Developing a Local Positive Behaviour Support Service

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BACKGROUND INFORMATION

INTRODUCTION

• Over a third of individuals with an Intellectual Disability under care of local authorities reside in out of borough placements (Whelton, 2009, see: McGill et al, 2010)
• Prominent in this group are individuals who exhibit behaviour that presents a challenge to services (Emerson & Robertson, 2008, see: McGill et al, 2010)
• Out of borough placements are often high cost and of dubious quality
• The recent outcome of the Winterbourne View investigation highlights concern’s about the quality and safety of such provision
• Such placements frequently occur as a reaction to crisis situation
Background Information:

THE MANSELL REPORT

• The Mansell Report (Revised edition: 2007) recommends specialist challenging behaviour services (a) work intensively with a small number of individuals and (b) help strengthen mainstream services so they can serve people locally.

• Research on specialist Challenging Behaviour services suggests effective services are likely to be:
  • Peripatetic
  • Psychology-led
  • Have good case management procedures
  • Clearly orientated to evidence-based approaches in behaviour analysis (Forrest et al. 1996).
HALTON BOROUGH COUNCIL:

• Halton Borough Council alongside St Helen’s and Halton NHS commissioned a specialist peripatetic, life span Positive Behaviour Support Service.

• Neighbouring authorities Knowsley and St Helens also commission the service

• It is the first Local Authority service in the UK to be staffed and led by Board Certified Behaviour Analysts (BCBA)
### Visions of the PBSS

<table>
<thead>
<tr>
<th>For the individuals…</th>
<th>For those caring and supporting individuals…</th>
<th>Reduction of risk</th>
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<tbody>
<tr>
<td>Improved quality of life</td>
<td>Reduced stress</td>
<td><strong>To health and social well being.</strong></td>
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<td>Increased opportunity for meaningful engagement</td>
<td>Increased knowledge of behaviour function, environmental and stimulation effects</td>
<td><strong>Personal injury</strong></td>
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<td>More opportunity for education/cognitive development</td>
<td>An increased efficiency during times of problem behaviour occurrence</td>
<td><strong>Placement breakdown</strong></td>
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<td>Increased opportunity for community participation</td>
<td>Improved relationships with service user</td>
<td><strong>Out of borough/restricted placement</strong></td>
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<td>Greater access to a less restrictive environment</td>
<td>A feeling of being supported.</td>
<td><strong>Reaching crisis point</strong></td>
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<td>Improved relationships</td>
<td>An increased confidence in ability to cope</td>
<td><strong>Damaged relations</strong></td>
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<td><strong>Preceded by one’s case history</strong></td>
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<td><strong>Intrusive support levels</strong></td>
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<td><strong>Normal life opportunity limited by over zealous risk assessment</strong></td>
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<td><strong>High cost placement/support packages</strong></td>
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Eligibility:

Who Accesses the Service?

• Core service for individuals with a moderate to severe Learning Disability and/or diagnosis of Autism who are engaging in behaviour that challenges services

• Some new service development for older people with a diagnosis of Dementia (no Learning Disability)
Staffing Structure:

POSITIVE BEHAVIOUR SUPPORT SERVICE

Operational Director: Paul McWade
BCBA-D: (Clinical supervisor)

Principal Manager: Maria Saville

TEAM 1:
HALTON
Practice Managers x 2 (Behaviour Analysts)
Care Managers (Assistant Behaviour Analyst level)
Support workers x 2

ADDITIONAL HALTON:
Practice Manager (Behaviour Analyst): Dementia Lead
Practice Manager (Behaviour Analyst): Safeguarding lead, sits in Integrated Adult Safeguarding Unit
Care Manager (Assistant Behaviour Analyst level): Education

TEAM 2:
KNOWSLEY
Practice Managers x 2 (Behaviour Analysts)
Care Managers (Assistant Behaviour Analyst level)
Support workers x 2

TEAM 3:
ST HELENS
Practice Manager (Behaviour Analyst)
Care Manager (Assistant Behaviour Analyst level)
Support worker

FUNDING: Core Team
Team 1: Halton Adults, Halton CCG and Halton Children and Enterprise
Team 2: Knowsley
Team 3: St Helens LA and St Helens CCG

