

A black and white photograph of a young man and an elderly woman walking together in a hallway. The man is on the left, wearing a plaid shirt and a lanyard, with his arm around the woman's shoulder. The woman is on the right, wearing a cardigan and smiling. The hallway has white walls, a dark carpet, and recessed ceiling lights.

Behaviour change competencies framework for the adult social care workforce

An interactive guide

In partnership with

Contents

Table of key terms

Section one:

Introduction and overview

In adult social care, staff support people to make decisions and meaningful changes every day. This may include encouraging someone to eat more regularly, stay active, manage anxiety, or navigate conversations about risk, independence, and safety. Although not always described in these terms, much of this everyday practice involves behaviour change.

This framework starts from that reality: adult social care staff are already doing behaviour change work. Its purpose is not to introduce new expectations or create a compliance burden. Instead, it aims to recognise existing skills, make good practice more visible, and provide a shared language and structure that strengthen confidence, consistency, and progression across different roles and settings.

The behaviour change competency framework was developed by the Royal Society for Public Health (RSPH), working with Skills for Care through a co-production and evidence informed process. Workshops with adult social care organisations explored lived experience and real world practice challenges. These insights were developed into practical case scenarios and mapped against the national [behaviour change development framework \(BCDF\)](#). A literature review and competency mapping exercise ensured the framework reflected the diverse needs of adult social care, including work with older people, people with learning or physical disabilities, autism, mental health needs, dementia, and complex conditions.



The resulting framework was refined and validated with stakeholders and adapted to reflect the realities and relationships that shape effective adult social care. **It retains the BCDF's four level structure while making it more practical, person-centred, and action focused:**

- Behaviour change awareness (BCA): noticing opportunities and creating supportive conditions for change
- Behaviour change level 1 (BC1): encouraging change through very brief interactions
- Behaviour change level 2 (BC2): supporting change through structured conversations, planning, and follow up
- Behaviour change level 3 (BC3): delivering more complex or therapeutic behaviour change support.

The framework explains how behaviour change happens in everyday practice using the COM-B model (capability, opportunity, motivation and behaviour), outlines how the competencies apply across different roles, and clarifies how the framework aligns with the Care Workforce Pathway. A separate guidance document provides ideas for using the framework in reflection, supervision, team learning, recruitment, job entry, probation, ongoing development, and the design or commissioning of training.

Overall, the behaviour change competency framework is designed to support and strengthen the skills that underpin high quality, person-centred care. It aims to help staff feel more confident and consistent when supporting people to make changes that matter to them, while recognising the value of the relational, thoughtful practice at the heart of adult social care.



What is the aim of a behaviour change framework for the adult social care workforce?

The aim of this framework is to support the adult social care workforce particularly those in direct care roles including care workers, registered professionals and managers and leaders to feel confident, valued, and equipped when supporting people to make changes that matter to them, in ways that respect autonomy, dignity and lived experience.

The framework brings together evidence, lived experience, and co-production with practitioners to reflect the realities of adult social care. It recognises that behaviour change in this context is:

- relational and person-centred
- shaped by inequalities, environments and wider systems
- closely linked to safeguarding, risk, ethics and professional boundaries
- dependent on psychological safety for both staff and the people they support.



What is behaviour change in everyday practice and how does it happen? (COM-B)

Behaviour change is not something professionals do to people, it happens when a person decides, in their own time and in their own way, to try something different to live the life they want.

In adult social care, our role is to prompt, support and enable change, not to force it. This means working alongside people, respecting their choices, and creating the right conditions for change to feel possible.

What needs to be in place for change? Think COM-B

COM-B comes from behavioural science, but it is a simple way to think about what needs to be in place to support behaviour change.

- Capability = Can the person do it right now?

This includes physical capability and psychological capability. Physical capability is whether someone has the health and energy to do something. For example, physical disabilities may influence physical capabilities. Psychological capability is whether someone has the memory, understanding, confidence, and emotional wellbeing to do something. For example, not knowing how to swim means someone does not have the psychological capability to swim.

- Opportunity = Does the person's situation allow it?

This includes routines, time, home environment, equipment, support from others and access to services.

- Motivation = Does the person want to make the change?

This includes what matters to them, how ready they feel, and how past experiences shape their confidence.

All three matter. If one is missing, change may feel too hard, unsafe or unwanted.

What helps people feel ready to change?

Behaviour change is not a straight line. People often move backwards and forwards through a cycle of change, where they think about change, try things out, pause, or change their mind before making lasting changes.

Early on, a person may not feel ready to act. They may be weighing things up, feeling unsure, or not yet seeing change as possible. This is sometimes described as part of a cycle of change, where readiness builds over time rather than all at once.

Before change can happen, people often need to feel confident that they have choice, control and the ability to try. This belief in their own ability to change is often called self-efficacy. People are more likely to change when they feel supported, not judged.

Support at these early stages is not about pushing action. It is about active listening, helping people reflect on what matters to them, noticing small successes, and building confidence at a pace that feels right.

Small conversations, practical support and shared problem-solving often matter more than advice or instruction.



Who is this framework for?

This framework is for everyone working in adult social care, especially those directly involved in providing care and support.

It includes people who are new to care, care and support workers, enhanced care workers, personal assistants, supervisors and team leaders, practice leaders, deputy and registered managers, and registered professionals. This includes social workers, occupational therapists (OT), registered nurses, nursing associates, counsellors and complementary therapists.

Because of the way that behaviour change happens, this is intended to be used beyond job titles, grades or settings. Instead, it invites you to think about your role in terms of the type of interactions you have with people and the opportunities you have to support behaviour change. This might be through everyday direct care and support as part of care packages, or through more structured therapeutic work, or supervision and leadership of staff, or co-ordination within multi-disciplinary teams (MDT).

People are encouraged to draw on and combine elements from different levels of the framework as needed. You are not expected to always work within a single level. Instead, you can take what is most relevant from across the framework to respond to the needs, preferences and circumstances of the people you work with, using your professional judgement and the time, responsibility and complexity involved in each situation.

If you are unsure which level to draw from, it is quite normal. You are encouraged to discuss with your manager. Seeking advice from more senior colleagues might be helpful too.



What this means for me in a frontline role?

You already support people to make changes every day through care, brief conversations, and therapeutic or multi-disciplinary work. By giving shared language to what you already do, this framework helps build confidence and consistency in practice across roles and settings.

It shows how small actions, routine conversations and relationships can support health and wellbeing, even when time and resources are limited.

The framework is not about doing more or meeting targets. It is about:

- recognising your skills
- understanding your role
- knowing when to encourage, support, plan, review, signpost or escalate behaviour change.

The framework supports person-centred and trauma-informed practice, especially when people feel unsure or have changing needs.

You can use the framework to reflect on practice, support shared decisions, contribute to team discussions and identify development opportunities. It is designed to support you, not judge you.

What this means for managers and leaders?

As a manager or leader, you play a key role in creating the conditions that allow good behaviour change practice to happen. This framework supports you to do that by clarifying expectations, strengthening supervision and reflective practice, and embedding behaviour change skills into everyday service delivery.

The framework can inform recruitment, induction, supervision, training pathways and service specifications, while recognising that staff operate at different levels of complexity depending on role and setting. This enables managers to support quality improvement and workforce development in ways that are meaningful, proportionate and sustainable, rather than compliance driven.

As well as supporting good care and positive experiences, the framework also helps services articulate and evidence good practice in line with Care Quality Commission (CQC) expectations. In particular, it supports services to demonstrate how they meet the [CQC Assessment Framework](#) by showing:

- how staff are supported to work safely, respectfully and within professional boundaries
- how safeguarding, risk management, decision-making and escalation are understood and applied in practice
- how person-centred, strengths-based and trauma-informed approaches are embedded consistently across teams
- how the [well-led](#) domain is evidenced through psychological safety, learning from experience, reflective practice and clear, values-driven leadership.

By using this framework, managers and leaders can more clearly articulate how behaviour change capability is developed and maintained within their workforce. It supports staff confidence around boundaries, safeguarding and decision-making, while reinforcing a culture of learning, reflection and high-quality, personalised care.

How does this fit with the Care Workforce Pathway?

This framework supports the Care Workforce Pathway by giving people at every career stage clear, practical ways to improve practice and deliver high-quality, personalised care.

For those in entry and early roles, it makes visible the everyday behaviour change skills already used in routine interactions, helping to build confidence and consistency. As people progress, the framework supports deeper skills such as reflection, shared goal setting and responding to changing needs. For specialist or advanced roles, it provides clarity on higher-intensity behaviour change support, complex decision-making and multi-agency working.

Across the pathway, the framework focuses on how skills are used in practice rather than job titles alone. It recognises that people may move between levels depending on their role, setting and the needs of those they support, helping to promote development, retention and consistent, person-centred care.

The framework

The framework is structured around four levels of behaviour change competence, from simply noticing opportunities through to more complex situations when a person needs extra and careful support because of their situation or background, or having multiple and overlapping emotional, thinking or physical needs. These levels are not about seniority or job titles. Instead, they reflect the type of interaction, time available, level of complexity and responsibility involved in supporting behaviour change. Most roles will draw on more than one level at different times.

Level	What support looks like	Typical focus
Behaviour change awareness: noticing and creating opportunities	Noticing opportunities, using supportive language, and creating everyday environments that make healthy choices easier	Awareness, confidence, communication, and role modelling
Behaviour change level 1: Encouraging behaviour change	Short, everyday conversations that encourage reflection and small steps, without pressure	Opening conversations, supporting choice, signposting, and recognising safety concerns
Behaviour change level 2: Structured conversations and planning	Planned conversations to agree goals, solve problems and support ongoing change	Goal setting, action planning, adapting plans, and working with families and teams
Behaviour change level 3: Supporting behaviour change when it gets tougher	Highly tailored, co-ordinated support when people need extra care and flexibility	Distress, crisis, long-term support, safeguarding and multi-agency work

How to read the framework?

Each level of the framework is set out in a short narrative to help you understand its purpose, what it involves, and how it applies to different roles. This includes direct care roles, registered professionals, and managers and leaders who support staff in practice.

Case scenarios and language prompts are used throughout to show how the competencies can be applied in everyday adult social care situations.

Language has been kept as simple and practical as possible. Where technical terms are needed, explanations of key words are presented in text boxes, and a glossary is provided at the end of the document.

