

Guide to using the behaviour change competency framework for the adult social care workforce

In partnership with

Contents

Introduction.....	2
Using the framework in practice.....	2
Using it in supervision	3
Using it in team meetings.....	3
Using it for reflective practice activities	4
Using it to identify progression and development needs	4
Using it in recruitment.....	5
Using it to secure employment.....	5
Using it during probation	5
Using it to develop or commission training	5
Step one: Identify priority competencies.....	6
Step two: Map existing training	6
Step three: Develop or commission training	6
Step four: Embed learning into practice.....	7
Key questions for learning and development teams	8
Behaviour change competency flashcards	9

Introduction

Behaviour change is a core part of high-quality care. Whether supporting someone to become more active, manage a long-term condition, maintain independence, or build confidence in daily tasks, staff across all roles contribute to positive change.

This guide provides guidance and ideas on how to use the behaviour change competency framework for the adult social care workforce to improve practice and service provision. It is particularly relevant for:

- social care staff at all levels
- managers
- leaders
- educators
- learning and development teams.

This guide is not intended to be comprehensive. Instead, it offers practical suggestions on how the framework can be used for reflection, supervision, team learning, recruitment, probation, and the design or commissioning of training. It is designed to help individuals and organisations to embed behaviour change into everyday practice, from recruitment and job entry through to ongoing development and leadership.

The aim is not to complete every competency at once, but to support continuous learning, reflection, and progression, always focusing on the needs and goals of the people who draw on care.



Using the framework in practice

Using the framework can be as simple as starting at the first level (behaviour change awareness) and reflecting on how it is relevant to you or the staff you work with, either at peer level or managerial level. You can do this by using the flashcards in this document which illustrate the knowledge, skills, and behaviours of each competency. From there, you can identify one or two activities that may help address a gap or increase confidence in applying the competencies. You can then discuss this with your manager or colleagues to gain support in taking action. A helpful tip is to focus on the needs of the people drawing on your care, rather than trying to meet all competencies at once.

Reflective practice is central to using this framework. Regular reflection helps staff understand their strengths, recognise areas for development, and apply behaviour change approaches in a person-centred way.

You may find the following reflective questions helpful:

- Which competencies feel most relevant to my current role?
- Which ones do I feel less confident about, and why?
- How have I supported someone to make a change recently?
- What went well, and what could I do differently next time?
- What support, training, or experience would help me develop further?

These reflections can help you identify progression and development needs, and inform conversations with managers, peers, or educators.



Using it in supervision

During supervision, you can tell your manager that you are working on developing your behaviour change competencies to better support the people who draw on your care. You can share your reflections on a particular level or set of competencies, focusing on the ones you find most challenging. You can use the flashcards in this document to help illustrate a specific knowledge, skill, or behaviour you want to work on.

You could:

- bring one example of a recent interaction
- reflect on what worked well and what was difficult
- discuss which competencies were involved
- agree one or two development actions.

Your manager may be able to suggest training, shadowing opportunities, or practical steps to build confidence. Where appropriate, feedback from people drawing on care can also support reflection and understanding of their experiences.

Using it in team meetings

Managers or team members can use one or two case studies to encourage discussion and peer learning around current challenges. You can use the flashcards to help illustrate relevant knowledge, skills, and behaviours applied in a case study, and to encourage reflection on areas for improvement.

For example:

- read a case study together
- ask: “What would you do in this situation?”
- identify which competencies are being used
- discuss different approaches and what might work best.

This approach helps teams build shared understanding, support one another, and normalise reflective practice.

Using it for reflective practice activities

The framework can support individual or group reflective activities. Simply focus on suggesting a relevant competency or level to encourage:

- short reflection exercises at the end of a shift
- peer discussion groups
- learning logs or reflective journals
- case-based discussions during team meetings.

A simple reflective cycle could include:

- describe what happened
- reflect on what went well and what was challenging
- link which competencies were involved
- plan what to try next time.

Using it to identify progression and development needs

Staff and managers can use the framework to:

- review current roles to competencies
- identify areas for growth
- set development goals
- plan training or learning opportunities.

