valued behaviour that the person develops as an alternate to their challenging behaviour, typically through a planned process of skill development.

[12] Challenging behaviours are often seen as a person's most effective way of communicating a particular need. A behaviour's communication function is best described as the 'message' behind a particular behaviour.

ORG/ CST	Functional communication training and the relevance of this to challenging behaviour A comprehensive range of augmentative and alternative communication[13] methods	Establish system wide structures that comply with the regulatory framework[14] Support communication development of staff (i.e., computer literacy training) Support staff in the understanding of more complex systemic communication needs Support assessment and intervention components that address alternate functional communication	
1.6	**Supporting Choice**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of providing options, and that people may express preferences in different ways The importance of respecting a person's choice, even if it may not be your own The importance of supporting and (in some cases) teaching genuine choice making, of creating opportunities for choosing, and of providing experience and knowledge about options and consequences The span of opportunities for choosing, from small day-to-day details to large life-defining matters, such where to live and how to spend time	Provide experiences that enable the person to be able to make an informed choice in respect of activities Present opportunities for the person to make meaningful choices Teach choosing skills	Challenging behaviour is also less likely when the person is doing things that they have chosen to do or with people that they have chosen to be with. Most people (with and without developmental disabilities) value the opportunity to decide things for themselves (Allen et al., 2013).

[13] Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas, including facial expressions or gestures, the use of symbols or pictures, or written words. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help those with difficulties communicating.

[14] The legislative and policy frameworks within which support services are delivered.

SUP/ MGR	The relationship between challenging behaviour and the opportunity for choice How to support the team to present and help a person make informed choices	Ensure that the staff team develops a person's opportunities and ability to make informed choices and that these are acted upon.	
ORG /CST	The model of causality of challenging behaviour and the relationship between opportunities for choice and challenging behaviour	Establish the necessary infrastructure that facilitates the making of informed choices and that these are acted upon	
1.7	**Supporting physical and mental health**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of knowing the health and physical needs of the individual being supported The importance of monitoring physical and mental health needs That people with learning disabilities and limited communication are less able to communicate needs directly and therefore have higher rates of ill health and mortality; hence support team need to be able extra vigilant on person's behalf The signs of a health problem for the person Medications specific to the person being supported, why taken and possible side effects	Implement individual health care plans including competent administration of medication Support individuals to maintain physical health and wellbeing (cleaning teeth, checking testicles, health eating choices, weighing self, and exercise) Support access to health care systems, e.g. visiting GP Identify and interpret an individual's physical and emotional state from non-verbal behaviours (i.e. facial expression, body movements, other behaviour) Correctly administer medication according to the agreed protocol Record and report any medical administration correctly Ask senior manager or clinician for support/advice when needed	Challenging behaviour is less likely when the individual is healthy and not in pain or discomfort. Most people (with and without learning disabilities) attach the highest possible value to 'good health' and want to receive personal support in dignified ways. (Allen et al., 2013)

	The administration of medication and any other prescribed treatment approaches The management of any specific condition relevant to the person. e.g. epilepsy, diabetes, physical activity The risk of over-medicating Basic first aid Who to contact for additional guidance on how to support a health need/condition	Articulate what they might feel and think in response to the strategies that are being implemented	
SUP/ MGR	The physical and mental health needs of each individual and the appropriate health professional to contact for advice and support The possible relationships between unmet physical or mental health needs and behaviour that challenges The possible impact of adverse life events on physical and mental health (e.g., historic abuse, neglect or current poverty and social isolation) When to seek specialist input, how it is obtained, and what the barriers to accessing services are Methods of monitoring physical and mental health needs	Ensure each person is registered with a GP and has an annual health check[15] Ensure each person has a health action plan that is reviewed regularly and is up to date, that includes as a minimum the need for annual health checks, that indicates how the person expresses pain and discomfort, and that contains details of medication and other treatments Establish and maintain good working relationships with all support services to ensure multi-disciplinary team work is effective Design health access and care protocols (e.g. desensitization to needles) Authorise and sign off as required medication[16] protocols	

[15] Annual health checks provide an important means for routinely checking the general health status of adults with learning disabilities. For more info, see http://www.nhs.uk/Livewell/Childrenwithalearningdisability/Pages/AnnualHealthChecks.aspx

[16] As required (or pro re nata) medication is medication that is given when required (as opposed to medication that is prescribed to be given at set intervals. It may be prescribed for people who present with behavioural challenges in order to reduce levels of agitation during periods of distress.

	Treatments and interventions to support good mental health that are evidence-based for the persons being supported How to present information to specialist health professionals involved in the person's care in a planned way and in an emergency	Ensure team members are competent to administer medication and any other prescribed treatments and supports when needed Monitor team administration of medication and other treatments and other strategies to promote wellbeing Maintain data system; prepares for meetings with specialists (e.g., psychiatrists) Support access to any additional professional help and to rapidly respond to acute health concerns	
ORG/ CST	What health and social care systems and resources are available to support complex cases The complexities involved in co-morbidity Ways of collecting and analysing data on health and wellbeing Medication, including as required medication protocols *Intervention strategies from behaviour analysis that enable a person to access mainstream or specialist health services** * **Competencies that require specialist behavioural knowledge and abilities are shown in italics**	Establish and maintains good working relationships with all health and care services to ensure multi-disciplinary team work is effective Collect and analyse data on physical and mental health and wellbeing Provide clinical expertise in complex cases involving co-morbidity Develop a clear strategy for ensuring that the amount of medication used is never more than is therapeutically necessary; establishes monitoring and data collection process; ensures that data collected is fed back into prescribing and administering process Promote mental and physical wellbeing activities for person's supported as well as staff Facilitate joint working with other disciplines, e.g. psychiatry colleagues. *Design and support the implementation of a programme to enable a client to visit their GP or local hospital*	

1.8	Supporting relationships with family, friends and wider community		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The potential benefit of having a circle of support The key people in the person's circle of support The importance of engaging with, and supporting, each person's relationship with family members and other people in his or her social network	Actively engages with professionals and family, friends. Actively supports friendships and relationships with others. Communicates effectively with the person's circle of support by supporting the person to maintain key relationships, facilitating contact, visits etc., keeping family members and friends informed, Use formal and informal ways of sharing information Seek advice from circle of support regarding best interest decisions	Challenging behaviour is less likely when the person is with family members or others with whom they have positive relationships. For most people (with and without learning disabilities), relationships with family and friends are a central part of their life. (Allen et al., 2013) One of the defining features of PBS (Gore et al., 2013) is the recognition that the people who are the most important part of a person's day-to-day life are those who are most likely to be involved in their support, and are also connected to how challenging behaviour develops and is maintained (Hastings et al., 2013)
SUP/ MGR	The importance of maintaining and developing each person's relationships with family and his or her social network	Ensure that each person has a circle of support. Facilitate and support staff to involve the circle of support in each person's life and to involve them in decision making. Identify and develop opportunities to build social inclusion. Ensure goals relating to relationships with family, friends and the wider community are prominent in person-centred planning and implementation	
ORG/ CST	The importance of community involvement in the lives of persons at risk of engaging in challenging behaviour and the strategic importance of engaging with the family and wider community	Establish the networks necessary to ensure family and community participation	

