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The below characteristics (building on PBS Alliance accessible graphic and the new UK PBS definition) are Purple-Orange-Blue rated to help inspectors and others identify how well PBS is implemented in practice.

PURPLE
This is not PBS and not good practice



ORANGE
Some elements of PBS, but room for improvement



BLUE
This is PBS and good practice



	NOT PBS	SOME PBS	GOOD PBS
Co-designing 	<ul style="list-style-type: none"> The supported person and/or family are not involved in assessment or support plans PBS is done to supported people not with them Decisions are made by 'professionals'. PBS is considered as an 'expert model' 	<ul style="list-style-type: none"> Some limited input from family or key workers Very limited meaningful involvement with the supported person Decisions are made mainly by 'professionals' 	<ul style="list-style-type: none"> The supported person and/or family have control over the support plan All plans are co-produced Decision-making is shared with the supported person and/or family
Quality of life 	<ul style="list-style-type: none"> Focus is on the behaviour, not the supported person No concern about the supported person's quality of life A reduction in the number of incidents of behaviour of concern is the only desired intervention and outcome 	<ul style="list-style-type: none"> Some consideration of the supported person's quality of life Limited attempts at improving quality of life A reduction in the number of incidents is the main intervention and outcome 	<ul style="list-style-type: none"> Improving quality of life is the main intervention and outcome A person-centric understanding of what matters to the supported person An improvement in quality of life is evidenced A reduction in the number of incidents of behaviour of concern is a side effect
Rights and values 	<ul style="list-style-type: none"> Use of crude, uninformed behaviourist approaches such as reward and punishment Restrictive practices used to manage behaviour are compromising human rights 	<ul style="list-style-type: none"> Some well-intentioned discussions of values, though not translated into practice Restrictions and blanket rules are present 	<ul style="list-style-type: none"> Clear values that are translated into practice Diversity is celebrated The supported person is empowered to lead the life they choose and to be included in society Restrictions are regularly reviewed, and a plan is in place to reduce them
Communication 	<ul style="list-style-type: none"> Belief that people "understand everything we say" and so we don't need to adapt our communication styles Reliance on verbal communication – people are considered 'non-compliant' when they don't understand Total or inclusive communication is not used (eg signs, gestures, photos, pictures) 	<ul style="list-style-type: none"> Some visual communication is seen on the walls but is not routinely used in practice (eg a symbol timetable, a photo staff rota) Some adapted communication is used, but is not at an appropriate level for the person (eg using symbols and full sentences with a person who only understands objects and single words) Some communication tools are used to support choice making but only limited to some activities/times (eg for meal planning) 	<ul style="list-style-type: none"> Staff and other carers can describe the difficulties in understanding and communicating that supported people have and what they do to support this Total or inclusive communication is seen being used regularly and frequently (eg signing, pictures, photos, gestures, facial expression) Specific tools are used to support people's communication and choice making (eg photos, pictures, drawing, high tech aids and iPads) routinely in most situations
Understanding behaviour 	<ul style="list-style-type: none"> Behaviour is seen as deliberately challenging and 'dysfunctional' (labels such as 'violence' or 'malicious damage' are used) The supported person is blamed for behaving in ways that other people find difficult Behaviour is not understood as a way of communicating distress and other emotions No recognition of the impact of trauma, sensory issues and environment 	<ul style="list-style-type: none"> There is some understanding that all behaviour has meaning No structured functional assessment; only uninformed ideas that behaviour is 'intentional' or 'attention-seeking' Limited understanding of the impact of trauma, sensory issues and environment 	<ul style="list-style-type: none"> Understanding that all behaviour has function and meaning Recognition that distressed behaviour results from a supported person's needs not being met A structured approach to functional assessment informs the support plan content Support includes understanding the impact of trauma on the person being supported and meeting their communication and sensory needs
Capable environments 	<ul style="list-style-type: none"> The supported person has to 'fit' the service provided Institutionalised 'one size fits all' approach No concern with changing the environment, or the support, or the support 	<ul style="list-style-type: none"> Some limited improvements to physical environments Some key elements of capable environments not present Managers mainly administrate and don't spend much time in the setting 	<ul style="list-style-type: none"> Person-centred adaptations to the environment and support that fits the supported person's needs All twelve elements of capable environments are present Team-based practice leaders coach colleagues to get the support right for each person
