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