1.9	Supporting safe, consistent and predictable environments		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of maintaining a safe, predictable and stable environment That some aspects of the environment can be risk factors for challenging behaviour for some people, e.g. sensory aspects such as noise, light, space That those being supported may experience difficulty in predicting, understanding and controlling the environment That unpredictability and lack of control can evoke behaviour that challenges	Use strategies to help the person predict, understand and control their environment (e.g., visual timetable or social stories) Identify and avoid if possible aspects of the environment that may be a risk factor for challenging behaviour Implement interventions designed to help people cope with challenging environments Develop personal activity schedules with routinely occurring activities as anchors and a menu of other activities for choice and responsive flexibility	Challenging behaviour is more likely when the person is supported inconsistently or when in transition between one activity or environment and another. Most people (with and without learning disabilities) value consistent and predictable support. (Allen et al., 2013) Challenging behaviour is less likely in the absence of environmental 'pollutants' (e.g. excessive noise). Most people (with and without learning disabilities) want to live and work in safe, attractive environments where they feel at home. (Allen et al., 2013)
SUP/ MGR	How to structure, review and monitor environments to maintain consistency	Implement service-wide strategies to support consistent environments (e.g., service or class wide timetables, clear rota of staff) Model the use of systems, (e.g. visual timetables) Ensure that scheduled activities take place Observe and provide feedback to staff on interventions to extend consistency and control of the environment	
ORG/ CST	Systems and procedures necessary to maintain safe, consistent and predictable environments	Design policies and procedures to establish safe, consistent and predictable environments Monitor the safety, consistency and predictability of environments that define the service Influence and change the system of support if it does not produce a safe, consistent and predictable environment	

1.10	Supporting appropriate levels of participation in meaningful activity		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The link between engagement, activity and wellbeing What makes activity meaningful for a particular person The importance of developing a person's skills so that they are able to engage in activities as independently as possible or as they wish The importance of help (support and assistance) to bridge the gap between what is needed to do an activity and what a person can't yet do independently The link between activity engagement and self-image, personal accomplishment, and perception of others	Identify activities a person likes and create opportunities for the person to make them a part of daily life Help the person do something they like for most of the time Help the person do things they do not like, but that are essential Introduce new activities so that a person has more activities to choose from Support the person to develop skills in order to do things as independently as possible View complex activities as a series of simpler activities arranged in a sequence of steps that a person is able to do with help. Adapt the level of help for each step so the person can join in as much as possible Supply extra motivation and reward for low- or non-preferred activities Schedule the day so the person has at least one activity available at all times, (most often more than one), and the support required to perform the activity Intersperse low-preference and high-demand activities with low-demand high preference activities Keep track of what people do to make sure it is often enough, of good quality, spread out in time, and has enough variety and interest	Challenging behaviour is less likely when the person is meaningfully occupied. Skilled support ensures that they can participate at least partially even in relatively complex activities so that they learn to cope with demands and difficulties that might otherwise provoke challenging behaviour. Most people (with and without learning disabilities) like to be busy. (Allen et al., 2013) The development of new skills and independent functioning enables the individual to have more control over their life. Most people (with and without learning disabilities) like to be independent. (Allen et al., 2013)

SUP/ MGR	What meaningful engagement means for each service user How careful presentation of activities can avoid evoking behaviour maintained by escape from aversive demands, and can instead lead to engagement that will often create the feeling of control, and contact attention from others and contact with tangibles What each service user has as their next goal, e.g. to go on holiday, to go for a trip out, to do a course, to work Local community organisations and what they offer	Ensure that staff supporting the person develop good links with the local community Support staff to identify and develop meaningful activity for each person throughout each day, using core activities as 'anchors' Coach staff to break down complex activities into steps (carry out task analysis) and vary the help they provide at each step Coach staff to provide just the right amount of help Monitors that each service user has meaningful activity in their lives, and things they are looking forward to goals they want to achieve	
ORG/ CST	A detailed understanding of available resources, including sources of funding that might be used to provide meaningful activities within services Understands the model of causality of challenging behaviour and the relationship between meaningful engagement and challenging behaviour	Secures the resources necessary to ensure that all persons supported are able to engage in meaningful activities Provides a clear expectation that participating in everyday activity is a key outcome Supplies operational and procedural guidance for supporting activity engagement – active support training and practice leadership Measures participation and community involvement as outcomes and reports to stakeholders along with data on the occurrence of challenging behaviour *Designs interventions that enable persons to develop new skills and to access and participate in meaningful activities*	

1.11	Knowing and understanding relevant legislation		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That the Mental Capacity Act; Deprivation of Liberties Safeguards (DOLs); Mental Health Act, Human Rights Act and other legal issues relate to restrictive practices including physical intervention Health and Safety responsibilities in the workplace including risk assessment and duty of care Safeguarding procedures in the work place	Identify and apply key points from relevant legislation Participate in assessing mental capacity of the person in everyday care giving and interactions	Good practice seeks to implement fully the principles enshrined in legislation and failure to do may have legal consequences for which individuals and/or organisations are liable.
SUP/ MGR	When legislation (Mental Capacity Act; Deprivation of Liberties Safeguards (DOLs); Mental Health Act, Human Rights Act and other legal issues relating to restrictive practices including physical intervention) comes into practice Who should be involved in capacity assessments and best interests decisions based on the nature of the decision	Ensure relevant legislation is understood by staff and is implemented appropriately In the case of DOL standards, ensure that court of protection has approved any restrictions agreed by multi-disciplinary team Monitor and review use of restrictive practices on a regular basis. Monitor Quality of life indicators Contact appropriate people to involve them in capacity assessments and/or best interests decisions and arrange assessments	
ORG/ CST	Current legislative framework. Where to find relevant case law and/or seek specialist advice.	Ensure that all staff have access to updates to legislation as necessary. Ensure that policies and procedures meet current legislation and are up to date. Ensure that policies and procedures feed into service philosophy	

