PBS Academy

Improving the quality of Positive Behavioural Support (PBS):

The standards for training

Foreword

"Improving the quality of Positive Behavioural Support (PBS): The standards for training" has been designed for all those involved in the delivery, purchase, or commissioning of training in PBS, including external training providers, in-house training teams within support services, and for the recipients of training. The standards are applicable for whole organisation training and for the training of individual practitioners and support teams.

Positive Behavioural Support (PBS)[1] is recognised as an evidence based, effective and ethical way of supporting people with learning disabilities across the lifespan, who are at risk of behaviour that challenges[2]. PBS and/or its components has been recommended in several recent policy documents and professional guidelines including the NICE guidelines for Challenging Behaviour; Ensuring Quality Services; Positive and Proactive Care: Reducing the need for Restrictive Interventions; A Positive and Proactive Workforce; and Supporting Staff who work with people who Challenge Services[3].

The final report of the post Winterbourne consultation examining services in the UK for people with learning disabilities and/or autism, Time for change: The challenge ahead, published in February 2016, acknowledges PBS as the recommended framework for working with people with learning disabilities at risk of behaviour that challenges; and cites as one of its main recommendations:

The Transforming Care programme must consider the accreditation of training in Positive Behavioural Support with a view to establishing an appropriate body to manage the design of a PBS Standard and tiered accreditation systems for individuals and organisations delivering and receiving PBS.

It is within this context that the following standards for training have been developed. Additional standards for service providers and teams are also available from the PBS Academy:

• Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams

There is currently no accreditation body responsible for the accreditation of PBS. Establishing standards is a first and necessary step of any accreditation infrastructure and it is anticipated that any organisation offering accreditation in the future will base the accreditation process upon these standards.

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[1] Positive Behavioural Support is sometimes referred to as Positive Behaviour Support. The PBS Academy uses Positive Behavioural Support to ensure that the emphasis is not on specific behaviours but on a behavioural approach to understanding and working with challenging behaviour.
[2] See Appendix 1, page 16, for a definition of PBS.
[3] Full references are given at the end of this document.

Core assumptions

Building the capacity of services to deliver PBS is about a commitment to workforce development and not just about training

Developing local capacity and the competence of everyone involved in the delivery of evidence-based, high quality supports to people with a learning disability and those at risk of behaviours that challenge is critical to the successful implementation of PBS. This is not just about delivering training. There are at least four major inter-related phases to workforce development: defining PBS competencies; planning and delivering a training infrastructure; creating cultural change; and evaluating training and service outcomes (Denne et al., 2015).

Whilst the standards for accredited training described in this document focus on the delivery of training, it is important to emphasise that, training needs to be considered within the context of a workforce development approach and supported by the culture of an organisation, its infrastructure, key policies and procedures. Furthermore, improving and maintaining staff performance is dependent, not just upon initial training, but on continuing practice in the workplace. This is best achieved through a commitment to practice leadership.

PBS as a framework involves the "primary use of constructional principles and procedures from behaviour analysis to assess and support behaviour change" but includes the "secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system". The standards for training outlined below are consistent with this.

A PBS framework brings together a range of stakeholders many of whom will have existing professional qualifications, all of whom have a part to play in its delivery. These standards for training recognise that people may come to PBS training from a variety of backgrounds or career paths.

They do not prescribe a single professional training pathway but it is expected that anyone involved in the delivery of PBS will have the appropriate competences for their role and will complete relevant learning to achieve that. Furthermore, the standards are defined by function – there is no intention to imply that standards for training should dictate workforce organisation or the delineation of roles.

There is currently a lack of quality training that meets the competencies set out in Positive Behavioural Support (PBS): A Competence Framework 2015. The expectation is that a range of training and qualifications that map onto these competences and are relevant to all stakeholders will be developed over the next few years. It is further expected that such training and qualifications will map onto a national qualifications framework[4] so that they are externally recognised. This is a critical factor in the development of a professional workforce.

These standards for training cover the delivery of PBS training but do not include a training curriculum. Education curricula should be developed by education and training providers in line with the standards detailed in each of:

• Positive Behavioural Support (PBS): A Competence Framework

• Improving the quality of Positive Behavioural Support (PBS): The standards for training

• Improving the quality of Positive Behavioural Support (PBS): The standards for service providers and teams

It is further assumed that anyone working within a PBS framework will also need additional training on such topics as learning disabilities, rights, physical intervention (if appropriate), health and safety, communication, and person-centred approaches.

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[4] Regulated Qualifications Framework (RQF), the Scottish Credit and Qualifications Framework (SCQF), the Credit and Qualifications Framework for Wales (CQFW) and the Council for the Curriculum, Examinations and Assessment (CCEA).