The detailed competencies are presented in a separate section. These can be used flexibly to support, for example:

- workforce development and training plans
- supervision, reflection and performance conversations
- recruitment, job descriptions and role expectations
- service specifications and commissioning
- shared understanding across organisations and teams.





Section two: Behaviour change competency framework

This interactive document includes features to help you quickly and easily find the information you need.

Use the links below to jump directly to each section of the behaviour change competency framework. You can also scroll through the document at your own pace.

Hyperlinks to resources and websites appear underlined and in a different colour, simply click on them to access further information.

Behaviour change awareness (BCA): Noticing and creating opportunities

Behaviour change awareness (BCA) is the foundational level of behaviour change capability in adult social care. It helps staff understand what behaviour change is, why it matters for health and wellbeing, and how their own role can support positive change.

At this level, the focus is on awareness, confidence and communication. It also includes creating everyday environments that make healthy choices easier and more realistic for people.

Who is BCA most relevant for?

At a practice level, BCA competencies are especially relevant for direct care or frontline roles such as care assistants, support workers and personal assistants, where brief conversations and small actions are a core part of daily work.

For registered professionals, including social workers, nurses and allied health professionals, BCA provides the essential foundation on which more structured or higher-intensity behaviour change support is built. It underpins later levels of the framework and supports safe, ethical and person-centred practice.

What does behaviour change support look like at BCA level?

At BCA level, behaviour change often happens through brief, everyday interactions rather than long or planned conversations. These moments are part of routine care and support.

Small actions, such as a short conversation, a prompt, encouragement or practical help, can make a real difference when they are offered with care and sensitivity. BCA supports staff to notice these opportunities and to respond in ways that feel supportive rather than directive or judgemental.



Scenario 1: Eating and routine

Everyday practice

During a morning visit, a new to care worker notices that the person has stopped eating breakfast. Instead of insisting, they ask how mornings have been feeling and offer to sit together while having a cup of tea. The person asks for yoghurt rather than a full meal.

Language prompts

1. “How have mornings been feeling for you lately?”
2. “Would it help if we sat together for a bit?”
3. “What feels manageable for you right now?”

What this shows at BCA level

- Noticing a change
- Using a gentle, open question
- Supporting choice rather than pushing behaviour

Manager lens

The manager reassures staff in supervision that small, supportive steps are appropriate. They reinforce that encouraging choice, and confidence matters more than “fixing” behaviour quickly.

Reflective prompt

What made this interaction feel supportive rather than pressuring?



A key part of BCA is understanding our own behaviour, motivations and choices, and how these can affect the people we support. At BCA level, this includes reflecting on personal assumptions, values and habits. It also means being aware of how language, tone, the importance of active listening, and role modelling can either build confidence and trust, or affect the person's behaviour including choices.

Scenario 2: Language, tone and dignity

Everyday practice

A support worker notices they are using overly simplified language with someone who has a learning disability. They pause and reflect on their own habits and assumptions, recognising that their role gives them power in the interaction. They ask how the person prefers information to be shared. They switch to visual prompts alongside normal adult language.

Language prompts

1. "How do you like information to be shared?"
2. "Would pictures help, or do you prefer talking it through?"
3. "Can you tell me what you understood, in your own words?"

What this shows at BCA level

- Reflecting on personal communication habits and assumptions
- Recognising how power and role modelling influence interactions
- Avoiding assumptions about disability
- Supporting dignity, confidence and choice

Manager lens

The manager encourages open discussion about communication assumptions in team meetings. They reinforce that noticing and correcting power imbalances, language and tone is part of good practice, and that learning and reflection are valued over blame.

Reflective prompt

How might the power you hold in your role shape how your language is received?

Everyday interactions can shape how people experience care and how confident they feel about their own health and wellbeing. This is because we can gently support a person's capabilities, opportunities and motivations (COM-B) to improve their health.

However, at BCA level, it is also important to recognise that a person's ability to make changes is shaped by inequality, living conditions and wider systems. Things like income, housing, transport, digital access, discrimination and how services are organised can all affect health and wellbeing.

Scenario 3: Noticing system and money pressures

Everyday practice

A personal assistant (PA) notices that the person drawing on care often chooses to stay at home. During a chat, they gently raise it. The PA learns the person is worried about spending money on transport and wants their budget to last.

Instead of encouraging the person to go out more, the PA acknowledges the concern, talks to peers to find out ideas of support.

Language prompts

1. “I’ve noticed you’ve been staying in more lately. How is that feeling for you?”
2. “Is there anything making it harder to go out at the moment?”
3. “It sounds like money is something you’re having to think carefully about.”
4. “Would it help if we looked at options together, without any pressure?”

What this shows at BCA level

- Noticing how money and systems affect choice
- Avoiding assumptions about motivation
- Responding with understanding and practical support
- Knowing when to raise wider issues

Reflective prompt

What might be limiting this person’s choices beyond their own wishes?

Behaviour change support at this level is not about expecting people to overcome these barriers on their own. Instead, it involves noticing these barriers, recognising their impact and responding with understanding. This may mean adjusting expectations, offering practical help, or raising concerns with managers or other services, so people are not blamed for things outside their control.

Key term one: COM-B

We can influence behaviour change by supporting people’s capabilities, opportunities and motivation to enable a behaviour.

Their capability tells us whether they can do it right now. Opportunity tells us whether the situation or their environment would allow it. And their motivation tells us whether they want to make the behaviour change.

What does leadership and culture look like at BCA level?

For managers and leaders, BCA goes beyond individual interactions. At BCA level, it includes setting the tone and culture for behaviour change practice within teams.

This means creating environments where healthy choices are encouraged and made easier, without blame, pressure or judgement. It also involves supporting open conversations about challenges, setbacks and different choices. A strong BCA culture promotes reflection, learning and psychological safety, rather than shame or compliance-driven approaches.

Managers also play an important role in ensuring that training pathways reflect BCA competencies and that behaviour change is embedded within how they support the health of their teams, including applying behaviour change approaches to support the health and wellbeing of staff themselves.

Scenario 5: Psychological safety and behaviour change

Everyday practice

During a team meeting the manager allocates time to discuss challenges and concerns in everyday practice. Staff raise that they feel uncomfortable talking about smoking because past conversations led to complaints. As a result, the topic is avoided altogether.

Manager response

The manager clarifies that BCA is about noticing opportunities to offer support, not forcing change. They complete e-learning on the All Our Health website to be able to role-model neutral language, provide examples of non-judgemental conversations. They reassure staff that respectful support is expected, not silence.

Manager language prompts

1. “Offering support is not the same as pushing change.”
2. “It’s okay to feel unsure. Let’s talk about how to say things differently.”
3. “Learning from feedback matters more than avoiding the conversation.”

What this shows at BCA level

- Creating psychological safety
- Encouraging healthy choices without shaming
- Setting a learning-focused culture

Reflective prompt

What messages do staff receive about “getting it wrong” in your team?

Behaviour change level 1 (BC1): Encouraging behaviour change

Behaviour change level 1 (BC1) sets out the competencies that support behaviour change through everyday interactions. At this level, staff focus on how to open conversations that encourage reflection and small steps, and how to communicate in ways that are clear, respectful and supportive.

BC1 helps staff think about how to support people's goals and autonomy, particularly at the start of their behaviour change journeys, including when progress is slow or unclear. It also supports staff to recognise safety concerns, use trusted health information, and know when other services or resources may be helpful.

Key term two: Autonomy

This term refers to a person's right to make their own choices about their life, care and health, as far as they are able.

Who is BC1 most relevant to?

Direct care roles, such as care or support workers, personal assistants and enhanced care workers, use BC1 competencies regularly in their day-to-day work. For these roles, brief conversations, encouragement and small actions are a core part of supporting people.

Registered professionals, including social workers, nurses and allied health professionals such as OT's, physiotherapists, speech and language therapists, dietitians, podiatrists, art, drama and music therapists, may also use BC1 competencies within routine interactions and short conversations. These skills support person-centred communication, help open space for reflection, and complement more structured behaviour change work where appropriate.

Managers and leaders support BC1 by modelling good communication and creating a culture where everyday conversations are valued.

What does behaviour change support look like at BC1 level?

At BC1, opportunities for behaviour change are identified and supported in everyday interactions. Conversations are brief but they help people explore change. At this level, staff need to know about tools and styles of communicating and how to use them in their work.

Scenario 6: Dignity and choice

A support worker notices small changes when an older man drives locally. He seems less confident, mentions trouble seeing signs, and says driving feels more stressful. Knowing how important driving is to his independence and mental health, the worker avoids raising safety concerns directly.

Instead, they gently ask how driving has been feeling and listen carefully. Over time, the man reflects on his confidence and eyesight and begins to worry about being on the road. The support worker encourages him to explore alternatives together, such as community transport and mobility scooters, focusing on what he would gain rather than what he might lose. The decision to stop driving comes from the person, supported through trust and conversation.

Language prompts

1. "I've noticed driving seems a bit more tiring lately. How has it been feeling for you?"
2. "Does that match what you're noticing, or am I seeing it differently?"
3. "What would help you still get out and about if driving felt harder?"
4. "We can look at options together, there's no rush."

What this shows at BC1 level

- Noticing change through everyday observation
- Using gentle, open conversations rather than pressure
- Respecting autonomy and identity
- Supporting safer choices without forcing decisions
- Focusing on gains, not loss

Reflective prompt

How do you raise sensitive safety concerns in a way that protects dignity and choice?

Conversations about behaviour change need to be timed to when people are ready to think about and make a change. BC1 supports staff to plan how to open these conversations, use active listening and the right language. It also prompts staff to be patient and flexible and show respect and consideration for people's thoughts and feelings.

A key part of BC1 is recognising risks and concerns when supporting people to change their behaviour. Being able to have an open discussion to explore thoughts and feelings, helps staff to notice changes in emotions and behaviours. Staff can recognise safeguarding risks, can explain risks clearly, and can help people make informed choices. On occasions when situations cause distress to people and they become worried, upset or angry, staff can recognise and support them in addressing emotions and their causes.

Scenario 7: Safeguarding and behaviour change at home

Everyday practice

An older person living in their own home decides they want to be more independent with walking and stops using their walking aid. A care worker notices that since this change, the person appears unsteady and has nearly fallen during recent visits.

