Including positive behaviour support in the core service specification

The papers relating to this are as follows:

Paper 1 – Background and outline

Paper 2 – Detailed service specification

Paper 3 – Implementation issues

Paper 4 – Illustrative vignettes

I am grateful to David Allen and Beverley Ashman who drafted the vignettes. David, Beverley, Vivien Cooper, Beverley Dawkins and Mark Hendriks commented on earlier versions of the papers.

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Tizard Centre

8 March 2013
Including positive behaviour support in the core service specification

Paper 1 Background and Outline

What we know about challenging behaviour
Research has established a clear understanding of the challenging behaviour displayed by people with learning disabilities. Challenging behaviour occurs in context and the most direct way to establish the meaning of an individual’s behaviour is to identify the circumstances in which it occurs, especially what happens before and after (antecedents and consequences). However, the broader context also needs to be considered. In particular, challenging behaviour is influenced by genetics (e.g. it is more likely in people who have particular genetic syndromes), it is influenced by the person’s physical or mental health (e.g. it may represent a response to pain) and it is more common when individuals have a restricted capacity to otherwise influence their world (e.g. when the person has limited communication skills). Often more than one of these kinds of factors may contribute to a specific individual’s behaviour.

What is positive behaviour support?
Positive behaviour support (PBS) is a framework for developing an understanding of an individual’s challenging behaviour and for using this understanding to develop effective support. PBS is characterised, in particular, by the following components:

- Personalisation of both assessment and support arrangements
- Systematic assessment of the individual’s behaviour to develop an understanding of its function i.e. how it helps the individual to cope better or exert some control over their immediate environment. This process is often referred to as functional assessment or functional analysis
- Attention to the broader context to ensure that other factors influencing the individual’s behaviour are properly understood
- Development of both proactive and reactive support arrangements:
  - Proactive supports seek to
    - Prevent the person’s challenging behaviour as much as possible through the provision of a more helpful and less challenging environment
    - Develop the person’s competencies to ensure that their capacity to influence the world is less restricted
  - Reactive supports provide carers with clear responses to challenging behaviour when it has not been possible to prevent it
  - The integration of proactive and reactive supports in the same PBS plan ensures the coherence and practicality of the overall support arrangements
- Support for the individual that enables the greatest possible reduction in the occurrence of challenging behaviour in the context of the best possible quality of life
- Avoidance of support arrangements that punish the person in any way or create unnecessary restrictions on their freedom of movement and choice.

PBS is not

- Behaviour modification (which was dominated by the use of specific (often aversive) intervention techniques without a full understanding of the context underpinning the individual’s behaviour)
• Just being kind to people (though there is nothing wrong with kindness it is rarely sufficient to resolve seriously challenging behaviour)
• A specific psychological therapy (evidence-based psychological treatments and others derived from psychiatry, speech and language therapy etc are often important components of a PBS strategy. PBS is the overall, inclusive framework within which such treatments can be effective).

The case for positive behaviour support
PBS is a very well-established framework for understanding and supporting the behaviour of children and adults. While developed in work with people with learning disabilities it has been applied to a much broader range of groups including children in mainstream schools (especially in the USA), people with acquired brain injury and dementia, people with mental health problems. The case for its adoption as a cornerstone of the new service specification is as follows:

• It is the approach best-supported by research evidence. Work on the development of a NICE guideline is just beginning. Existing evidence includes:
  o Thousands of individual case and small group studies documenting both clear relationships between challenging behaviour and its context and demonstrating the substantial impact of interventions based on these relationships
  o Meta-analyses of these studies which suggest large reductions (typically greater than 50%) in frequency of challenging behaviour
  o Many randomised controlled trials demonstrating PBS is effective with children in mainstream and special schools
  o One randomised controlled trial in the UK of the use of PBS with adults with learning disabilities in which the primary measure of challenging behaviour reduced by 43% after intervention

• It is the approach endorsed in existing policy and professional guidance including
  o Specific endorsement in the DH review of Winterbourne View and the revised Mansell Report
  o Endorsement by both the British Psychological Society and the multi-professional Unified Approach guidance (issued by Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists)
  o International endorsement e.g. in guidelines from the Australian Psychological Society and in the USA’s Individuals with Disabilities Education legislation

• There are already examples of good practice in the use of PBS in the UK and a number of UK training courses. The practical task is, therefore, one of scaling up good practice and training rather than starting from scratch.