For example:

- “I am confident at this level, but I would like to develop the next level.”
- “I need more practice in this specific competence.”
- “I would benefit from shadowing a colleague who is strong in this area.”

This can be built into supervision, appraisal, or personal development plans.

Using it in recruitment

Managers and leaders can embed relevant competencies into person specifications to attract staff with the right skills, knowledge, and behaviours to support behaviour change at individual and team level.

Using it to secure employment

Individuals can use the framework to understand the competencies expected in adult social care roles and reflect these in their CV, application, and interview answers. This helps demonstrate readiness to support behaviour change and provide person-centred care from the outset.

For example, applicants can select a small number of relevant competencies and prepare practical examples from work, volunteering, or everyday life that show how they listen, encourage independence, or support someone to make a change. This can help structure answers in interviews and show a clear understanding of what good care looks like. The framework can also help individuals identify areas for development before applying, such as seeking short courses, shadowing opportunities, or additional experience.

Using it during probation

Adult social care staff can use the framework to demonstrate to clients, staff, or supervisors that they are keen to respond to people's needs by applying behaviour change competencies from the outset. This can help structure early development conversations and probation reviews.



Using it to develop or commission training

Learning and development teams, training leads, and commissioners can use the framework to design, select, or procure training that builds behaviour change capability across the workforce.

The framework provides a clear structure of competencies across different levels, which can help you:

- identify priority skills needed in your workforce
- map existing training against the competencies
- identify gaps in provision
- develop or commission training that supports progression between levels
- ensure training is relevant to the needs of people drawing on care.

Step one: Identify priority competencies

Review the framework and consider:

- which roles are you supporting (for example, direct care staff, supervisors, managers)
- what behaviour change challenges are most common in your service
- which competencies are most relevant to those challenges.

You may decide to focus on:

- a full level (for example, all competencies at level one)
- a small group of priority competencies
- a specific theme (for example, communication, goal setting, or motivation).

Step two: Map existing training

Compare your current training offer against the competencies in the framework.

Ask:

- which competencies are already covered?
- at what level are they delivered?
- are there gaps or areas with little or no coverage?
- is training aligned with real practice situations?

This mapping exercise can help avoid duplication and make better use of existing resources.

Step three: Develop or commission training

When writing a training specification, you can copy the relevant competencies directly into the brief. Then add information that reflects your setting and workforce.

Your specification should include:

Target audience

- Job roles or staff groups.
- Level of experience.
- Whether the training is for individuals, teams, or managers.

Relevant competencies

- The specific competencies or level from the framework.
- Any priority knowledge, skills, or behaviours.

Learning outcomes

- One outcome per competency, based on the purpose described in the framework.

Contextual application

- Characteristics and needs of the people drawing on your care.
- Typical scenarios staff face.
- Any organisational priorities (for example, reducing falls, improving nutrition, or supporting independence).

Delivery approach

- Preferred methods (for example, face-to-face, blended, e-learning, coaching).
- Use of case studies, role play, or reflective exercises.
- Expectations around supervision or follow-up activities.

Assessment and evaluation

- How competence will be assessed (for example, observation, reflective accounts, short assessments).
- How the impact of training will be measured (for example, confidence scores, practice changes, feedback from people drawing on care).

Progression

- What level or competencies staff should aim for next.
- How learning will be reinforced (for example, supervision, peer learning, refresher sessions).

Step four: Embed learning into practice

Training is most effective when it is linked to everyday practice. Learning and development teams should consider how the competencies will be:

- reinforced in supervision and appraisal
- used in reflective practice activities
- built into induction, probation, and ongoing development
- supported by managers and team leaders.

Key questions for learning and development teams

- Are we developing behaviour change skills across all levels of the workforce?
- Do staff have opportunities to practise and reflect, not just attend training?
- Are managers equipped to support these competencies in supervision?
- Is there a clear progression pathway between levels?

Using the framework in this way helps ensure that training is targeted, practical, and aligned with workforce needs, rather than delivered as isolated or one-off sessions.