The worker talks with the person about their wish to stay independent, explains the risks clearly and calmly, and checks understanding. Recognising that this change in behaviour may increase risk, the worker follows safeguarding procedures and raises the concern with their supervisor, while keeping the person involved in the discussion.

Language prompts

1. “I can see being more independent is really important to you.”
2. “Can we talk together about how to do this as safely as possible?”
3. “I want to make sure you understand the risks so you can decide the best way to do this.”
4. “I may need to share this with my supervisor so we can support you properly.”

Manager lens

The manager supports a balanced approach that respects independence while addressing safety. They help the worker explore ways to support the person’s goal more safely, rather than simply stopping the behaviour or ignoring the risk.

What this shows at BC1 level

- Noticing safeguarding concerns linked to behaviour change
- Respecting choice while being clear about safety
- Explaining risk without judgement or alarm
- Knowing when and how to raise concerns

Reflective prompt

How do you support a person’s goals while responding to safety concerns?

A behaviour change journey is often not linear, and there isn’t always a clear route that people follow. Staff sometimes work with individuals who change their mind about making a change, and this is a normal part of the process. In these moments, the staff member’s role is to remain open and willing to support, keeping the door open so the person can return when they’re ready.

At BC1 level, staff can reflect on their role and any emotions they have about the person’s changes. They are then able to maintain their relationship and be curious about ways of improving the support they provide by asking for feedback.

Scenario 8: Supporting behaviour change with flexibility

Everyday practice

A personal assistant supports a person living at home who wants to reduce sugary drinks to improve their health. At first, the person feels motivated and asks for help choosing lower-sugar options and gentle reminders. After a short time, they say they no longer want to focus on this goal because it feels too restrictive.

The personal assistant acknowledges this without judgement and explores what felt difficult. They remain open to supporting other changes that matter to the person, such as drinking more water or making small changes at mealtimes. They also make it clear that the conversation can be revisited in the future if the person wishes.

Language prompts

1. “It sounds like this feels quite hard right now.”
2. “Do you want to tell me what’s been working and what hasn’t?”
3. “Would it help to focus on something smaller or different for now?”
4. “If you ever want to come back to this, we can look at it together in another way.”

What this shows at BC1 level

- Remaining supportive without pressure
- Reflecting on practice and seeking feedback
- Recognising that behaviour change is not linear
- Respecting choice when a person changes their mind

Reflective prompt

How do you respond when someone changes their mind about a goal, and how can you keep support open and respectful?

At BC1 level, staff can identify occasions where they require support for behaviour change interventions. They can find accurate health information and other services that support behaviour change. They are aware of signposting and referral processes and can clearly and accurately explain processes and roles of individuals to the person drawing on care and support.

Scenario 9: Supporting a person to stop smoking by referring to support

Everyday practice

A support worker is helping a person who wants to quit smoking and is interested in nicotine replacement therapy (NRT). The support worker is not sure about eligibility but promises to find accurate information. They check trusted sources (NHS website, local stop-smoking service) and learn about referrals. They explain the process and potential challenges clearly.

Language prompts:

1. “Would you like some help to complete the self-referral form?”
2. “Appointments may take a couple of weeks, but we can plan for what you’ll do in the meantime.”
3. “Are there other ways I can support you in stopping smoking?”
4. “Do you think this plan sounds manageable to you?”

Manager lens

The manager supports the support worker by signposting to the local referral pathway and encourages using trusted health resources. They also check in on the support worker’s confidence in explaining processes.

What this shows at BC1 level

- Where to find trustworthy, credible and accurate health information
- Referral pathways, including eligibility criteria and process
- Explains system constraints honestly and respectfully
- Helps facilitate access to information and services

Reflective prompt

How do you make sure the information you share is accurate and clear?

What does leadership and culture look like at BC1 level?

For managers and leaders, BC1 includes competencies in providing resources and support for staff to identify risks and concerns, create appropriate plans, discuss options, and address any challenges.

An important part of this level is maintaining the psychological safety and wellbeing of staff, as well as creating clear support links to local services and reflective resources. Managers and leaders can do this by working with staff to help identify potential plans for reducing safeguarding risks and building their awareness of local referral pathways. At a strong BC1 level, managers can identify when staff may be experiencing distress and provide them with appropriate resources and support.

Key term three: Psychological safety

Feeling safe to express feelings, uncertainty or distress without fear of judgement or blame.

Scenario 10: Mental health conversations

Everyday practice

A person who usually enjoys community activities begins to refuse leaving their home. A support worker notices the change and feels concerned about loneliness and mental wellbeing but is unsure how to raise this without causing upset or pressure.

The support worker records the change and talks with their manager about their concerns. With support, they plan how to open a gentle conversation that focuses on what matters to the person, rather than pushing activity. They explore options such as one-to-one activities at home, involving family, or trying virtual social contact, while keeping the person's choice central.

Language prompts

1. "I've noticed you've been staying in more lately. How has that been for you?"
2. "Would you like to tell me what feels different right now?"
3. "We don't have to rush anything, but we can look at options together if you want."
4. "Would staying connected in a different way feel easier at the moment?"

Manager lens

The manager responds positively to the worker's concerns and provides space to reflect. They help the worker think through supportive ways to start the conversation, share ideas that have worked in similar situations, and reinforce that noticing and raising concerns is good practice.

What this shows at BC1 level

- Noticing changes in behaviour that may affect wellbeing
- Seeking support when unsure how to raise sensitive issues
- Opening conversations gently and without pressure
- Using reflection and supervision to guide next steps

Reflective prompt

How can you raise concerns about withdrawal or isolation in a way that feels safe and respectful for the person?

Managers also ensure that they identify training needs and opportunities for staff development on competencies under BC1. This could include topics on risks, safeguarding, conversation skills and trauma informed principles. As well as accredited training courses, managers can lead opportunities through encouraging shadowing, group practice within teams, role-playing exercises for safeguarding scenarios, and team learning sessions.

Behaviour change level 2 (BC2): Supporting behaviour change through conversations, planning and action

Who is BC2 most relevant for?

BC2 is especially relevant for direct care roles because they often support people over time and see how behaviour changes day to day. They are well placed to notice patterns, have planned conversations, and help people continue to take small, realistic steps. BC2 supports direct care workers to move beyond brief prompts and work more intentionally to plan, review and adapt behaviour change in a way that fits daily routines.

BC2 is also relevant for registered professionals because they often lead or contribute to structured behaviour change planning as part of wider care. This includes setting goals, balancing choice and safety, and adapting plans when health, capacity or circumstances change. BC2 provides a shared approach that supports consistent practice across assessments, care planning and multi-disciplinary work.

BC2 is relevant for managers because they create the conditions for structured behaviour change. It supports reflective supervision, shared learning and consistent practice across teams.

What does behaviour change support look like at BC2 level?

At BC2 level, behaviour change support is more planned and structured than at earlier levels. Staff use focused conversations to understand what matters to the person, what helps or gets in the way of change, and how support needs to adapt over time.

Support at this level involves working alongside the person to discuss goals and support action planning so the person feels confident to take small, realistic steps. Change is shaped by the person's experiences, priorities and confidence, rather than being driven by fixed targets or expectations.

Key term four: Behaviour change journey

The ongoing process of starting, stopping, adjusting or maintaining behaviours over time. This often includes pauses, setbacks and changes in direction.

Scenario 11: Everyday practice

A young woman moves into supported living after living at home and becomes highly distressed. She begins self-harming and initially only speaks to staff after it has happened.

Staff agree regular, planned conversations to help her understand what she is feeling and what triggers her distress. Over time, they work with her to spot early warning signs and agree a clear plan: when she notices urges to self-harm, she knocks on the office door and asks to talk. Staff prioritise these conversations and respond calmly and consistently.

As she practises this, her awareness grows and self-harm reduces significantly. She later supports staff training by sharing what helped her feel safe and supported.

Language prompts

1. “What are the early signs that tell you things are starting to feel hard?”
2. “Would it help to talk before it gets overwhelming?”
3. “What helps even a little when those feelings begin?”
4. “Shall we agree a plan together for what to do next time?”

What this shows at BC2 level

- Using planned conversations to understand triggers
- Building early help-seeking skills
- Agreeing clear actions before crisis points
- Supporting confidence and self-management

Manager lens

The manager protects time for regular reviews, supports staff consistency, and ensures learning is shared safely across the team.

Reflective prompt

How can planned conversations help people act earlier, before distress escalates?

BC2 recognises that behaviour change is rarely straightforward. Plans may need to slow down, change direction or pause due to health, energy, family pressures or life events. Staff support people to learn from setbacks, rather than seeing them as a failure, and help them find ways to get back on track when they are ready.

Behaviour change support at BC2 also involves balancing choice and safety. Staff explain risks clearly and respectfully, adapt plans to changing health needs, and know when to raise concerns or seek advice. Where families or others are involved, staff help balance different views while keeping the person’s wishes central.

Scenario 12: Balancing choice, safety and family views

Everyday practice

A social worker supports someone who wants to reduce contact with services to feel more independent. Family members are worried about safety and want more oversight. The social worker explores the person's priorities in a one-to-one conversation, discusses risks openly, and works with both the person and family to agree a plan that supports independence while putting safeguards in place.

Language prompts

1. "What does being more independent mean for you right now?"
2. "Can we talk through the risks so we can decide together?"
3. "What would help you be safe while doing this?"
4. "Let's look for a plan that respects your wishes and addresses concerns."

What this shows at BC2 level

- Understanding motivation and personal goals
- Family as behaviour change partners, not just influencers
- Balancing autonomy, safety and duty of care
- Co-producing realistic behaviour change plans

Manager lens

The manager encourages reflective discussion about risk, choice and family pressure. They support clear recording of decisions and reinforce the importance of keeping the person's voice central.

Reflective prompt

How do you support a person's choices while responding to concerns from others?

In group settings, staff help create safe, inclusive spaces where people can learn from each other without pressure or judgement.

At this level, staff may use tools such as reminders, planners or digital support where helpful, while being alert to when these increase stress, confusion or dependence. Support remains flexible and responsive, and tools are reviewed regularly with the person.