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Standards and Criteria

Domain 1:

Training course development and content

1.a	All PBS training should use the Positive Behavioural Support (PBS): A Competence Framework 2015 as the basis for curriculum development. Content should be competence based and participants should be able to demonstrate the outlined competences (knowledge[5] and practice) in the workplace.
1.b	All training courses should have a clear curriculum and content outline, with learning objectives and assessment methods stated at the outset of the course.
1.c	Training providers should demonstrate how their content maps onto the PBS Competence Framework.
1.d	Courses and content should be organised to appropriate levels, with each level clearly defined by function (see 1.d.i below).
1.d.i	There should be (as a suggested minimum) three levels of professional training which reflect the Competence Framework: **Foundation (Direct Support)** Those responsible for providing direct support on a daily or regular basis in a paid capacity. Those providing support in an unpaid capacity, such as family carers. **Intermediate (Behaviour Specialist/Supervisory/Managerial)** Those responsible for facilitating the direct implementation of PBS for individuals including providing direct support and in practice training of others. This may be in a supervisory (e.g., directly supervising front line staff), managerial (supporting and responsibility for supervisor and front-line staff) or clinical (responsible for assessment, devising and implementation of a Behaviour Support Plan) capacity. **Advanced (Higher Level Behaviour Specialist/Organisational/Consultant)** Those responsible for embedding PBS into and across services and building capacity. This includes undertaking full functional assessments, designing and evaluating PBS interventions, and identifying when expert clinical competencies from appropriate disciplines and evidence based practices are required for the most complex systems and cases.

[5] We have made a distinction between knowledge and practice to reflect the distinction between the things that a person needs to know and that they need to do. We recognise that knowledge acquisition will also come from practice based training.

1.d.ii	In addition, awareness raising should be available for a variety of groups or circumstances including: those interested in finding out about PBS, those whose role requires a basic knowledge of PBS, and as a start to training in PBS, where a formal qualification in PBS is not required. This is relevant for all stakeholders involved with an individual receiving services, and includes families and carers, commissioners, GPs, and others. It is expected that awareness raising will also be based on the Positive Behavioural Support (PBS): A Competence Framework, although participants may not be required to demonstrate acquired competences.
1.e	Training courses at the Foundation, Intermediate and Advanced levels should map onto a national qualification framework, even though a qualification may not always be sought by those seeking training.
1.f	Training at the Foundation, Intermediate and Advanced levels should include knowledge acquisition as well as practice based training[6] in the field. Knowledge acquisition can be delivered in many ways: classroom based teaching, workshops, e-learning, or a blended learning approach using a range of these methodologies. Practice based training should include: instructions, modelling, rehearsal, and feedback. This is likely to be delivered by practice leaders/supervisors, coaches or mentors within an individual's normal work place setting.
1.g	The ratio of knowledge acquisition to practice based training should, as a general guide, be at least 1:5[7] (for example for a training course lasting 30 hours, 150 hours of practice based work should be undertaken by the trainee, with evidence of this recorded (see 7a Records. below). Practice based training will be relevant to the training provided (e.g. specific assignments or case studies) and will be supervised but it is not expected that all of the hours are in face-to-face supervision. This will ensure that mentored hours are sufficient to enable staff to embed new principles and knowledge into their practice.

[6] Practice based training may also be referred to as on the job training, in-situ or in vivo training and Behavioural Skills Training or Teaching.
[7] Based on Behavior Analyst Certification Board (BACB) certification criteria and consensus with other professions.

1.h	Learning must be competence based. This can be made up of a range of approaches e.g. classroom based, workshops, e-learning, directed study, practice based learning, supervision and assessment. As a general guide, it is unlikely that individuals will achieve the necessary competences in less than the following suggested number of learning hours: • Foundation 120 hours • Intermediate 240 hours • Advanced 360 hours
1.i	Systems should be included to ensure that training quality is monitored **(see 6.b Evaluation)** and training is delivered with accuracy[8] (i.e. as intended and covering all content). Accuracy should be regularly evaluated for each trainer (including those who are responsible for practice based training/ mentoring), with procedures to improve accuracy where issues are identified (e.g. observation and feedback on training provided, additional refresher training).
1.j	Whilst it is not necessary for organisations to provide training to enable all staff to achieve a recognised qualification (though some might), all training courses should allow staff to work towards the individual practitioner standards at the appropriate level for their role.

