

REPORT TO: Health Policy & Performance Board
DATE: 10 January 2012
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health and Adults
SUBJECT: Positive Behaviour Support Service (PBSS)
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform Members of the work of the Positive Behaviour Support Service (PBSS).

2.0 **RECOMMENDATION: That: the Board note the content of the report.**

3.0 **INTRODUCTION**

3.1 This report sets out the development, current activities and future direction for the Positive Behaviour Support Service (PBSS). This is a new service with the primary purpose of supporting and improving the lives of children and adults with learning disabilities and/or autism, and who exhibit 'challenging behaviour'. Such behaviour can include: stereotypical behaviour, self-injury, disengagement or aggression.

3.2 The consequence of such behaviour can place carers and parents under considerable stress and tend to limited opportunities for an ordinary life for the individuals concerned. It is precisely to counter such consequences that the PBSS has been established. The service is staffed by Board Certified Behaviour Analysts, who hold an internationally recognised qualification requiring intensive training and continuous supervision.

4.0 **BACKGROUND**

4.1 Behaviour analytic approaches were introduced into Halton Borough Council Adult Social Care Services in 2008. The approach, which depends upon the careful collection and analysis of data and the formulation of intervention plans, is designed to answer some deceptively simple questions:-

- what maintains challenging behaviour?
- how can the environment be changed to reduce those

behaviours?

- how can alternative repertoires of behaviour be encouraged and maintained?

Sustained work was undertaken with individuals who challenged services and the results were significant improvements in quality of life and concomitant reductions in challenging behaviour.

4.2 These outcomes were then disseminated to potential funding partners, including NHS St Helens and Halton Primary Care Trust and neighbouring Councils, in the form of a business case. A key element of the business case was that the PBSS is an 'invest to save' service. This is because traditional ways of supporting people who challenge services can be very high cost either through residential placements or repeated admissions to NHS assessment centres.

4.3 Through reducing levels of challenging behaviour, such costs can be reduced, and the business case estimated that cumulative savings of £300,000 could be achieved over a three year period.

4.4 **Current Position**

4.4.1 Recruitment for the team commenced in late 2010, and the full staff team of 13 was established in November 2011. The service is funded by St Helens Council (Adults), Knowsley Metropolitan Borough Council, NHS St Helens and Halton Primary Care Trust and Halton Borough Council. The service works with children and adults across four related areas:

l) **Early Intervention**

The PBSS provides a service to high risk groups, e.g. children with Autistic Spectrum Conditions. Early intervention work consists of:

- Parent/carer training workshops
- Work with individuals
- Close working with schools

i) **Crisis Prevention and Management**

The PBSS has a prominent focus on crisis prevention and management. Such work includes:

- Developing mainstream service staff competencies and mentoring
- Mechanisms for surveillance, i.e. behaviour monitoring, early identification of potential behaviours that may present challenges to services
- Prevention of placement breakdown and out of borough placement
- The PBSS also aims to have presence at key risk times

- ii) Technical Support
The PBSS provides specialist individualised treatment for the most complex cases. This includes:
 - Referral, review, and allocation for full functional Assessment
 - Person centred intervention plan
 - Clear service exit preparation
 - Follow-up and maintenance (linking back into crisis prevention and management)

- iii) Placement Development
A core aim of the PBSS is to return people who are currently out of borough to their local area.

4.5 **Examples of Work** (prepared by team members)

4.5.1 Case Study 1

PBSS service is working with a fantastic young gentleman aged 27. He has a diagnosis of Learning Disability, Cerebral Palsy, Epilepsy and PICA. This young man originally resided within his own, single occupancy, supported tenancy. Previously he had been to an NHS assessment and treatment unit, due to behaviour that was challenging the service. When he returned home the behaviours intensified in frequency and severity. Therefore he was transitioned back to the assessment and treatment unit, for a longer term assessment.

