

WORKSHOP OUTCOMES

Implementing a PBS Competence Framework

Facilitator: Louise Denne

Outcomes from the session:

- Provided an overview of the PBS Competence Framework project
- Discussed how such a framework might be used across services
- Examined the barriers to implementation and explored recommendations for overcoming these

Background

In 2013 the International Journal of Positive Behavioural Support (IJPBS) published a special edition (volume 3, 2) with a view to providing a definition and clarification of Positive Behaviour Support (PBS) appropriate to the UK health and social care system. The editors highlighted the urgency of this as the review into Winterbourne View has prompted a number of government sponsored projects which specifically refer to PBS. The special edition includes 4 interrelated papers which present:

- a conceptual framework for understanding the occurrence of challenging behaviour in people with intellectual disabilities
- an up-to-date definition and scope of PBS
- the case for the development of a competence framework for those providing PBS services
- social and organisational factors that impact on PBS intervention: implications and opportunities for building capacity at an individual service user, organisational and cultural level.

The PBS Competence Framework project was set up in light of this. At the CB-NSG meeting in March earlier this year an early draft of the proposed framework was shared with participants. As a result of that workshop the overall structure and scope of the framework was revised as well as some of the content. Work on the framework has continued over the summer and it is anticipated that a draft will be ready for the editing group in November.

Having defined the competencies that the best evidence suggests are necessary how can we use these to change practice?

Feedback from discussion:

Necessary competencies

- Qualification → status → progression → pay scale → better teams and higher quality support
- Support/sign-up from organisations
- Role of manager/supervision

- Avoid over-professionalising all the competencies
- Commissioners are key to ensuring quality – need monitoring
- Inspection/regulation
- Training for all
- Peer feedback
- Language/terminology used (assessment)
- Good support for staff so they do not leave
- Whole organisational approach
- Realistic expectations of time taken to achieve and commitment to do it!

Barriers to implementation

- (Context: culture)
- Avoiding institutionalisation at the earliest point
- People being seen and valued as human beings
- Everyone saying ‘we’re doing fine’ – no challenge to practice and attitude
- Sticking to standard recruitment practices – needs more creative approach
- Management styles that don’t encourage good practice by example
- Not learning from incidents and sharing good practice solutions
- Not being prepared to take risks
- *How can quality be measured?*
- ‘What works’ not being taken on board
- Not relinquishing power – co-ordinating for quality not power
- PBS should be regarded as a philosophy which goes beyond the observation and analysis of the behaviour and the implementation of a suitable response, essential components though they are. Properly implemented, PBS should be looking to include all aspects of care and support that might improve the individual’s quality of life. Would an agreed description of what PBS is when delivered successfully, be helpful?
 - *David Allen has been involved with its delivery for probably at least a decade. E-learning courses have been on offer from Cardiff University for many years too and have doubtless been refined during that time. I cannot help but think that we simply need to get on and do it!*

Barriers to facilitation

- Systemic hopelessness
 - Service user
 - Service provider
- Commissioner knowledge of PBS – why we need to get it right!
- Outcomes which are beneficial for individual

- Being committed to the person they are serving, not the job. If it is the job they are committed to, then the person inevitably eventually gets lost in the 'corporate serving' to the employer.
 - Can be overcome such as the example in Julie's 'GettaLife' presentation by saying to staff .. *'this is great job'* not *'this is a hard job!'* and also by telling them *'these are the people I care about'*.
 - A family carer said: I do the same when I interview and induct staff for my son's team. This contradicts any hopelessness anyone may carry and starts from the right positional approach. This is how we begin to get PBS into the bedrock philosophy and culture and root out this 'systemic and systematic hopelessness' which ultimately drains everyone.

Evidence barriers

- Managers not feeling competent
- Different definitions
- Don't believe it works
- Need to improve info to frontline staff/supports
- Needs data collections
- Needs branding
- Experience of direct worker missing
- Under-paid and over-stressed
 - Negative
- Empowering frontline staff to be the difference
- Start with restrictive/management
- De-briefing/reflective learning
- Involving people in setting the standards
 - 1/3 at least
- ABA knowledge/evidence
- Value to commissioners – long-term benefits
 - Cost/benefit analysis

Actions to take forward

- The "packaging" around the framework, especially the language used, and the way that it is disseminated is critical.
- If the PBS academy proposals come off disseminating the framework through participating organisations would be sensible
- Get the draft ready for the final editing group
- Create a discussion paper on barriers to implementation (as highlighted above)