

UT COMPLIANCE

A TRADING NAME OF UNIQUE TENDERS LIMITED

POLICY DOCUMENT

Positive Behaviour Support Policy

True Supported Living

SUPPORTED LIVING

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CONFIDENTIAL DOCUMENT

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1. Scope

1.1 Purpose

This Positive Behaviour Support (PBS) Policy establishes the framework for understanding and supporting people whose behaviour may challenge within True Supported Living's domiciliary care services. PBS is a person-centred, values-based approach that focuses on understanding the reasons behind behaviour, improving quality of life, and reducing the need for restrictive practices. This policy aligns with CQC's Right Support, Right Care, Right Culture guidance, the PBS Competence Framework, and NICE guidelines (NG11, NG93, CG142).

1.2 Application

This policy applies to all employees, agency workers, contractors, and volunteers involved in providing care. It is particularly relevant to the support of autistic people, people with learning disabilities, people with dementia, and anyone who may display behaviour that challenges.

1.3 Policy Ownership and Review

This policy is owned by the Registered Manager (Anne Whiteley) who has overall accountability for ensuring PBS is embedded in practice. The policy is reviewed annually or following significant incidents, changes in guidance, or CQC recommendations.

2. Legal and Regulatory Framework

Legislation/Regulation	Requirements
CQC Right Support, Right Care, Right Culture	Statutory guidance for services supporting autistic people and people with learning disabilities. Focuses on maximising choice, control, and independence.
PBS Competence Framework	UK framework developed with CQC setting out competencies for delivering effective PBS across three levels.
NICE Guideline NG11	Challenging behaviour and learning disabilities: prevention and interventions.
NICE Guideline NG93	Learning disabilities and behaviour that challenges: service design and delivery.
Mental Capacity Act 2005	Framework for decision-making for those lacking capacity. All behaviour support must follow MCA principles.
Human Rights Act 1998	Right to dignity, liberty, and freedom from degrading treatment.
CQC Regulation 9 (Person-Centred Care)	Care must be appropriate, meet needs, and reflect preferences.
CQC Regulation 13 (Safeguarding)	Protection from abuse and improper treatment including inappropriate restraint.

Restraint Reduction Network Standards	Training standards for restrictive practice. All training must be RRN certified.
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3. PBS Principles and Values

Principle	Application
Person-Centred	The person is at the centre of all support. Their views, wishes, and communication needs shape the approach.
Understanding Function	All behaviour serves a purpose. Understanding why behaviour occurs is essential to developing effective support.
Quality of Life Focus	The primary goal is improving quality of life, not just reducing behaviour.
Rights-Based	Human rights are central. People have the right to dignity, choice, and freedom from degrading treatment.
Proactive Not Reactive	Focus is on preventing behaviour by addressing needs, not just responding to incidents.
Least Restrictive	Any intervention must be the least restrictive option. Restrictive practices are reduced wherever possible.
Capability Building	Support teaches new skills rather than just managing behaviour.

4. Definitions of Key Terms

Term	Definition
Positive Behaviour Support	Person-centred framework for understanding and supporting people who display behaviour that challenges. Focuses on quality of life and reducing restrictive practices.
Behaviour that Challenges	Behaviour of such intensity, frequency, or duration that physical safety is at risk, or behaviour likely to seriously limit access to community facilities.
Functional Assessment	Systematic process to understand the purpose behaviour serves for the person. Identifies triggers and communicative intent.
Behaviour Support Plan	Written document detailing proactive and reactive strategies based on functional assessment.
Primary Prevention	Strategies that address underlying needs and improve quality of life to prevent behaviour occurring.
Secondary Prevention	Early intervention when warning signs are observed to prevent escalation.

Reactive Strategies	Planned responses when behaviour occurs to keep everyone safe. Must be least restrictive.
Active Support	Evidence-based approach to enabling engagement in meaningful activity throughout the day.
Capable Environment	Environment providing the physical, social, and organisational conditions needed for high-quality PBS.

5. Policy Statement

5.1 Commitment

True Supported Living is committed to delivering high-quality Positive Behaviour Support that improves people's lives and reduces the need for restrictive practices. We recognise that behaviour is communication and that understanding why behaviour occurs is essential to providing effective support.

5.2 Core Commitments

- **Understanding Behaviour:** We seek to understand the function and meaning of behaviour, recognising it as communication of unmet needs.
- **Quality of Life:** The primary outcome is improved quality of life, not just behaviour reduction.
- **Prevention Focus:** We prioritise proactive, preventive strategies that address underlying needs.
- **Reducing Restrictive Practices:** We actively work to minimise and eliminate restrictive practices.
- **Skilled Workforce:** Staff are trained and competent in PBS, with access to specialist support.
- **Collaboration:** Behaviour support is developed collaboratively with the person and their family.

