

Guest editorial: PBS in the UK context: implementation in the real world

Paddy Behan

Introduction to the First Special Issue, Tizard Learning Disability Review

As guest editors of this special edition of the *TLDR* journal, we are pleased to present a collection of papers exploring positive behaviour support (PBS) in the UK context. This special issue is being published across two releases. Rather than treating this as a simple division of papers, we have used the two releases to foreground two connected questions for PBS in the UK. The first release focuses on implementation: how PBS is adapted, delivered and sustained across real-world systems, services and settings. The second turns more explicitly to the field's foundations and values: how PBS is defined, whose voices shape it, what language it uses and how it remains a values-led, relational, rights-based approach.

In bringing this issue together, we sought to include a variety of perspectives, including people with lived experience of using services, PBS practitioners, researchers, UKBA-certified and board-certified behaviour analysts, clinical psychologists and learning disability nurses. This special edition is not intended as a purely celebratory account of PBS. Rather, it offers an opportunity to reflect on the development of PBS, recognising progress while also being honest about the challenges ahead. It invites consideration about what steps are needed next if PBS is to realise its full promise in the UK.

This first release focuses on PBS as it is delivered in real-world contexts: hospitals, homes, schools, pathways and community services. PBS has developed primarily as a framework for supporting people with learning disabilities – a population that frequently includes people with co-occurring diagnoses of autism and/or mental health difficulties – who at times present with behaviours described as challenging. Most papers in this collection work within that population, though one describes an application of PBS to a group of adolescents without learning disabilities, illustrating both the adaptability of the framework and the questions that arise when it extends into new contexts.

PBS is, at its core, a values-led approach concerned with quality of life, rights and the dignity of the people it serves. But values become meaningful only when translated into everyday practice, and that translation is often neither straightforward nor guaranteed. This first release begins with implementation because the promise of PBS is realised, or undermined, in the everyday conditions in which people live and receive support.

A persistent concern in the literature is the gap between what PBS looks like in carefully managed settings and what gets delivered when systems, resources and human realities complicate the picture (Gore *et al.*, 2022). The papers in this collection address that gap from different angles and at different levels of the system, but they share a common preoccupation: what conditions are needed for PBS to work well in ordinary, complex, imperfect systems?

Two papers in this issue examine what it takes to support people through, and beyond, hospital settings. Miland *et al.* (2026) presented a cohort evaluation of 12 adults with

Paddy Behan is based at
Tizard Centre University of
Kent, Canterbury, UK

learning disabilities and autism discharged from hospital between 2020 and 2025, reporting zero re-admissions and a 98% reduction in physical restraint across the group. Case accounts of three individuals document not only the reduction of restrictive practices but genuine advances in community life, such as bus travel, college enrolment and the first attendance of a birthday party in years. What enabled this was not a single innovation but an accumulation of conditions, including embedded PBS, whole-systems working and the sustained involvement of registered practitioners throughout the transition, not only at its outset.

[Bishop \(2026\)](#) described a parallel but distinct context: a five-stage hospital discharge service for children and young people *without* learning disabilities who present in behavioural crisis. Integrating PBS with trauma-informed care, co-production and family resilience strategies, the service reports a 72% rate of non-re-presentation at follow-up, a 45% average increase in mediator confidence and high social validity scores. Taken together, these papers make a case that discharge is not a single event but a relational and systemic process: PBS must travel across the boundaries between hospital, family, education and community support, and must be active throughout that journey rather than handed over at the point of transition.

The capable environments framework ([McGill et al., 2020](#)) provides one of the most developed accounts of the organisational conditions necessary for good PBS to be sustained. [Cox et al. \(2026\)](#) applied it in a special educational setting across three classrooms supporting children and young people with intellectual and developmental disabilities. Using a multiple probe design, they demonstrate improvements in fidelity across targeted capable environments domains following behavioural skills training, with notable generalisation to untargeted domains and positive shifts on attributional measures. The study extends the capable environments evidence base beyond adult residential services.