		Lead strategic process, safeguarding, training as required Develop a culture in which it is safe to report	
1.12	**A commitment to Behaviour Skills Training**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of both initial and on-going training	Participate in training programmes identified for all staff Participate in specific training in the implementation of interventions or support that have been identified within a Behaviour Support Plan	Developing and maintaining a competent workforce is key to successful outcomes in any service sector. It is particularly pertinent in the care of those with behaviours that challenge because of the relationship between challenging behaviour and the social environment.
SUP/ MGR	A range of training and support strategies for stakeholders and others in the system The behaviour skills training approach for teaching staff: instructions, modelling, rehearsal, feedback and in-situ training	Implement systems and procedures to teach skills (e.g. session planning) on rota and person's timetable Support others to complete training/support programmes and ensure resources are available Ensure staff receive proper training in a timely manner, especially if restrictive interventions are being used Use the behaviour skills training approach when teaching staff Develop rotas and shift plans which include time allocated for behaviour skills training	
ORG/ CST	A comprehensive and up to date knowledge of communication and skills teaching	Discuss with staff their understanding of the person's communication needs Conduct training audits, identify gaps in staff knowledge and deliver training support as required	

Competence Area 2: Functional, contextual and skills based assessment

Aim: To ensure that the support outlined for each person is based on a thorough understanding of that person's needs, preferences, abilities, communication style, the function for them of any behaviour that challenges and how this is maintained, and the context and resources in which and with which such support may be given.			
2.1	**Working in partnership with stakeholders**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That a full assessment of a person and their situation necessities the involvement of all of the key people who play a part in their lives: the person him or herself, their carers, family members, support workers (paid and voluntary), and professionals. The importance of the assessment of capacity and the implication for consent Own role in the assessment process	Contribute necessary information to the assessment process Support the person so that they are able to contribute to their own assessment Support the person through any assessment procedures that may require their participation Identify and describe who key stakeholders are, how and why they are involved in the assessment and implementation of the BSP Communicate effectively and politely, listen to views of others and ask relevant questions when working with stakeholders	It is vital that any assessment and intervention is compliant with the Mental Capacity Act (2005). Stakeholder input is essential to determine priorities and targets for support, to ensure the form of selected interventions and assessments are suited and achievable within the focal person's life context, and to validate the social significance of outcomes pursued (Dunlap et al., 2008)

SUP/ MGR	The importance of co-production and recognition of the expertise of everyone involved Ensures that either person's consent or best interest approval is given for assessment. This should include consent from family or staff members also if they are to be subject to assessment. Who the key stakeholders are for each person supported	Explain in detail the importance of stakeholder involvement Contribute to team information and identify who else may be able to contribute to information. Ensure that the right stakeholders are involved in each aspect of the assessment process and support that involvement when necessary	Stakeholder involvement involves critical people (i.e., family friends) in understanding a person's needs and formulating plans to meet them. This is a core definition feature of PBS (see Gore et al., 2013)
ORG/ CST	The critical importance of stakeholder involvement The challenges of facilitating stakeholder involvement and know how to overcome them	Enable/establish necessary infrastructure/policies to establish links and sustain stakeholder involvement Outline strategies for stakeholder engagement	
2.2	**Assessing match between the person and their environment and mediator analysis**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of the practicalities of support delivery and why these need to be considered in support plans The importance of consistency in the implementation of BSPs and the need therefore to identify barriers to implementation Own personal resources and how to seek support and training related to implementation of the plan Local services, systems, professionals and procedures available to support implementation of the plan	Provide constructive input to PBS plan development in terms of the practical aspects of delivery Identify barriers to implementation in both the assessment process and as they arise and raise concerns with the team Seek support appropriately and provide appropriate support to others within the team Identify and describe resources available; find information and seek guidance about resources as required	It is essential that any positive behaviour support plan or intervention is able to be delivered in the setting in which it is designed for: that the resources are in place to facilitate that delivery, staff have the training necessary, change enhancers are optimised and barriers to

SUP/ MGR	An understanding of change enhancers and barriers, what will support implementation and what will get in the way, including team competence The monetary and physical resources e.g. transport available to support implementation of plan	Assess environment, support skills, person, and identify strengths (change enhancers) and limitations (change barriers) to implementing plans and feed this into the planning process Ensure goodness of fit survey[17] of the PBS plan is conducted Ensure that audit of team competence is conducted Coordinate and ensure immediate resources are available to support implementation of the plan. Raise resource issues and needs on an organisational level	implementation are addressed. Being able to deliver a plan is key to reducing placement breakdown and preventing out of area placements.
ORG/ CST	The wider systemic factors that influence behaviour, including the societal, cultural and policy context The resources/infrastructure necessary to support a PBS framework in terms of model of care and assessment pathways The importance of contextual fit[18] and how the needs of the population might be assessed and resources made available	Assess the resources at macro organisational level Develop strategic plans which secure the resources necessary to support a PBS framework Develop strategic plan for whole team training and continued professional development	

[17] A means of checking whether carers charged with implementing behavioural support plans have the necessary skills and resources to do so.

[18] Contextual fit is the extent to which the elements of a behavior support plan are consistent with the values, skills, resources, infrastructure and support available to those responsible for implementing the plan.

2.3	Knowing the health of the person		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The link between mental and physical health problems and challenging behaviour The physical and mental health needs of the person	Support the person through any medical assessment needed Monitor health of person and report any changes that may necessitate assessment Recognise and report any signs of distress in the person that may indicate a health problem	Challenging behaviours may be related to an underlying sensory problem or a physical health problem, especially those resulting in pain. (Hastings et al., 2013)
SUP/ MGR	That health needs are a priority within assessment That the quality of life and physical and mental health are interrelated Specific syndromes and conditions that may indicate behavioural profiles The limitations of own knowledge, and the need for other professional input	Arrange full health assessments as part of any initial assessment and routine medical health check-ups as a follow up Arrange medical assessment following any significant change in behaviour Liaise with medical team to facilitate the physical and mental health assessment of the person (e.g. preparation for invasive investigations) *Support specialists in conducting assessments from the management of challenging behaviour*	
ORG/ CST	The importance of physical and mental health and supports others in the organisation in that understanding The infrastructure available to be able to assess health/access to medical assessment Who to go to for information on rare genetic syndromes and /or complex health issues/mental health issues	Prior to other assessments ensure an appropriate professional conducts a full health assessment Include in reports that syndromes and conditions have been considered Assessment demonstrates the relationship between health and quality of life	