Accessing existing training

Individuals who would like to develop their behaviour change skills can access a range of training opportunities. For example, the [Learning and Development Support Scheme \(LDSS\)](#) can help fund eligible training for the adult social care workforce. There are also free, high-quality resources available, such as the [NHS All Our Health e-learning](#) programme and the [behaviour change toolkits developed by NHS England](#), which provide practical guidance for supporting healthier behaviours in everyday practice.

In addition, individuals may wish to explore accredited courses offered by recognised training providers or awarding organisations. These can provide more structured learning, formal recognition, and progression routes as they build their skills and confidence in behaviour change. Managers or learning and development teams can often advise on suitable courses and funding options.



Behaviour change competency flashcards

Behaviour change awareness 1: Basics of Behaviour Change

Build a basic understanding of behaviour change.

Show how inequality, living conditions and wider systems can affect a person's health.

Behaviour change awareness 1: Knowledge

- What health behaviour change means, and the COM-B model (capability, opportunity, motivation and behaviour).
- The main stages and cycles of behaviour change.
- How social factors and inequality affect behaviour.
- How the home, community and care setting affect behaviour.
- Basic safeguarding rules and professional boundaries when supporting change.
- Core care pathways and local community support.

Behaviour change awareness 1: Skills

- Uses every contact to notice chances and gently start conversations about change.
- Notices things that may affect behaviour during routine care.
- Spots system or setting barriers, such as lack of outdoor space, poor transport or long waits for health services.
- Explains behaviour change in clear, simple language.
- Uses what they see and hear to offer the most helpful support.

Behaviour change awareness 1: Behaviours

- Avoids blame, judgement and bias.
- Uses a positive, person-centred approach focused on strengths.
- Supports fair access to realistic choices.
- Raises safety concerns clearly and at the right time.
- Recognises when it is not helpful to discuss behaviour change and chooses not to start the conversation.

Behaviour change awareness 2: Understanding how ethics, power and culture affect behaviour change

Recognise how power, culture and identity can affect behaviour change.

Make sure support is ethical, person-centred and fair.

Behaviour change awareness 2: Knowledge

- How care providers may hold more power than people drawing on care, and how this can affect decisions, behaviour and trust.
- Key principles of ethical practice, including autonomy, doing good, avoiding harm and fairness.
- How culture, faith, community identity and discrimination can affect health behaviour.
- The difference between equity and equality, and why rights and reasonable adjustments matter.
- Signs of pressure, coercion, unfair influence or misuse of power.

Behaviour change awareness 2: Skills

- Uses communication that promotes choice and avoids pressure.
- Asks culturally sensitive questions and adapts support when needed.
- Supports informed choice by explaining options clearly.
- Involves the person and speaks up on their behalf when needed.
- Notices inequality and works to reduce its impact.

Behaviour change awareness 2: Behaviours

- Respects autonomy and dignity always.
- Challenges discrimination and bias in practice.
- Avoids imposing personal values or judgement.
- Raises and escalates concerns at the right time.
- Shows cultural humility in everyday practice.

Behaviour change awareness 3: Being able to communicate with everyone

Communicate clearly and respectfully.

Adapt communication to sensory, cultural, language and thinking needs.

Behaviour change awareness 3: Knowledge

- The importance of plain language, using the right type of questions, active listening, and visual ways of communicating.
- The basics of health literacy.
- Awareness of everyday and informal language, and how meanings can differ.
- Communication needs linked to sensory loss, low literacy, different languages and culture.
- When and how to use interpreters, easy read materials, visual aids and other communication tools.

Behaviour change awareness 3: Skills

- Adjusts pace, tone, language and method to suit the individual.
- Uses pictures, objects, routines and non-verbal cues to help understanding.
- Checks understanding regularly.
- Uses communication aids, interpreters or translation when needed.

Behaviour change awareness 3: Behaviours

- Responds with patience and avoids language that talks down to people.
- Treats communication needs as normal and avoids judgement.
- Remains open, calm and non-defensive.

Behaviour change level 1.1: Opening and motivating behaviour change conversations

Create warm and empathic conversations that help people explore change that is important to them and take small, realistic steps.