This was the point the PBSS became involved. At the time of the referral, there were several behaviours of concern including, eye poking, smearing faeces, tearing clothing, hitting, biting, tearing and eating furniture, self-induced vomiting, loud vocalisations/screaming, banging walls and furniture and eating his incontinence pads.

A functional assessment and ratings scales were completed with the manager of the supported tenancy and the young man's named nurse. The assessment and treatment unit took data on the occurrence of the behaviour. Members of the PBSS, including Behaviour Analysts, Assistant Behaviour Analysts and support workers went and completed nine direct observations.

At the assessment and treatment unit this man was under stimulated. There was nothing for him to do, staff sat in the doorway and only interacted with him to tell him to sit down or respond to behaviour that challenges. There was no or very little behaviour that challenges out in the community but it would consistently happen as soon as he returned.

Interim recommendations were made to the assessment and treatment unit. These included non-contingent reinforcement in the

form of attention and increased engagement in social activities. This small measure has already reduced the occurrence of many of the behaviours that challenge the service.

In the near future we wish to teach him to ask for food, drinks, activities and attention. We hope to implement a wait and a toilet program. We also anticipate increasing in his independent skills within the home, which will incidentally keep him actively engaged in activities. Longer term, we hope to get him involved in sports club, particularly wheel chair races and take up some part time employment.

4.5.2 Case Study 2

The PBSS is working with a man, who was seventeen years old at the time of referral to the PBSS and has recently had his eighteenth birthday. He has a rare chromosome disorder, autism and a learning disability. He lives with his mother and father in the family home. He does not currently attend a school, college or work placement, so spends the vast majority of his time at home with his mother. He accesses some short breaks during the week and at weekends.

The young man was referred to the PBSS due to the following behaviours of concern: prolonged episodes of aggression towards others (hitting, pulling hair, kicking, biting, pinching, throwing objects, breaking objects, head butting) which were reported to sometimes last for hours at a time; swearing which again could last for hours at a time with between one and three episodes per day and directional spitting, which occurred less frequently than the other behaviours of concern.

A full functional assessment interview and behaviour rating scales were completed with the young man's mother, to help identify possible functions of the three target behaviours. At this point, the young man's mother also began to collect daily data on the frequency of the three behaviours. Subsequently, a series of direct observations were conducted by the Behaviour Analyst and Assistant Behaviour Analysts, when the behaviours could be observed in the context in which they typically occur. This allowed some early verification of the behaviour functions hypothesised during the assessment interview.

The functional assessment and observations indicated that the young man engaged in all three behaviours in order to gain access to tangible things that he wanted, to gain social attention from others or to avoid or escape situations that he didn't wish to be in (particularly community settings eg shops, doctors). The assessment highlighted that historically, the strategies used by those around him had reinforced the behaviours. For example, contingent on such behaviours people would: approach and engage with him (providing

social attention), may offer him an activity to do (tangible item) or withdraw him from the situation in which he felt uncomfortable. Through this process, the young man had learnt that this was an effective way to get his social and tangible needs met.

The intervention plan is delivered by an Assistant Behaviour Analyst during two 1.5 hour sessions per week conducted in the young man's home. The young man's mother follows the lead of the assistant behaviour analyst and continues the approach across the remainder of the week. The young man's parents and his regular outreach worker have received ongoing training from the PBSS team, as the new stages of the intervention plan are introduced.