[Knight and Elmer-May \(2026\)](#) took the framework to whole-organisation level, applying its three organisational domains as the universal tier within a system-wide PBS model. Fidelity improved significantly in one of two participating organisations, with more localised gains in the other; social validity was broadly positive, though staff also reported time constraints, competing priorities and resistance to change. The variation between organisations illustrates that effective PBS implementation is not primarily a function of individual training but of the organisational infrastructure within which practitioners operate.

The concept of contextual fit ([Albin et al., 1996](#)) is directly relevant here. Support plans and implementation strategies are more likely to be implemented effectively when they are closely matched to the values, skills, resources and systems of the people and settings responsible for them. This is a lesson both capable environments studies illustrate: where the approach fitted the organisational culture, fidelity was higher; where there was a mismatch between what the model asked of the setting and what the setting could offer, gains were more limited. Contextual fit is about more than structures and resources; it encompasses the relational and emotional ecology within which implementation happens ([Gore and Baker, 2017](#)).

Two papers address the precision end of implementation by exploring what it takes to deliver technically demanding behavioural intervention in ordinary, unsupported environments. [Price et al. \(2026\)](#) presented three case studies of autistic children with co-occurring intellectual disabilities receiving skills-based treatment ([Hanley et al., 2014](#)) in family homes and a special school. A structured skill acquisition sequence, moving from simple functional communication to contextually appropriate behaviour under graduated demands, was delivered by peripatetic PBS practitioners. All three participants acquired targeted skills, behaviours that challenge during sessions were eliminated and qualitative outcomes were also recognised as meaningful by the families.

[Denison et al. \(2026\)](#) described a case study of PBS for self-injurious behaviour in a 16-year-old autistic boy with multiple complex needs, including visual impairment, seizure

disorder and chronic pain. Systematic sign teaching, informed by functional behaviour assessment, produced increases in communicative requests across contexts and a reduction in self-injury, with associated gains in community access and participation. Good PBS requires technically grounded practice that is genuinely adapted to the person, their communication, their context and the specific functions of their behaviour, and it needs practitioners with the knowledge and judgement to navigate that complexity in real settings.

[Watchwell and Avery \(2026\)](#) made the implementation challenge visible at the level of a whole service pathway. Examining 77 referrals to the NHS Forth Valley PBS pathway, the authors document reasonable adherence at Tier 1 but substantial gaps at Tiers 2 and 3: implementation checklists were absent from every case file reviewed, and the standard screening tool was used in fewer than a third of cases. A structural gap between NHS teams who develop behaviour support plans and third sector providers who implement them was also identified. The paper's eight recommendations, covering documentation, cross-sector collaboration, training and outcome monitoring, are practical and grounded. It performs an important function within this collection: it shows that even where PBS is valued and a pathway structure exists, systematic implementation cannot be assumed, and that the distance between plan quality and plan delivery remains one of the field's most pressing challenges.

Across the seven papers in this first release, a consistent picture emerges: PBS works best when the surrounding systems – relational, organisational and transitional – are designed and supported to make good practice possible and sustainable. Several recurring themes cut across the contributions: the importance of active implementation support over passive knowledge transfer; the importance of fidelity tools as instruments of both quality assurance and organisational learning; the value of peripatetic and embedded practitioners in bridging the gap between policy aspiration and everyday delivery; and, running beneath all of it, the concept of contextual fit – the recognition that interventions must be genuinely adapted to the ecology of the settings and relationships in which they are carried out.

The questions these papers raise about *how* PBS is delivered are inseparable from questions about *what* PBS is and what it must protect as it extends into new populations, new settings and more diverse forms of practice. The second special issue will turn to complementary questions about the history, definition and values underpinning PBS, and about the relational and rights-based dimensions of practice that give it meaning beyond its procedural components.

We thank all the authors who contributed to this collection and the reviewers who helped strengthen each paper. We hope readers find practical learning and inspiration for reflection in these articles. These papers collectively demonstrate what effective PBS implementation requires – not as a conceptual framework, but as a practice that must be actively shaped and sustained within the real conditions, relationships and organisational systems in which people live and work.

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