OLDHAM SAFEGUARDING ADULTS BOARD

Positive Behaviour Support Guidance

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With thanks to Lancashire Safeguarding Adults Board
Version: 1.0
Adopted: March 2025
Review Date: March 2027

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1 Introduction

1.1 This guidance has been produced to support Health and Social Care settings to understand the approach of Positive Behaviour Support and to develop effective support plans.

2 What is Positive Behaviour Support (PBS)?

2.1 PBS is a person centred framework for providing long-term support for people who have, or may be at risk of, developing behaviours that challenge. It involves understanding the reasons for behaviours, considering the person as a whole to develop and implement a range of evidence-based support to better meet their needs, improving the quality of life of the person and those around them, thus reduce the likelihood of behaviours that challenge occurring in the first place.

2.2 There are several core dimensions that differentiate PBS from other approaches. PBS consists of ten overlapping elements to create a multi-component framework. The table below provides an overview of the ten components. There is more information about each component available in a research paper published on the British Institute of Learning Disabilities (BILD) website: [Definition and scope for positive behavioural support (bild.org.uk)].

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 eschew 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 applied 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.

3 What are Behaviours that Challenge?

3.1 'Behaviours that challenge' also referred to as 'challenging behaviour' or 'behaviours of concern' are more likely to be prevalent in people with developmental and health problems that affect communication and the brain e.g. learning disabilities, dementia or acquired brain injuries. A person's behaviour can be defined as "challenging" if it puts them or those around them at risk; it is usually taken to mean aggression (physical or verbal), self-injury, damage to property or socially inappropriate behaviour. However, there is also a need to recognise and respond to behaviour that has a negative impact on a person's wellbeing and/or stops or makes it difficult for the person to be involved in ordinary activities, relationships at home and in the community.

3.2 Many people in receipt of care and support experience levels of anxiety and stress and have difficulties coping with at least some aspects of their environment and the people in it. Behaviours that challenge develop as an understandable, though not intentional, response to these sorts of circumstances as a means of communication. Consequently, the term 'behaviours that challenge' emphasises that such behaviours represent challenges to service and those that support them, rather than labelling the person as the problem.

3.3 The Oldham Safeguarding Adults Board (OSAB) 7-Minute Briefing - Learning Disabilities: Communication and Behaviours that Challenge provides more information.

4 What is a Positive Behaviour Support Plan?

4.1 A PBS plan is a document created to help understand and manage behaviours that challenge with the aim of reducing the likelihood of behaviours happening and teaching the person new skills and ways of communicating their needs. Whilst the emphasis is on preventing the need for behaviours that challenge; it also helps care staff by providing a step-by-step guide to identify when they need to intervene to prevent an episode of behaviour happening or escalating.

4.2 PBS plans provide consistency as everyone supporting the person uses the same techniques and approaches, helping development of more socially acceptable ways of communicating needs. A PBS plan should help inform other risk assessments and care plans for the person.

4.3 The following sections are designed to support practitioners to create an effective PBS plan. The person (if possible), those involved in their care e.g. care staff, and the person's family and/or representative should be involved in the assessment process and co-produce and implement any approaches agreed on the plan.

5 Initial Assessment of the Behaviour

5.1 A Functional Behavioural Assessment is a process for determining the function of (or reason behind) the person's behaviour that challenge. The complexity and duration of the assessment process should be proportionate to the behaviour. Professional support and advice should be sought with writing Behaviour Support Plans when:

- the function of the person's behaviour is unclear.
- support plans / strategies are not effective.
- behaviours are considered high risk.
- the person may be committing a criminal offence.

5.2 A Functional Assessment involves the collection of data, observations, and information to develop a clear understanding of the relationship of events and circumstances that trigger and maintain the behaviour. The assessment should consider:

- the person's life history.
- physical health.
- mental health.
- communication and social skills.
- the broader social and physical environment.
- what happens immediately before the behaviour starts (antecedents) and what happens as a result of it (consequences).

5.3 A Functional Assessment typically involves direct and indirect methods in order to understand the reason for the behaviour from the person's perspective.

- *Indirect methods* include asking people and looking at existing information to assess the broader physical or social environment.
- *Direct methods* involve objectively observing and recording the person's behaviour and events in the environment while the behaviour is occurring.