Scenario 13: Adapting plans to changing health

Everyday practice

An OT supports a person to increase activity levels following illness. Early goals feel achievable, but pain and fatigue increase. The therapist reviews progress with the person, adapts goals to match current energy levels. They discuss introducing an app to help track activity and the person's feelings so that they can both notice patterns and adapt the plan further if necessary.

Language prompts

1. "How has your energy been since we last talked?"
2. "What feels manageable right now?"
3. "Would it help to slow things down or change the goal?"
4. "We can use this tool to notice patterns, not to push yourself."

What this shows at BC2 level

- Linking physical health and behaviour change
- Adjusting goals and pace over time
- Supporting learning from setbacks
- Using tools to support confidence and self-management

Manager lens

The manager supports flexible goal setting and protects time for review sessions. They reinforce that adapting plans based on health changes is essential to safe and effective behaviour change.

Reflective prompt

How do you adapt behaviour change support when health fluctuates?

BC2 also involves working with others. Behaviour change goals and learning are shared clearly through care plans and MDT team work, so support is consistent across services.

Key term five: Multi-disciplinary team

A group of professionals of different services who work together to support a person.

Scenario 14: Working together to support behaviour change

Everyday practice

A social worker and a counsellor support a person with a disability who wants help to manage anxiety that affects their daily routine. The counsellor notices the person responds best to short questions, visual prompts and extra time to think.

The counsellor shares this with the social worker. Together, they adjust behaviour change conversations, so they are shorter, slower and linked to familiar routines. They discuss a small goal which the person chooses to action. The counsellor records what helps reduce anxiety, so support is consistent across services.

Language prompts

1. “Would it help if we slowed this down a bit?”
2. “Shall we look at one small step that feels manageable?”
3. “We can use pictures or routines if that makes this easier.”
4. “Let’s note what helps so everyone supports you in the same way.”

Manager lens

The manager supports time for joint discussion and reinforces the importance of recording and sharing practical learning across roles, not just outcomes.

What this shows at BC2 level

- Sharing learning about what supports behaviour change
- Adapting plans to thinking and communication needs
- Working together to build confidence and motivation
- Recording learning so support is joined up

Reflective prompt

How do you share what works so others can support behaviour change in the same way?

Overall, BC2 behaviour change support is about planned, collaborative and responsive work that builds confidence, supports choice and adapts to the realities of people’s lives.

What does leadership and culture look like at BC2 level?

At BC2 level, leadership focuses on supporting structured behaviour change in everyday practice. Managers and leaders help staff plan, review and adapt behaviour change support over time, rather than expecting quick or fixed results.

Managers and leaders recognise that behaviour change is not linear. They create a culture where staff can reflect, learn from setbacks and support the person adjust plans when health, motivation or circumstances change. Progress is valued, and changing a plan is seen as good practice.

Scenario 15: Leadership supporting structured behaviour change

Everyday leadership practice

A team is supporting several people to make changes to daily routines, but staff report that progress is uneven and some plans keep stalling. The manager creates space in supervision to talk through what is helping, what is getting in the way, and how health, motivation or family pressure may be affecting change.

Instead of asking why targets were not met, the manager supports staff to adjust support plans, slow the pace where needed and record learning clearly in care plans so it can be shared across the team.

Language prompts

1. “What seems to be helping right now, and what’s getting in the way?”
2. “How might the person’s situation, health or motivation be affecting this?”
3. “Would it help to slow things down or adjust the plan?”
4. “What learning should we record so the whole team can support this better?”

What this shows at BC2 level

- Valuing reflection and learning over fixed outcomes
- Supporting staff to adapt behaviour change plans
- Creating safety to talk about setbacks and uncertainty
- Reinforcing consistent, person-centred practice

Reflective prompt

How do you create space for learning and adaptation when behaviour change plans need to change?

A strong BC2 culture supports good-quality conversations. Leaders make sure staff have time for planning and review, and use supervision to explore barriers, pacing, risk and choice, not just outcomes.

Leaders also support balanced decision-making. Staff are encouraged to discuss risk, involve families appropriately and keep the person’s wishes central. Clear recording and sharing of learning across care plans and team work are expected, so behaviour change support is consistent.

Overall, BC2 leadership promotes flexibility, collaboration and person-centred planning, helping staff feel confident to support realistic and meaningful change.

Behaviour change level 3 (BC3): Supporting behaviour change when it gets tougher

BC3 is about supporting behaviour change when people need higher levels of support because of the complexity of their situation. This may include people with trauma histories, limited thinking ability or communication impairments, neurodiversity, mental health needs, physical vulnerability, high emotional distress, and others.

At this level, behaviour change is often closely linked to safety, wellbeing and stability. Support is more tailored, carefully paced and co-ordinated with other professionals. Behaviour change work is often part of wider therapeutic, safeguarding or multi-disciplinary plans.

Key term six: Complex situations

A situation where a person needs extra and careful support because of their situation or background, or having multiple and overlapping emotional, thinking or physical needs. These needs may change over time and often require flexible, well co-ordinated behaviour change support.

Who is BC3 most relevant for?

BC3 competencies are relevant for all direct care staff involved in supporting people with higher levels of needs. Roles include enhanced care workers and registered professionals, senior practitioners and service managers and leaders.

At this level, direct care staff adapt support to people's changing needs, creating environments where people feel safe and respected. Staff use routines, prompts, and small, manageable steps to support change, while staying person-centred and noticing when someone feels stressed or overwhelmed. They remain calm during difficult moments, use de-escalation techniques and protect the person's dignity. Over time, they help build routines that fit the person's life, adjusting support when motivation, confidence, or health changes.

Registered professionals are responsible for designing flexible care plans and co-ordinating with specialist services when needed. They select and adapt more advanced approaches safely, monitor risks, and support staff through reflection so practice remains consistent and person-centred. They lead or guide responses when situations become difficult, update care plans following changes or incidents, and communicate clearly with families and partner organisations. Over time, they help plan for setbacks, link people to community support, and contribute to long-term reviews that support sustainable change.

Managers play a key role in setting the tone for safe, respectful practice by modelling calmness. They train and guide staff to use approaches safely, encourage reflective practice, and adjust strategies when they are not working well. They support staff during and after difficult incidents, promote early escalation without blame, and make sure learning is taken forward. Over time, they ensure resources are in place for flexible, strengths-based support, helping teams prevent unnecessary dependence on services through a focus on building confidence and independence.

What does behaviour change support look like at BC3 level?

A key part of this level is adapting behaviour change support for people who have multiple and overlapping needs. Staff need to provide flexible and well co-ordinated support that feels safe and respectful. This means adjusting pace, language, and expectations so the person feels stable and understood. Creating an environment where people feel listened to, accepted, and not judged is essential for building trust and helping them make positive changes.

Key term seven: Person-centred

Focusing on what matters to the person, their choices and their pace, rather than following a fixed approach.



Scenario 16: Adapting behaviour change for a person with overlapping needs

Everyday practice

A resident living with early dementia, anxiety, and chronic obstructive pulmonary disease COPD wants to build up daily walking to feel stronger and more independent. An enhanced care worker plans short, timed walks after lunch when the resident's energy is higher. They use a simple visual plan (schedule with images showing route and rest points) and clear, calm language. Throughout the walk, the worker uses calm and clear language to provide encouragement and reminders of the route. The worker notices early signs of distress (faster breathing, fidgeting, worried look) and immediately offers to change the plan. The worker slows the pace and offers a seated rest and reassurance. They check what felt manageable, adjust the plan for the next day (shorter distance, longer rest). The worker reflects briefly after the walk about their own feelings (e.g., worries about shortness of breath) and records what helped the resident feel safe.

Language prompts

1. "Let's go at your pace, tell me if you want to pause."
2. "Does this picture plan look right for today?"
3. "I can see this feels a bit much, would a short sit-down help?"
4. "How did that feel for you? What would make tomorrow easier?"

Manager lens

The manager recognises that the resident's emotional, thinking, and physical needs overlap and may change day to day. They highlight the worker's use of pacing, plain language, and visual supports as good practice. The manager helps co-ordinate with the physio (for graded distance and breathing techniques). They encourage brief team reflections.

What this shows at BC3 level

- Shape behaviour change plans around physical, emotional and thinking needs
- Adjust pace, language, and expectations to support safety and stability
- Recognise distress or signs of re-traumatisation early
- Use reflection to understand emotional and physical responses in behaviour change work
- Helps create environments where people feel safe, listened to and respected

Reflective prompt

What signs tell you it's time to slow down, pause, or change the plan and how do you use those signs to adapt your support in the moment?

A key part of BC3 is using more advanced behaviour change techniques safely and helping others use them in everyday care. Staff choose and adapt approaches (like building routines, taking graded steps, and using prompts or environmental cues) based on a good understanding of the person. They notice when strategies create pressure or increase risk and change the plan. They are clear about limits of their role and when referral is needed, and they support reflective practice, so approaches stay person-centred, flexible, and safe.

Scenario 17: Using graded steps and cues to build confidence

Everyday practice

A person living with anxiety, fluctuating mental health and physical fatigue wants to be more independent with showering but often feels overwhelmed. During a home visit, the enhanced care worker takes time to understand what affects the person's confidence and energy.

Together, they discuss and the person chooses to use a flexible, graded approach that can change from day to day, depending on how the person feels:

- Choose a calm time of day
- Undress independently, with support nearby if needed
- Wash at the sink using a damp cloth, with support nearby
- Have a short shower, with support nearby for reassurance
- Gradually increase shower time

The care worker also adjusts environmental cues to reduce stress, such as keeping toiletries in the same agreed place to limit decision-making. They share the plan with other staff, highlighting the importance of pacing, reassurance and watching for early signs of distress, such as withdrawal, rising anxiety or tiredness.

Language prompts

1. "What feels manageable for you today? We can take this one step at a time."
2. "This plan is flexible. We can change it if needed."
3. "I can see this feels like a lot. Shall we pause or go back a step?"
4. "What helped today, and what would you like to change next time?"

Manager lens

The manager supports the enhanced care worker by building time into supervision to reflect on practice. They check that staff know when to involve specialist services, such as mental health support, and encourage shared learning so support stays co-ordinated, calm and person-centred rather than task driven.

What this shows at BC3 level

- Choosing and adapting approaches based on assessment
- Noticing when strategies increase distress or risk
- Keeping support person-centred and flexible
- Promoting safe, reflective practice across the team

Reflective prompt

How do you adapt support when someone's emotional, physical or thinking needs change from day to day, while still supporting their goal for independence?