Behaviour change level 1.1: Knowledge

- How to hold conversations that help a person think about making a change that is important to them.
- How to respond to mixed feelings about change.
- How readiness for change can go up and down over time.
- Why small, achievable steps matter.

Behaviour change level 1.1: Skills

- Uses open questions and reflective listening.
- Notices natural prompts or signs of interest.
- Identifies and respects what matters to the person.
- Shows tact and sensitivity to personal circumstances.
- Builds on strengths, interests and things that worked well in the past.
- Suggests small next steps without pressure.

Behaviour change level 1.1: Behaviours

- Shows respect, empathy and patience.
- Acknowledges mixed feelings.
- Knows when to start or pause conversations.
- Encourages hope and notices small progress.

Behaviour change level 1.2: Knowing and using local and national information and services

Support behaviour change using clear, up-to-date information and local or national services.

Behaviour change level 1.2: Knowledge

- Where to find trustworthy health information.
- How local health and care services link to national systems.
- Referral routes, including eligibility and processes.
- Local and national voluntary and community services.
- Common barriers to access for different groups.

Behaviour change level 1.2: Skills

- Identifies when other services may help.
- Signposts or refers people appropriately.
- Explains system limits honestly and respectfully.

Behaviour change level 1.2: Behaviours

- Helps people access information and services.
- Works with others to reduce access barriers.
- Avoids over-promising and is clear about what is possible.

Behaviour change level 1.3: Respecting people's choices while remaining supportive

Support behaviour change by respecting each person's choices, maintaining trust and autonomy, and offering continued encouragement even when decisions or progress vary.

Behaviour change level 1.3:

Knowledge

- Common ways and cycles of change, including pausing or changing their minds.
- Simple ways to reflect on practice.

Behaviour change level 1.3:

Skills

- Explores reasons for refusal without pressure.
- Keeps options open for future conversations.
- Remains willing to support changes that matter to the person.
- Reflects on learning in supervision.

Behaviour change level 1.3:

Behaviours

- Maintains rapport and avoids judgement.
- Welcomes feedback as opportunities to learn and improve.
- Shows curiosity about their own practice.

Behaviour change level 1.4: Communicating with people who have different needs

Adapt communication to suit different thinking, sensory and communication needs.

Behaviour change level 1.4: Knowledge

- How dementia, learning disability and other cognitive conditions can affect communication.
- Common communication needs linked to sensory loss.
- Ways to simplify information.
- Accessible information standards.
- Individual communication styles, including for autistic people and people living with dementia.

Behaviour change level 1.4: Skills

- Uses communication strategies that suit each person.
- Understands each person's needs and preferences.
- Repeats and reinforces key messages when helpful.
- Uses pictures, objects and routines to aid communication
- Checks understanding regularly.
- Uses visual cues where helpful.

Behaviour change level 1.4: Behaviours

- Uses creativity to make information accessible.
- Shows patience and flexibility.
- Avoids language that talks down to people.
- Adjusts pace and expectations to the person's abilities.
- Accepts different communication styles.

Behaviour change level 1.5: Using trauma-informed principles in behaviour change conversations

Use trauma-informed principles to support safe and respectful behaviour change conversations.

Behaviour change level 1.5: Knowledge

- How trauma, loss and identity can affect trust, behaviour and engagement.
- Key trauma-informed principles, including safety, choice, collaboration, empowerment and trust.

Behaviour change level 1.5: Skills

- Notices triggers, distress and changes in behaviour.
- Follows care plans for supporting distress.
- Keeps future conversations open.
- Explores concerns or doubts without pressure.

Behaviour change level 1.5: Behaviours

- Maintains rapport and avoids judgement.
- Welcomes feedback.
- Uses humour carefully to reduce tension, while avoiding harm.

Behaviour change level 1.6: Identifying and escalating safeguarding concerns

Identify safeguarding concerns and risks that may arise when people are making, pausing or changing behaviours.

