



National Care  
Group

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# Positive Behaviour Support Strategy





## What is Positive Behaviour Support

Positive Behaviour Support (PBS) is built on a premise that quality of support, quality of life, and behaviours that challenge are intertwined in complex ways (Bowring, Totsika and Hastings, 2019; Carr et al, 2002; Denne et al, 2020), in the context of poor-quality support and reduced quality of life, behaviours that challenge become more likely.

At the same time, behaviours that challenge by definition have a considerable negative impact on life quality and restrict opportunities for people and other key people in their lives. The aim of PBS, therefore, is to ensure high quality support that combines

goals of enhancing life quality and reducing the occurrence and impact of behaviours that challenge (Carr et al, 2002; Carr 2007; Horner and Sugai, 2018).

Key components of positive behavioural support included in the 2022 definition:

### Rights and values:

A focus on rights and good lives

1. Person-centred foundation
2. Constructional approaches and self-determination
3. Partnership working and support for key people
4. Elimination of aversive, restrictive, and abusive practices

### Theory and evidence base:

Ways to understand behaviour, needs, and experience

5. A biopsychosocial model of behaviours that challenge
6. Behavioural approaches to learning, experience, and interaction
7. Multi-professional and cross-disciplinary approaches

### Process and strategy:

A systematic approach to high quality support

8. Evidence informed decisions
9. High quality care and support environments
10. Bespoke assessment
11. Multi-component, personalised support plans
12. Implementation, monitoring, and evaluation

## Main roles and responsibilities of PBS Practitioners

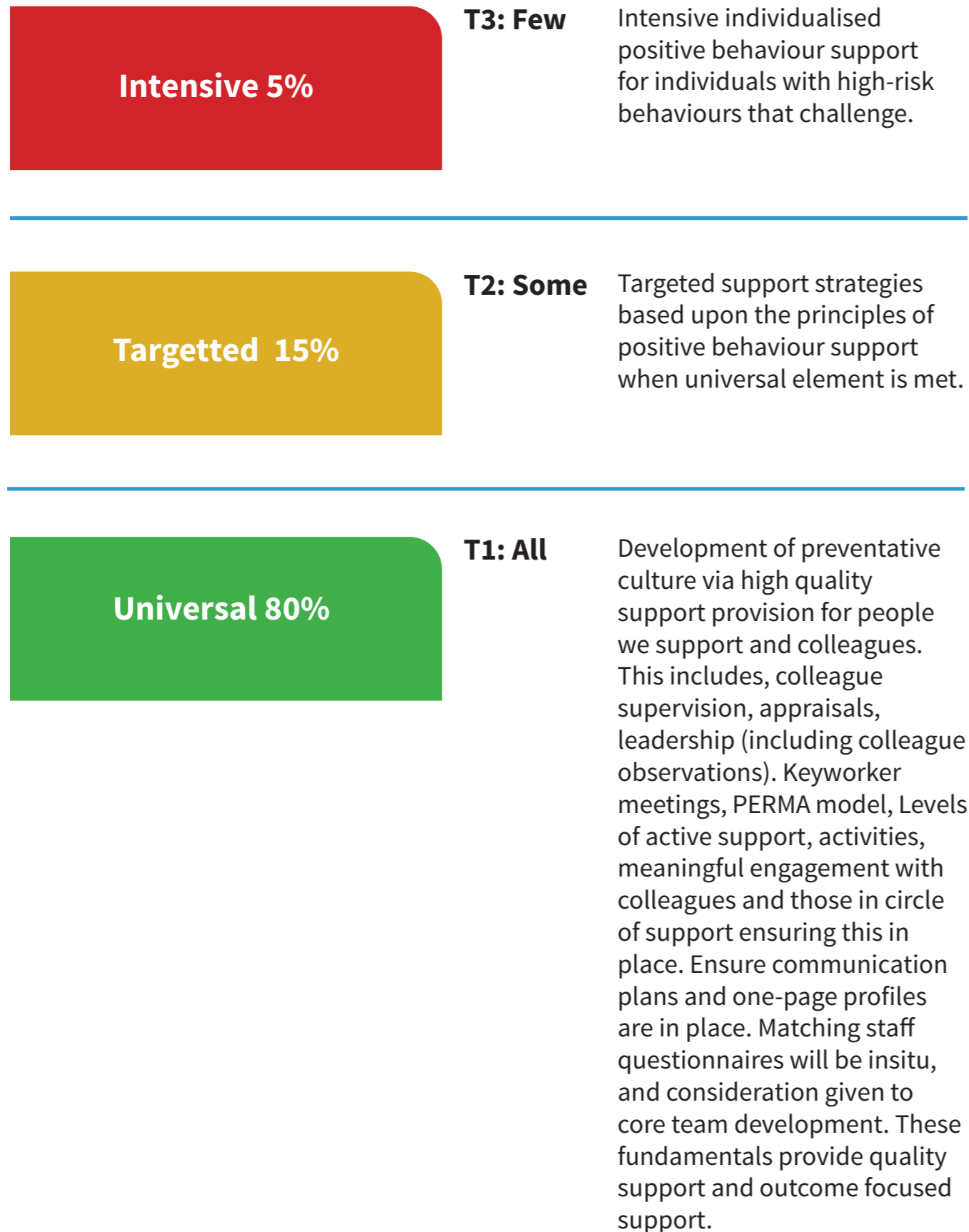
- To promote and support the implementation of Positive Behaviour Support within our services.
- Undertake behaviour assessments of people in collaboration with colleagues, people we support and their family, consulting with other disciplines and professionals as required.
- Support with referrals, assessments and transitions for new people moving into a National Care Group Services. Supporting colleagues with additional training that maybe required is also part of this process.
- Produce assessment reports, risk assessments and Positive Behaviour Support plans to enable colleagues to support and improve outcomes for the people we support.
- Monitor implementation of agreed strategies to ensure a successful outcome for individuals.
- Undertake direct work with people we support to improve their quality of life.
- Provide written reports to the Manager to assist in monitoring the effectiveness and efficiency of service provided.
- Perform analytic duties including data collection, entry, and analysis to identify trends.

