* **Firstly, that the individual spends their time doing what they want to do, it is meaningful to them and is intrinsically fulfilling** (LaVigna & Willis 2005).These objectives are established in consultation with the stakeholder (i.e. the person with the learning disability being supported). This is a key component of PBS i.e. that the support is developed in partnership with the stakeholder not imposed upon them. (Gore et al 2013).
* **Secondly: Person Centred Active Support (PCAS).** Supporters (family or paid or unpaid staff or carers) take every opportunity to engage with the individual and to help them develop their skills and independence. PCAS is based on the work originally carried out by Mansell, Felce, Jenkins, deKock and Toogood (1983; 1987) and is a concept that promotes the idea that when people are supporting an individual with ID, they utilise every opportunity to help that person develop their independence, autonomy, skills, engagement in meaningful activities and community participation.
* **Thirdly, any intervention re behaviours of concern is based on an assessment of the function or purpose of the behaviour (functional analysis):** FA, as utilised in applied behavioural analysis (ABA) is “*the science in which procedures derived from the principles of behaviour are systematically applied to improve socially significant behaviour to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in behaviour”* (Kazdin 2001). Within the concept of PBS utilising FA, places a requirement on the analyst to employ an observational and information driven, systematic based approach to intervention design and to observe, monitor and evaluate effectiveness and efficacy throughout the procedure (Hastings 2013). Intervention design is intended to be multi-elemental and is designed to build skills, increase autonomy and engagement and seeks to help the individual to communicate their needs and achieve their objective in a more positive, constructive and conventional manner (labelling a behaviour as being a CB is both a cultural and sociological construction notes both Mansell (2007) and Emerson (2011). That is, many behaviours in themselves are not “challenging” for the individual but are to the observer (or to the recipient of such a behaviour or society in general).
* **Fourthly, resolving any environmental issues,** that is paying attention to and probably altering and enriching the environment in which problems occur, to remove or negate triggers and promote constructive or positive behaviours (Ensuring Quality Services NHS England 2014).
* **Fifthly, Total Communication:** helping the individual to develop and enhance their ability to communicate their needs and for their supporters to ensure that they use every medium available to them (e.g. verbal and visual e.g. Makaton, Picture Exchange Systems (PECS), Objects of Reference, Easy read material etc.) to communicate with the individual (Bradshaw 2001).

* **In addition, PBS utilises Proactive Support (**being aware of potential problem issues and planning ahead before they occur, combined with positive reinforcement (providing motivation, specific to the individual, which will increase the likelihood of a ‘helpful’ behaviour being repeated. Thus, there is a complete focus on reinforcing behaviours that are constructive and effective for the individual and the avoidance of any form of aversive practices.
* **Lastly PBS encompasses crisis intervention.** Despite implementing all of the above strategies there may still be situations where the person being supported becomes unduly anxious, stressed or frustrated and requires support to help them manage their behaviours. This PBS advocates, should always be done do in the most supportive, least restrictive, way. In specific situations this may mean using physical intervention (PI). However, even then PI should only be used by staff specifically trained in such methods and restricted to the protocols defined in the individuals Behavioural Support Plan (except in “Duty of Care” situations) *“Positive and Proactive Care: reducing the need for restrictive interventions”* (DH 2014).

NB It is important to note that the elements of PBS described above do not represent a choice of possible interventions but rather a checklist of all the areas that need to be addressed in order to implement an effective PBS strategy for an individual.

PBS is:-

* **Values led** i.e. the goal is to improve the quality of life of the individual by giving them as much choice and control as they can manage, as much community participation as they desire and as much independence and freedom as suits their needs.
* **Analytical:** based a on a scientific observation and analysis of actual behaviours observed and then subsequently monitored, evaluated and adapted as required**.**
* **Logical:** the assumption underpinning any analysis of behaviours is that the current behaviours being studied are functionally effective and achieve one or more objectives for the individual with a frequency sufficient to ensure that they are maintained Kazdin (2001).
* **Adaptive:** known triggers are modified, avoided, replaced or altered to ameliorate their impact.
* **Instructive:** the person being supported is encouraged to learn new skills that will enable them to be more independent, better communicators and to replace previous BtC with more constructive and socially acceptable behaviours.
* **Outcome based:** improvements in the person quality of life are part of both the intervention and the outcome measures.
* **Holistic:** the aim of the PBS plan are all the elements noted (quality of life, skills development, community participation, autonomy, choice and control, not just a reduction in BtC**.**
* **Long term:** the PBS plan aims to help the person both now and for the foreseeable future
* **Multi-faceted:** it is the combination of the elements of PBS that achieve the desired outcome: “the whole is greater than the sum of the parts”.
* **Non aversive:** punishment or denial of liberties and freedoms are not part of a PBS plan.
* **Comprehensive:** a PBS plan needs to focus on being proactive but must also contain reactive strategies that are known to be effective in reducing the severity, intensity or duration of a crisis situation.