Unit Title: Implement the Positive Behavioural Support model

Sector unit number: HSC 3065
Level: 4
Credit value: 8
Guided learning hours: 61
Unit Reference Number: T/601/9738

Unit purpose and aim

This unit is aimed at those working with individuals who have complex needs / continuing health care / severe challenging behaviour.

It provides the learner with knowledge, understanding and skills required to implement the Positive Behavioural Support model.

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<td><strong>The Learner will:</strong></td>
<td><strong>The Learner can:</strong></td>
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| **1** Understand the context of the Positive Behavioural Support model | 1.1 Explain how Positive Behavioural Support has been influenced by:  
  • Applied Behaviour Analysis (ABA)  
  • Social Role Valorisation (SRV) | Applied Behaviour Analysis (ABA)  
A scientific process of examining what causes and maintains behaviour, in order to bring about positive change. |
| | 1.2 Summarise current legislation and policy guidance relating to Positive Behavioural Support | Social Role Valorisation (SRV)  
Promotes valued social roles for individuals who are socially disadvantaged, to help them get some of the good things in life. |
| **2** Understand the term ‘challenging behaviour’ | 2.1 Define the term **challenging behaviour**  
2.2 Explain the reasons for the term challenging behaviour coming into use  
2.3 Analyse key factors that lead to a behaviour being defined as challenging | Challenging behaviour may include behaviours that are:  
• Repetitive / obsessive  
• Withdrawn  
• Aggressive  
• Self-injurious  
• Disruptive  
• Anti-social or illegal  
• Verbally abusive |
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| 3 Understand the context in which challenging behaviour occurs | 3.1 Summarise key environmental risk factors for challenging behaviours | **Factors** that lead to behaviour being defined as challenging may include:  
- culture  
- competence and capacity of settings  
- social norms  
- frequency, intensity and duration of the behaviour  
- ability to communicate effectively |
| | 3.2 Explain how slow and fast triggers contribute to challenging behaviour | **Environmental risk factors** will include features that are physical or social, such as:  
- Uncomfortable levels of stimulation (eg too busy, boring)  
- Institutional-style setting (eg block treatment, rigid routines)  
- Poor service organisation (eg. inexperienced carers)  
- Inappropriate social environment (eg overly restrictive, limited choice)  
- Environmental pollutants (eg. temperature, noise levels) |
| | 3.3 Analyse the role of reinforcement in maintaining behaviour | **Triggers** are factors that make challenging behaviours more likely to occur. They include:  
- Slow triggers, which are aspects of a person’s environment or daily routines that do not necessarily happen immediately before the challenging behaviours, but still affect whether these behaviours are performed.  
- Fast triggers, which are specific events that occur immediately prior to the behaviour. Their impact upon behaviour is rapid or immediate. |
<p>| | 3.4 Explain the time intensity model | |</p>
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<td>4 Be able to contribute to the functional analysis in relation to an individual's challenging behaviour</td>
<td>4.1 Describe the key components of functional analysis. 4.2 Explain the key methods of analysing behaviour. 4.3 Complete accurate records of behaviour using a structured method. 4.4 Identify environmental risk factors for an individual's challenging behaviour. 4.5 Identify possible slow and fast triggers for an individual's challenging behaviour. 4.6 Identify factors that may contribute to reinforcement of an individual’s challenging behaviour. 4.7 Evaluate the importance of functional analysis in effective person centred behavioural intervention for individuals.</td>
<td>Reinforcement strengthens behaviour and is of two types – positive and negative. Positive reinforcement works because individuals gain access to things or events that they like or want while negative reinforcement works because individuals get rid of things that they don’t like. Time intensity model The stages of increasing agitation to crisis point and back again. This helps to understand the emotional and physiological changes experienced during a severe episode of challenging behaviour.</td>
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<td>5 Understand the key characteristics of Positive Behavioural Support</td>
<td>5.1 Describe the key characteristics of Positive Behavioural Support. 5.2 Explain the role within Positive Behavioural Support of: • primary prevention strategies</td>
<td>Structured methods Measures for monitoring and recording behaviour; may include • ABC charts • Scatterplots • Incident forms • Behaviour monitoring forms • Direct observation. Functional analysis The process for identifying or analysing the function or purpose of someone’s behaviour, using a range of structured measures. Primary prevention Proactive strategies that involve changing aspects of a person’s living, working and recreational environments so that the possibility of challenging behaviour occurring is reduced.</td>
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<td>5.3 Explain the importance of social validity in the Positive Behavioural Support model</td>
<td>Secondary prevention Strategies that apply when a person's challenging behaviour begins to escalate, in order to prevent a major incident. <strong>Non-aversive reactive strategies</strong> are ways of responding safely and efficiently to challenging behaviours that have not been prevented. They can include physical interventions that do not cause pain and do minimise discomfort, and comply with the British Institute of Learning Disabilities (BILD) code of practice for the use of physical interventions. <strong>Social validity</strong> refers to interventions that are ethical. That is, they address socially significant problems, have clear benefits for the individual, are acceptable to the individual and others, and use the least restrictive or intrusive approach.</td>
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<td>6.1 Summarise the key primary prevention strategies</td>
<td><strong>Positive interaction</strong> concerns the performance of those supporting an individual. It consists of providing different levels of help, breaking activities into manageable steps; and positive reinforcement to promote participation.</td>
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<td>6.2 Implement an agreed primary prevention strategy using least restrictive practice, respecting the individual's dignity, rights and choice</td>
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<td>6.3 Explain the importance of effective communication and <strong>positive interaction</strong> in primary prevention for individuals</td>
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<td>6.4 Positively interact with an individual by providing the level of help and reinforcement that enables them to participate in an activity</td>
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<td>6.5 Use effective communication with an individual to promote positive behaviour</td>
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| 6.6 Evaluate the social validity of an agreed primary prevention strategy for an individual | 7.1 Explain how Active Support can help prevent challenging behaviour by improving an individual’s quality of life | Active Support  
A person-centred model of how to interact with individuals combined with daily planning systems that promote participation and enhance quality of life.  
**Active Support**  
A person-centred model of how to interact with individuals combined with daily planning systems that promote participation and enhance quality of life.  
**Review** should take place involving the individual as much as is possible |
<p>| 7 Be able to use a person centred approach to develop plans that promote participation | 7.2 Analyse the role of structure and daily planning in primary prevention for individuals |  |
| 7 Be able to use a person centred approach to develop plans that promote participation | 7.3 <strong>Review</strong> an individual’s daily activities to identify areas for increasing participation and choice |  |
| 7 Be able to use a person centred approach to develop plans that promote participation | 7.4 Review an individual’s routine to identify opportunities for increasing participation and choice |  |
| 7 Be able to use a person centred approach to develop plans that promote participation | 7.5 Develop a participation plan with an individual that contributes to the reduction of challenging behaviour by actively supporting their engagement in a specific task |  |
| 7 Be able to use a person centred approach to develop plans that promote participation | 7.6 Work with an individual to identify skills that could be developed to enable greater participation in day-to-day activities |  |
| 8 Be able to implement secondary prevention strategies | 8.1 Summarise key secondary prevention strategies |  |
| 8 Be able to implement secondary prevention strategies | 8.2 Explain when secondary prevention strategies should be used with individuals |  |
| 8 Be able to implement secondary prevention strategies | 8.3 Identify early warning signs of behavioural agitation in an individual |  |
| 8 Be able to implement secondary prevention strategies | 8.4 Identify possible secondary prevention strategies that may be used with an individual |  |
| 8 Be able to implement secondary prevention strategies | 8.5 Implement an agreed secondary prevention strategy using least restrictive practice, respecting the individual’s dignity, rights and preferences |  |</p>
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| 9 Be able to implement non aversive reactive strategies | 9.1 Explain when reactive strategies should be used with individuals  
9.2 Describe the key characteristics and types of reactive strategies  
9.3 Assess the risks in the use of reactive strategies  
9.4 Identify possible reactive strategies that may be used for an individual  
9.5 Implement an agreed non aversive reactive strategy using least restrictive practice, respecting the individual’s dignity, rights and preferences  
9.6 Establish an individual’s preferred **post-incident support**  
9.7 Identify own preferred post-incident support | **Post-incident support** may include:  
- Emotional support  
- Time away from the setting  
- First aid  
- Quiet time  
- Space  
- Temporary redeployment  
- Additional training  
- Personal reflection  
- Counselling  
- Opportunity to express feelings |
| 10 Be able to understand and implement **Positive Behavioural Support Plans** | 10.1 Explain the purpose and importance of Positive Behaviour Support Plans for individuals  
10.2 Identify the key components of a Positive Behaviour Support Plan for individuals  
10.3 Implement agreed procedures in an individual’s Positive Behavioural Support Plan  
10.4 Contribute to the review of an individual’s Positive Behavioural Support Plan | **Positive Behaviour Support Plan**  
A document containing the key information that those who support individuals with challenging behaviour must have, in order to provide consistent support on a daily basis. |