		Communicate assessed relations to stakeholders the interrelatedness of quality of life and physical and mental health and ensure these factors are included in assessments Ensure organisation has access to primary health care; care pathways, establish links with local hospitals and specialist services, Make referrals, liaises/coordinates at senior level with specialists in specific syndromes/complex health issues	
2.4	**Understanding the principles of behaviour (4 term contingency), how behaviour is learned and understanding the function of behaviour**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That behaviour happens for a reason and that our collective role is to understand what that purpose is That all behaviour (apart from reflex) is learned and that an understanding of how behaviour is learned can be used to teach new skills The 4-term contingency[19]: motivation, antecedents, behaviour, and consequences (definitions, dimensions, relationships between) The 4 common functions of challenging behaviour: Social attention; Avoidance/escape; Access to tangibles; Sensory stimulation The difference between the form (what a behaviour looks like) and its function	Identify and clearly describe behaviour and environmental antecedents in observable and measurable terms (distinguishes between judgements and descriptions) Identify and report other variables that might affect the person (e.g. illness, relocation, medication) Recognise the effect of own behaviour on the person and adapts accordingly	Challenging behaviour is best understood as learned behaviour that relates directly to antecedent events and reinforcing consequences (Gore et al., 2013) A sound knowledge of the principles of behaviour is one of the key elements to inform an effective BSP.

[19] The four-term contingency is the interdependent relationship between any establishing or motivating operations (MO), a discriminative stimulus, behaviour and consequence.

	The effect of the interaction of own behaviour and that of the person		
SUP/ MGR	*In depth understanding of principles, processes and concepts of Behaviour* The dimensions of behaviour: - Frequency - Intensity - Latency - Duration	*Support the team in developing an understanding of why behaviour occurs for every person supported recognising that those reasons will be specific to that person* *Support the team in understanding the effect of their own behaviour on others including the person supported and help them adapt accordingly* *Achieve relevant qualification to demonstrate high level of knowledge* *Participate in regular clinical supervision*	
ORG/ CST	*In-depth understanding of Principles, Processes and Concepts of Behaviour* The contingencies within the organisational system, and teams and how these can translate into effective intervention of barriers to implementation.	*Achieves relevant qualification to demonstrate high level of knowledge* *Participates in regular clinical supervision by experienced peers*	

2.5	**Supporting data driven decision making**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of data-driven decision making Data collection methods: (includes any data relevant to the FBA, e.g. behaviour recordings, preference assessment[20], quality of life measures, use of restrictive practices, individual and carer injury recording)) The importance of baseline data The importance of on-going data collection and the need for: consistency; timeliness; unobtrusiveness; procedural integrity	Record data according to the agreed procedures	A data driven approach avoids clinical decision-making on the basis of personal opinion or circumstance and provides the most ethical and effective means of operating (Gore et al., 2013)
SUP/ MGR	The strengths and weaknesses of various data collection methods and the appropriate method for the behaviour(s) in question The application of data collection procedures to evaluate goals in the BSP; and the need for functional graphical and tabula representation of data	*Put in place data collection procedure appropriate for the behaviour, the dimensions of that behaviour (frequency, intensity, duration etc.) and the context in which it occurs* Trains and supports staff in data collection procedures *Analyse and produce graphical and tabular representation of data*	
ORG/ CST	*Data collection procedures (e.g., frequency, duration, partial & whole interval, momentary time sampling)*	Establish an infrastructure that supports data driven decision making *Design and implement the most effective data collection procedures (e.g., frequency, duration, partial & whole interval, momentary time sampling)* *Design assessment procedures to evaluate effectiveness of interventions, to inform evidence*	

[20] A procedure for establishing a person's likes and dislikes. Also referred to as Motivational Assessment.

2.6	Assessing the function of a person's behaviour		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	What is meant by the term functional assessment and what a functional assessment aims to do What is meant by the term functional analysis and what a functional analysis aims to do	Contribute to the assessment process as required Support the person through the assessment process as appropriate Support other key stakeholders through the assessment process as appropriate	A PBS plan is based on the principles of behaviour analysis, in identifying the functions of the behaviour to develop a multi-element plan Evidence suggests that including a functional analysis as a part of intervention for challenging behaviour also improves outcomes (e.g. Scotti et al., 1991; Carr et al., 1999; Didden et al., 1997 Campbell, 2003; Harvey et al., 2009)
SUP/ MGR	A range of functional assessment tools and their strengths and limitations The triangulation[21] of data from a number of sources	Use multiple-data gathering tools to compensate for weaknesses in individual measures *Use a range of functional assessment tools and support stakeholders participation where appropriate: Semi structured interviews; Rating Scales; Reviewing recordings; Direct observation strategies; Triangulation of data* *Take an active role in supporting ORG/CST specialists in the conduct of hypothesis testing through experimental functional analysis*	
ORG/ CST	The importance of having specialist behaviour analytic services to assess the function of behaviour How to select the most effective assessment procedures and the ethics of completing functional assessment *Situations when hypothesis testing is indicated*	*Complete functional assessment incorporating all variables of the person, environment, staff team and organization* *Conduct and support experimental functional analysis where this is indicated to derive functional hypotheses* *Demonstrate triangulation and synthesising of assessment outcomes to develop a clear hypothesis*	

[21] The process of bringing together data from different types of behavioural assessment in order to enhance the accuracy of our understanding of why a behaviour is occurring.

	The safe design and conducting of hypothesis testing through experimental functional analysis	Produce and communicate assessment results in an accessible form that enables supervisory and direct support staff to integrate findings into support plans	
2.7	**Assessing a person's skills and understanding their abilities**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	An understanding of the impact of intellectual disability (e.g., that learning is different, can take a long time and needs specific supports) An understanding that developing a person's strengths is the most effective way to build skills repertoires A range of tools that may be used to assess a person's skills	Participate in a skills assessment as required Support the person in a skills assessment as required Objectively record levels of independence in tasks	PBS focuses on the building of skill repertoires; challenging behaviour can be viewed as a form of communication and building skills can enable people to communicate their needs in a more functional way. Skills building also enables a person to lead a more independent life (Gore et al., 2013)
SUP/ MGR	The relevant assessment tools to determine skill and ability levels The importance of including communication skills as part of this assessment	*Select and conduct appropriate skills assessments* Detail a communication profile in assessment reports	
ORG/ CST	The outputs of the BSP should emphasise a person's strengths and building skills The need to select the most appropriate skills required to encourage independence	*Use and interpret appropriate assessment tools to determine current skill levels and appropriate next steps in skill building*	