Restrictions 	<ul style="list-style-type: none"> A risk-averse 'control' culture Reliance on restrictive practices, including medication, to control behaviours of concern High levels of blanket restrictions that reduce opportunities for the supported person Institutional, locked-door culture PBS plans largely focus on reactive approaches Restrictions and restraint are not accurately recorded or monitored 	<ul style="list-style-type: none"> Restrictions and blanket rules are present, though increasingly questioned Some attempts to balance restrictions and risk with rights and opportunities 	<ul style="list-style-type: none"> Person-centred Positive risk-taking A 'can do' attitude Low levels of restriction Staff challenge restrictive practices Data is used to inform decision-making PBS plans focus on preventative approaches, rather than reactive
Relationships 	<ul style="list-style-type: none"> Relationships are not considered to be important No focus on developing rapport Staff 'do' things to the supported person High use of different, temporary staff Staff don't know the supported person well The supported person is seen as the problem 	<ul style="list-style-type: none"> Some staff may have a good relationship with the supported person Rapport is not considered as something that should be further developed There are some attempts to maintain relationships with the supported person's family and friends 	<ul style="list-style-type: none"> Relationships are considered to be very important Staff know the supported person well and build positive relationships with them Relationships with the supported person's family and friends are actively supported
Meaningful engagement 	<ul style="list-style-type: none"> Institutional 'hotel model' culture Activities are limited and not person-centred The supported person is not given opportunities and support to participate 	<ul style="list-style-type: none"> Staff only offer the most able people opportunities and support to participate in activities Supported people with behaviours of concern are left to their own devices Active Support is an occasional event, not a way of life 	<ul style="list-style-type: none"> An attitude of enabling, and positive risk-taking Staff understand the supported person and are ambitious in supporting them to achieve their aspirations and potential Staff are skilled in Active Support and use it regularly every day
Choices 	<ul style="list-style-type: none"> Staff make the decisions No support for choice and decision-making by the supported person 	<ul style="list-style-type: none"> Staff provide token choice in some situations The supported person has some, limited, control 	<ul style="list-style-type: none"> Choice and support for decision-making happens daily with staff The supported person can exert control over their own lives
Skill development 	<ul style="list-style-type: none"> The supported person is viewed as incapable of learning No attempts at skill development with the supported person Staff do everything for the supported person 	<ul style="list-style-type: none"> There is some focus on maintaining skills No attempts at developing new skills Staff do almost everything for the supported person 	<ul style="list-style-type: none"> Staff enable the supported person to do things themselves, and become more independent The structured teaching of skills is ongoing
Systems change 	<ul style="list-style-type: none"> Systems are rigid and maintain the status quo Systems serve the needs of the staff and organisation, not the supported person Systems are complex and bureaucratic 	<ul style="list-style-type: none"> Everyone is not clear about what the systems are and how they work Systems are difficult to follow, and mainly serve organisational needs Any system change is seen as too difficult 	<ul style="list-style-type: none"> Systems are in place to enable the supported person to have a good quality of life, and receive person-centred support Systems are flexible Systems are reviewed and changed to meet the needs of supported people they serve
PBS plans 	<ul style="list-style-type: none"> The plan: <ul style="list-style-type: none"> focuses on what to do when the supported person behaves in ways other people don't like or are dangerous. This is often only about restraint and restriction. uses a traffic light system to describe the supported person and what they do aims to change the supported person's behaviour to reduce 'problem' behaviour is written in complex medical or behavioural jargon The supported person and/or their family have not been involved in the plan 	<ul style="list-style-type: none"> The plan: <ul style="list-style-type: none"> contains some proactive and preventative elements, eg what to do to help the supported person have a good life, but this is not the largest section describes some good things about the supported person contains some strategies for making the environment better for the supported person is written in a more accessible style but contains some terms that could be considered discriminatory The supported person and/or their family have had some limited involvement in the plan 	<ul style="list-style-type: none"> The plan: <ul style="list-style-type: none"> focuses on how to meet the supported person's needs, so that they are not distressed. It helps them to have a good quality of life and develop new skills. This is the largest section in the plan. is person centred and highlights the supported person's strengths, likes and wishes. It gives a really good picture of the supported person focuses on how the environment can be made as capable as possible so that the supported person is happy, healthy and included in their community is written in a way that most people can understand and is non-discriminatory The supported person and/or their family have co-designed the plan as equal partners and are involved in regular reviews