6 Identifying Which Behaviour(s) to Focus On

6.1 Deciding which behaviour to focus on requires a balance between what is most challenging for the person and those around them and being realistic about what can be effectively changed within current environments, structures, and resources. It is important to break things down into manageable components rather than trying to address everything at once e.g. choosing one behaviour that challenges as the target for intervention in the behaviour support plan. Another factor to consider in choosing the behaviour to target is the likelihood of success in the short term. Once success has been seen in one area, the person and those around them can build on that success and systematically address other problem behaviours.

7 Defining the Behaviour

7.1 When priority behaviours have been identified, one of the first and most important steps when planning to assess and intervene with behaviours that challenge is to define the behaviour objectively and specifically. It is helpful to gather information to provide a description of the behaviours that are emerging or apparent.

7.2 The definition of the behaviour(s) should take into consideration and identify the following:

- *Appearance*: What does the behaviour look like?
- *Place*: Which Setting(s) does the behaviour occur in?
- *Severity*: How severe is the behaviour?
- *People*: With whom does the behaviour occur? Considering the proximity of others and what they are doing when the behaviour starts e.g. staff/visitors/other service users.
- *Time*: What time(s) of the day does the behaviour occur?
- *Frequency*: How often does the behaviour occur?
- *Duration*: How long does the behaviour last?
- *Impact*: What is the impact on the person and others around them?

7.3 Having a clear and concise definition of the behaviour is an essential first step in developing a PBS plan. A good definition is measurable, observable and should describe in detail what someone would see and hear during an episode.

8 Analysis of Function – Identifying Possible Causes

8.1 The relationship between the behaviour and its function is not conscious and use of behaviour is rarely deliberate or intentional. Behaviours that challenge always have a *function* for the person and it is essential to understand what that purpose serves so we can respond in constructive ways.

8.2 There are two ways that a behaviour is reinforced:

- *Positive reinforcement* refers to an increase in the rate of behaviour as a result of the presentation of a preferred event or stimulus.
- *Negative reinforcement* refers to an increase in the rate of a behaviour as a result of the withdrawal (or prevention of occurrence) of a non-preferred stimulus or event.

8.3 A reinforcer is something which strengthens the behaviour to which it is applied: these may be internal or external to the person. Reinforcers are not always pleasant things e.g. being shouted at may not appear

pleasant but if behaviour is ignored, behaviours may increase so the person gets a response, even if they are being shouted at.

8.4 Although there are many reasons why a person may display behaviours that challenge, there are common purposes or function behind the behaviour that will generally come under one of the following categories:

- *Social Engagement:* This may be due to limited communication skills, boredom, and inability to occupy themselves. Some people may learn that behaving in a particular way is a reliable way of attracting others' attention, even if this is negative.
- *Tangibles:* The desire for certain things e.g. food, drink, objects or activities.
- *Escape or Avoidance:* This could be to avoid certain people, situations, or activities that they do not like, or do not find rewarding.
- *Sensory:* This may be behaviour that is internally rewarding or self-reinforcing to meet needs e.g. warmth, touch, pleasant sounds or avoid pain, discomfort, noise.

8.5 As part of a functional assessment or analysis, consider the use of a Functional Assessment Screening Tool (FAST) to identify factors that may influence the occurrence of behaviours that challenge.

9 Finding Out Why/When the Behaviour Occurs - The ABC Approach

9.1 It is important to know about the sequence of behaviours which lead up to an episode or period of behaviour(s) that challenge as they rarely occur 'out of the blue'. There are always links between the behaviour and what happens before and after it. The ABC approach is a useful way to understand how these are related, helps identify the function of the behaviours and has direct implications for how they are responded to. It involves looking at the:

- *Antecedents (what happened before the behaviour)*
- *Behaviour (what is the actual behaviour?)*
- *Consequences (what happens afterwards?).*

9.2 Antecedents can be broken down into two types:

- *Setting Events:* longer term underlying factors e.g. health issues, changes in emotional states, particular activities or sensations, places, individuals, objects, changes to the routine earlier in the day. These could happen hours or days before the actual incident or could be from an annual event.
- *Triggers:* things that happen immediately before the behaviour e.g. seeing a particular person, hearing a particular noise, experiencing a sharp pain.

If triggers occur when the person has already experienced one of more of the setting events, it is more likely that behaviours that challenge will occur.

9.3 Consequences are the things that happen after the behaviour. While these are always things that impact on the person, they are not always obvious as they include:

- Things that are added or taken away e.g. contact or conversation, items, activities or sounds.
- The way other people react or respond.
- Things that happen immediately and later.
- Changes in feelings or sensations.