6. Roles and Responsibilities

Role	Responsibilities
Registered Manager	Overall accountability for PBS. Ensure PBS is embedded in culture. Commission specialist input. Monitor quality of BSPs.
PBS Lead/Coordinator	Lead PBS practice. Coordinate functional assessments. Develop and review BSPs. Provide coaching to staff.
Care Coordinators	Ensure BSPs are in care plans. Monitor implementation. Support staff. Identify when specialist input needed.
All Care Staff	Implement BSPs consistently. Use person-centred approaches. Collect data. Report incidents. Complete training.

Safeguarding Lead	Monitor for safeguarding concerns related to behaviour support. Review restrictive practice use.
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7. Procedures

7.1 Assessment and Functional Analysis

Understanding behaviour begins with comprehensive assessment including life history, preferences, communication, health, and relationships. Functional assessment identifies triggers, maintaining factors, and what function behaviour serves. For complex presentations, specialist functional assessment is commissioned.

7.2 Behaviour Support Planning

Behaviour Support Plans include: who the person is and what matters to them, analysis of what behaviour means, primary prevention strategies, secondary prevention strategies, reactive strategies (least restrictive), and skill teaching. BSPs are written accessibly and reviewed regularly.

7.3 Primary Prevention

Primary prevention includes creating capable environments, ensuring good health, providing meaningful activity (Active Support), supporting communication, building relationships, providing predictability, addressing sensory needs, and ensuring choice and control.

7.4 Secondary Prevention and De-escalation

When warning signs appear, staff use agreed strategies including changing demands, offering preferred activities, calming approaches personalised to the individual, providing space and time, and validating feelings. De-escalation is always attempted before reactive strategies.

7.5 Reactive Strategies

Reactive strategies are used only when necessary, must be least restrictive, proportionate, for minimum time, documented in BSP, and reviewed after every use. Restrictive practices require authorisation and are subject to the Restrictive Practices Policy.

7.6 Review and Evaluation

BSPs are reviewed quarterly minimum or following incidents. Reviews consider behaviour reduction, quality of life improvement, restrictive practice reduction, and adjustments needed. The person and family are involved in reviews.

8. Training and Development

Training is provided at three levels aligned with the PBS Competence Framework. All staff receive foundation PBS training. Staff in specialist roles receive enhanced training in functional assessment and BSP development. Physical intervention training is RRN-certified and minimised to those who need it.

9. Monitoring and Review

PBS quality is monitored through BSP audits using the Behaviour Support Plan Content Appraisal Tool (BSP-CAT), observation of practice, incident analysis, quality of life monitoring, and feedback from people supported. The CQC Quality of Life Framework informs evaluation. This policy is reviewed annually.

10. Reporting Concerns

Anyone with concerns about PBS practice must report to the Registered Manager or Safeguarding Lead. The whistleblowing procedure is available for serious concerns. All concerns are investigated and used to improve practice.

11. Related Policies

This policy should be read with: Restrictive Practices and Restraint Reduction Policy, Safeguarding Adults Policy, Mental Capacity and Best Interests Policy, Person-Centred Care Policy, and Incident Reporting Policy.

Document Control

Policy Title	Positive Behaviour Support Policy
Version	2.0
Policy Owner	Registered Manager

Appendix A: Behaviour Support Plan Summary

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BEHAVIOUR SUPPORT PLAN SUMMARY

SECTION 1: ABOUT ME	
Name:	
Date of Birth:	
Plan Date:	
Review Date:	
What's important to me / What I like:	
How I communicate:	

SECTION 2: UNDERSTANDING MY BEHAVIOUR	
Description of behaviour:	
What this behaviour means / Function:	
Triggers:	
Early warning signs:	

SECTION 3: PRIMARY PREVENTION	
Environmental strategies:	
Activity and engagement strategies:	
Communication strategies:	

SECTION 4: SECONDARY PREVENTION (De-escalation)

De-escalation strategies that work for me:

SECTION 5: REACTIVE STRATEGIES

How to keep everyone safe (least restrictive):

What NOT to do:

After the incident – how to support me:

SECTION 6: SIGN-OFF

Developed by:

Person's involvement:

Family involvement:

Manager approval:

Date:

Appendix B: PBS Quality Audit Checklist

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PBS QUALITY AUDIT CHECKLIST

Service User:

Auditor:

Date:

BSP QUALITY CRITERIA			
Criteria	Yes	No	N/A
BSP is in place and current			
BSP is based on functional assessment			
Primary prevention strategies detailed			
De-escalation strategies included			
Reactive strategies are least restrictive			
BSP developed with person/family			
Staff can describe key strategies			
Evidence of behaviour reduction			
Evidence of quality of life improvement			

OVERALL ASSESSMENT
Rating: ? Good ? Requires Improvement ? Inadequate
Actions required:

Auditor Signature:		Date:	
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Policy Approval & Review

APPROVED BY Olakunle Agunbiade	SIGNATURE 
REVIEW DATE 16 February 2026	NEXT REVIEW DATE 16 February 2027