[8] Accuracy is also known as fidelity or treatment integrity

Domain 2:

Personnel delivering training

2.a	Those responsible for the delivery of training should satisfy all of the following: • Demonstrate competence in PBS as per the PBS Competence Framework (e.g. recognised qualification, or accredited training that meets these standards, in PBS or Behaviour Analysis, such as a Professional diploma or certification in PBS, BSc PBS, MSc Applied Behaviour Analysis/PBS) or equivalent[9] • Demonstrate competence in the delivery of training (e.g. recognised award such as, ENB 997 or 998 (Teaching & Assessing in Clinical Practice), Level 3 Award or level 4 Certificate in Education and Training, Level 5 Diploma in Education and Training, or a standard such as qualified teacher status or registration with the Higher Education Academy, or a professional health, social care or education qualification that involves training others as a part of the required competencies) • Experience in the delivery of practice based training **(see 4.b Delivery below)**
2.b	Those responsible for supervised practice based training should satisfy all of the following: • Demonstrate competence in PBS (e.g. recognised qualification in PBS or Behaviour Analysis, see 2.a), or equivalent • Have undertaken train the trainer/coaching/practice leadership training • Experience in the delivery of practice based training
2.c	Those responsible for workforce development and training should: • Ensure that supervised practice occurs and that there are clear processes to ensure effective recording and monitoring of supervised practice hours by participants (see 7.b Records below) • Evidence a commitment to their own continuing professional development and ensure that their own training needs are met, including updating their own qualifications / training where relevant, attending in-house and external refresher courses, and keeping records of their continuing professional development activities

[9] This list is not exhaustive

Domain 3:

Resources and facilities

3.a	Trainer to participant ratios should be appropriate to the context and content of the training to ensure that all participants are effectively supported. Ratios should be small enough to allow for individual attention for the practice based elements, but can be greater for the theoretical, knowledge based elements.
3.b	Training should include a range of learning methods, recognising that participants are likely to respond differently to various approaches to learning (Kolb, 1984; O'Neil & McMahon, 2005; Race, 2014). Such blended learning approaches could include workshops, group exercises, video, scenarios, e-learning, classes, tutorials, as well as practice based training provided it meets the standards in section 4 Delivery of Training below and enables participants to demonstrate the competences required, both in relation to knowledge acquisition and skill development.
3.c	All training should include mentoring to consolidate participants' learning and stimulate discussion, debate and reflection.
3.d	Training should include a range of materials and resources for participants, including information on the learning outcomes or objectives and an overview of the training content for reference. Materials should facilitate active engagement from participants (e.g. provide space for taking notes, include questions or activities to be completed during the training, opportunities for self-directed learning) and should be available in a variety of formats to support participants with differing needs and literacy levels.

Domain 4:

Delivery of training

4.a	Where training includes classroom based delivery methods it should also include: • Opportunities for discussion, debate, reflection and small group exercises to maintain participants' attention and interest, and to support consolidation of learning • Opportunities for participants to reflect on their learning and role, and to explore the attitudes, values, and beliefs that influence their practice
4.b	Practice based training should: • Be conducted by someone with appropriate credentials relating to supervision and mentoring (see 2.a & 2.b Training personnel). Ideally, such individuals will also be part of the support provider organisation within which training is being conducted, rather than external to the organisation. Even if such individuals are external to the organisation at the outset, the aim should be to develop identified staff to act as practice based trainers to embed PBS learning within the internal structure of the organisation • Focus on mentoring/coaching and shaping participants' practice in their direct work with service users and staff, and include specific skill development where needed • Provide opportunities for participants to reflect on their practice and learning in relation both to their specific role and the wider societal and political context within which they work
4.c	Training should be inclusive of all participants regardless of gender, religion, culture, ethnicity, sexual orientation, ability etc. Training should be sensitive to participants' needs and to the cultural and social context within which it is being delivered.

Domain 5:

Assessment

5.a	Assessment criteria and attainment levels will vary by training provider (and awarding organisation, where training leads to recognised qualifications). However, all training should include standardised methods of assessment (formative and summative) which are clearly stated at the outset.
5.b	Assessment should include evidence that learning has taken place (knowledge acquisition) and evidence of demonstrated competences in the workplace.
5.c	Assessment tools should be: appropriate to the training context and focus, appropriate to the learner, standardised, objective, and able to be externally validated.
5.d	Those conducting assessments need to demonstrate competence in PBS (e.g. recognised qualification in PBS or Behaviour Analysis, such as a Professional diploma or certification in PBS, BSc PBS, MSc Applied Behaviour Analysis/PBS or equivalent) and, in the case of practice based training, have experience of conducting practice based assessments.
5.e	Assessment should be standardised across a training provider, or within in-house training teams, and overseen to ensure quality and fairness. Training in conducting assessments should be provided to anyone responsible for managing or conducting assessments.
5.f	Assessment should be conducted at regular intervals as appropriate during and at the end of training to assess knowledge and skills development. Those conducting assessments need to be able to assess and give feedback appropriately and in a timely manner. N.B Improving and maintaining staff performance is dependent, not just upon initial training, but on continuing practice in the workplace. This is best achieved through a commitment to practice leadership (see Core Assumptions pg. 3).