- Participate in delivering training and education to colleagues in understanding and supporting the people we support, ensuring competencies are achieved and maintained in practical implementation.
- Participate in and undertake research project agreed by Manager.
- Participate in team meetings and relevant external multi-disciplinary meetings with a view to positively contributing to improving performance, standards, and outcomes for the people we support.
- Transition support, to support people and colleagues.

## Referral Process

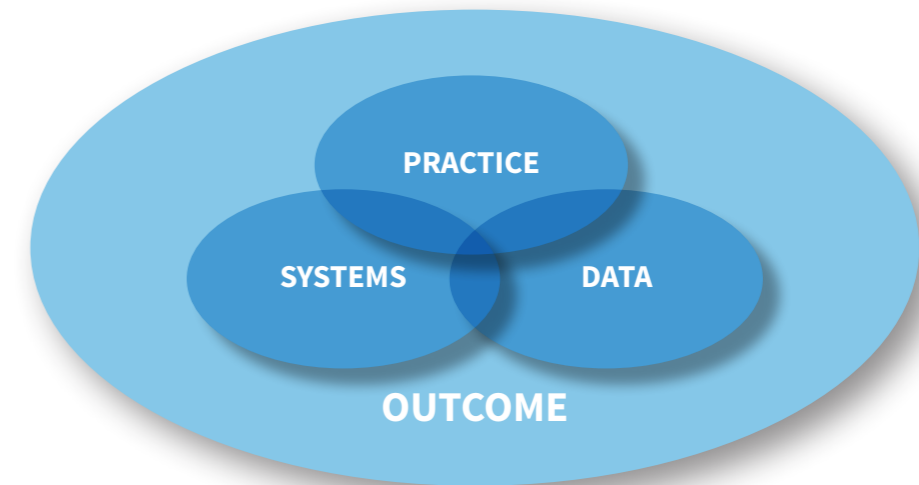
All referrals for Positive Behaviour Support will be made to Positive Behaviour Support Manager. A referral form is required to enable team to triage using a risk matrix which includes impact on life of people and others.

## Continuum of Positive Behaviour Support Service



## Continuum of Positive Behaviour Support Service

The paper by McGill et al demonstrated the improvements that can be made via a system wide approach to implementing PBS. Tiers 2 & 3 should build on tier 1 core components. Any attempts at affecting meaningful change at tier 2&3 will be somewhat dependent on the integrity of tier 1 components.



**OUTCOME:** To embed a systemwide approach to Positive Behaviour Support at organisational and service level.

**PRACTICE:** Support services to embed Positive Behaviour Support at each level of tier system. The Positive Behaviour Support team will work with services to ensure that these systems are in place. PERMA model will be introduced to services to collaboratively improve outcomes for the people we support. Active Support will be rolled out throughout organisation by e-learning and practical support where required. The Positive Behaviour Support Team will provide coaching and mentoring directly to those who require this and provide comprehensive plans working with all those involved within the people’s circle of support.

**SYSTEMS:** The Positive Behaviour Support Team will identify level of need within services by using referral system (as described above). Ensuring colleagues have the relevant training, operational supervisions, appraisals, and effective leadership will be monitored to embed Positive Behaviour Support at a system wide level.

Once a referral is received and triaged, Practitioners will use continuum of Positive Behaviour Support Service to establish what is currently in place at universal level which will include, quality of life outcomes, meaningful activities/engagement, colleague support and practice leadership. Support will be provided to implement elements of universal level and further up continuum where required.

## Continuum of Positive Behaviour Support Service (continued)

The Positive Behaviour Support Team will support and mentor colleagues with relevant tools, plans, systems, and recordings to ensure teams are prepared and confident with the process. Positive Behaviour Support Plans will be monitored for effectiveness, measurement will be based on outcomes including qualitative and quantitative data. PERMA action plans will be monitored as part of this. PERMA will also be used to updated support plan and set goals with the people we support to meet outcomes that are important to them.