What needs to be included in the service specification?
An effective service specification will need to include components focused on the service delivered to the individual service user. By illustration, individual components are likely to include:

• Each individual with a defined severity of challenging behaviour having a written, individualised PBS plan
• Which is based on a holistic assessment (incorporating functional assessment) of the context in which their behaviour occurs
• And specifies
The most probable reasons underlying the person’s challenging behaviour

- The ways in which their challenging behaviour can be best prevented and/or its impact minimised
- A coherent strategy for replacing the person’s challenging behaviour with more acceptable behaviours over time
- The ways in which staff will respond to episodes of challenging behaviour within the least restrictive environment.

- And includes clear monitoring and review arrangements.

However, such an individual specification will only be deliverable if there are a range of organisational supports. Again, by illustration, these are likely to include:

- Clear leadership commitment and ownership of the implementation of PBS
- Service user, carer and family involvement in the development and implementation of individualised PBS strategies
- Person-centred organisational cultures
- Provision of acceptable physical environments
- Provision of active support for alternatives to challenging behaviour including involvement in meaningful routines and activities and increased opportunities for making choices
- Provision of staff who have the necessary training in PBS, are supported to implement individualised PBS strategies and are deployed in the right places at the right times
- Data-driven practice and quality assurance
- Capacity to learn from experience.
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Paper 2 Detailed Service Specification

Individuals

The most useful definition of challenging behaviour for this purpose may be that used in the Unified Approach document i.e. “Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.” Accordingly, this specification applies where, as a result of the person’s challenging behaviour, any of the following is true:

- the person or others has been injured or has experienced physical or mental ill-health
- the person or others has a restricted quality of life
- a restrictive or aversive strategy is being used (including physical intervention, seclusion or prn medication)
- the person has been excluded from one or more environments or such exclusion is currently threatened.

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<thead>
<tr>
<th>What needs to happen</th>
<th>Evidence that happening</th>
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<tr>
<td>Behaviour support is based on a holistic assessment (incorporating functional assessment) of the context in which the person’s behaviour occurs.</td>
<td>1. A copy of a recent (or recently reviewed) assessment report can be provided.</td>
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<td>2. The report provides evidence of assessment of:</td>
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<td>a. History;</td>
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<td>b. Immediate antecedents and consequences;</td>
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<td>c. Genetic context;</td>
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<td>d. Physical health context;</td>
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<td>e. Mental health context;</td>
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<td>f. Broader social context;</td>
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<td>g. Communication and social skills.</td>
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<td>3. The report provides evidence of involvement or attempted involvement in the assessment process of:</td>
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<td>a. The individual;</td>
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<td>b. The individual’s family, friends and independent advocate;</td>
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<td>c. The paid carers supporting the person;</td>
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<td>4. The report provides evidence of the assessment having been conducted in a manner</td>
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consistent with the Mental Capacity Act.
5. The report includes a summary which integrates the information gathered into a coherent formulation of the factors influencing the person’s behaviour

There is a written, individualised behaviour support plan.

1. A written plan can be provided.
2. The written plan is personalised (e.g. includes person’s name).
3. The written plan is different to written plans for other individuals.
4. The written plan is integrated with a wider person-centred plan for the individual.
5. A named individual has responsibility for implementing, monitoring and reviewing the plan.

The behaviour support plan includes:

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<th>1. A description of the person’s challenging behaviour(s);</th>
<th>1. The behaviour(s) are operationally defined, observable and measurable.</th>
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<tr>
<td>2. A summary of the most probable reasons underlying the person’s challenging behaviour;</td>
<td>1. The summary is written in everyday language and is consistent with the conclusions of the assessment informing the support plan. 2. The function(s) of the person’s behaviour(s) is/are clearly stated.</td>
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<td>3. Proactive strategies;</td>
<td>1. The plan states how to avoid or prevent all of the challenging behaviours identified. 2. The plan includes one or more, clearly defined strategies for developing the person’s ability to communicate or otherwise more effectively influence what happens to them without displaying challenging behaviour. These strategies comprehensively address the identified functions of the behaviour(s).</td>
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<td>4. Reactive strategies;</td>
<td>1. The plan specifies how carers should respond to instances of the person’s challenging behaviour(s). 2. The plan includes one or more non-restrictive strategies for responding to instances of the person’s challenging behaviour. 3. Where restrictive strategies (e.g. physical intervention, seclusion, prn medication) are included, these are not identified as the first reactive strategy to be used without a clear rationale for this being provided. 4. Circumstances in which restrictive strategies are recommended are defined unambiguously.</td>
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<td>5. Monitoring and review arrangements;</td>
<td>1. The plan specifies expected outcomes (in terms of reductions in challenging behaviour, improvements in quality of life, reductions in restrictive practices) and how these will be measured. 2. The plan includes a timetable and organisational arrangement for review (e.g. through a</td>
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| 6. Implementation arrangements. | 1. The plan specifies any necessary characteristics for those implementing ("mediators") the strategies described.  
2. The plan specifies how mediators will be trained to reliably and consistently implement strategies.  
3. The plan specifies any additional or changed resources required, such as additional mediators or specific materials. |
|---|---|
| The plan is implemented, monitored and evaluated. | 1. Data on the consistency and correctness of implementation shows at least 80% correct implementation.  
2. Data on expected outcomes demonstrates reductions in challenging behaviour and/or improvements in quality of life and/or reductions in restrictive practices leading to review and continuation of the plan or  
3. Data on expected outcomes demonstrates no change or worsening in challenging behaviour and/or quality of life and/or use of restrictive practices leading to reassessment and redevelopment of behaviour support strategies. |
## Organisations

### What the organisation needs to do

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<tr>
<th>Provide leadership for, and take ownership of, the implementation of PBS</th>
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<td>1. Clear, written statement of policy and practice commitment to PBS that is available to all staff and accessible to service users and family members.</td>
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<td>2. At least one member of executive team/Board has specific responsibility for organisation-wide implementation of PBS.</td>
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<td>3. At least one member of executive team/Board (probably the same person as in 2) has experience and training in using a PBS approach with individuals.</td>
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<th>Develop and maintain an inclusive strategy for organisation-wide PBS</th>
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<td>1. The strategy includes components relating to:</td>
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<tr>
<td>a. The primary prevention of challenging behaviour through organisation-wide procedures and methods of working;</td>
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<td>b. The secondary prevention of challenging behaviour through the identification and support of at-risk individuals;</td>
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<td>c. the implementation of PBS with individuals who display challenging behaviour of a defined severity.</td>
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<td>2. The strategy is informed by consultation with service users, frontline staff and family members and is reviewed annually.</td>
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<th>Provide person-centred supports and services</th>
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<td>1. Services provided to individuals are clearly related to the needs and aspirations of those individuals and their families/friends/advocates.</td>
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<td>2. The organisation can provide recent and checkable examples of having changed aspects of its provision in response to requests/complaints by individuals and their families/friends/advocates.</td>
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<td>3. The organisation can provide recent and checkable examples of having changed or audited aspects of its organisational procedures (e.g. duty rotas, staff recruitment, quality assurance etc) to adapt them to the needs and aspirations of individuals and their families/friends/advocates.</td>
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<th>Provide acceptable physical environments</th>
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<td>1. The physical environments where services are provided are within a typical range (for that type of environment) in respect of:</td>
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| Provide an “active support” model of care | 1. All service users routinely participate in personalised, meaningful activities for the majority of their time.  
2. All service users have personalised and predictable routines and timetables.  
3. Staff are skilled in providing personalised levels and kinds of assistance – enhancing participation, preventing challenging behaviour and reducing risk.  
4. The organisation collates information on levels of participation in meaningful activity and uses the information to review and change support arrangements. |
| --- | --- |
| Provide well trained and supported staff, deployed in the right places at the right times | 1. All support staff receive in-house training in PBS which is refreshed at least annually.  
2. All support staff with a leadership role (e.g. shift leaders, frontline managers) have completed, or are undergoing, more extensive training in PBS which includes practice-based assignments and independent assessment of performance.  
3. All staff with a role (which may be peripatetic or consultant) in respect of assessing or advising on the use of PBS with individuals have completed, or are undergoing, externally-validated training in PBS which includes both practice- and theory-based assignments with independent assessment of performance at National Qualifications Framework Level 5 or above. |
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<td>4.</td>
<td>All staff involved in the development or implementation of PBS strategies receive supervision from an individual with more extensive PBS training and experience. Staff in consultant roles are supervised by an individual (within or outside the organisation) with a relevant postgraduate qualification e.g. applied behaviour analysis, positive behaviour support, clinical psychology.</td>
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<td>5.</td>
<td>The organisation can provide examples of (or equivalent plans for) the flexible deployment of staff to support an individual during a period of crisis.</td>
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<td>Have a quality assurance strategy which is driven by data and a desire for organisational development and learning</td>
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</table>
| 1. | A range of data are systematically collated and considered within the organisation on a monthly basis, informing organisational responses in respect of specific individuals or services:  
   a. Frequency and severity of challenging behaviour;  
   b. Use of restrictive practices (physical intervention, seclusion, prn medication);  
   c. Injuries sustained as a result of challenging behaviour;  
   d. Safeguarding alerts;  
   e. Extent and variety of service user participation in meaningful activities. |
| 2. | A range of data are systematically collated and considered within the organisation on an annual basis, informing organisational responses in respect of specific services or more widely:  
   a. Attainment of specific objectives identified in PBS plans for individuals;  
   b. Service user and family carer/friend/advocate satisfaction;  
   c. Support staff turnover, sickness, stress and morale;  
   d. Changes in the abilities and general health of service users. |
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Paper 3 Implementation Issues