At BC3 staff can recognise early signs of distress, responding calmly, and make sure help is brought in when needed. Staff use de-escalation techniques, protect dignity, and act quickly but without blame. After incidents, they update plans, support colleagues emotionally, and communicate clearly with families and partners. They know when to involve safeguarding, mental health, or emergency services and how to look after their own wellbeing.



Scenario 18: Calm, co-ordinated response to escalation

Everyday practice

During a planned home visit, an OT is supporting a neurodivergent person living with a mental health condition to set up a simple remote working routine at home. The person begins to show signs of distress. Their voice becomes louder, they start pacing, and they repeatedly move nearby objects.

The OT recognises these as early signs of escalation. They respond calmly by lowering their voice, reducing stimulation and offering simple, clear choices. This includes suggesting the radio is turned off and moving to a quieter part of the room.

Drawing on their knowledge of the person's sensory needs, the OT suggests a familiar calming strategy such as sitting in a specific chair, using a sensory object, or taking slow breaths together. The OT keeps a respectful distance, avoids crowding, and focuses on helping the person feel safe and in control.

Once the person is calmer, the OT checks in using accessible language and visual supports. They explore what felt overwhelming and note what helped. This information is recorded and shared with the wider team to support future visits and consistent care.

Language prompts

1. "I can see this feels a bit much right now."
2. "We can move to a quieter space if you'd like."
3. "Let's slow things down together."
4. "What helped just now?"

Manager lens

The manager supports reflective, no-blame discussion after the visit and ensures learning is shared with the wider team. They check on the OT's wellbeing. The manager also checks whether further input from specialist services is needed and ensures the OT has access to further support.

What this shows at BC3 level

- Leading calm, person-centred responses to distress
- Using early signs to prevent escalation
- Updating care and risk plans based on learning
- Working with teams to keep support consistent
- Always keeping dignity central

Reflective prompt

What early signs help you recognise escalation, and how do you support safety while protecting dignity and choice?

Scenario 19: Safeguarding, risk and behaviour change in supported living

Everyday practice

Staff in a supported living service notice that several adults with learning disabilities begin drinking heavily after moving into the service. Drinking quickly becomes unsafe, with repeated incidents of vomiting, collapse and staff staying overnight to monitor safety.

Staff feel anxious and responsible. They try to reduce risk by warning people about health harms, referring to tenancy agreements and holding group meetings to discourage drinking. None of these approaches work. Risk increases and staff begin to worry that eviction may be the only option, despite the vulnerability of the people involved.

The team seek specialist support. Through training and reflection, staff recognise that their responses have focused on control rather than understanding risk. They learn that drinking is providing social connection, independence and enjoyment that people have not previously experienced.

Staff change their approach. They stop pressuring people who do not want to change and focus safeguarding work on those at immediate risk. With one person who wants support, staff develop a person-led risk plan that balances choice and safety. The plan focuses on increasing protective factors, including meaningful activities, social connection and routine.

Throughout the process, staff reflect on how fear, urgency and “fixing” instincts had increased risk rather than reduced it.

Language prompts

1. “What does drinking help with right now?”
2. “What feels risky to you, and what feels important?”
3. “Would you like support to reduce this, or to stay safer for now?”
4. “What needs to change around you to make this safer?”

Manager lens

The manager supports structured safeguarding discussions, ensures learning is shared across the team, and co-ordinates multi-agency input. They reinforce that safeguarding is about proportional protection, not control, and ensure staff receive supervision to manage the emotional impact of high-risk work.

What this shows at BC3 level

- Identifying safeguarding risk linked to behaviour change
- Using structured, person-centred risk judgement
- Balancing autonomy, consent and protection
- Working across services to reduce risk
- Recognising when staff responses increase risk
- Supporting staff wellbeing and reflective practice

Reflective prompt

How do you balance safety, choice and dignity when behaviour change increases risk?

A key part of BC3 is helping people with higher levels of need maintain change over time. Staff plan for ups and downs in health and motivation, use realistic pacing, and keep reviews regular. They connect people to peer, community, and voluntary sector supports, reduce unnecessary dependence, and adjust help as needs change, remaining patient, flexible, and strengths-based.

At this level safeguarding includes identifying and responding to risk when changes in health, behaviour or distress affect safety. It includes assessing risk in a structured, evidence-based way, understanding how abuse, trauma or environment can affect behaviour, and knowing when concerns must be escalated. Practice remains person-centred, balancing protection with autonomy and developing clear safety plans with the person's voice at the centre.

What does leadership and culture look like at BC3 level?

Managers and leaders make sure staff work well within multi-disciplinary teams MDTs. They help teams plan, respond calmly under pressure and adapt when things change. They create a positive, non judgemental culture where staff can raise concerns early and learn together.

Leaders also recognise that people's needs change, so they put simple plans in place for common situations, helping staff know what to do and who to involve. They prioritise psychological safety so staff and partners can speak up about risks. Overall, BC3 leadership focuses on flexibility, teamwork and person-centred planning to support consistent and sustainable care.



Scenario 20: Learning from distressed behaviour on a dementia ward

Everyday practice

Following a serious incident on a nursing home staff report feeling shaken and confused about how a person with dementia became so distressed overnight. Responses had escalated quickly, including attempts to block access to stairs, and staff felt criticised rather than supported.

A senior practitioner is brought in. They begin by reassuring the team and creating space to talk openly, without blame. Together, they reflect on what happened, using a simple cause and effect approach to explore factors such as night-time staffing levels, environment, fatigue and communication.

The team tests small changes, including adjusting the environment, planning calmer night-time responses and supporting each other better. Learning is shared across the nursing home and used to improve future practice.

Language prompts

1. “Let’s slow this down and look at what led up to the distress.”
2. “What made this harder at night compared to the day?”
3. “What could we change next time to reduce risk and stress?”

Manager lens

The manager focuses on learning rather than fault. They support staff wellbeing, ensure changes are recorded, and share learning beyond the ward so safer, calmer responses become consistent practice.

What this shows at BC3 level

- Responding to distress in complex situations
- Using reflection after incidents to improve practice
- Adapting environments and systems to reduce risk
- Supporting staff emotional wellbeing alongside safeguarding

Reflective prompt

How do you support learning and safety after distressing incidents, without blaming individuals?



Section three: Behaviour change competencies in detail

In this section, you can explore the behaviour change competencies in more detail. The format is designed to help you break the competencies down, for example to spot training and development needs or to support activities such as writing job descriptions.

A glossary is included at the back of this document, where you can find clear explanations of key concepts and terms in colour blue throughout the framework.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
Behaviour change awareness (BCA): noticing and creating opportunities					
1	Basics of behaviour change	<p>Build a basic understanding of behaviour change.</p> <p>Show how inequality, living conditions and wider systems can affect a person's health.</p>	<p>1. What health behaviour change means, and the COM-B model. (Capability, Opportunity and Motivation)</p> <p>2. The main stages and cycles of behaviour change.</p> <p>3. How social factors and inequality affect behaviour.</p> <p>4. How the home, community and care setting affect behaviour.</p> <p>5. Basic safeguarding rules and professional boundaries when supporting change.</p> <p>6. Core care pathways and local community support.</p>	<p>1. Uses every contact to notice chances and gently start conversations about change.</p> <p>2. Notices things that may affect behaviour during routine care.</p> <p>3. Spots system or setting barriers, such as lack of outdoor space, poor transport or long waits for health services.</p> <p>4. Explains behaviour change in clear, simple language.</p> <p>5. Uses what they see and hear to offer the most helpful support.</p>	<p>1. Avoids blame, judgement and bias.</p> <p>2. Uses a positive, person-centred approach focused on strengths.</p> <p>3. Supports fair access to realistic choices.</p> <p>4. Raises safety concerns clearly and at the right time.</p> <p>5. Recognises when it is not helpful to discuss behaviour change and chooses not to start the conversation.</p>

