Evaluating young people and family outcomes for a newly developed Intensive Positive Behaviour Support (IPBS) Service

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Introduction

As a result of the Transforming Care agenda [1] the CNTW NHS Foundation Trust has evaluated and reshaped it's Learning Disability (LD) services for children and young people through the New Care Models programme. An innovative Intensive Positive Behaviour Support (IPBS) team was developed with the aim of reducing hospital admissions and out of area placements for children and young people with a LD. The IPBS service covers multiple localities within the North East and Cumbria, providing community assessment and intervention as close to the young person's home as possible.

All members of the IPBS team have all received training in Positive Behaviour Support (PBS). Parents are further supported through the delivery of Positive Family Intervention (PFI) [2], which aims to further parent's understanding of PBS and also increase their level of optimism using CBT techniques. With the considerable changes to service structure, there is a need to evaluate the effectiveness to review if the service development is working towards the aims of the Transforming Care Agenda. A service evaluation was completed for the IPBS team's first 12 months of cases.

Who we work with
- Caregivers
- Teachers
- Support workers

Where we work
- Homes
- Schools
- Respite
- Other community areas

What we do
- MDT [3] "wrap around" team providing consistency
- Observations
- Functional assessments
- Specialist assessments
- Medication reviews

Figure 1: About the team

Method

A series of measures were used to collect outcome data pre and post IPBS pathway. Data used in this evaluation includes: (1) Tier 4 CYPS admission data, (2) an evaluation of the frequency and severity of behaviours collected during IPBS pathway, (3) Carer Concerns [4] and (4) Goal Based Outcomes.

There were 10 cases that had fully progressed through the IPBS pathway in the first 12 months (8 male, 2 female, mean age = 12.67, SD = 3.87). The average pathway length was 15 weeks (SD = 5) with 7 cases requiring full assessment and 3 cases requiring implementation as they had already had full assessment from community teams.

Results

Admissions data (2016 15 admissions – 2019 2 admissions, both of which were young people from outside of the CNTW area) shows decreasing admissions of young people with a learning disability requiring a full PBS pathway to a Tier 4 inpatient service.
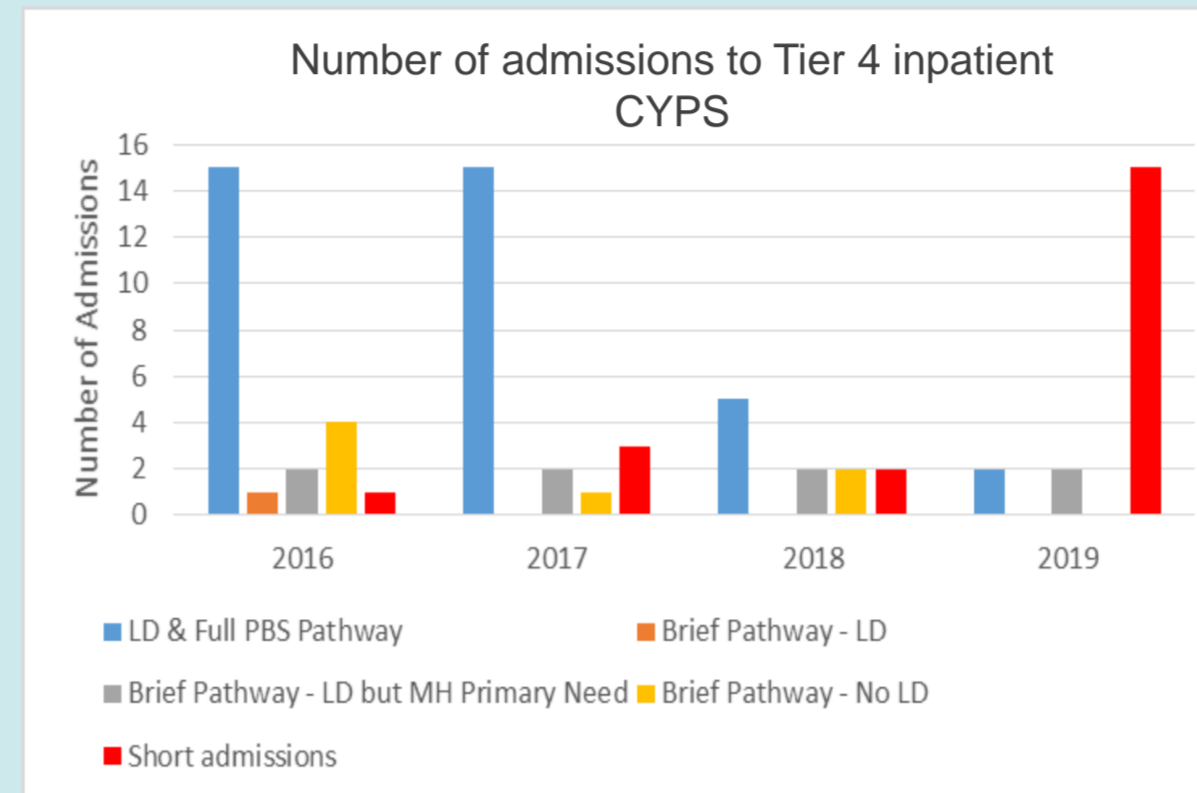