The draft service specification is deliberately ambitious and aspirational. It sets out what we need to do around individuals whose behaviour is described as challenging and the ways in which organisations need to work to respond effectively and appropriately. It represents, however, a step change in working practice. Many individuals whose behaviour is described as challenging are currently not supported in the way outlined in the specification. Many provider organisations (including those “specialising” in challenging behaviour) would currently struggle to meet the specification. Even more fundamentally, many commissioners would currently struggle to effectively monitor such specifications.

There is a risk, therefore, of the specification not being seen as widely achievable and, consequently, being ignored or treated as simply a bureaucratic exercise. It is crucially important, therefore, that attention is given to the implementation of the specification so that it succeeds in driving up performance. The following actions are recommended as part of this implementation process:

Enhanced commissioner engagement with services for individuals whose behaviour is described as challenging
Commissioners report that neither they nor care managers have the time to engage fully at an individual level, even in respect of the most complex, high cost placements. It is clear that, under these circumstances, it will be impossible for them to adequately monitor against the specification or engage with providers to improve provision. Yet, the robust commissioning of services for individuals with complex needs is and should be a time-consuming and involved process if better outcomes are to be obtained and costs reduced through the better targeting of resources. Local areas should, therefore, devote additional resource to the commissioning of such placements and the broader implementation of the specification.

Gradual implementation of the specification
Given the starting position it would be foolish to impose the specification without any regard for the extent to which it is likely to be met. Accordingly, local commissioners should begin a process of engaging with local providers to identify the following:

- Those aspects of the specification which it is realistic to immediately impose
- Those aspects of the specification which will require development within provider organisations
- The kind of support and assistance which would enable providers to meet the more ambitious aspects of the specification
- The timescale for full implementation.

Provider development
Commissioners should encourage providers to engage in an immediate process of self-assessment and development in respect of the specification. Organisations should be able to identify those aspects of the specification which they currently struggle to meet and develop an action plan for
meeting them as soon as possible. While, in some cases, they may reasonably seek support and assistance from commissioners, providers themselves should be taking the initiative to improve outcomes. This carries the implication that commissioners are likely to need to devote some resources to support provider development.