Level	Competence	Purpose	Knowledge	Skills	Behaviours
2	Understanding how ethics, power and culture affect behaviour change	<p>Recognise how power, culture and identity can affect behaviour change.</p> <p>Make sure support is ethical, person-centred and fair.</p>	<ol style="list-style-type: none"> How care providers may hold more power than people drawing on care and support, 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. 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
3	Being able to communicate with everyone	<p>Communicate clearly and respectfully.</p> <p>Adapt communication to sensory, cultural, language and thinking needs.</p>	<ol style="list-style-type: none"> 1. The importance of plain language, using the right type of questions, active listening, and visual ways of communicating. 2. The basics of health literacy. 3. Awareness of everyday and informal language, and how meanings can differ. 4. Communication needs linked to sensory loss, low literacy, different languages and culture. 5. When and how to use interpreters, Easy Read materials, visual aids and other communication tools. 	<ol style="list-style-type: none"> 1. Adjusts pace, tone, language and method to suit the individual. 2. Uses pictures, objects, routines and non-verbal cues to help understanding. 3. Checks understanding regularly. 4. Uses communication aids, interpreters or translation when needed. 	<ol style="list-style-type: none"> 1. Responds with patience and avoids language that talks down to people. 2. Treats communication needs as normal and avoids judgement. 3. Remains open, calm and non-defensive.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
Behaviour change level 1 (BC1): Encouraging behaviour change					
1.1	Opening and motivating behaviour change conversations	Create warm and empathic conversations that helps people explore change that is important to them and take small, realistic steps.	<ol style="list-style-type: none"> 1. How to hold conversations that help a person think about making a change that is important to them. 2. How to respond to mixed feelings about change. 3. How readiness for change can go up and down over time. 4. Why small, achievable steps matter. 	<ol style="list-style-type: none"> 1. Uses open questions and reflective listening. 2. Notices natural prompts or signs of interest. 3. Identifies and respects what matters to the person. 4. Shows tact and sensitivity to personal circumstances. 5. Builds on strengths, interests and things that worked well in the past. 6. Suggests small next steps without pressure. 	<ol style="list-style-type: none"> 1. Shows respect, empathy and patience. 2. Acknowledges mixed feelings. 3. Knows when to start or pause conversations. 4. Encourages hope and notices small progress.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
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.	<ol style="list-style-type: none"> 1. Where to find trustworthy health information. 2. How local health and care services link to national systems. 3. Referral routes, including eligibility and processes. 4. Local and national voluntary and community services. 5. Common barriers to access for different groups. 	<ol style="list-style-type: none"> 1. Identifies when other services may help. 2. Signposts or refers people appropriately. 3. Explains system limits honestly and respectfully. 	<ol style="list-style-type: none"> 1. Helps people access information and services. 2. Works with others to reduce access barriers. 3. Avoids over-promising and is clear about what is possible.
1.3	Respecting people's choices while remaining supportive	Respond positively when people say no or choose something different and reflect on this to improve future support.	<ol style="list-style-type: none"> 1. Common ways and cycles of change, including pausing or changing their minds. 2. Simple ways to reflect on practice. 	<ol style="list-style-type: none"> 1. Explores reasons for refusal without pressure. 2. Keeps options open for future conversations. 3. Remains willing to support changes that matter to the person. 4. Reflects on learning in supervision. 	<ol style="list-style-type: none"> 1. Maintains rapport and avoids judgement. 2. Welcomes feedback as opportunities to learn and improve. 3. Shows curiosity about their own practice.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
1.4	Communicating with people who have different needs.	Adapt communication to suit different thinking, sensory and communication needs.	<ol style="list-style-type: none"> 1. How dementia, learning disability and other cognitive conditions can affect communication. 2. Common communication needs linked to sensory loss. 3. Ways to simplify information. 4. Accessible information standards. 5. Individual communication styles, including for autistic people and people living with dementia. 	<ol style="list-style-type: none"> 1. Uses communication strategies that suit each person. 2. Understands each person's needs and preferences. 3. Repeats and reinforces key messages when helpful. 4. Uses pictures, objects and routines to aid communication. 5. Checks understanding regularly. 6. Uses visual cues where helpful. 	<ol style="list-style-type: none"> 1. Uses creativity to make information accessible. 2. Shows patience and flexibility. 3. Avoids language that talks down to people. 4. Adjusts pace and expectations to the person's abilities. 5. Accepts different communication styles.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
1.5	Using trauma-informed principles in behaviour change conversations.	Use trauma-informed principles to support safe and respectful behaviour change conversation.	<ol style="list-style-type: none"> 1. How trauma, loss and identity can affect trust, behaviour and engagement. 2. Key trauma-informed principles, including safety, choice, collaboration, empowerment and trust. 	<ol style="list-style-type: none"> 1. Notices triggers, distress and changes in behaviour. 2. Follows care plans for supporting distress. 3. Keeps future conversations open. 4. Explores concerns or doubts without pressure. 	<ol style="list-style-type: none"> 1. Maintains rapport and avoids judgement. 2. Welcomes feedback. 3. Uses humour carefully to reduce tension, while avoiding harm.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
1.6	Identifying and escalating safeguarding concerns	Identify safeguarding concerns and risks that may arise when people are making, pausing or changing behaviours.	<ol style="list-style-type: none"> 1. Safeguarding legislation and how it relates to behaviour change, autonomy and duty of care. 2. How safeguarding policies and procedures apply when supporting behaviour change, including when choices increase risk. 3. Common risks linked to behaviour change, such as falls, nutrition, medication, substance use or social isolation. 4. How to balance choice, safety and responsibility (duty of care). 	<ol style="list-style-type: none"> 1. Notices safeguarding concerns that arise during behaviour change conversations or actions. 2. Explains risks clearly, without causing alarm, and checks understanding 3. Considers how changes in behaviour can change levels of risk. 4. Follows safeguarding procedures and escalates concerns appropriately when risks cannot be managed through support and choice. 	<ol style="list-style-type: none"> 1. Carries out safeguarding actions as required. 2. Balances honesty with respect for autonomy. 3. Seeks advice when unsure. 4. Escalates safety concerns appropriately.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
Behaviour change level 2 (BC2): Supporting behaviour change through conversations, planning and action					
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.	<ol style="list-style-type: none"> 1. Factors that affect motivation, such as beliefs, past experiences, trauma and thinking ability. 2. Simple ways to understand why behaviours happen and what maintains them. 3. How mental health, physical health, environment and routine affect behaviour. 	<ol style="list-style-type: none"> 1. Uses focused questions to explore what motivates behaviour change for the person. 2. Identifies gaps between what is happening now and what the person wants. 3. Summarises shared understanding with the person and, where appropriate, family. 	<ol style="list-style-type: none"> 1. Reflects on own assumptions and avoids judgement. 2. Treats the person and family as experts in their own experience.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
2.2	Using behaviour change techniques for goals and action	Support realistic and lasting behaviour change by agreeing clear goals and practical actions together.	<ol style="list-style-type: none"> 1. How small steps at the right pace, lead to behaviour change and its maintenance. 2. Simple and flexible goal-setting approaches. 3. Common behaviour change tools, such as prompts, planning, rewards and problem-solving. 4. How to pace change, break tasks down and respond to setbacks. 5. How relapse or stopping is part of the behaviour change journey for most people. 	<ol style="list-style-type: none"> 1. Identifies goals that are meaningful to the person. 2. Breaks goals into small, manageable steps. 3. Adjusts plans when progress slows or setbacks happen. 4. Supports planning for lapses and getting back on track. 5. Reduces support at the right time as confidence and skills grow. 	<ol style="list-style-type: none"> 1. Keeps plans person-centred and flexible. 2. Encourages learning from setbacks rather than blame. 3. Promotes confidence, choice and independence.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
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.	<ol style="list-style-type: none"> 1. How family dynamics, stress and consent influence behaviour change. 2. How frailty, long-term conditions, and changes in physical or thinking ability affect a person's behaviour change journey. 3. Barriers such as pain, fatigue, low mood or memory problems. 	<ol style="list-style-type: none"> 1. Supports joint discussions (between the person drawing on care and support and their family) and manages different expectations. 2. Adapts goals and plans to match the person's energy, mobility and thinking ability. 3. Keeps clear boundaries around consent and information sharing. 4. Responds to family influence that may conflict with the person's wishes. 	<ol style="list-style-type: none"> 1. Remains neutral, respectful and calm. 2. Avoids pushing people to continue with change when it feels unsafe or does not feel manageable. 3. Responds sensitively to changes in health or family situations. 4. Creates space for private conversation so the person can reflect and choose freely.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
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.	<ol style="list-style-type: none"> 1. How tools (e.g. apps, reminders, trackers, telecare etc) can support routines and motivation, or increase stress, confusion or dependence. 2. How choice, shared decisions and positive risk apply when using tools. 3. Basic issues around consent, privacy and data use. 4. How mental health, thinking ability or substance use may affect tool use. 5. Common barriers such as cost, confidence, access or literacy. 6. When to seek for specialist advice. 	<ol style="list-style-type: none"> 1. Explores whether tools could support routines, motivation, monitoring or get in the way. 2. Explains risks and benefits in a balanced way. 3. Supports choice, including non-digital options. 4. Helps with basic setup and initial use. 5. Notices when tools increase stress or confusion and raises concerns. 6. Shares relevant updates with the team in line with policy. 	<ol style="list-style-type: none"> 1. Promotes independence and confidence. 2. Avoids overstating benefits or risks. 3. Uses respectful language that supports trust and shared planning. 4. Acknowledges digital exclusion and raises access issues. 5. Remains flexible as needs and motivation change.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
2.5	Co-producing behaviour change plans	Work with people so plans are shaped by their experiences, priorities and ideas.	<ol style="list-style-type: none"> 1. What co-production is as part of behaviour change support. 2. How lived experience affects motivation and confidence. 3. The importance of shared decisions and choice. 4. Common barriers to involvement (e.g. low confidence, past experiences, fatigue, thinking ability, power imbalance, too many choices etc). 	<ol style="list-style-type: none"> 1. Invites people to consider their experiences to shape goals, pace and actions. 2. Adapts plans based on the person's ideas. 3. Explores what has worked or not worked before. 4. Supports shared problem-solving. 5. Uses reflection to notice when power shifts away from the person. 	<ol style="list-style-type: none"> 1. Shows openness to learning from lived experience. 2. Respects the person's autonomy and their expertise on themselves. 3. Remains curious about what matters to the person. 4. Respects personal and cultural factors.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
2.6	Integrating behaviour change across services	Make sure behaviour change goals and learning are shared clearly across care plans and MDT work.	<ol style="list-style-type: none"> 1. How to record and share behaviour change information clearly and proportionately. 2. What information is relevant and objective. 3. How behaviour change links to care plans and MDT processes. 4. Roles of different services in supporting change. 5. How mental health, trauma, substance use and thinking capacity changes affect behaviour. 6. How context factors (e.g. environmental or organisational) influence behaviour change. 	<ol style="list-style-type: none"> 1. Records goals, actions and progress clearly. 2. Translates conversations into care plans without judgement. 3. Shares relevant insights with MDTs. 4. Handles sensitive information safely. 5. Identifies and raises barriers affecting change. 6. Supports agreed actions in daily care. 	<ol style="list-style-type: none"> 1. Works collaboratively across services. 2. Reflects on how context affects behaviour. 3. Applies plans consistently. 4. Adapts when circumstances change.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
2.7	Supporting behaviour change in groups	Support or deliver group-based behaviour change in safe and inclusive ways.	<ol style="list-style-type: none"> 1. Basic principles of safe group work. 2. Common group dynamics. 3. Boundaries, consent and confidentiality. 4. The value of structure and pacing. 	<ol style="list-style-type: none"> 1. Prepares or contributes to group sessions. 2. Encourages quieter voices and manages dominant ones. 3. Supports simple group activities and reflection. 	<ol style="list-style-type: none"> 1. Respects group boundaries and safety. 2. Promotes inclusion and mutual respect. 3. Values peer learning and shared experience.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
Behaviour change level 3 (BC3): Supporting behaviour change when there are higher levels of needs					
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.	<ol style="list-style-type: none"> 1. How neurodiversity, dementia and learning disability affect communication and planning. 2. How physical vulnerability can affect safety, stamina and choice. 3. When specialist mental health input is needed, and the limits of adult social care roles. 	<ol style="list-style-type: none"> 1. Shape behaviour change plans around physical, emotional and thinking needs. 2. Adjust pace, language and expectations to support safety and stability. 3. Help staff recognise distress or signs of re-traumatisation early. 4. Work with mental health or learning disability specialists when needed. 5. Use reflection to understand emotional and physical responses in behaviour change work. 	<ol style="list-style-type: none"> 1. Helps create environments where people feel safe, listened to and respected. 2. Listens without judgement and enables flexibility. 3. Accepts differences in behaviour, communication or needs without trying to “fix” them. 4. Models calmness, reflection and self-care.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
3.2	Enhanced behaviour change techniques	Use more advanced behaviour change approaches safely and help others use them in everyday care.	<ol style="list-style-type: none"> 1. Advanced behaviour change approaches suitable for adult social care, such as routine building, graded steps and environmental cues. 2. The limits of adult social care practice and when referral is needed. 3. Risks of using techniques without proper support or supervision. 	<ol style="list-style-type: none"> 1. Choose and adapt approaches based on full assessment. 2. Support staff to use routines, prompts and reinforcement safely. 3. Notice when strategies overwhelm or increase risk. 4. Guide staff through reflection to build confidence and consistency. 	<ol style="list-style-type: none"> 1. Keeps approaches person-centred, not rigid. 2. Monitors how strategies affect wellbeing. 3. Promotes safe, reflective practice.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
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.	<ol style="list-style-type: none"> 1. What are early signs of distress and escalation. 2. De-escalation approaches within adult social care. 3. When safeguarding, mental health or emergency services are needed. 4. How crisis situations affect staff emotionally and self-help techniques. 	<ol style="list-style-type: none"> 1. Lead or guide calm, person-centred responses to distress. 2. Support staff during and after incidents through reflection. 3. Update care plans and risk plans after incidents. 4. Communicate clearly with families and partners. 	<ol style="list-style-type: none"> 1. Models calm and structured responses. 2. Encourages timely escalation without blame. 3. Keeps dignity central in all decisions.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
3.4	Supporting long-term behaviour change for people who need extra care	Support people who have higher levels of need to maintain positive change over time, using realistic pacing, review and co-ordination.	<ol style="list-style-type: none"> 1. Why it might be difficult for people with higher levels of need to maintain behaviour change over time. 2. How motivation and energy can fluctuate. 3. Ways to plan for setbacks and periods of instability. 4. How other people, the community and voluntary sector support helps long-term change. 5. Why reducing dependence and building confidence matters. 	<ol style="list-style-type: none"> 1. Build routines that fit long-term needs. 2. Plan for times when there will be low motivation or health. 3. Link people to peer and community support. 4. Contribute to long-term reviews across services. 	<ol style="list-style-type: none"> 1. Promotes autonomy and confidence. 2. Avoids creating unnecessary dependence. 3. Adjusts support as the person's needs, health or confidence change. 4. Remains patient, flexible and strengths based.