Number of admissions to Tier 4 inpatient CYPS
Figure 2 : Number of admissions to a Tier 4 Inpatient CYPS Service
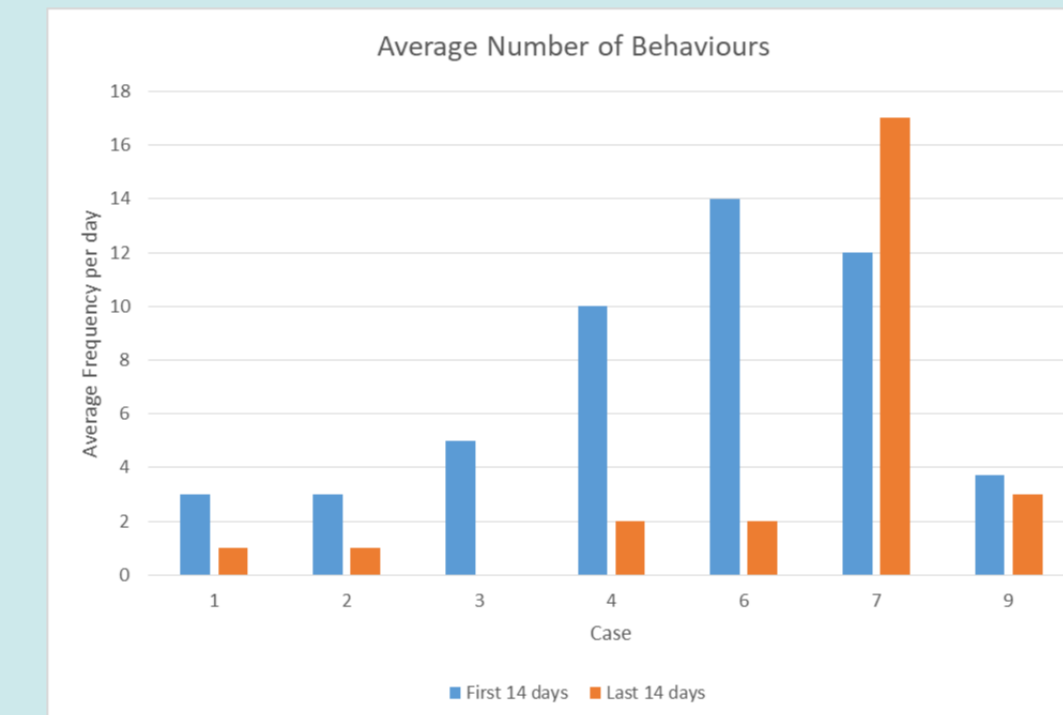

Average Number of Behaviours
Figure 3: Clinical effectiveness - behavioural outcomes

There was a significant decrease in frequency of behaviours $t(8)$ = 2.72, p= 0.026 from the start of the IPBS pathway (M = 8.78, SD = 4.97) compared to the end of the IPBS pathway (M = 3.44 , SD = 5.17). Accurate data was not available for one young person.

There was a significant decrease in carer concern scores $t(10)$ = 2.93, p = 0.015 from the beginning of the pathway (M = 85.44, SD = 9.04) compared to the end of the IPBS pathway (M = 61.90, SD = 20.86).
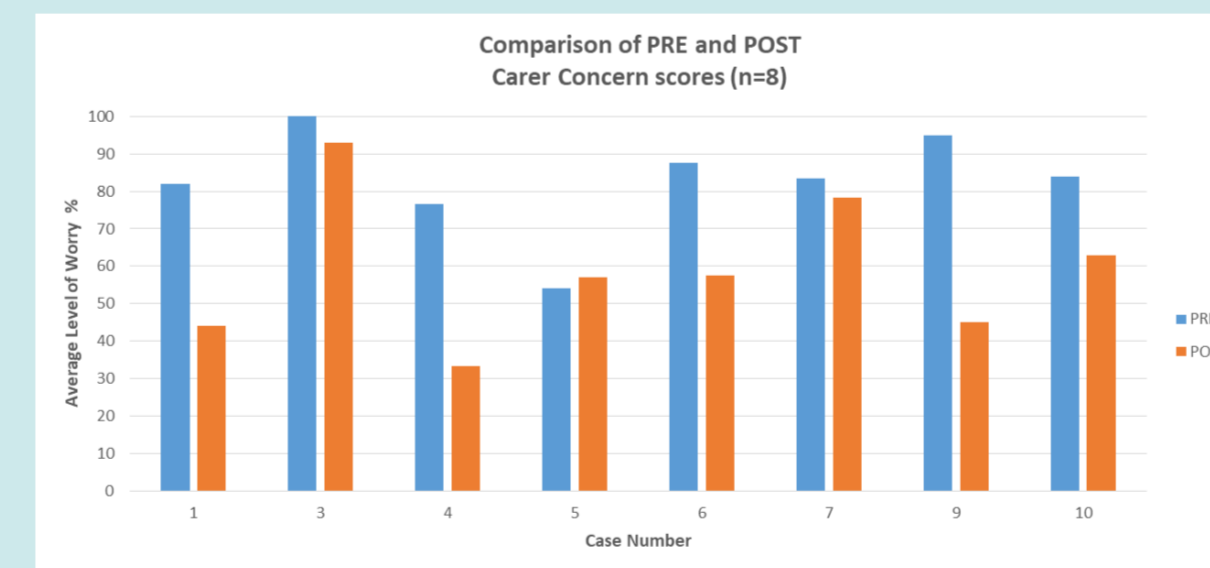

