

DESCRIPTION OF THE PRACTICE	
<b>1. Title of the practice</b>	
<i>- 'POSITIVE BEHAVIOUR SUPPORT SERVICES(PBSS)' -</i>	
<b>2. Organisation responsible for the practice</b>	
Halton Borough Council, United Kingdom	
<b>3. Contact person(s)</b>	
E-mail	<a href="mailto:policy@esn-eu.org">policy@esn-eu.org</a>
<b>4. National/regional/local context of practice</b>	
<p>In England, medical care is organised at the national level and provided by the 'National Health Service'.</p> <p>While health care services are free at the point of use, most formal long-term care is considered social care and is strictly means-tested. Local authorities organise social care. They coordinate the assessment of care needs for publicly funded care services. Social care places the primary responsibility for the non-healthcare components of long-term care with the individuals and their families. Only individuals with income and assets below the means-tested level receive publicly funded social care, and the system also directs services towards those who live alone and do not receive informal care. An increasing number of older persons are now receiving cash instead of services in the form of direct payments or individual budgets.</p> <p>A cap on care costs for service users will be introduced in April 2016. This means that once a person has spent a certain amount of money on his or her care, the state will step in and provide financial support. The state provides carers with a carer allowance.</p> <p>The central government's objective is to promote cooperation and collaboration between health and social care and, more generally, between health bodies and local authorities. The 'Health and Social Care Act 2012 and 'Care Act 2014 in England provide opportunities to integrate and cooperate in care. This legislation is enabling rather than compulsory. Legislation provisions also exist to enable healthcare organisations and local authorities to 'pool' financial resources for the commissioning and provision of services. According to our members, besides legislation, working relationships are also important.</p>	
<b>5. Summary of the practice</b>	

The Positive Behaviour Support Service is currently lead by Halton Borough Council (Halton, Northwest England, UK). It is also commissioned by neighbouring authorities Knowsley and St Helens.

The Positive Behaviour Support Service supports individuals in a variety of settings- at home, in the community, in parents' home and at school. The initiative was developed with the aim of supporting people more effectively in their local area, providing an improved quality of life and reducing cost. On a wider scale the Positive Behaviour Support Service also supports other organisations and staff that provide support to individuals e.g., independent service providers etc. The Positive Behaviour Support Service often sits as part of a multi- disciplinary team of health and social care professionals working with an individual e.g., social workers, nurses etc.

The service works across four domains of activity:

- Early intervention (work with young children)
- Crisis prevention (skilling up mainstream local staff)
- Technical support (work with individuals)
- Placement development (moving people back to borough)

A referred individual will end up with a person-centred intervention including:

- 1) Behaviour Support is based on holistic assessment (incorporating Functional Assessment) of the context in which the behaviours occur.
- 2) There is a written individual support plan
- 3) An 'Active Support' model of care is generally put in place and staff members are trained accordingly.
- 4) The behaviour support plan includes: a description of behaviour that challenges; a summary of the reasons for this behaviour; proactive strategies and reactive strategies (that feeds into a wider Person Centred Plan).
- 5) Monitoring and review arrangements.
- 6) Implementation arrangements: Positive Behaviour Support Service provides support staff to help families and staff implement strategies
- 7) The plan is implemented; monitored and evaluated (with data to evidence this)  
The service is staffed and led by the Board of Certified Behaviour Analysts (BCBAs). The BCBA is an International qualification provided by a professional body: the Behaviour Analyst Certification Board ® (BACB) The BCBA exam prerequisites are: MSc Applied Behaviour Analysis (BACB approved course), 1500 hours of relevant supervised clinical work plus 75 directly supervised hours (from a BCBA). Approved MSc courses at Bangor University, Cardiff University, and the University of Kent (Tizard Centre).

Lessons learnt:

- Initiatives must take account of human resources issues relating to new jobs which will require new training, induction, and integration into existing workforce systems.
- Roles and responsibilities must be clear especially between health and social care workers, and there is a particular need to define the social care roles more when working in the health care setting
- Workforce planning must take into account increases in workload to prevent burn out and that the demand for the approach does not outweigh capacity and resources.

#### 6. Staff involved

The staff team of 17 (1 principal manager, 6 practice managers, 5 assistant-level behaviour analysts and 5 support workers)

#### 7. Target group

Children and adults with moderate to severe learning disabilities. Additionally, the service has more recently started to provide services for older people with dementia.

#### 8. Aims of the initiative

The initiative aims for better use of resources/cost reduction by the provision of an evidence-based approach for supporting individuals who engage in behaviour that challenges (Positive Behaviour Support) and, with that, the reduction of the likelihood of high-cost placements/high-cost packages of care. It also aims for health improvement for service users and informal carers and more quality of care, and better independence and safety for service users.

It supports people in their local community near their families rather than placing people out of the area in 'specialist' residential settings. Regarding the safety of service users, it reduces the likelihood of abuse. Adults with a Learning Disability are more likely to suffer abuse if they are physically mobile and engage in aggressive or self-injurious behaviours. The Positive Behaviour Support Service skills up local staff and mainstream services to equip them to support better people who engage in behaviours that challenge services.