2.8	Assessing a person's preferences and understanding what motivates them		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	Why it is important to assess a person's preferences How the person expresses enjoyment in activities	Identify what is important for the person's, likes and dislikes and contributes this information to the BSP Distinguish between what is important to and important for the person	Understanding that everyone has the same basic human needs and that identifying these is an important part of a BSP Understanding what motivates people is an essential element of understanding them as a person
SUP/ MGR	The relevant assessment tools for assessing preference and motivation The need to lead and communicate to staff teams the need to identify potential reinforcers The need to lead and communicate that motivation may change	Use and interpret appropriate assessment tools to determine current preferences. *Demonstrate use of on-going preference and motivational assessments*	
ORG/ CST	That the outputs of the BSP should make use of the information arising from a preference assessment; both for addressing challenging behaviour ad skills development	*Use and interpret appropriate assessment tools to determine a person's preferences and incorporate this into the BSP*	

Competence Area 3: Developing and implementing a Behaviour Support Plan; Evaluating intervention effects and on-going monitoring

	Aim: To provide a detailed and personalised description of how best to support each person with developmental disabilities and behaviour that challenges; including prompts to guide the behaviour of those supporting them, strategies to redesign their environment and therefore reduce challenging behaviour, and a plan to develop their skills and appropriate behaviour; to deliver support in a way that and is consistent with the Behavioural Support Plan (BSP)		
3.1	**Understanding the rationale of a BSP and its uses**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The purpose of a BSP is to improve the quality of life for a person and reduce challenging behaviour and the use of restrictive practices A BSP is a written plan which: • describes a personalised intervention and the data informing that intervention. • should act as a practical tool to guide to be followed consistently by all carers. • will act a safeguard to protect the rights of both, persons with developmental disabilities and those who support them	Understand and be able to implement a BSP accurately Follow three steps of • read and absorb each BSP for every person being supported be able to demonstrate that the strategies described are understood and followed correctly • seek clarification for any aspect that is not understood Take part in supervision and receive feedback on accuracy of implementation.	There is evidence to suggest that good quality BSPs may lead to better outcomes (Cook et al., 2010)
SUP/ MGR	All of the elements that constitute a good BPS: • the contextual nature of challenging behaviour and how it serves a function for the individual	Ensure that all members of the support team understand and are able to accurately implement each BSP, for every person being supported Demonstrate to members of the team the strategies described within the BSP	

	• support strategies that are evidence based, multi-element and use preventative antecedent interventions but also seek to offer the individual a functional alternative behaviour when appropriate. There should be clearly defined reinforcement strategies • a robust crisis management strategy based on least restrictive options • a plan to ensure effective team coordination and communication	Direct anyone new to the team to the BSP and offer supervision to ensure they can demonstrate required standards. Maintain quality by offering direct coaching to others in implementation of strategies and provide regular performance feedback	
ORG/ CST	That in the UK, BSPs are recommended for all people whose behaviour challenges and that the quality of a BSP may have an impact on outcomes The need for specialist behaviour support in the development of BSPs	Establish service quality standards that every person, being supported, will have an active, meaningful BSP implemented with integrity Ensure that BSPs are audited regularly and that an action plan to address deficits is developed and implemented Coordinate access to further specialist behavioural training and consultation when required	
3.2	**Synthesizing data to create an overview of a person's skills and needs**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	How the information and data that contributes to a person's BSP, comes from a variety of sources: the person themselves - where possible; those who know them well; personal records; preference assessments, skills based assessments and functional assessment of a person's behaviour	Contribute to the assessment process as part of a multi-disciplinary team: those who provide direct support often know the person best	A BSP needs to be individualised, based on accurate information, from a sufficiently wide range of sources and be socially valid.

SUP/ MGR	The information that each of the data sources/assessments provide The relationship between data gathered and the science of behaviour The application of this understanding to meet a person's needs	Take responsibility for data management by collating and presenting data in a form that facilitates analysis Interpret data within context of agreed monitoring strategy Seek clarification from behavioural specialist when data is confusing or unexpected	Having team members with specialist behavioural training has been found to be associated with higher quality BSPs (Cook et al., 2007; Webber et al., 2011b; Van Acker et al., 2005)
ORG/ CST	*Behavioural specialists overseeing BSP will have a detailed understanding of the science of behaviour within the overall context of the PBS model; the processes involved in synthesising data from multiple sources; and the application of that information in order to create an overview of a person's skills and needs. Will be able to integrate other evidence based interventions by co-ordinating work of other clinical specialists* Those responsible for organisation resources will have knowledge of the infrastructure and available resources that contribute to the development of an effective BSP	Establish the necessary infrastructure to facilitate the synthesis of data *Synthesise data from relevant skills and functional assessments to create an overview of a person's skills and needs* Work collaboratively with stake holders in the reporting results of assessment	
3.3	**Constructing a model that explains the functions of a person's challenging behaviour and how those are maintained**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That a Functional Behavioural Assessment (FBA) helps to understand what the challenging behaviour(s) look like, the contexts in which they might occur and the purpose they serve for the person concerned That behaviour is influenced by context i.e. What happens in the environment may increase the likelihood of the behaviour occurring	Identify the environmental variables associated with challenging behaviour for the person	All behaviour serves a purpose and is therefore of value for the person concerned. A BSP must identify and describe the function of the challenging behaviour both to develop a plan

SUP/ MGR	The conceptual framework of challenging behaviour About contingency diagrams and how they are constructed	Help team members understand that their own behaviour may contribute to challenging behaviour occurring.	that teaches functionally equivalent replacement behaviour and to avoid the inadvertent reinforcement of challenging behaviour. In the absence of FBA information, practitioners are at risk of developing plans that are either based on previous cases, topography, or practitioner preference and are likely to be ineffective (Steege and Watson, 2009)
ORG/ CST	Organisational managers will know how to access expertise from behavioural specialists who will have a detailed knowledge of the conceptual model of challenging behaviour; the factors that maintain it and the relationships between those factors	*Construct a formulation that explains the functions of a person's challenging behaviour and how it is maintained.* *Describe and explain each formulation to the teams involved in supporting each person with challenging behaviour.* *Offer staff training, at all levels, to help them understand the formulation.* *Describe how the important variables surrounding an individual and their care team, interact to produce challenging behaviour within a contingency diagrams*	
3.4	**Devising and implementing multi-element evidence based support strategies based on the overview and model**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	A good BSP should: • Prevent the conditions that lead to challenging behaviour occurring. These conditions will be identified during the FBA. • Include teaching strategies that offer the individual an appropriate, alternative behaviour to serve the same function as the challenging behaviour, making it redundant • Show how new behaviour will be reinforced when being be developed, maintained, and generalised across settings	Contribute to the identification of antecedent strategies included in a BSP. Be able to demonstrate that they are understood and followed correctly and raise concerns if it is not possible to put them in practice. Ensure understanding of the teaching strategies and protocols within the BSP and question anything that is not fully understood	Behaviour is influenced by the presence or absence of specific environmental variables that increase the likelihood of the behaviour occurring. Having alternative skills that achieve the same