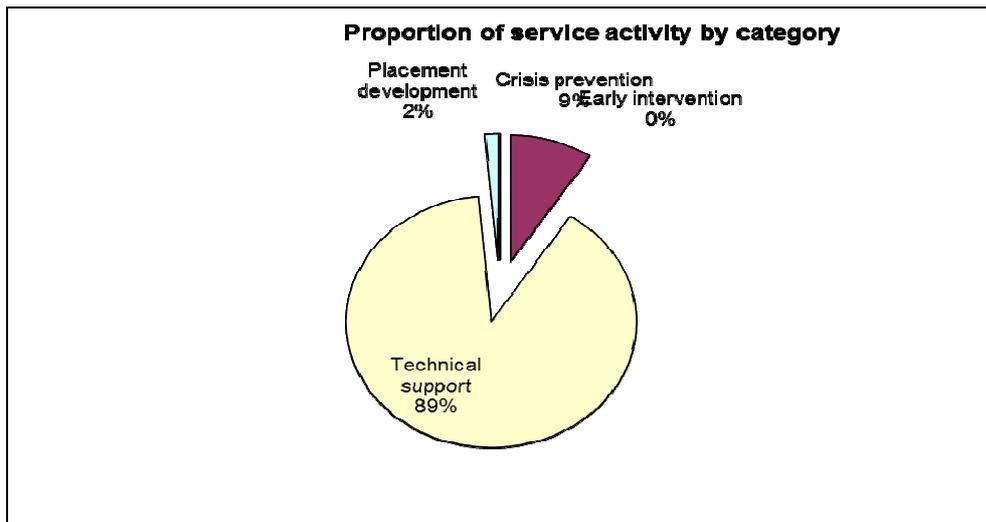
The interventions are proving successful and this is evidenced through a reduction in frequency and duration and intensity of behaviours in graphic form. Parental and professional anecdotal reports also support this. Examples of these reports are:

- Intensity and duration of behaviour episodes have reduced significantly
- Where the young man previously used non-verbal gestures or single word requests to ask for things, he is now using full and clear sentences
- Where much of his communication was initiated by others and required him only to give a yes or no answer (usually in the form of a nod or shake of the head), he is actively seeking people out and expressing his needs eg *will you clean my glasses?, can I have a drink?, I can't find it, my head hurts, I think it's bruised*
- He has now been to a number of prolonged medical appointments without engaging in any of the inappropriate behaviours.

4.6 **Cost Effectiveness**

4.6.1 Time Analysis

All members of the team systematically log their time across the domain categories set out in para. 4.4 (above). Further detail on client and other activity is also recorded, and an example is provided below:



This enables funding partners to receive reports that will confirm levels of activity against their priorities (e.g. crisis prevention).

4.6.2 Cost Saving

Savings accrued for Halton Borough Council to date means that the service is already self-funding and additional savings will increasingly accrue. Similar results are being achieved for the PCT and also will be achieved for St Helens and Knowsley Metropolitan Borough Council over the next six to nine months.

4.7 Future Developments

4.7.1 In the wake of the Panorama programme and subsequent closure of Winterborne Assessment and Treatment Centre, the team will be working alongside staff from the NHS to ensure that those people who challenge services are receiving high quality care.

4.7.2 The team will now rapidly move to full caseload, involving around 40 individuals who require intensive intervention. The current waiting list is 30.

4.7.3 Training has been undertaken with around 150 staff across children and adult services. This programme will expand further and similarly with parents and carers.

4.7.4 The model of service could move to a social enterprise whereby there is greater control amongst service users, carers and staff in its service delivery.

5.0 **POLICY IMPLICATIONS**

5.1 No identified implications.

6.0 **OTHER/FINANCIAL IMPLICATIONS**

6.1 Funding for the team is initially on a short term basis, i.e. until March 2013, although Knowsley have committed funding until 2014.

7.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

7.1 **Children & Young People in Halton**

The aims of the PBBS are consistent with delivering high quality outcomes for some of the most vulnerable children and their parents.

7.2 **Employment, Learning & Skills in Halton**

The PBSS is increasingly working with providers to secure local education and work opportunities for people who challenge services.

7.3 **A Healthy Halton**

Achieving high quality outcomes impacts on the health and well being both of service users and their families.

7.4 **A Safer Halton**

Enabling people who challenge to increasingly access ordinary community life and activities builds stronger, more inclusive communities.

7.5 **Halton's Urban Renewal**

None identified.

8.0 **RISK ANALYSIS**

The major risk is that long term funding for the service cannot be secured.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 The PBSS ensures equality of access and outcome to all service users and their families.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act