

# Increasing the resilience of community placements to meet the needs of people with Intellectual Disabilities presenting with behavioural distress: an evaluation of a community Positive Behaviour Support training programme

## North Staffordshire Combined Healthcare Trust

### Abstract

Positive Proactive Support (2014) recognises that in order to meet the needs of people presenting with intellectual disabilities and challenging behaviour, lead workers and senior support staff should receive further training in PBS.

The evidence suggests that a combination of training approaches is more effective in developing PBS skills and a practice leadership model is proposed to have the biggest impact on service delivery.

A pilot training programme to improve PBS practice within provider organisations was commissioned in North/South Staffordshire.

57 Training places were delivered across 3 days over 3 consecutive months. A combination of teaching and assignment based approaches were used.

Outcomes were collected through focus group feedback, assessment of learning and measures of behaviour, environment and quality of life measures.

### Aims

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The aim of the training was to improve quality of care and quality of life for people with intellectual disabilities being supported across the service.

Training was offered to senior staff members, able to attend each of the training days, aiming to ensure their influence within the organisation post training.

### Method

A presentation regarding the training was given at a local provider forum to engage staff within the process and encourage attendance. Commissioners and CLDT's also contacted services and informed of the training.

As the training cohort was from 2 trusts, key clinicians met to discuss the proposed content and modality for delivery. Delivery was in line with the services PBS pathway, thus supporting clinicians from the community team where they were also involved with community services.

At commencement of training a knowledge assessment was completed, comprising 12 questions relating to theory of PBS. An outcome assessment of the presenting behaviour of one individual which attendees would then use as a case study through the subsequent sessions.

An assessment of the quality of the service in relation to PBS was also completed, between the 1<sup>st</sup> and 2<sup>nd</sup> session drawn from the Challenging Behaviour Foundation document 'What does Good Look Like. A quality of life measure 'Who Quol' was also completed by the attendee with the person for their case study.

The training broadly covered Assessment, Formulation, Interventions, Trauma Informed Care, Restrictive Practices, Mindfulness and Outcome measures/monitoring.

At the end of the session the knowledge based assessment was completed and the Quality of Life/BPI measures were repeated.

Focus groups were completed to discuss themes around change with an assistant psychologist who had not completed the training.

A feedback questionnaire was also administered following the training.

A follow up survey was distributed and assessed whether changes had been sustained and changes observed in the service assessment.

### Results

There were 7 cohorts of trainees who attended a 3 day training programme divided across 3 months. A total of 57 staff attended the training from 16 different community providers.

A number of individuals that attended the training reported that they felt that it provided them with *"additional knowledge, ideas we haven't heard of"*. Attendees reflected on the new knowledge that they had gained around *"formulation"* *"active support"* the *"PERMA model"* and *"information around STOMP and the effects of medication"*. Attendees of the training also highlighted the introduction to outcome measures and evaluation tools as beneficial listing the BPI-S and the QABF as tools that will be *"quick and easy"* to implement.

However, it also appeared that the training offered a safe space for professionals to share experience to support knowledge of PBS. One attendee reported that their team intended to implement *"some of the behavioural management strategies that have been shared within the group"*. It was felt by another attendee that it was *"good to hear what others are doing"*.

#### Improving Quality

Attendees also reported that they felt that the training would allow them to improve quality with both the care that they provide but also the quality of life for their service users. One attendee reported that the training *"made [me] more vigilant in my professional and personal life around PBS"* with another individual reporting that they now felt they could offer *"more support for the client...because of our understanding"*. Another piece of feedback also stated that the training *"made a big impact on my service users quality of life and general happiness"* and *"reduced behaviours, reduced refusal to engage in activities, reduced upset, more happy service and service users"*.

Quality was also felt to be added more systemically to teams following the training with individuals that attended the training stating that they would be sharing the information from the training with *"my team"*. With attendees expressing an active interest in *"monitoring"* and *"evaluation"* using evidence based tools and a further understanding of the need to *"re-evaluate more regularly"*.

#### Reinforcing current practice

Reinforcing current practice was also identified as an additional benefit of the training. One attendee reported that they felt that the training *"formalises"* practice that already existed within their care team, with others stating that it refreshed *"what we already do"*. Another attendee reported that the training again recapped on concepts that they understood but reinforced that their *"PBS plan is already in place, are very useful and showing us great results in helping the individual and to the staff"* and therefore allow teams to *"continue confidently what we already do"*.

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Further information suggested that 2 service users at risk of admission prior to the training were supported to remain in the community and subsequently discharged from the IST. Staff felt in part that this was due to the training and different interventions used. Follow up assessment is underway to assess whether the change has been sustained.

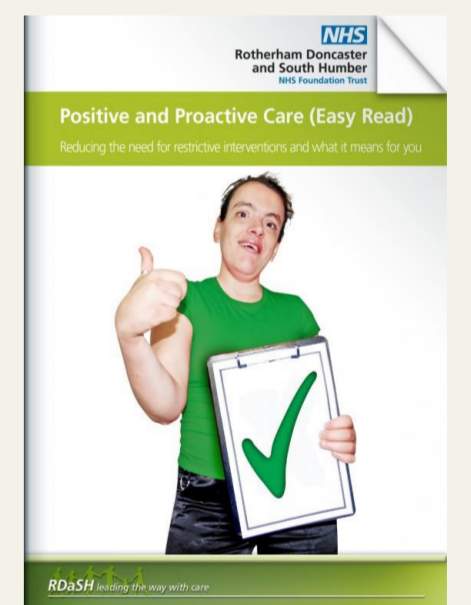
### Conclusion

The evaluation suggests that PBS training can have a positive impact on the services provided for people with ID and challenging behaviours.

A key difficulty identified was that representation at the training appeared to be skewed towards staff teams who already demonstrated insight and awareness into successful PBS strategies.

High turnover of staff within organisations presents challenges with regards to training programmes (some individuals had moved before the training was completed or were in the process of moving).

The pilot study meant that a relatively small number of people were trained compared to the number of organisations present within the locality. Much of the PBS literature suggests that training for whole organisations is needed to make a real difference.



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