Level	Competence	Purpose	Knowledge	Skills	Behaviours
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.	<ol style="list-style-type: none"> 1. Adult safeguarding law and guidance, and how these apply when behaviour increases risk. 2. Ways to assess and think through risk in a structured and balanced way. 3. How abuse, exploitation, coercion or self-neglect can affect behaviour and decision-making. 4. How safeguarding works across services, such as health, social care, housing or police. 5. How trauma, stress and environment can increase risk or affect behaviour. 6. When concerns need to be escalated and who should be involved. 	<ol style="list-style-type: none"> 1. Build a clear person-centred understanding of risk, based on evidence and observation. 2. Take part in, or lead, safeguarding discussions with other services when needed. 3. Balance choice, consent and protection when behaviour change affects safety. 4. Develop clear safety plans with agreed action keeping the person's voice at the centre. 5. Reflect on the emotional impact of risk and seek support when needed. 	<ol style="list-style-type: none"> 1. Keeps the person's voice and rights central in safeguarding decisions. 2. Uses clear judgement and evidence not assumptions to decide action. 3. Stays calm and ethical under pressure. 4. Models reflective practice.

Section four: Glossary

These definitions are provided to support shared understanding. They are intended as practical guides rather than technical or legal definitions.

Term	Explanation	Example
Abuse	Harmful actions or behaviour that cause physical, emotional, sexual or financial harm. In behaviour change work, abuse may affect a person's choices, confidence or ability to feel safe.	A person stops attending appointments because a partner controls their money and transport.
Achievable steps	Small behaviour change actions that feel realistic and manageable for the person, given their situation and confidence.	Agreeing to go for a 5 minute walk twice a week rather than daily exercise.
Adult safeguarding	Actions taken to protect adults from harm, self-harm, abuse or neglect, while respecting their rights and choices. In behaviour change, safeguarding often becomes relevant when changes increase risk.	Raising a safeguarding concern when stopping care leads to serious self neglect.
Advanced behaviour change approaches	Planned ways of supporting change that go beyond brief prompts, such as building routines, taking small steps or using the environment to help. These approaches are structured, reviewed over time and used carefully within adult social care roles.	Supporting someone to gradually rebuild routines after hospital discharge.
Assessment (full assessment)	A structured way of understanding a person's needs, risks, strengths and circumstances before choosing how to support behaviour change.	Completing a Care Act assessment before recommending behaviour change support.
Autonomy	A person's right to make their own choices and decisions about their life, care and health, as far as they can do so.	Respecting a person's choice to decline support after risks are explained.

Term	Explanation	Example
Barriers	Things that make behaviour change harder, such as pain, fatigue, low mood, lack of time, low confidence or limited support.	Chronic pain making regular exercise difficult.
Behaviour change journey	The ongoing process of starting, stopping, adjusting or maintaining behaviours over time. This often includes pauses, setbacks and changes in direction.	Someone stops drinking, relapses, then resumes reduced drinking later.
Behaviour change plan	An agreed plan that sets out goals, steps, support and review for behaviour change, shaped around the person's needs and priorities.	A plan to gradually reduce isolation by attending one group a month.
Behaviour change	When a person decides to start, stop or adjust what they do to support their health or wellbeing.	Choosing to eat regular meals to improve energy levels.
Behaviour linked risk	Risk that increases or changes because of a person's behaviour, such as stopping support, changing routines, or withdrawing from services.	Increased falls risk after stopping mobility support.
Beliefs	Things a person thinks are true about themselves, their health or what is possible for them. Beliefs can support or block behaviour change.	Believing "I'm too old to change" reduces motivation.
Bias	Ideas, beliefs or attitudes that can affect how we treat people, often without realising it. Bias can be linked to disability, age, culture, gender or other characteristics.	Assuming someone with learning disability cannot make informed choices.
Calm responses	Ways of responding that reduce distress and help people feel safe, rather than increasing fear, pressure or conflict.	Speaking slowly and reassuringly when someone is angry or overwhelmed.
Care plan	An agreed plan that sets out how care and support will be provided, based on the person's needs, wishes and goals.	A plan outlining personal care timings and support needs.

Term	Explanation	Example
Choice	A person's right to decide what happens in their life, including the care and support they receive. Supporting behaviour change means respecting choice, even when there are concerns about safety.	Choosing not to engage in a recommended wellbeing activity.
Coercion	Pressure or control that makes a person feel they have no real choice. This can make them feel pressured, forced or pushed into a decision or an action. Coercion can affect behaviour change by limiting honest decision-making.	Threatening service withdrawal unless someone agrees to change.
Complex situations	A situation where a person needs extra and careful support because of their situation or background, or having multiple and overlapping emotional, thinking or physical needs. These needs may change over time and often require flexible, well co-ordinated behaviour change support.	A person with trauma, substance use and housing instability.
Confidence	How able a person feels to try, continue or return to a behaviour. Confidence often grows through small successes.	After one success, a person feels able to try again.
Consent	A person's agreement to support or action, given freely and with understanding. Consent may change over time and needs to be checked, especially when risk is involved.	Checking consent before involving another service.
Context factors	The wider conditions around a person, such as their environment, routines, support, housing or services, that affect behaviour change.	Lack of transport limiting access to community groups.
Co-production	Working with a person to shape goals and plans, rather than deciding for them. The person's ideas and experiences guide the approach.	The person chooses their own wellbeing goals.

Term	Explanation	Example
Crisis	A situation where distress or risk becomes intense and immediate support is needed to protect safety and wellbeing.	A person expressing suicidal intent.
Cultural humility	An ongoing willingness to reflect on your own assumptions and learn from others. It recognises that you cannot know everything about another person's culture and should remain open, respectful and curious.	Asking rather than assuming how cultural beliefs affect care.
Culturally sensitive	Being aware of and respectful towards a person's cultural background, beliefs and values, and adapting communication or support in response.	Offering same gender support where preferred.
De-escalation	Actions used to reduce distress, agitation or risk, such as slowing things down, using calm language, offering space or reassurance.	Offering time out and lowering voice during conflict.
Digital exclusion	When someone cannot use digital tools because of cost, access, confidence, skills, disability or language barriers.	Unable to book appointments online due to low literacy.
Dignity	Treating people with respect, valuing them as individuals, and supporting their sense of self-worth. Showing dignity is especially important in supporting behaviour change.	Offering privacy during personal care discussions.
Discrimination	Treating someone unfairly or differently because of a personal characteristic, such as disability, race, religion, gender or age.	Service delays because of ageist assumptions.
Distress	Strong emotional or physical discomfort that can affect behaviour, communication or decision-making.	Withdrawing from services due to anxiety.
Duty of care	The responsibility to act in a way that keeps people safe and avoids harm.	Acting when risk becomes unsafe despite respecting choice.

Term	Explanation	Example
Eligibility	The rules that decide whether someone can use a service or receive certain support.	Not qualifying for a service due to funding criteria.
Emotional impact (of risk work)	The stress, worry or emotional strain that staff may feel when managing serious risk or safeguarding concerns.	Feeling anxious after handling a safeguarding case.
Empathy / empathic	Showing understanding of how someone feels and responding with care and respect.	Acknowledging how hard change feels before giving advice.
Environment	The physical, social and organisational setting around a person, such as housing, relationships, routines or services. Environment can increase or reduce risk during behaviour change.	Cluttered housing increasing falls risk.
Environmental cues	Changes to the surroundings that gently support behaviour, such as visual prompts, layout, lighting or familiar objects.	Visual reminder to take medication.
Equality	Treating everyone the same. Equality does not always lead to fair outcomes if people have different needs or barriers.	Giving identical information to all clients.
Equity	Providing people with the level and type of support they need to achieve fair outcomes, recognising that different people may need different support.	Offering extra support to someone with cognitive difficulties.
Escalate / escalation	Raising concerns to other professionals or services when risk cannot be managed safely within usual support.	Contacting safeguarding team when risk cannot be managed.
Ethical practice	Working in ways that respect people's rights, wellbeing and choices, and aim to do good while avoiding harm.	Balancing safety concerns with respect for choice.
Evidence based judgement	Making decisions using clear information, observation and professional reasoning, rather than assumptions, fear or pressure.	Using observed risk rather than assumptions.