	Basic behaviour principles and the behaviour techniques employed in teaching skills and communications: reinforcement, prompting, shaping, modelling, task analysis The role of antecedent strategies How behaviour is learnt and how to create and spot learning opportunities The importance of developing functionally equivalent alternative behaviour[22] (to CB) The role of enhancing engagement[23] The value of supporting change in wider system through skills development and support That for system wide interventions to be effective, people have to work together System change is inevitable and brings both opportunities and challenges	Teach and support a new skill / communication and/or increase a development of a skill/communication method already in the person's repertoire based on PBS implementation plan (to include appropriate use of discriminative stimuli, prompting and reinforcement methods). This includes skills and communications that are functionally related to the challenging behaviour and those that are to be supported in a broader sense Increases engagement levels for an individual via strategies outline in implementation plan Demonstrate implementation of antecedent strategies related to the person's plan that may include: Making changes to the physical environment, increasing choice and control, providing non-contingent reinforcement[24], increasing individual support during demanding activities, supporting mental health and or physical health needs that serve as setting events for behaviour that challenges Offer choice and promote independence Increase engagement levels for an individual via strategies outline in implementation plan Actively support and respond to change in the system about the person they are working with	results as challenging behaviour means that the challenging behaviour is no longer needed. New behaviour must be reinforced if it is to be developed, maintained, and generalised across settings.

[22] A behaviour which serves the same function or purpose (i.e. achieves the same outcome) as the challenging behaviour.
[23] Short-hand for 'engagement in social or constructive activity', a frequently used research measure that captures one aspect of a person's quality of life.
[24] NCR can be used as an antecedent strategy by providing the maintaining reinforcer non-contingently (i.e., so that the learner does not have to engage in the problem behaviour to access reinforcement).

SUP/ MGR	The theory behind the application of antecedent strategies; a range of antecedent-based support strategies and how these are implemented Teaching strategies (skills teaching and functional communication skills teaching) and procedures' including task analysis, chaining, shaping, modelling, prompting, discrete trial teaching[25], natural environment teaching[26], establishing stimulus control[27] The principles of reinforcement, maintenance and generalisation. Appreciation of how other evidence based interventions may be used as an element of the PBS plan where indicted (e.g., Cognitive Behaviour Therapy) Appreciation of and ability to apply principles of organisational change management	Review potential antecedent strategies during BSP development and raise concerns if impractical Ensure that antecedent strategies are shared and understood by the team and that necessary resources are in place *Contribute to the development of teaching strategies and protocols* Check each member of the team understands the teaching strategies and protocols within the BSP, through supervision and observation of practice Ensure that resources are available for teaching opportunities Identify wide range of options to be used to reinforce appropriate behaviour for each person Model antecedent strategies to staff and support them in their implementation Support staff in the promotion of choice and independence. Support staff to increase engagement levels for the person via strategies outline in implementation plan	

[25] A structured instructional teaching method based on the four-term contingency (see below) in which the person teaching sequentially presents an instruction and provides a consequence for the response for a number of trials.

[26] (Also sometimes called Incidental Teaching) is an instructional method similar to that of Discrete Trial Teaching and also based on the four-term term contingency. The difference is that in NET the teaching opportunity is learner rather than instructor initiated; i.e. the learning opportunity arises as a result of the learner's motivation to do or to want something at that point. It is often initiated by requests for preferred items which are likely to serve as reinforcing consequences for any correct responses. It is also less structured and takes place in the context of other activities.

[27] Stimulus control is a situation in which some dimension of behaviour is altered by the presence or absence of a specific antecedent stimulus (e.g., Stimulus = green man shows at a pelican crossing; response = cross road) Establishing stimulus control is an important aspect of behaviour change, is widely used in teaching, and plays a critical role in most forms of learning.

		Relate skills teaching and increasing the communication repertoire to the support plan and short, medium and long term aims/goals, ultimately leading to improvements in quality of life that are measurable and appropriate Empathise with and support other staff to empathise with person's communication needs Explain in detail how person lives in complex interacting systems Advocate for person and staff team when resources are needed Ensure the physical environment is an appropriate match for the person and recommend changes in line with their needs	
ORG/ CST	A comprehensive and up-to-date knowledge of implementation procedures in respect of behaviour analysis How antecedent interventions can reduce the likelihood of challenging behaviour occurring. How teaching strategies can offer a replacement and appropriate behaviour to serve the same function as the challenging behaviour and therefore rendering it redundant. How teaching strategies can foster skills development Current developments and training opportunities of national standing to maintain and enhance quality services. That interventions are often system wide and need active management/support	Ensure service has access to required expertise to advise on best practice. Ensure general organisational systems support individual antecedent intervention (e.g. consistent workforce, maintaining routines, minimal disruption). *Ensure that antecedent strategies are understood by everyone within the system and necessary resources are in place to maintain fidelity* *Ensure the highest levels of consistency are maintained for most complex individuals* *Maintain standards for all teaching protocols* *Ensure on-going, continuing professional development activities around clinical practice*	

	How system change can be difficult for staff and the need to support them	Speak with wider staff team to understand the system needs Design and support staff in the implementation of system wide interventions Support staff reflection	
3.5	**Devising and implementing a least restrictive crisis management strategy**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	When challenging behaviour does occur, it needs to be managed safely and effectively with the least restrictive options Known critical periods/ events for each individual that may increase the chance of challenging behaviour occurring The written crisis response within the BSP for each individual Each crisis management strategy is unique to an individual The legal and ethical expectations when responding to someone in crisis General signs of anxiety as well as person-specific indicators (precursors) The cycle of arousal[28] both for the individual and themselves	Check own understanding of the crisis management strategies and protocols included in the BSP and question anything that is not fully understood Identify early warning signs that challenging behaviour may occur. Remain calm and implement crisis plan quickly, ensuring safety of everyone. Identify where on cycle of arousal person is at and respond accordingly Change strategies (e.g. lowers demands, clarifies routine)s at different stages of cycle	To protect the individual and carers, ensuring risk of harm is minimised. To follow national best practice as per *Positive and Proactive Care* (Department of Health, 2014), *Physical Interventions: A Policy Framework* (Harris et al., 2008), *BILD Code of Practice for minimising the use of restrictive physical interventions* (Fourth Edition) (BILD, 2014)

[28] A term used to describe the changing pattern of changing arousal that is typically seen during an incident of challenging, particularly aggressive, challenging behaviour. Also known as the assault cycle or time-intensity model.

