<u>An exploration of the Positive Behaviour Support approach in the community: Factors and limitations that influence the quality and effectiveness of behaviour support plans</u>

The Positive Behaviour Support (PBS) approach is a person-centred approach that aims to enhance the quality of an individual's life and that of the people around them by supporting the individual to lead a fulfilling life and learn new skills (Johnston et al., 2006). PBS is used across many different settings, for example, the community, inpatient services, and schools (Baker and Osgood, 2019; Karger et al., 2018). Since the 1990s, PBS has been increasingly used as the model of support for individuals whose behaviours challenge services (British Institute of Learning Disabilities, (BILD), 2018).

In this essay, the author will explore the use of Positive Behaviour Support (PBS) plans in the community for individuals with a learning disability that have behaviours that challenge. In addition, the author will discuss the factors and limitations that can influence the quality and effectiveness of an individual's PBS plan. The author will begin the essay by introducing the PBS approach and outlining its purpose. The author will then proceed to evaluate one of the main data gathering tools used in the PBS approach, the ABC (Antecedent, Behaviour, Consequence) forms, and how the effectiveness of this data gathering tool varies depending on the level of support that an individual receives in the community. Finally, the author will draw on their own observations and detailed research to undertake a critical analysis of PBS plans in order to highlight several key issues that should be addressed.

The PBS approach is used by practitioners to develop an understanding of an individual's behaviour that challenges (BILD, 2018). Under the PBS approach, the practitioner uses an assortment of assessment tools which then informs a functional analysis that ultimately underpins a PBS plan (Gore et al., 2010; MacDonald et al., 2010). The PBS plan is a personalised evidence-based support plan that is used by the individual's support staff to assist the individual on a daily basis (Challenging Behaviour Foundation, 2014).

Under the PBS approach, the practitioner undertakes a detailed functional analysis to understand the function of an individual's behaviours that challenge (Joyce, 2006; McClean and Grey, 2012). The four functions of behaviour are attention, escape,

access to tangible items and sensory input (Alstot and Alstot, 2015). This detailed functional analysis allows the practitioner to understand how to best support the individual and is ultimately incorporated into the individual's PBS plan (PBS Academy, 2015; NICE, 2015). This functional analysis is informed by quality data analysis, which is obtained via several methods, examples include ABC forms (Antecedent, Behaviour and Consequences), a Questionnaire About Behavioural Function and semi-structured observations (Alstot and Alstot, 2015; Clark et al., 2020). There is a vast amount of research that indicates the effectiveness of PBS plans in the community for individuals with learning disabilities and autism (Christopher and Horsley, 2016; McGill et al., 2016). This research is typically conducted based on the population of individuals with learning disabilities and autism that receive support 24 hours a day seven days a week and does not consider the effectiveness of PBS plans for individuals who do not receive this level of support. Public Health England (2015) highlighted that individuals have different levels of needs and housing situations, and not every person with learning disabilities and autism do not receive support 24 hours a day, seven days a week. The author has observed this in practice and notes it is common for individuals with learning disabilities and autism who can live more independently to receive as little as 8 hours of support per week. In cases such as this, the functional analysis would be less detailed because these individuals would have significantly less data available e.g. through ABC forms, as the support staff are not always present to witness and document an incident when one occurs. In addition, if the support staff were not present to witness an incident, they will not understand the setting events or antecedent, nor will they be able to accurately document the consequence of the incident. These issues highlighted above are likely to lead to further issues concerning the effectiveness and reliability of gathering data regarding the function of the individual's behaviours that challenge. Thus, reducing the accuracy and effectiveness of the PBS plan. In short, one of the limitations of the PBS approach is that more independent individuals may have PBS plans that are less accurate and effective.

Even if the issues regarding data gathering were disregarded, and the individual had an excellent PBS plan, its application daily for these individuals remains somewhat flawed. PBS plans are developed for support staff to use and support the individual

(Challenging Behaviour Foundation, 2014). The PBS approach is focused on recognising the early warnings signs that indicate that an individual is unsettled, and implementing strategies in a proactive manner, to avoid unnecessary escalation and distress for the individual (BILD, 2018). For those individuals that receive less support, they will often not have support staff present that can implement strategies in a proactive manner when the individual is unsettled. If proactive strategies are not implemented, the individual is likely to escalate and become unsettled, and without any intervention, may engage in behaviours that challenge (PBS Academy, 2014; McGill et al., 2016). This would cause distress for the individual and increases the risk of harm occurring to themselves and possibly others (Challenging Behaviour Foundation, 2014). For an individual to have to use the PBS plan in the absence of support staff would place the ownership on the individual to recognise how they are feeling, where they sit within the plan and to implement the appropriate strategy independently. Whilst this may be effective for some individuals, individuals with learning disabilities and autism often find emotional regulation and communication difficult, as such a PBS plan would not be an appropriate tool (National Health Service, 2018; Cibralic et al., 2019; Conner et al., 2020). A more suitable approach for these individuals who would like to increase their understanding and control of their emotions may be Zones of Regulation (ZOR). The ZOR is a tool that is used to support an individual through short education sessions which focus on teaching the individual how to regulate their emotions more independently by showing them how to identify their feelings and how to respond to these feelings, using the different 'zones' (Kuypers, 2017). This tool similarly used a colour coded system: blue, green, orange and red (Kuypers, 2017). A corresponding' zones' care plan can be developed alongside this, to support the individual to utilise ZOR in everyday life. However, it is important to recognise the fact that the ZOR tool may not be suitable nor accessible for everyone and does rely on the individual being able to process and use verbal and written communication (Kuypers, 2017). As such, there is likely to be a group of individuals in the community that are not able to utilise ZOR but do not receive sufficient support to utilise the PBS approach.