Behaviour change level 1.6: Knowledge

- Safeguarding legislation and how it relates to behaviour change, autonomy and duty of care.
- How safeguarding policies and procedures apply when supporting behaviour change, including when choices increase risk.
- Common risks linked to behaviour change, such as falls, nutrition, medication, substance use or social isolation.
- How to balance choice, safety and responsibility (duty of care).

Behaviour change level 1.6: Skills

- Notices safeguarding concerns that arise during behaviour change conversations or actions.
- Explains risks clearly, without causing alarm, and checks understanding
- Considers how changes in behaviour can change levels of risk.
- Follows safeguarding procedures and escalates concerns appropriately when risks cannot be managed through support and choice.

Behaviour change level 1.6: Behaviours

- Carries out safeguarding actions as required.
- Balances honesty with respect for autonomy.
- Seeks advice when unsure.
- Escalates safety concerns appropriately.

Behaviour change level 2.1: Understanding the person's experiences, motivations and behaviour

Develop a clear understanding of what matters to the person, what helps or gets in the way of change, and what may trigger changes in behaviour.

Behaviour change level 2.1: Knowledge

- Factors that affect motivation, such as beliefs, past experiences, trauma and thinking ability.
- Simple ways to understand why behaviours happen and what maintains them.
- How mental health, physical health, environment and routine affect behaviour.

Behaviour change level 2.1: Skills

- Uses focused questions to explore what motivates behaviour change for that person.
- Identifies gaps between what is happening now and what the person wants.
- Summarises shared understanding with the person and, where appropriate, family.

Behaviour change level 2.1: Behaviours

- Reflects on own assumptions and avoids judgement.
- Treats the person and family as experts in their own experience.

Behaviour change level 2.2: Using behaviour change techniques for goals and action

Support behaviour change by identifying meaningful goals and using practical techniques to plan and sustain action.

Behaviour change level 2.2: Knowledge

- How small steps at the right pace, lead to behaviour change and its maintenance.
- Simple and flexible goal-setting approaches.
- Common behaviour change tools, such as prompts, planning, rewards and problem-solving.
- How to pace change, break tasks down and respond to setbacks.
- How relapse or stopping is part of the behaviour change journey for most people.

Behaviour change level 2.2: Skills

- Identifies goals that are meaningful to the person.
- Breaks goals into small, manageable steps.
- Adjusts plans when progress slows or setbacks happen.
- Supports planning for lapses and getting back on track.
- Reduces support at the right time as confidence and skills grow.

Behaviour change level 2.2: Behaviours

- Keeps plans person-centred and flexible.
- Encourages learning from setbacks rather than blame.
- Promotes confidence, choice and independence.

Behaviour change level 2.3: Working with families and adapting plans

Balance the needs of the person and their families while adapting plans to changing health and energy levels

Behaviour change level 2.3: Knowledge

- How family dynamics, stress and consent influence behaviour change.
- How frailty, long-term conditions, and changes in physical or thinking ability affect a person's behaviour change journey.
- Barriers such as pain, fatigue, low mood or memory problems.

Behaviour change level 2.3: Skills

- Supports joint discussions (between the person drawing on care and their family) and manages different expectations.
- Adapts goals and plans to match the person's energy, mobility and thinking ability.
- Keeps clear boundaries around consent and information sharing.
- Responds to family influence that may conflict with the person's wishes.

Behaviour change level 2.3: Behaviours

- Remains neutral, respectful and calm.
- Avoids pushing people to continue with change when it feels unsafe or does not feel manageable.
- Responds sensitively to changes in health or family situations.
- Creates space for private conversation so the person can reflect and choose freely.

Behaviour change level 2.4: Using assistive and digital tools to support behaviour change

Use digital or assistive tools to support behaviour change in ways that respect choice, privacy and confidence.

Behaviour change level 2.4: Knowledge

- How tools (e.g. apps, reminders, trackers, telecare etc) can support routines and motivation, or increase stress, confusion or dependence.
- How choice, shared decisions and positive risk apply when using tools.
- Basic issues around consent, privacy and data use.
- How mental health, thinking ability or substance use may affect tool use.
- Common barriers such as cost, confidence, access or literacy.
- When to seek for specialist advice.