#### 9. Issues for social services

Service Integration/ Cooperation across Services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	

### ANALYSIS OF THE PRACTICE

#### 10. Status

Pilot project (ongoing)

Pilot project (terminated)	
Project (ongoing)	
Project (terminated)	
Implemented practice (restricted areas)	X
Widely spread practice/rolled out	

### 11. Scope of the initiative

Describe the setting of the practice, considering the following criteria:

- *Micro-level initiatives:* initiatives that involve individuals at the local level
- *Meso-level initiatives:* initiatives that involve organisations or communities
- *Macro level initiatives:* initiatives that involve large population groups

Micro level initiative

### 12. Leadership and management of the initiative

Describe the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisational management: the Positive Behaviour Support Service is currently led by the Positive Behaviour Support Service in Halton Borough Council.

### 13. Engaging stakeholders in the project

Describe the engagement of stakeholders, considering the following criteria:

- *Individual initiative:* Individuals have sought practice change
- *Network approach:* one or more organisation(s) develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Individual initiative: Behaviour analysts are part of a multi-disciplinary team of health and social care professionals working with individuals with learning disabilities.

This practice also established new roles in care provision, such as Behaviour Analysts. The cooperation also improved pathways of integrated care and increased knowledge exchange. Good communication within a multi-disciplinary team ensures that everyone works together to support information needs at the micro level.

#### 14. Involvement of service users and their families

Describe the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the project team*
- *Consultative: A consultative body of users was set up for an on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

Involvement in care: the service takes a peripatetic lifespan approach working with individuals with Learning Disabilities and/or Autism that challenge services. All interventions are person centred taking account both the natural informal support and paid support. Behaviour Support is based on holistic assessment, an individual support plan and family support.

#### 15. Costs and resources needed for implementation

Describe how the practice is financed, considering the following criteria:

- *Within existing resources: staff time and other resources are provided 'in-house'.*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services*
- *Funded project: external investment*

Service delivery costs/resources: Current costs of the entire service are approximately £765,000 per year. The cost includes all staffing for each commissioning stakeholder and all relevant on-costs e.g., accommodation, IT equipment, HR support. This provides a staff team of 17: 1 principle manager, 6 practice managers, 5 assistant level behaviour analysts, 5 support workers, operational director level support, and doctorate level clinical supervision. Trained Board-Certified Behavioural Analysts are required to implement the initiative. Funding for the service comes from Halton Borough Council (including adult services, children, and education), Halton Clinical Commissioning Group (CCG- health), Knowsley Council (including adult and children services), Knowsley CCG, St Helens Council and St Helens CCG.

Training: Staff needed high training in positive behaviour support and applied behaviour analysis. Training in social role valorization was also delivered in the practice.

#### 16. Evaluation approaches

Describe the evaluation method of the practice, considering the following criteria:

- *Multi-method: use of both a qualitative and quantitative approach,*

- *Single method: a qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records and other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

Informal: work with individuals has been evaluated in a person-centred manner. Data is collected on various outcomes for each person, depending on their needs. This usually involves monitoring levels of behaviour that challenge, levels of meaningful activity engagement and levels of community participation. Data is evaluated as an ongoing process throughout involvement with an individual so the team can ensure that what they are putting in place is effective. Treatment decisions are data led.

An overall evaluation of service quality is done through the use of testimonial forms. These are completed at the end of treatment. They are completed by service users, families, carers and relevant staff who have accessed input from the Positive Behaviour Support Service. Data is viewed, and information is fed into regular service and process reviews.

Positive Behaviour Support Service is currently developing a more robust quality-of-life measure to be utilised pre and post-involvement, and a cost-benefit evaluation is currently being done.

#### 17. Measurable effects of the initiative and what it has achieved

Service users	Health improvement for service users: <ul style="list-style-type: none"> <li>• Improved quality of life</li> <li>• Increased opportunity for meaningful engagement</li> <li>• More opportunities for education/cognitive development</li> <li>• Increased opportunity for community participation</li> <li>• Greater access to a less restrictive environment</li> <li>• Improved relationships</li> </ul>
Formal caregivers	
Informal carers	
Organisations	<ul style="list-style-type: none"> <li>• Increased knowledge of behaviour function, environmental and stimulation effects</li> <li>• An increased efficiency during times of problem behaviour occurrence</li> <li>• A feeling of being supported.</li> </ul>
	<input type="checkbox"/> Increased confidence in ability to cope

#### 18. Anticipated or 'aspirational' effects of the initiative and what it has achieved

*This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.*

Service users	
Formal caregivers	
Informal carers	
Organisations	

#### 19. How has the initiative changed the way care/support is provided

Care pathway changes: there is an increased focus on supporting people in their local area rather than placing people in specialist residential settings. Carers have a greater understanding that people can behave in a different way providing environmental support is meeting their needs.

## 20. Sustainability of the practice

*Describe if the practice is sustainable, considering the following criteria:*

- *Potential for sustainability:* practices were newly started or are ongoing/not yet mainstreamed. How could the initiatives be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the initiative forward
- *Established:* the project has been operational for several years

Potential for sustainability: this practice states that staff training and cost savings on care packages could support sustainability.

## 21. Transferability of the initiative

*Describe if the practice has been transferred, considering the following criteria:*

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the initiative have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential for transferability: the PBSS model has yet to be replicated. However, several commissioners from other local authorities have been in touch with Halton as they can see the benefits and are keen to replicate them. There is great potential to implement this initiative somewhere else. The service has shown itself to be successful in improving life quality for individuals whilst saving money on their care packages. The service has an array of materials that could be shared and utilised somewhere else.