Unit Title:	**Lead positive behavioural support**
Sector unit number	O32
Level:	7
Credit value:	10
Guided learning hours:	75
Unit Reference Number:	K/602/2572

Unit purpose and aim

The purpose of this unit is to assess the learner's knowledge, understanding and skills required to lead the promotion of positive behaviour and safe responses to instances of challenging behaviour. It is aimed at those who lead services for individuals who have complex needs and behaviour which severely challenge services.

Learning Outcomes	Assessment Criteria	Exemplification
The Learner will:	**The Learner can:**	
1 Understand the theoretical background and current policy context of Positive Behavioural Support	1.1 Analyse theories underpinning **Positive Behavioural Support** 1.2 Evaluate how current policy informs Positive Behavioural Support practice	**Positive Behavioural Support** An approach to intervention from social, behavioural, educational and biomedical science that emphasizes proactive, preventative strategies to achieve reductions in challenging behaviour and improved quality of life. See Association for Positive Behavioural Support (2003).
2 Be able to conduct a functional analysis of an individual requiring Positive Behavioural Support	2.1 Explain the importance of ensuring functional analysis is based on **formal assessment** 2.2 Work with **others** to produce **behavioural assessment reports** 2.3 Apply **indirect assessment schedules** and collect **direct observation data** 2.4 **Triangulate** and analyse data collected 2.5 Formulate and test hypotheses on the function of identified **challenging**	**Formal assessments** must be undertaken by those who are professionally qualified to do so. **Others** may include: • The individual • Family members • Paid carers • Advocates • Other professionals **Behavioural Assessment Report** refers to a detailed report on an individual based

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	behaviours	on a functional analysis of their behaviour. The report should include such information as personal history and service use, health status, strengths and needs, motivational analysis, operational description of behaviours, risk factors, early indicators, slow and fast triggers, maintaining consequences and summary statements or hypotheses. **Indirect assessment schedules** refer to assessments of skills, behaviours, mental health, participation in activities and so on, usually administered by interview with carers. Examples include the Functional Assessment Interview (O'Neill et al, 1997), the Motivational Assessment Scale (Durand & Crimmins, 1988), the PAS-ADD (Moss et al 1993), the Contextual Assessment Inventory (McAtee et al, 2004), The AAMR Adaptive Behaviour Scale (Nihira et al, 1993), the Aberrant Behaviour Checklist (Aman et al, 1995) and so on. **Direct observation data** refers to information on an individual's behaviour collected through directly observing them using structured methods, such as ABC charts, Scatterplots, Momentary Time Sampling, Continuous Time Sampling, Partial Interval Recording and so on. **Triangulate** refers to the drawing together of results from a variety of different sources, to assess consistency in findings. **Challenging Behaviour** may include behaviours that are: • Repetitive / obsessive • Withdrawn

Learning Outcomes	Assessment Criteria	Exemplification
		• Aggressive • Self-injurious • Disruptive • Anti-social or illegal • Verbally abusive
3 3. Be able to design and lead person-centred, primary prevention strategies	3.1 Determine a set of **primary prevention** interventions with others to address all fast and slow behavioural triggers identified via a functional analysis of challenging behaviour 3.2 Develop a **schedule of structured activities** and required support with others to maximise an individual's participation throughout each day 3.3 Design a detailed **skill teaching** procedure with others to address an identified challenging behaviour 3.4 Lead the implementation of agreed person centred primary prevention interventions 3.5 Apply tests of **social validity** to all primary interventions designed for an individual	**Primary Prevention** refers to strategies that involve changing aspects of a person's living, working and recreational environments so that the possibility of challenging behaviour occurring is reduced. Contributory factors that lead to behaviour being defined as challenging can include competence and capacity of settings, social norms, frequency, intensity, duration and ability to communicate. **Schedule of structured activities** is a detailed daily participation plan for an individual that includes scheduled and optional activities, and indicates who will provide the necessary support to maximise participation throughout the day. **Skill teaching** refers to structured developmental work undertaken with an individual to teach specific skills that may reduce their challenging behaviour. It can include a full teaching plan and detailed teaching steps based on task analysis. **Social validity** 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.

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4 4. Be able to design and lead secondary prevention strategies	4.1 Identify and define with others the early warning signs of agitation for an individual 4.2 Construct with others a set of **secondary prevention** strategies derived from the functional analysis of an individual's behaviour 4.3 Lead the implementation of agreed person centred secondary prevention interventions 4.4 Apply tests of social validity to all secondary interventions designed for an individual	**Secondary prevention** refers to strategies that apply when a person's challenging behaviour begins to escalate, in order to prevent a major incident.

5 5. Be able to assess the appropriateness of reactive strategy use	5.1 Critically compare the use of **non aversive and aversive reactive strategies**
	5.2 Justify the use or absence of reactive strategies for an individual
	5.3 Identify the post-incident support needs of an individual and others to include:
	    • Immediate
	    • intermediate
	    • longer term
		Non aversive and aversive reactive strategies
		Reactive strategies are ways of responding to challenging behaviours that have not been prevented. Non aversive strategies are designed not to be unpleasant for the individual: they avoid pain and punishment and can include physical interventions that comply with the British Institute of Learning Disabilities (BILD) code of practice for the use of physical interventions.
		Aversive strategies are punishment based. They work by causing an unpleasant experience for the individual, such as pain, discomfort, seclusion, infringement of rights, removal of possessions and so on.

6 6. Be able to lead the implementation of a Positive Behavioural Support Plan	6.1 6.1 Collaborate with others to produce a Positive Behavioural Support Plan for an individual to promote a helpful culture and environment which contains:
	    • primary strategies
	    • secondary strategies
	    • reactive strategies
	6.2 Support others to understand the detail of the Positive Behavioural Support Plan	

Learning Outcomes	Assessment Criteria	Exemplification
	6.3 Support others to develop knowledge, understanding and skills to implement the Positive Behavioural Support Plan 6.4 Provide others with constructive feedback on their implementation of the Positive Behavioural Support Plan	
7 7. Be able to manage and review the implementation of Positive Behavioural Support Plans	7.1 Explain how the attitudes and skills of others may impact on a Positive Behavioural Support Plan 7.2 Work with others to review the plan using the Positive Behaviour Support Plan Checklist 7.3 Make required amendments to the Positive Behavioural Support Plan 7.4 **Construct and implement a** Positive Monitoring Process 7.5 Develop an individualised **Periodic Service Review**	**Periodic Service Review** provides a way of improving and maintaining the quality of services committed to implementing PBS. It is based on positive behavioural approaches to staff management and focuses on motivating and supporting staff to improve service quality (See LaVigna, et al, 1994).

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment principles.

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 and 01.5 Child Development and Well Being.