9.4 Behaviour (ABC) charts allow incidents of behaviours that challenge to be objectively recorded including the antecedents, behaviour, and consequences during an incident. These can be useful for low frequency behaviours or near misses as part of functional assessments and reviews/analysis exercises. It should be considered how these align with incident reporting and management processes. These should then be reviewed and analysed to support identification of strategies to include on a Behaviour Support Plan. Considering what is already working well is also very useful. An example ABC recording chart template and filled examples can be found in Appendix 1.

10 Identifying Strategies

10.1 A PBS plan should contain a range of strategies, referred to as 'Proactive', 'Active' and 'Reactive' strategies which not only focus on managing the behaviour(s) that challenge when they occur, but also develop and introduce approaches that promote changes over time and ensure the service user has access to things that are important to them.

10.2 The person should be consulted directly whenever possible. The people that know the person well and are involved in their care should also be spoken to. The emphasis of the plan should be on preventing the need for behaviours that challenge, but it is important to be realistic about the changes that can be made and aware that some proactive strategies will take longer to have effects.

10.3 Active strategies detail how to support the person should early warning signs of behaviours escalating be displayed. Reactive strategies should be used as a last resort unless there is an agreement with the person that this is the best approach for them. They should be used together with proactive interventions as when used in isolation, such approaches do nothing to enable improvements over time. There should be a graded approach that considers the least restrictive options.

10.4 The strategies should support care staff to identify when a person may display behaviours that challenge, giving them chance to intervene before the behaviour escalates. This helps to ensure that the focus of the plan is not just on the behaviour that challenges but provides ways to support the person to have a good life, enabling the person to learn better, more effective ways of communicating what they need.

10.5 When everyone supporting the person uses the same approaches it helps the development of more socially acceptable ways of communicating their needs, the PBS plan is a useful tool to see what is and what is not working for the person and enables care staff to adapt or change strategies as necessary.

11 Risk Assessment and Care Planning

11.1 Good Practice

When assessing and managing the risk of behaviours that challenge, a multidisciplinary approach to risk assessment and risk management should be used. The risk assessment and care planning process should be carried out with the person, and where appropriate their family member/representative, and incorporate any advice or input from health professionals. The regularity of the review should depend on the assessment of the level of risk. The PBS plan should be supported by an accurate and thorough risk assessment. If the person is transferring to another care setting, the content of the risk assessment and care plan should be shared and incorporated into any additional documents such as hospital passports.

11.2 Key Principles

To better emphasise the value of quality of life for people within the context of risk assessment and care planning, the following key principles and approaches should be incorporated.

Person-Centred Care	**Focus on the Individual**: Each person should be seen as a unique individual with their own preferences, goals, and aspirations. The risk assessment and care plan should reflect their personal desires, including hobbies, social connections, and preferred ways of communicating. Involving the person in the care planning process ensures that their voice is heard and that the care plan aligns with their vision of a fulfilling life. **Maximise Choice and Control**: Each person should be empowered to make decisions about their care and daily life wherever possible. This could include choices about where