Behaviour change level 2.4: Skills

- Explores whether tools could support routines, motivation, monitoring or get in the way.
- Explains risks and benefits in a balanced way.
- Supports choice, including non-digital options.
- Helps with basic setup and initial use.
- Notices when tools increase stress or confusion and raises concerns.
- Shares relevant updates with the team in line with policy.

Behaviour change level 2.4: Behaviours

- Promotes independence and confidence.
- Avoids overstating benefits or risks.
- Uses respectful language that supports trust and shared planning.
- Acknowledges digital exclusion and raises access issues.
- Remains flexible as needs and motivation change.

Behaviour change level 2.5: Co-producing behaviour change plans

Work with people so plans are shaped by their experiences, priorities and ideas.

Behaviour change level 2.5: Knowledge

- What co-production is as part of behaviour change support.
- How lived experience affects motivation and confidence.
- The importance of shared decisions and choice.
- Common barriers to involvement (e.g. low confidence, past experiences, fatigue, thinking ability, power imbalance, too many choices etc).

Behaviour change level 2.5: Skills

- Invites people to consider their experiences to shape goals, pace and actions.
- Adapts plans based on the person's ideas.
- Explores what has worked or not worked before.
- Supports shared problem-solving.
- Uses reflection to notice when power shifts away from the person.

Behaviour change level 2.5: Behaviours

- Shows openness to learning from lived experience.
- Respects the person's autonomy and their expertise on themselves.
- Remains curious about what matters to the person.
- Respects personal and cultural factors.

Behaviour change level 2.6: Integrating behaviour change across services

Make sure behaviour change goals and learning are shared clearly across care plans and multidisciplinary team (MDT) work.

Behaviour change level 2.6: Knowledge

- How to record and share behaviour change information clearly and proportionately.
- What information is relevant and objective.
- How behaviour change links to care plans and MDT processes.
- Roles of different services in supporting change.
- How mental health, trauma, substance use and thinking capacity changes affect behaviour.
- How context factors (e.g. environmental or organisational) influence behaviour change.

Behaviour change level 2.6: Skills

- Records goals, actions and progress clearly.
- Translates conversations into care plans without judgement.
- Shares relevant insights with MDTs.
- Handles sensitive information safely.
- Identifies and raises barriers affecting change.
- Supports agreed actions in daily care.

Behaviour change level 2.6: Behaviours

- Works collaboratively across services.
- Reflects on how context affects behaviour.
- Applies plans consistently.
- Adapts when circumstances change.

Behaviour change level 2.7: Supporting behaviour change in groups

Support or deliver group-based behaviour change in safe and inclusive ways.

Behaviour change level 2.7: Knowledge

- Basic principles of safe group work.
- Common group dynamics.
- Boundaries, consent and confidentiality.
- The value of structure and pacing.

Behaviour change level 2.7: Skills

- Prepares or contributes to group sessions.
- Encourages quieter voices and manages dominant ones.
- Supports simple group activities and reflection.
- Identifies when individual follow-up is needed.
- Responds when group behaviour discourages or undermines positive change.

Behaviour change level 2.7: Behaviours

- Respects group boundaries and safety.
- Promotes inclusion and mutual respect.
- Values peer learning and shared experience.

Behaviour change level 3.1: Highly tailored behaviour change practice

Adapt behaviour change support for people who need extra and careful support because of multiple and overlapping emotional, thinking or physical needs. These needs may change over time and often require flexible, well co-ordinated behaviour change support.

Behaviour change level 3.1: Knowledge

- How neurodiversity, dementia and learning disability affect communication and planning.
- How physical vulnerability can affect safety, stamina and choice.
- When specialist mental health input is needed, and the limits of adult social care roles.

Behaviour change level 3.1: Skills

- Shape behaviour change plans around physical, emotional and thinking needs.
- Adjust pace, language and expectations to support safety and stability.
- Help staff recognise distress or signs of re-traumatisation early.
- Work with mental health or learning disability specialists when needed.
- Use reflection to understand emotional and physical responses in behaviour change work.