Data systems will be organised and managed effectively with efficient distribution and timely accessibility.

Provide reliable practice coaching, role-modelling, and access to support services, ensuring transition of knowledge and skills into practice.

**DATA:** The Positive Behaviour Support Team will use data collection to monitor outcomes for the people we support and effectiveness of plans, these will include, review of incidents/ABC charts, PERMA action plan, meaningful activities and engagement, STOMP, use of physical intervention and restrictive practices. Meetings with the people we support, families and colleague teams will be held to monitor quality of life outcomes and plans. We will also provide visual data which can aid with understanding and motivation for both the people we support, colleagues and families.

## Restraint Reduction Network and Stomp Initiative

The Positive Behaviour Support Team will engage in Restraint Reduction Network meetings on a quarterly basis and the review of RRN and STOMP pledge to ensure effective systems and processes are in place to meet these. Incidents will be reviewed for use of physical intervention and PRN medication.

An e-learning STOMP awareness module will be devised and uploaded to learning platform. The PBS team can support with providing data to aid the prescriber in making an informed decision regarding medication reduction, this includes, ABC forms, PRN usage and Quality of Life outcomes.

## Bibliography

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Horner, RH and Sugai, G (2018) 'Future directions for positive behavior support: A commentary', Journal of Positive Behavior Interventions, 20(1), 19–22

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## Glossary

**Active Support-** Active Support refers to the type of support provided -support that turns person centred plans into person centred action. Active Support changes the style of support from caring for to working with, it promotes independence and supports people to take an active part in their own lives.

**Abusive Practices-** The mistreatment of people brought about by the poor or inadequate care, support or systemic poor practices that effect a person or a whole support setting.

**Aversive-** Aversive is unpleasant stimuli that induce changes in behaviour via negative reinforcement or positive punishment. By applying an aversive immediately before or after a behaviour the likelihood of the target behaviour occurring in the future is reduced.

**Biopsychosocial Model of Behaviours that Challenge-** Biological and psycho-social vulnerabilities relevant to the understanding of behaviours that challenge:

- Biological vulnerabilities relevant to understanding challenging behaviour include underlying sensory problem or a physical health problem, especially those resulting in pain. genetic influence, it has been noted for some time that several genetic syndromes associated with intellectual disability have an increased risk for challenging behaviour
- Psycho-social vulnerabilities relevant to understanding challenging behaviour could be large in number. However, on the basis of existing research evidence, it is suggested that there are five main factors: negative life events including traumatic experiences and abuse), lack of communication skills, impoverished social networks, lack of meaningful activity, and psychiatric or general mood problems.

**Challenging Behaviour-** Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities

**Constructional Approaches**– Behavioural intervention should focus on expanding adaptive repertoires instead of eliminating maladaptive ones.

**Impact of Challenging Behaviour**- Reducing the impact behaviours that challenge have on the person and stakeholders. i.e., placement breakdown, poor quality of life, increased staff turnover, increased staff sickness etc.

**Multi-Component Plans**- The first major distinction within a multi component support plan is between proactive strategies and reactive strategies. Proactive strategies are those designed to produce changes over time. Reactive strategies, on the other hand, are those designed to manage the behaviour at the time it occurs. Included within the category of proactive strategies are ecological changes, positive programming, and focused support.

**PERMA Model**- The PERMA model is a framework for happiness and wellbeing based on positive psychology. It was developed by American psychologist and educator Martin Seligman. Fundamental to the PERMA model is positive psychology, a relatively new domain in psychology involving the scientific study of what makes life most worth living.

**Person Centred Support**- Person centred support and services that are developed on the basis of a detailed understanding of their support needs, including their communication needs. This will be individually tailored, flexible, responsive to changes in individual circumstances and delivered in the most appropriate way. Person centred support is a holistic approach to the person's needs, wants and wishes.

**Positive Behaviour Support**- A multicomponent framework for (a) developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs; (b) with the inclusion of stakeholder perspectives and involvement; (c) using this understanding to develop, implement and evaluate the effectiveness of a Personalised and enduring system of support; and (d) that enhances quality of life outcomes for the focal person and other stakeholders.

**Restraint Reduction Network**- The Restraint Reduction Network is an independent charity. The Network has an ambitious vision to reduce reliance on restrictive practices and make a real difference in the lives of people. This is achieved by sharing learning and developing quality standards and practical tools that support reduction.

**Restrictive Practice**- Restrictive practice is sometimes referred to as restrictive interventions. This is when someone is made to do something they don't want to do or when someone is stopped from doing something they do want to do.

**STOMP**- STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life.

**Triage Assessment**- The preliminary assessment of a person's behaviours that challenge in order to determine the urgency of their need for behavioural intervention and the nature of intervention required.