**Assessment**

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

LOs 4, 5, 6, 7, 8, 9 and 10 must be assessed in a real work environment. Simulation will be accepted to assess ACs 6.2, 8.5 and 9.5 if real work assessment is not possible.

Assessment decisions for competence based learning outcomes (eg those beginning with ‘Be able to’) must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.
This unit is competence based. This means that it is linked to the candidate's ability to competently perform a range of tasks connected with their work. This unit may be assessed using any method, or combination of methods, which clearly demonstrates that the learning outcomes and assessment criteria have been met. This unit requires workplace assessment of occupational competence.

Competence based assessment must include direct observation as the main source of evidence.

Guidance on assessment and evidence requirements

OCR does not stipulate the mode of delivery for the teaching of the content of this unit. Centres are free to deliver this unit using any mode of delivery that meets the needs of their candidates. Centres should consider the candidates’ complete learning experience when designing learning programmes.

Details of relationship between the unit and national occupational standards

This unit has been developed by Skills for Care and Development in Partnership with Awarding Organisations. It provides a key progression route between education and employment (or further study/training leading to employment). It is directly relevant to the needs of employers and relates to national occupational standards developed by Skills for Care and Development.

As such, the unit may provide evidence for the following national occupational standards in the children and young people’s workforce developed by Skills for Care and Development.

Additional information

For further information regarding administration for this qualification, please refer to the OCR document ‘Administrative Guide for Vocational Qualifications’ (A850).

The OCR Children and Young People’s Workforce Centre Handbook contains important information for anyone delivering, working towards or involved with the Children and Young People’s Workforce qualifications, of which this unit forms a part. This can be downloaded from OCR’s website www.ocr.org.uk.

This unit is a shared unit. It is located within the subject/sector classification system 01 Health, Public Services and Care.