	they live, who they interact with, and how they want to engage in activities. When people have more control over their lives, their sense of autonomy and self-worth is enhanced, which contributes significantly to their overall quality of life.
Fostering Independence	**Promote Skill Building**: Instead of solely focusing on risk reduction, care plans should emphasise building skills that promote independence. This might include teaching life skills, social skills, and self-advocacy, enabling people to participate more fully in society. Encouraging self-management and providing tools for independence can improve a person's confidence and sense of capability. **Functional Goals**: Care planning should aim to reduce dependence on others by setting achievable, functional goals that focus on the person's ability to participate in activities of daily living. This approach helps the person feel more competent and self-sufficient.
Supporting Social Inclusion	**Community Participation**: Care plans should support opportunities for people to engage in meaningful community activities. Social inclusion, through activities like work, volunteering, friendships, and leisure pursuits, greatly contributes to a positive sense of self-worth and life satisfaction. Risk assessments should focus not only on the person's safety but also on identifying opportunities for engagement that enhance their quality of life. **Strengthen Relationships**: Encouraging and facilitating relationships with family, friends, and peers is vital for emotional well-being. The risk assessment and care planning process should include strategies to support positive social connections and address any barriers to forming meaningful relationships.
Tailored Support for Well-Being	**Holistic Approach**: Beyond managing risks, care plans should address the overall well-being of people, including mental, physical, and emotional health. The plan should provide for regular health checks, appropriate therapies, and psychological support. Ensuring the person's comfort, happiness, and emotional security is essential for a good quality of life. **Behavioural Support**: Instead of focusing purely on eliminating challenging behaviours, a PBS approach can enhance quality of life by promoting positive alternatives. This could involve teaching the person how to communicate needs in ways that reduce frustration, ensuring they can better express themselves and navigate social interactions.
Ensuring Dignity and Respect	**Rights and Choices**: People should be supported to make informed choices about their own lives. This includes decisions about their care, the services they receive, and their daily routines. The care plan should incorporate measures that respect their rights, ensuring they are treated with dignity and that their preferences are central to any decisions made. **Reducing Over-reliance on Caregivers**: Over-reliance on caregivers can sometimes undermine dignity. The focus of care planning should be on enabling people to thrive in environments where they are not merely passive recipients of care, but active participants in their own life journey.
Ongoing Review and Adjustment	**Adapt Care Plans to Life Changes**: A quality of life-focused approach means that the care plan is regularly reviewed and adjusted as the person's circumstances change. If, for instance, the person expresses a new interest, has a shift in their health, or faces a new challenge, the care plan should be updated to reflect those changes. This ensures that the person's needs and goals are always being met, thus improving their overall quality of life.

	Celebrate Achievements: Small successes and improvements in the person's life. Should be regularly celebrated. Recognising progress, whether in skill development or in personal achievements, reinforces a positive self-image and motivates further growth.
Incorporating Family and Caregiver Involvement	**Family as Partners**: Families and caregivers should be seen as partners in supporting quality of life. Their perspectives can help care teams understand the person's personal history, preferences, and aspirations. By involving family members or advocates, care planning can be more personalised and aligned with the person's broader life context. **Training and Support for Caregivers**: Caregivers should be well-trained in promoting quality of life, supporting people in ways that enhance their autonomy, dignity, and self-esteem.

12 The PBS Support Plan

12.1 Overview

A written PBS plan should be developed based on the shared understanding about the function of the behaviour and should:

- Focus on Prevention and Strengthening Skills: PBS not only addresses challenging behaviour but aims to enhance quality of life by creating positive environments. By focusing on preventing triggers and reinforcing functional communication, people can learn to express themselves in constructive ways that lead to more fulfilling interactions and experiences.
- Holistic Behaviour Management: PBS should not merely be reactive but proactive, creating an environment where the person is less likely to experience frustration or distress. This could involve structured routines, sensory supports, or environmental adjustments that allow the person to feel more at ease.
- Identify reactive strategies to manage any behaviours that challenge that are not preventable, including how care staff should respond if the person's behaviour escalates and there is a significant risk of harm to themselves or others.
- Incorporate risk management and consider the effect of the behaviour support plan on the level of risk.
- Be compatible with the abilities and resources of the service, including managing risk, which can be implemented within these resources.
- Be supported by data that measure the accurate implementation of the plan.
- Be monitored using the continuous collection of objective data.
- Identify any training for care staff or family members to improve their understanding of behaviour that challenges.
- Identify those responsible for delivering the plan and the designated person responsible for coordinating this.
- The strategies chosen should be different depending on the function of the behaviour.

The following guidance is designed to assist with writing a PBS plan. Strategies have been divided into 'stages' of increasing severity to encourage people to respond to the first signs of distress and resolve issues before they escalate. This will help to ensure that the least restrictive interventions are being used and that the strategies being used are proportionate to the level of risk.

12.2 'Traffic Light' System

A format found to be particularly useful in helping care staff to understand the different stages of behaviour is based on a traffic light system using colour coding on PBS support plan. This format enables care staff to

more easily identify when they could intervene to prevent behaviours escalating into an episode of 'challenging behaviour'. An example of this in practice can be found on Appendix 2.

Green (Primary/Proactive)	Calm and relaxed - this is 'typical behaviour' for the person. Proactive strategies to be used.
Amber (Secondary/Active)	Anxious, distressed or aroused - indication that problems are about to occur. 'Secondary' strategies such as distraction or diversion to prevent escalation.
Red (Tertiary/Reactive)	Incident - occurrence of the behaviour itself.
Blue (Recovery)	Calming down/recovery phase - but still need to be careful and ensure that the person returns to the 'green' phase and reestablish relationships.