There is no data available that indicates the number of different PBS plan templates currently being used across the United Kingdom. However, if we use Oxfordshire as an example, there are at least 31 support providers and services for individuals with

learning disabilities and autism (Care Quality Commission, 2021). All 31 of these support providers and services use the PBS approach and use different PBS plan templates which are similar in terms of terminology, length and format (Care Quality Commission, 2021). This, therefore, indicates that are a significant number of different PBS plans currently being used in the United Kingdom. It is likely these different PBS plan templates typically arise due to individual services creating their versions. The author has also observed these different PBS plan templates in practice. Some of these PBS plan templates may be less effective as information that is key may not be included and be difficult to find due to the varied formats (Clarke et al., 2016). The author was unable to locate an audit of PBS plans, however, if we consider another document that is commonly used for individuals with learning disabilities, a hospital passport, this may give a broad indication. The hospital passport also requires key, up-to-date information, but also has many different templates (Bell, 2012). Northway et al. (2017) found only 13% of the hospital passports stated 'do not attempt CPR' decisions, 5% detailed how the person communicates when they are unwell and 73% stated the individual's current medication. As there is no standardised template, there is less control over what information should and should not be included in the PBS plan. For example, a risk assessment, which should not be included (PBS Academy, 2015), may be included and lead to the plan being overly detailed. In addition, as services often rely on agency staff to support individuals (Booth, 2020), these staff work across many different services and may not be familiar with each template, which further indicates that a degree of consistency is required with regards to the content and format of PBS plan templates. A good PBS plan should typically be one to four pages long (Challenging Behaviour Foundation, 2014), however, the author has seen PBS plans that are up to 20 pages in length. This is concerning because the inclusion of too much information may prevent key information from being read and processed and may not be easily accessible in a crisis (Desai et al., 2019) .The implementation of a national standardised template would inform practitioners of what information is important to include. It is also important to consider that a national standardised template, would help inform what information is important and not important to include, however, the author recognises this does not guarantee all plans will be to a high quality. It is also important to consider, that a national standardised template

may not be accessible to everyone, and in these instances, care plans should be changed and adapted to support the individual's understanding (Equality Act, 2010).

Variations in PBS plan templates are not solely limited to their format; there are also several variations in the names used, for example, there is the 'RAG Plan', 'The 5P Approach', and the 'Behaviour Traffic Light' (Miller, 2016; Gloucestershire County Council, 2021; Positively Autism, 2021). This is something that the author has observed in practice. The variation in the name of these templates can cause issues, for example, if a new staff member or agency worker was unable to locate an individual's PBS plan as the service used 'RAG plans' that they were not familiar with. PBS Academy (2015) and BILD (2018) highlighted that without PBS plans, serious issues may be missed or left unaddressed, and result in a serious incident occurring. The National Institute for Health and Care Excellence (NICE, 2018) provides healthcare professionals with evidence-based best-practice guidance, and within their guidelines for supporting individuals with learning disabilities, they solely refer to these support plans as 'Positive Behaviour Support Plans'. This indicates that the correct term for these support plans is therefore 'Positive Behaviour Support Plans'. This guidance, as well as the issues discussed by the author above, would suggest that this term should be standardised throughout the UK within each service and provider. However, consideration should be given as to how to persuade and encourage support providers to begin to use the same name and template for their PBS plans. One option would be to make it a requirement for services to use the gold standard PBS plan template, which is also the template that the Care Quality Commission (CQC) would review as part of its inspection.

In conclusion, PBS approach can be a very effective tool to use in the community to support individuals with their behaviour that challenge. PBS approach is not suitable to be used in every setting, and in particular for those who receive less hours of support. There are several limitations to the application to PBS in the community, around the assessment tools and amount of support that individual receives, which affects the quality and effectiveness of their PBS plan. There are also limitations to PBS generally; many variations in the template and differences in the name of the plan. There is concern to the impact of these limitations, but there are possible ways of how to overcome this which could be explore further and trialled.

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