	Different strategies appropriate at different points in the cycle Own signs of stress and anxiety; understands own strengths and areas for development A range of de-escalation[29] techniques and ethical reactive strategies[30] The recording and reporting process What constitutes aversive and restrictive interventions[31] and restrictive practices Own role within the crisis management protocols	Record and report accurately (e.g. strategies used, details of the incident, injuries sustained). Follow BSP - doing proactive first, least restrictive, safety, escape route, paperwork completed appropriately – show what already tried Use knowledge from training when unplanned strategies are needed; make sensible judgements in unforeseen circumstances Seek help for self when necessary Implement ethical reactive strategies in practice Reflect on experience of delivering reactive strategies	To endure that the delivery of restrictive practices is subject to an organisational plan to limit their use as per *Reducing the use of restrictive practices with people who have intellectual disabilities. A practical approach* (Allen, 2011)
SUP/ MGR	Ethical and legal framework around responding to someone in crisis Competence required of staff team to deliver crisis response Failures in system that lead to crisis What is meant by "least restrictive" and a range of strategies that can be used to achieve this	Check the team's understanding of the crisis management strategies included in the BSP and address anything that is not fully understood Ensure that all staff have been trained appropriately by a suitably qualified trainer with opportunity to practice procedures through modelling, practice and feedback Ensure that staff rotas and resources enable crisis management procedures can be followed if needs be	

[29] A general term to describe strategies that may be used to help calm a person who is showing early signs of behavioural escalation. Also known as secondary prevention strategies.

[30] Safe, ethical responses for responding to behavioural challenges that are not preventable. They might include non-physical and physical interventions and the use of as required medication.

[31] Restrictive interventions are: 'any deliberate act on the part of other persons that restrict an individual's movement, liberty and or freedom to act independently in order to:

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken and;
- end or reduce significantly the danger to the person or others; and
- contain or limit the person's behaviour for longer than is necessary' (Positive and Proactive Care, DOH, 2014)

	The cycle of arousal: knowledge of general signs of anxiety as well as person-specific indicators (precursors); knowledge of different strategies appropriate at different points in the cycle The importance and knowledge of signs of stress and anxiety within the team Why it may be beneficial to change staff rotas - for example to alleviate staff stress and the potential negative impact of this. The importance of aftercare for staff and people being supported Ethical reactive strategies and how they should be implemented The recording and reporting process	Recognise the early warning signs that a person is becoming agitated (moving off baseline level of arousal) and ensure that team is able to provide appropriate support as outlined in BSP Implement crisis/emergency procedures according to protocol Ensure that any physical or psychology contraindications to physical intervention are assessed on an individual user basis Ensure that team is able to and support the implementation of ethical reactive strategies. Ensure the correct paperwork is completed Change rotas appropriately, provide extra supervisions, check incident reports completed, is physically present Implement person centred aftercare strategies for example, medical and emotional wellbeing and debriefing for person being supported and staff Access additional support from outside own direct team to support during crisis in a timely manner Reflect on and support others to reflect on personal experience when implementing reactive strategies; debriefing is offered	
ORG/ CST	The importance of using least restrictive crisis management procedures The ethical and practical implications of using reactive strategies	Clear policy on the use of restrictive practices Ensure the delivery of accredited, effective theoretical and practical training in line with this policy	

	The importance of investigating unplanned restrictive incidents The current legal and ethical framework and how to implement nationally agreed standards of best practice within organisation	Establish an infrastructure and allocate the resources needed to support a least restrictive management strategy *Ensure a least restrictive crisis management strategy is in place for each person that is appropriate and congruent with accredited training; address concerns for any proposed strategies that might not be practical; ensures that least restrictive strategies are understood by all members of the team* Encourage discussion around ethical and practical implications of reactive strategies; support staff at all levels to understand these issues Routinely monitor restrictive practices (e.g. for an individual and across the organisation) for trends and variances Investigate unplanned restrictive interventions and maintains paperwork trail to ensure it was legally and ethically appropriate; redesign systems and programmes accordingly Establish mechanisms and skilled workers to ensure debriefing occurs and staff support in place Review debriefing data regularly and devises and ensures action plan is implemented to address recommendations including need for further training, change to processes and procedures etc. Ensure that restrictive interventions are delivered within an overall organisational framework that actively seeks to reduce their use to a minimum.	

3.6	Developing the plan; outlining responsibilities and timeframes		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	That for each BSP : • Someone is responsible for each element of the plan and it must be implemented consistently • Own role in relation to the responsibilities outlined within the plan • The rationale for the plan and key functions of behaviour that challenges identified for the person • The short, medium and long terms aims of the plan	Check understanding of role and responsibilities within the BSP and question anything that is not fully understood Be supportive to colleagues to understand the plan, especially new staff Highlight any misunderstandings or difficulties in implementation to supervisor	Research shows that progress is more likely when each element of the BSP clearly states who is responsible (Chaplin et al., 2014)
SUP/ MGR	Responsibilities outlined within the plan of own role and the role of supervisees That key stakeholders, as well a staff, need to know and understand the BSP	Know the plan in detail and communicates key strategies and reasons why they are needed. Describe the short, medium and long term goals of the plan Check individual team members' understanding of their respective roles and responsibilities within the BSP and address any misunderstandings Organise resources (e.g. rotas) to ensure that a plan can be followed within the appropriate timeframes Record any variance (e.g. if teaching strategy has not been introduced at point in time), and establish response to rectify the issue If necessary, seek further support from senior managers for resource issues or performance management Ensure information is readily available to staff, kept updated, written in straightforward language and support team members to understand key issues and to share information as appropriate	

ORG/ CST	Importance of multi-disciplinary working and the need to include everyone who is supporting a person in the BSP; to know their respective roles and responsibilities and to understand the timeframes involved The evidence base behind the reasons why everyone who has direct contact with an individual needs to have a detailed knowledge of that person's BSP.	Ensure staff are trained in or have access to, specialist behavioural skills, in order to write high quality plans based on accurate assessment data Ensure an agreed format is used and mechanisms are in place to review BSP regularly Ensure, that within a multi-disciplinary approach, all stakeholders understand their respective roles and responsibilities within the BSP and address anything that is not fully understood	
3.7	**Monitoring the delivery of the BSP (procedural/treatment fidelity/integrity)**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of ensuring the BSP is implemented as intended Ways of monitoring the extent to which the BSP is implemented as intended	Identify the possible outcomes of failing to adhere to the BSP – e.g., increase challenging behaviour, prevent the person learning skills, not help the person to have a better quality of life Reflect on own practice, and that of other team members and try to ensure that everyone follows the plan properly (ensure integrity of practice) Monitor and report changes in challenging behaviour, acquisition of skills such as communication, participation in activities and other quality of life indicators Complete records and other documents that help describe or monitor the implementation of the BSP	Emerging research findings have demonstrated a positive relationship between treatment integrity and intervention outcome. Fiske (2008) and such associations have been found in other areas of psychoeducational intervention