**National or regional resources**

Many of the difficulties likely to be faced by commissioners and providers will be shared across areas and organisations. It makes sense, therefore, to develop a range of resources which will help local implementation. There may be scope for existing organisations (such as SCIE, Skills for Health, Skills for Care, ARC etc) to help with the development of these resources. The following list of examples is not intended to be comprehensive:

- A directory of relevant and reputable training in PBS
- Good practice examples of organisations conducting self-assessments and identifying pathways to improve performance and outcomes
- Development of professional networks/communities of practice which would, amongst other things, spread available expertise through supervision and mentoring
- Development of toolkits/templates for specific aspects of the specification that organisations could use to speed up the process of change
- Support for the development or sharing of information systems that will facilitate both the quality assurance strategies outlined in the specification and effective monitoring by commissioners.
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Paper 4 Illustrative Vignettes

Individual Vignette

James is supported by a social care organisation that has a positive reputation in terms of being able to support people with highly challenging behaviours in community settings. The organisation committed to using the PBS model some years back as it was congruent with its values base and desire to avoid the use of punitive approaches; all its staff receive induction training in this approach and more detailed, individualised training around specific service users that they support. Through its investment in training, the organisation is able to successfully carry out functional assessments and formulate behaviour support plans for many of the challenging individuals that it supports. For those with more complex needs, it works collaboratively with local health colleagues to produce joint assessments and interventions. The organisation routinely monitors plan implementation and outcomes and reports these data to an external stakeholder group on a quarterly basis.

James has a genetic condition that results in severe learning disability and is also associated with increased risk of psychosis and challenging behaviour. He also has severe communication difficulties. James’ assessment is reviewed six monthly or more frequently as the need arises. His PBS support plan is then modified as required. The latter provides detailed guidance for managing the multiple environmental triggers that can set off his self-injury and aggression and also on negotiating the psychotic phases (by careful use of medication and psychological strategies) that increase the risk of these behaviours occurring. It also describes the total communication strategies used to support James and the reactive strategies (including minimal restraint) that sometimes have to be employed to manage risks to James and others.

James recently went through a very bad period where his behaviours suddenly increased in frequency and severity; the behaviours shown were also different to those that he normally displayed. Two staff members were injured as a result. Commissioners had already agreed that levels of support staff could be temporarily increased if behaviours crossed certain thresholds, and the deployment of this additional support helped avoid a hospital admission. An urgent multi-disciplinary review was convened and first reviewed the quality assurance data to check whether James’ plan was being implemented to the required standard. Having ascertained that it was and that the present episode appeared unrelated to any mental health changes and in view of the apparent acute onset, it was decided to rule out possible physical health conditions before re-examining James’ assessment. Tests indicated a severe urine infection, the treatment of which significantly reduced James’ challenging behaviours. Although James already received an annual health check, his PBS plan was amended following the episode to include a prompt to reassess his general health status should any acute and atypical behavioural changes become evident in future.

Organisational Vignette

A national voluntary organisation supporting people with learning disabilities, has been developing PBS for a number of years: the approach has been fully integrated into its policies and procedures, and training in understanding behaviour is provided to all staff along with specific, person centred
physical intervention training by accredited trainers where required. Extended, practical training in positive behaviour support is provided for service managers and team leaders, to enable them to carry out functional assessments and formulate PBS plans.

In 2011, information from the organisation’s annual evaluation of the quality of PBS plans indicated that:

- they were not consistently being developed in response to non-aggressive severely challenging behaviour
- a number of behaviour support plans focused almost exclusively on reactive strategies
- the level of knowledge and understanding of positive behaviour support by support workers was lower than anticipated.

In response the organisation developed a range of materials and resources to promote positive behaviour support and to make all staff aware of the importance of recognising all forms of challenging behaviour and of responding constructively to non-physical challenging behaviour. In addition, an easy to read guide to PBS for all staff was distributed and good practice stories and case studies were made available in print and on line.

Area Managers were required to develop their knowledge by completing PBS training and to consider how this training was being translated into action on the ground by service managers and team leaders. The development and implementation of PBS intervention plans for all people whose behaviour is severely challenging was prioritised and monitored at a local and national level.

While a follow up review in 2012 indicated a significant increase in the number of PBS plans in place and provided evidence of an increase in proactive and positive reactive strategies, the implementation of PBS continues to be monitored. Moreover the organisation is currently carrying out a strategic review of its policies and standards in light of the Winterbourne report.