Domain 6:

Evaluation

6.a	Training providers should have evaluation systems in place that are available for public inspection. Evaluation systems should include: • Reaction – participant experience of the training process and materials • Learning – evidence of the learning (knowledge acquisition) that has taken place **(see 5.b Assessment)** • Behaviour – evidence of demonstrated competences in the workplace **(see 5.b Assessment)**
6.b	Training providers should have internal evaluation systems in place in relation to the training including: • Third party feedback • Spot checks of accuracy, course content / delivery etc. as internal measures of quality
6.c	Participants should be given the opportunity to evaluate all aspects of the training, including: • Content • Delivery, including specific evaluation of learning methods and practice based elements of training • Trainer knowledge and competence • Applicability and relevance to role and organisational setting
6.d	Evaluation should take place during the training and following its completion, and may be achieved through the use of questionnaires, online feedback forms, focus group discussions or other appropriate methods.
6.e	Evaluation is encouraged to take into account the broader effects of the training (e.g., on participant confidence and competence, on people who are supported by participants where applicable - in terms of quality of life changes, skills development, engagement etc.); as well as the overall effect of training at service provider level (i.e. in relation to overall workforce development, skills, and team working, quality of written behaviour support plans, use of restrictive practices, incident frequency and severity etc.).

Domain 7:

Records

7.a	Training providers should maintain a records system that is available for public inspection and includes: • Training logs – i.e. duration, content, learning objectives • Participants – (anonymised when available for public inspection), i.e. roles, previous training, attendance and involvement, assessment results, supervised practice records • Service providers that have accessed training from the training provider (anonymised when available for public inspection) • Trainers – i.e. details of who conducts the training and their qualifications / experience, including details of anyone who conducts practice based training
7.b	Training providers must ensure that their record systems comply with the Data Protection Act 1988 and hold an up to date certificate of compliance.
7.c	Training providers must give all participants of training evidence of their participation. In most cases this will be a part of the assessment process. Anyone participating in PBS awareness raising training **(see 1.d.ii)** should be given a certificate of attendance as a minimum.

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Appendix 1:

The Core Elements of PBS (Gore et al., 2013)

Each of the 10 elements described opposite must be included and visible in any service delivering PBS; and each must have as their central focus, the person being supported and their family.
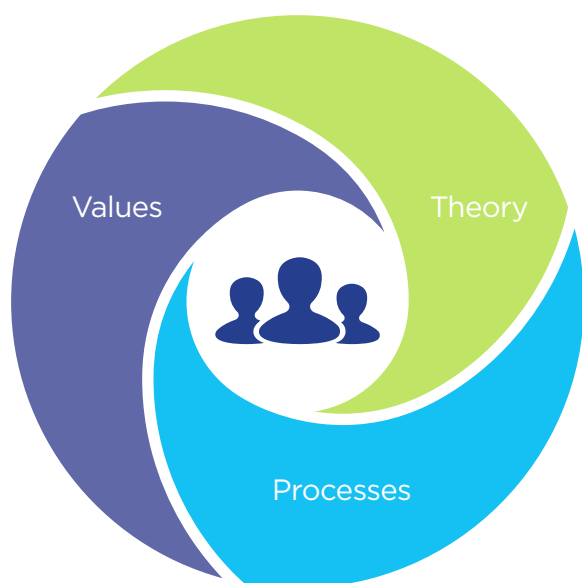
Values

1. The core aim of PBS is the prevention and reduction of challenging behaviour by improving the quality of life of the person and those around them

2. It works by developing and building skills of the person and of those who support them rather than using aversive (i.e. unpleasant) or restrictive (i.e. limits the person's movement or activities) interventions

3. Practitioners work in partnership with the person and all of those who are important to them including their family and friends, carers, and other professionals and actively include them in assessments, defining targets, implementing interventions, and reviews

Theory

4. All behaviour, including challenging behaviour happens for a reason - understanding what this is (practitioners call it the function of the behaviour) can suggest how to make sure the person has access to the things they need in other ways (e.g. by changing the environment, teaching them new skills etc.)

5. PBS uses the principles and procedures from behaviour analysis to assess and support skills teaching and behaviour change

6. Other, complementary evidence-based approaches may be included in PBS plans (e.g Cognitive Behaviour Therapy, Parent training for children with CB, early intervention for children 3-5 with emerging CB)

Processes

7. PBS bases decisions on data gathered about a person's skills, behaviour, and needs

8. A functional assessment (a range of procedures) helps to identify the reasons (function) for a person's behaviour and is used to create a clear and structured plan of action

9. A PBS plan will include proactive strategies to prevent challenging behaviour from happening, strategies to teach new skills to make the challenging behaviour less likely and reactive strategies that minimise restriction if it does occur

10. PBS is not a quick fix: the aim is to actively support people over the long-term and to monitor and maintain their quality of life