Behaviour change level 3.1: Behaviours

- Helps create environments where people feel safe, listened to and respected.
- Listen without judgement and allow flexibility.
- Accepts differences in behaviour, communication or needs without trying to “fix” them.
- Model calmness, reflection and self-care.

Behaviour change level 3.2: Enhanced behaviour change techniques

Use more advanced behaviour change approaches safely, and help others use them in everyday care.

Behaviour change level 3.2: Knowledge

- Advanced behaviour change approaches suitable for adult social care, such as routine building, graded steps and environmental cues.
- The limits of adult social care practice and when referral is needed.
- Risks of using techniques without proper support or supervision.

Behaviour change level 3.2: Skills

- Choose and adapt approaches based on full assessment.
- Support staff to use routines, prompts and reinforcement safely.
- Notice when strategies overwhelm or increase risk.
- Guide staff through reflection to build confidence and consistency.

Behaviour change level 3.2: Behaviours

- Keep approaches person-centred, not rigid.
- Monitor how strategies affect wellbeing.
- Promote safe, reflective practice.

Behaviour change level 3.3: Supporting people through distress and crisis

Recognise and respond to distress linked to behaviour, and ensure calm, co-ordinated responses that protect dignity and wellbeing.

Behaviour change level 3.3: Knowledge

- What are early signs of distress and escalation.
- De-escalation approaches within adult social care.
- When safeguarding, mental health or emergency services are needed.
- How crisis situations affect staff emotionally and self-help techniques.

Behaviour change level 3.3: Skills

- Lead or guide calm, person-centred responses to distress.
- Support staff during and after incidents through reflection.
- Update care plans and risk plans after incidents.
- Communicate clearly with families and partners.

Behaviour change level 3.3: Behaviours

- Model calm and structured responses.
- Encourage timely escalation without blame.
- Keep dignity central in all decisions.

Behaviour change level 3.4: Supporting long-term behaviour change for people who need extra care

Support people who have higher levels of needs to maintain positive change over time, using realistic pacing, review and co-ordination.

Behaviour change level 3.4: Knowledge

- Why it might be difficult for people with higher levels of need to maintain behaviour change over time.
- How motivation and energy can fluctuate.
- Ways to plan for setbacks and periods of instability.
- How other people, the community and voluntary support helps long-term change.
- Why reducing dependence and building confidence matters.

Behaviour change level 3.4: Skills

- Build routines that fit long-term needs.
- Plan for times when there will be low motivation or health.
- Link people to peer and community support.
- Contribute to long-term reviews across services.

Behaviour change level 3.4: Behaviours

- Promote autonomy and confidence.
- Avoid creating unnecessary dependence.
- Adjust support as the person's needs, health or confidence change.
- Remain patient, flexible and strengths based.

Behaviour change level 3.5: Safeguarding and risk when a person needs extra support

To identify and respond to higher risk safeguarding concerns where behaviour change, distress or vulnerability increases risk. This includes working with other services to ensure safety while respecting rights and choice.

Behaviour change level 3.5: Knowledge

- Adult safeguarding law and guidance, and how these apply when behaviour increases risk.
- Ways to assess and think through risk in a structured and balanced way.
- How abuse, exploitation, coercion or self-neglect can affect behaviour and decision-making.
- How safeguarding works across services, such as health, social care, housing or police.
- How trauma, stress and environment can increase risk or affect behaviour.
- When concerns need to be escalated and who should be involved.

Behaviour change level 3.5: Skills

- Build a clear person-centred understanding of risk, based on evidence and observation.
- Take part in, or lead, safeguarding discussions with other services when needed.
- Balance choice, consent and protection when behaviour change affects safety.
- Develop clear safety plans with agreed action keeping the person's voice at the centre.
- Reflect on the emotional impact of risk and seek support when needed.

Behaviour change level 3.5: Behaviours

- Keep the person's voice and rights central in safeguarding decisions.
- Use clear judgement and evidence not assumptions to decide action.
- Stay calm and ethical under pressure.
- Model reflective practice.

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