12.3 Proactive (Primary) "Green" Strategies

Proactive strategies are put in place before the behaviour occurs, rather than being responsive, with the aim of removing the trigger that prompts the behaviour for the person. Some of these strategies should be developmental so the person is supported to develop new skills and ways of communicating their needs. These strategies consider a range of changes that can be made in the person's environment, the ways practitioners communicate, and to staff attitudes to reduce the need for the behaviour. The aim is to support the person to stay in this phase as much as possible considering areas such as:

- Making the day more understandable for the person.
- Teaching the person alternative ways to communicate what they need and/or developing coping strategies.
- Supporting a predictable routine and structure for the person.
- Leisure activities that are personally meaningful and physical exercise.
- Increasing the range of activities and interactions available to the person.
- Picking up signs of anxiety for that person.
- Changing the environment e.g. reducing noise, increasing predictability.

12.4 Early Warning Signs (Secondary) "Amber" Strategies

Secondary prevention involves reducing the risk associated with imminent challenging behaviour and its potential escalation. This part of the plan will describe what to do in response to early warning signs, to help staff intervene as early as possible before the person's behaviour escalates.

Signals may be subtle, but through assessment and observations, these should be clearly defined so practitioners can immediately take action and therefore avoid moving onto 'red'. The people who care and support for the person on a day-to-day basis will likely understand and know these early warning signs and therefore their input is invaluable.

Many episodes of behaviours that challenge occur because the early warning signs are not recognised or because practitioners fail to change their own behaviour once the signs become evident.

At this stage the person may be starting to feel anxious or distressed. Care staff need to take quick action to support them to return to the 'green' phase as quickly as possible to prevent escalation of behaviour. These strategies may include:

- Reducing the demands being placed on the service user and communication with them.
- Distraction and diversion to activities they find rewarding and enjoyable.
- Reassurance to the person.
- Individual relaxation techniques.

12.5 Reactive (Tertiary) 'Red' Strategies

Reactive strategies are designed to keep the person and those around them safe from harm and return to a calm situation as soon as possible. When behaviour escalates to ‘red' and an incident of behaviours that challenge is occurring, the signs will be more obvious than in the 'amber' phase. This phase is where behaviours that challenge occur and there is a risk to the service user and others. The plan needs to detail actions staff need to take to quickly achieve safe and rapid control over the situation. These strategies focus on minimising the physical and emotional harm caused by behaviours that challenge, during and after an event.

12.6 Restrictive Interventions

Reactive strategies may include the use of agreed restrictive interventions e.g. PRN (when required) medication, seclusion, physical interventions. These should be used as a last resort unless it is agreed and evidenced through the Multidisciplinary Team (MDT) assessment that they should be used sooner e.g. paracetamol to manage pain proactively or the person requesting that their arms are held to support with anxiety. A thorough risk assessment should be carried out and any outcomes should be incorporated into the behaviour care plan to clearly direct staff.

Restrictive interventions are crisis management techniques, not a strategy for managing behaviour. Physical interventions are not designed to reduce the frequency or severity of negative behaviours but rather to ensure the person’s safety. Consequently, these interventions are only used when the person is at risk of causing harm to themselves or others and if possible, all other strategies have been utilised. Only the restrictive practices agreed and approved as part of an MDT process should be used by staff who have received relevant training. The goal should always be to increase and improve proactive interventions so the need for physical intervention or restrictive practices is minimised.

12.7 Post Incident Support 'Blue' Strategies

This section should specify the procedures to be followed after an incident for both the person and care staff. When a person is calming down and recovering from an incident of behaviours that challenge, staff should think about what the person looks like and what they do or sound like e.g. body language, facial expression, language/tone of voice/behaviours. For the person, this section should also specify any immediate behavioural actions that need to be implemented following incidents for example:

- Giving the person more space.
- Procedures for ensuring their physical and emotional safety e.g. via physical checks and supportive counselling/giving reassurance.
- Procedures for care staff in terms of any immediate medical checks and emotional support. Longer term observations and checks may be needed, especially where restrictive intervention has been used.
- Engaging in an activity (ensuring the person is ready to do so).

This phase is where the incident is over, and the person is starting to recover and become calm and relaxed again. Practitioners still need to be careful as there is a risk of behaviour escalating again quickly. Where appropriate, debrief may be required.