		Identify and Report obstacles to successfully delivering the BSP (e.g. a new team member who does not understand a strategy, part of BSP out of date etc) Provide feedback on what worked well and what could have worked better Regularly attend and actively participate in supervision and review meetings	
SUP/ MGR	The importance of ensuring the BSP is implemented as intended, including the implications of poor adherence The importance of an integrated performance monitoring and quality assurance system What 'positive monitoring' means How to summarise and analyze delivery monitoring data How to present delivery monitoring data in a visual format How to operate and design customized Periodic Service Review schedules	Teach direct carers why adhering to the BSP is important. Explain possible long terms implications, such as how failing to ensure high levels of procedural integrity can result in challenging behaviour, poor quality of life and repeated, unnecessary revisions to the BSP (i.e. people mistakenly think the BPS is the problem) Check records are completed accurately Undertake regular and frequent positive monitoring observations Summarise and analyse monitoring data and use this to regularly discuss and feedback to the team e.g. presenting it visually as graphs etc. on the effectiveness of the BSP Use computer software to analyse and present delivery monitoring data in a visual formats Provide feedback to supervisees and stakeholders on what worked well and what could have worked better Incorporate the above monitoring, feedback and review systems into whatever overarching performance management quality assurance systems is in use (e.g. **PSR**)	

ORG/ CST	Data driven procedural integrity reflects a more scientific or effective approach to assessing the effectiveness of an intervention; and is the only way to be sure that the strategies outlined in the BSP are implemented or not How to design and implement delivery monitoring systems	Ensure that there are organisation wide systems for monitoring the delivery of BSPs in place and are utilised within the organisations performance management and quality assurance systems. Select or design delivery monitoring systems and train direct carers in their use	
3.8	**Evaluating the effectiveness of the BSP**		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The importance of evaluating the effects of a BSP in terms of all relevant outcome variables: • Reductions in challenging behaviour • Increases in functional communication • Acquisition of new skills • Participation in activity • Decreases in the use of restrictive practices (including, but not limited to, physical restraint) Data gathering methods to support evaluation	Describe the goals of the BSP as they relate to all relevant outcome variables e.g. why measure changes in challenging behaviour? Gather data on outcome variables using agreed systems Report progress and identify the factors that facilitate progress Report lack of progress or obstacles to achieving outcomes	The strategies contained within the BSP need to be reviewed to check they are having the desired effect, continue to be acceptable to the person and key stakeholders and are feasible, given the time and effort needed.
SUP/ MGR	The importance of evaluating effectiveness The different ways in which outcomes variables can be measured How to summarise and analyse outcome data How to present outcome data in various formats including visually (e.g., using graphs)	Explain the rationale for evaluating a given outcome variable and link this to the PBS model Select or design appropriate measures that evaluate outcome variables (e.g., individualised frequency charts, record of physical interventions used) Train direct carers in the use of the data gathering methods	

		Ensure the continued competence of direct carers in the use of the data gathering methods summarise and analyse outcome data and present in visual format, (e.g. using computer software such as Excel) Provide data on the effectiveness of the BSP in visual format (graphs)	
ORG/ CST	The importance of practice being evidence-based at the an Individual, group of individuals , and organisational level , and that the only way to assess effectiveness is through systematic monitoring and evaluation at each level The different outcomes variables that can be measured at an Individual, group of individuals , and organisational level How to analyse outcome data at an Individual/ group of individuals and organisational level The importance of the periodic auditing of systems and procedures across the organisation	Explain why, in addition to being evidence-based in terms of using empirically supported methods, we must also evaluate what works for the person and what works at a group and organisational levels and how to monitor outcomes organisation-wide Select or design appropriate measures that evaluate outcome variables at an Individual, group of individuals , and organisational level (e.g., physical aggression and self-injury, along with use of physical interventions) Ensure that there are organisation wide systems for evaluating outcome data at an individual , group and organisational level in place and are utilised within the organisations performance management and quality assurance systems Implement periodic audits of systems in place across the organisation	

3.9	The BSP as a live document		
	Things you need to know	**Things you need to do**	**Why is this important?**
DC	The BSP is a live document, and should be evaluated and adapted in light of ongoing data on key outcomes	Actively participate in review meetings Address any inconsistencies in the delivery of the BSP both in own practice and supporting others Follow through on any changes to the BSP made in light of the monitoring and evaluation procedures	The BSP is effectively a strategy outlining how to best support a person. As that person's behaviour changes the BSP needs to change with them, therefore regular reviews and updates are necessary.
SUP/ MGR	The cycle of assessment, intervention, monitoring and evaluation, with particular emphasis on the outcome variables relevant to the PBS model The BSP is a live document, and the need to translate on-going data into actions aimed at achieving the existing goals of the BSP, or how on-going data can be incorporated into adapting the goals of the BSP How to make, and facilitate the making of, data-based decisions How to effectively chair review meetings	Address any inconsistencies in the delivery of the BSP and ensure that all members of the team understand the measures taken Change or adjust elements of the BSP based on the evaluation data gathered and ensure that all members of the team understand the measures taken Make clear the link between the data collected and the decision making process and ensure that the team understand this relationship Ensure, when chairing a review meeting, that all stakeholders have their say, that timings are observed, that appropriate data are used to inform all decisions, and that all necessary areas are covered, such as: • What has been tried (description of BSP) • What worked (includes visual feedback) • What did not work (includes visual feedback) • What do we do next (action setting)	

		Incorporate the above monitoring, feedback and review systems into whatever overarching performance management quality assurance systems is in use (e.g. PSR) Ensure that the most up to date version of the BSP is available and used by staff	
ORG/ CST	The infrastructure and processes that need to be in place in order to support the cycle of assessment, intervention, monitoring and evaluation, with particular emphasis on the outcomes variables relevant to the PBS model	Ensure that the resources and infrastructure are in place so that the cycle of assessment, intervention, monitoring and evaluation occurs	

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