Term	Explanation	Example
Fairness (justice)	Ensuring people are treated fairly and have equal access to opportunities, support and protection.	Ensuring safeguarding responses are consistent.
Family dynamics	How relationships, roles and stress within a family influence decisions, behaviour and change.	A carer's stress affecting willingness to engage.
Flexibility	Adjusting pace, plans or expectations to match a person's needs, health or confidence at a given time.	Slowing progress during a health flare up.
Focused questions	Questions used to explore what matters, what helps and what gets in the way of change, rather than giving advice.	"What would make this feel easier?"
Frailty	Reduced strength or resilience that can affect energy, balance and recovery, and may change what feels safe or manageable.	Fatigue affecting ability to follow routines.
Graded steps	Breaking change into very small, manageable stages and only moving forward when the person feels ready.	Standing for one minute before increasing activity.
Group dynamics	How people influence each other in a group, including who speaks most, who stays quiet, and how attitudes spread.	One strong voice discouraging others from speaking.
Health information	Information about health, wellbeing or services that is accurate, reliable and easy to understand.	Explaining medication side effects in plain terms.
Health literacy	How well a person can find, understand and use health information to make decisions about their health and care.	Difficulty following appointment letters.
Higher levels of need / extra care	When a person needs more support because of emotional distress, thinking difficulties, physical vulnerability or ongoing health needs.	Ongoing supervision due to confusion or distress.

Term	Explanation	Example
Higher risk safeguarding concerns	Situations where harm is serious, ongoing or involves multiple risks or services, often linked to behaviour change, distress or vulnerability.	Multiple agencies involved due to repeated harm.
Identity	How a person sees themselves and how they are shaped by factors such as culture, disability, faith, gender, sexuality, age or life experiences.	Negative experiences related to a person's identity can affect trust and help seeking behaviour.
Informed choice	A decision made with clear information, shared in a way the person understands, and without pressure.	Choosing to refuse support after risks explained.
Lived experience	A person's own experiences of their life, health and care. This shapes motivation, confidence and what feels realistic.	Past hospital trauma affecting engagement.
Local and national services	Health, care and community services available in a local area or across the country.	GP, mental health team, charities.
Maintaining change	Continuing a behaviour over time, often by adjusting routines, support or expectations.	Continuing daily meals after initial support ends.
Mental health specialist input	Support from services such as mental health teams or clinicians when needs go beyond adult social care roles.	Referral to community mental health team.
Misuse of power	Using authority, control or influence in ways that limit someone's choice, dignity or safety.	Withholding information to influence a decision.
Mixed feelings	When a person feels unsure about change, wanting it in some ways but not in others. This is a normal part of change.	Wanting to stop smoking for health reasons but fearing increased anxiety.
Motivation / readiness for change	How willing or ready a person feels to make a change. This can change over time.	Feeling ready after understanding benefits.

Term	Explanation	Example
Multi-agency working	Different services working together, such as social care, health, housing or police, to manage risk and support safety.	Social care, housing and health co-ordinating support.
Multi-disciplinary team	A group of professionals of different roles from different services who work together to support a person.	OT, social worker and nurse planning together.
Neurodiversity	Natural differences in how people think, process information and experience the world, such as autism or attention deficit hyperactivity disorder (ADHD).	Adjusting communication for autistic people.
Non verbal cues	Ways of communicating without words, such as facial expression, body language, gestures or tone of voice.	Avoiding eye contact showing discomfort.
Open questions	Questions that invite a person to share more, rather than answering yes or no.	“How do you feel about this option?”
Pacing	Adjusting the speed of change so it matches a person’s energy, health and confidence.	Allowing recovery time between steps.
Person-centred	Focusing on what matters to the person, their choices and their priorities, rather than a fixed plan.	Prioritising social contact over physical goals.
Physical vulnerability	When health, strength or stamina affect safety, energy or ability to cope with change.	Breathlessness limiting activity levels.
Plain language	Clear, straightforward communication that avoids jargon and complex wording.	Saying “heart doctor” instead of “cardiologist”.
Positive risk	Supporting change while accepting some risk, when this is understood and agreed, rather than avoiding all risk.	Supporting independent travel despite some risk.
Positive steps / small progress	Small signs of change or effort that help build confidence and momentum.	Making one phone call after weeks of avoidance.

Term	Explanation	Example
Power dynamics	How power is shared or held within relationships, including how care providers may have more control or influence than people drawing on care.	A worker's authority shaping conversations.
Pressure	Direct or indirect influence that makes someone feel they should act in a certain way, even if they are unsure or uncomfortable.	Repeatedly urging change despite refusal.
Problem solving	Working together to find practical ways around barriers or challenges to change.	Finding transport alternatives.
Prompts	Reminders or cues that help a person remember or start a behaviour or behaviour change conversation.	Text reminders for appointments.
Protection	Steps taken to reduce harm and keep people safe, used carefully alongside choice and consent.	Increased check ins during risky change.
Psychological safety	Feeling safe to express feelings, uncertainty or distress without fear of judgement or blame within a team.	Staff able to raise concerns in team meetings.
Reasonable adjustments	Changes made to remove barriers so people can access care, information or services fairly, especially for disabled people.	Extra time for appointments.
Referral routes	The agreed ways of connecting someone to another service or type of support.	Referral to substance misuse service.
Reflection	Taking time to think about what is happening, how it feels, what is working and what may need to change.	Reviewing why a plan didn't work.
Reflective listening	Listening carefully and showing understanding by reflecting back what the person has said.	"It sounds like you feel overwhelmed."
Reflective practice	Taking time to think about decisions, emotions and actions, and what could be done differently next time, especially after difficult or risky situations.	Team discussion after a safeguarding case.

Term	Explanation	Example
Relapse / lapse	A pause, setback or return to an old behaviour after change has started. This is common and part of long-term change, not a failure.	Missing appointments after initial progress.
Re-traumatisation	When experiences, language or actions trigger distress linked to past trauma.	Using forceful language reminding someone of abuse.
Routine	Regular patterns in daily life that strongly influence behaviour.	Waking late affecting medication adherence.
Routine building	Creating predictable patterns in daily life that support wellbeing and reduce uncertainty. Routine-building can be supportive of long-term behaviour change.	Regular meal times to stabilise mood.
Safeguarding	Actions taken to protect people from harm, abuse or neglect while respecting choice and rights.	Monitoring neglect risks while honouring choice.
Safety plan	A clear, agreed plan that sets out risks, actions and responsibilities to support safety while respecting the person's choices.	Who to contact during a mental health crisis.
Self care (for staff)	Ways staff look after their own wellbeing so they can continue to support others safely and consistently.	Debriefing after difficult cases.
Self neglect	When a person struggles to care for their own safety or wellbeing, which may be linked to distress, trauma or changes in behaviour.	Poor hygiene and missed meals.
Sensory loss	Reduced or lost sight, hearing, or other senses that may affect communication or understanding.	Misunderstanding instructions due to hearing loss.
Setback	A temporary difficulty or disruption that slows or reverses progress toward a behaviour change goal. Setbacks are a normal part of change and can help identify barriers, triggers or support needs.	A person trying to reduce smoking begins smoking more during a stressful week at work.

Term	Explanation	Example
Shared decision making	Making choices together, with both the person and the worker contributing, and the person having final say.	Worker explains options; person chooses.
Shared planning	Working together with the person to agree goals, steps and support, rather than deciding for them.	Co-creating steps for social engagement.
Signposting	Pointing someone towards information, services or support that may help them.	Providing details for a local carers group.
Small steps	Breaking change into manageable actions that feel achievable and build confidence.	Opening curtains daily as first step.
Stability	A sense of safety and balance that supports behaviour change, especially during periods of stress or change.	Housing stability enabling routine building.
Stigma	Negative attitudes or beliefs that lead to people feeling judged, excluded or ashamed.	Avoiding services due to fear of labels.
Strengths-based	Focusing on what a person can do, what helps and what has worked before, rather than only on problems.	Using cooking skills to support nutrition.
Structured judgement	A clear and balanced way of thinking through risk, using evidence, guidance and professional discussion rather than guesswork.	Weighing benefits and risks in supervision.
Supervision	Planned support for staff to reflect on practice, manage emotional impact and improve confidence and consistency.	Discussing ethical dilemmas with a manager.
Trauma	An experience, or series of experiences, that feels overwhelming or frightening and leaves a lasting impact on a person's sense of safety, trust or control. Trauma can affect how people think, feel and respond, including how safe they feel in conversations or when making changes.	A person's experience of domestic abuse can affect their sense of safety and trust which people and services.

Term	Explanation	Example
Trauma-informed	Working in ways that recognise past trauma may affect how safe, trusting or ready someone feels.	Offering choice and avoiding sudden demands.
Triggers	Situations, words, feelings or events that may cause distress or strong emotional reactions.	Raised voices triggering panic.
Trust	Feeling safe, respected and listened to. Trust supports honest conversations and sustained change.	Person shares concerns honestly over time.
Undue influence	When someone's decision is affected by another person's authority, relationship or control in a way that is unfair or inappropriate.	Family member speaking on someone's behalf.
Voluntary and community sector services	Support provided by charities, community groups and not-for-profit organisations.	Peer support groups run by charities.
Vulnerability	When a person's circumstances, health or experiences increase their risk of harm during behaviour change.	Isolation increasing exploitation risk.
Wellbeing	A person's overall sense of physical, emotional and mental health.	Feeling connected, safe and able to cope.

Skills for Care
West Village
Wellington Street
Leeds
LS1 4LT

T: 0113 245 1716

E: info@skillsforcare.org.uk

skillsforcare.org.uk

© Skills for Care 2026



facebook.com/skillsforcare



linkedin.com/company/skills-for-care