Comparison of PRE and POST Carer Concern scores (n=8)
Figure 4: Clinical effectiveness – Carer Concerns

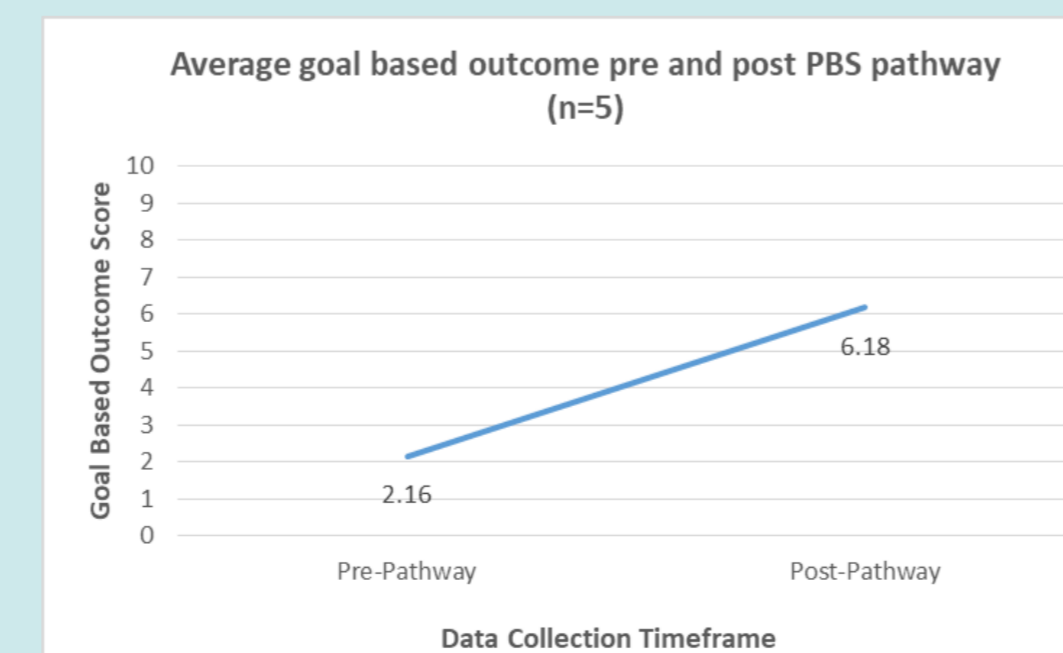Average goal based outcome pre and post PBS pathway (n=5)
Figure 5: Average goal based outcome score

Young people are much closer to achieving their goals at the end of the pathway (M = 6.18, SD = 1.93) compared to the beginning (M = 2.16, SD = 1.47). There was a significant increase in goal attainment scores by the end of the IPBS pathway $t(6)$ = -2.94, p= 0.026.

Results – The impact of a Family Support Worker

Families are referred to the Family Support Worker (EBE) who continues working with them after the young person's IPBS pathway ends allowing for continuation of support in areas such as: benefits, assessments, housing support and motability.

"It helps she's a parent…knowing what it is like to go though difficult times and the constant battles you fight as a parent"

Summary

Overall, outcome measures show effectiveness and improvements for the majority of cases with most young people remaining at home following the pathway.

The numbers of young people admitted to Tier 4 inpatient CYPS with a learning disability who require a full PBS assessment has reduced over the last 2 years. However, shorter admissions have increased, these were admissions that did not require any PBS input as the main reason for admission was the young person's mental health.

Families find PFI a helpful tool to develop their child's skill development, understand functions of behaviours and identify strategies following PBS assessment and intervention work.

Evaluation demonstrates that it is possible to deliver a PBS pathway in the community for young people with a LD who are at risk of hospital admission due to behaviours which may challenge.

- Develop family support worker role and link with a network of parents that are interested in shaping services
- Review cases 3 & 12 months post discharge to monitor implementation of plans
- Collect further information on outcomes across CNTW CYPS PBS Pathway

Figure 6: Recommendations for future practice

References
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