13 Monitoring Effectiveness and Review

13.1 The National Institute for Health and Care Excellence (NICE) recommends that PBS Care Plans should be reviewed frequently, fortnightly for the first 2 months and monthly thereafter. There may be a requirement for the plan to be reviewed sooner in some circumstances including:

- following a significant incident.

- when there are any changes or increases in behaviour(s) that challenge.
- should use of restrictive interventions increase.
- when there are indications or evidence that the person's quality of life decreases.

13.2 It is important to note that changes made to a person's routine may result in an initial increase or change in behaviour, some strategies that support a positive change in a person's life may take time but should be closely monitored to ensure strategies remain appropriate.

13.3 Where possible, the person should be involved in the review process and where appropriate, family and/or representative should be involved in order to gain their views. This input should be used alongside information and data relevant to the behaviour, through direct and indirect methods (as detailed above) to monitor the effectiveness of the intervention. It may be necessary to seek further advice and support from healthcare professionals.

13.4 The review process should be flexible and a continuing process (rather than a fixed process), because factors that trigger and maintain behaviours may change over time. This should include:

- the number of incidents where Physical Intervention (PI) was not required – this could provide evidence of benefits/effectiveness of PBS plans in place.
- the number of incidents where PIs were required and a breakdown of techniques used e.g. breakaways, guided support, seated restraint.
- a brief thematic analysis of all incidents above considering what can be learnt to inform the person's PBS plan and approaches from staff going forward.
- a review of information on debriefs.
- an incident analysis to review the perceived functions of the behaviour along with how these situations/triggers can possibly be better managed.

13.5 Any information should be compared to any initial functional assessment. If a review indicates that there has been a reduction in incidents, shows progress in relation to acquiring new skills or an increased quality of life then the approaches can continue or be developed further to meet the new circumstances if required. If this is not the case, then it will be necessary to return to the start of the assessment process and re-evaluate the behaviour and interventions used. It is vital that Restraint Reduction Plans are developed and reviewed for people, to ensure that services are utilising least restrictive options when supporting people with behaviours that challenge.

14 Staff Training about PBS Approaches

14.1 Staff must receive adequate training to understand and implement PBS, any staff members undertaking assessments, observations or developing plans must be adequately trained. Care staff must be trained in methods of avoiding behaviours that challenge, including anticipation, prevention, de-escalation, and breakaway techniques.

14.2 In relation to de-escalation, NICE recommends that Health and Social care provider organisations should train staff to enable them to:

- recognise the early signs of agitation, irritation, anger, and aggression.
- understand the likely causes of aggression or violence, both generally and for each person.
- use techniques for distraction and calming, and ways to encourage relaxation.
- recognise the importance of personal space.
- respond to anger in an appropriate, measured and reasonable way and avoid provocation.

14.3 Since April 2020, it has been a statutory requirement in England that organisations delivering training on restrictive practices must be certified as meeting the Restraint Reduction Network (RRN) Standards 2021. Since April 2021, the Care Quality Commission (CQC) has expected all services across health and social care to only use training that is certified as complying with the RRN Standards. These have been written to

support training for services delivered within health and social care settings to ensure training promotes human rights and supports cultural change to a more person-centred and values-based approach which is necessary to reduce reliance on restrictive practices. Staff must have face to face training in preventative/primary strategies and secondary strategies before they are taught to use restrictive interventions with an annual refresher.

15 References and Further Information

BILD

- Introduction to PBS animation
- Resources

PBS Academy

- PBS Observational Checklist
- Providing Positive Behavioural Support: A Checklist for Service Providers

National Institute for Health and Care Excellence (NICE)

- Guideline NG11 – Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- Guideline NG97 – Dementia: assessment, management and support for people living with dementia and their carers
- Pathway - Anticipating, reducing the risk of and preventing violence and aggression in adults
- Pathway – Restrictive interventions for managing violence and aggression in adults Guide
- Quality Standard QS154 Violent and aggressive behaviours in people with mental health problems
- Quality Standard QS101 Learning Disability: behaviour that challenges

Skills for Care

- Behaviours which challenge - training design & commissioning

The Challenging Behaviour Foundation

- Information sheets

16 Appendices

Appendix 1 - Example Behaviour (ABC) Recording Chart	Available here
Appendix 2 - Example of Completed Behaviour (ABC) Recording Chart	Available here
Appendix 3 - Example Behaviour (Traffic Light) Care Plan	Available here