FUNDING: Additional Halton
Dementia Practice Manager: Halton Adults
Safeguarding Practice Manager: Halton Adults
Care Manager Education: Children and Enterprise
Service Specification:

FOUR KEY FUNCTIONS
The service aims to work collaboratively in four related areas
The Key Functions:

Technical Support: So far…

- PBSS have worked with 82 people so far (across children and adult services and stakeholders)
- Age range of 4-96
- Cluster of 14-19 year olds (transition-crossing children and adults services)
- Over 60% of people have a diagnosis of Autism
- 1 re-referral to date
Case Study: Ian

- Aged 26, diagnosis of Autism, LD
- Long history of placement breakdown- resulting in secure placement with high support
- Now lives in community with high support (4:1)
- Low frequency, high intensity aggression/property destruction
- PBSS involvement aim- change behaviour, reduce staff, increase meaningful activity and community participation
Case Study: Ian

- PBSS completed full FA, intervention, intensive staff training (including AS and Interactive Training)
- Behaviour remains low frequency, evidence of intensity and duration reduction
- Meaningful activity increased, new activities being introduced all the time
- Now successfully accessing day services, AS package followed here as well
- Staff reduction of 1 staff member (4pm-8am next day), on-going review
Case Vignette: Lucas

- Aged 9, diagnosis of Autism and Learning Disability
- Home placement in jeopardy due to high risk behaviours
- High frequency absconding
- High frequency, high intensity self-injury, medium frequency aggression
- Limited activity, restricted environment, limited communication
Case Vignette: Lucas

- PBSS aim- stabilise placement, increase activity and communication, change restrictive environment, reduce behaviours
- FA completed, intervention supported
- Absconding has ceased altogether
- Other behaviours have reduced (particularly in intensity)
- Functional Communication skills and activity have increased
- Lucas freely moves around the house…
Case Study: Andrew

• Andrew is an adult with a learning disability and cerebral palsy, he has been known to services all his life
• At the time of the referral to PBSS he was in an assessment and treatment unit. His home placement had broken down due to behaviour that challenged.
• At home there was little for him to do and on the unit he was isolated. There were attempts for him to return home but it soon broke down
• The nature of the unit meant it was restrictive and there were few opportunities for engagement. Andrew was unoccupied for long periods of time
• He engaged in regular, high levels of undesirable behaviours, including:
  – Aggression towards staff
  – Smearing, shredding and eating incontinence pad
  – Property damage including digesting items of furniture
  – Self injury
The PBSS aim for Andrew

To improve Andrew’s overall quality of life by:

– Enriching his living environment
– Helping him to engage in meaningful activities
– Removing the restrictions placed on his physical environment such as providing access to the kitchen
– Reducing the occurrence and intensity of behaviours that challenge
– Giving Andrew the skill as an alternative means of communicating his needs and expressing choice
Andrew’s Life Now

What has changed?

• Andrew is living in his home and has been there for nearly a year
• Andrew participates daily in:
  – Domestic activities
  – Leisure and social activities
  – Community activities
• Undesirable behaviours have reduced in frequency and intensity
• Andrew’s staff team are confident in how to enrich his environment and support him effectively.
• Improved quality of life…and potentially a reduced package cost
Cost Effectiveness:

EXAMPLES:

• Ian- staff reduction has reduced his package of care by approximately £80,000 per year...

• Lucas- stabilising a home placement avoids the cost of a specialist residential school, a cost of £150,000-£250,000 per year

• Andrew- stopping the double funding of community tenancy and assessment treatment service saves £90,000 per year. Avoided cost of specialist residential £250,000 per year
Not all Plain Sailing…

Staff availability

High staff turnover

Weak management

Cancellations

Safeguarding complexities

Tired parents

Perseverance…

Agency staff

Recruitment

Capacity

Data refusal

Conflicting advice

'Know it all' attitude

Burnt out staff

Medication

Fear

'Been there done that' attitude
Conclusions:

Going well…

• The ‘four armed’ pragmatic approach of the PBSS is proving successful
• Quality of lives are improving (significantly)
• Commissioners are impressed (and wanting to invest more)
• Cost effectiveness is being shown
• More Behaviour Analysts are being trained
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