Positive Behaviour Support – an integrated approach to achieving a great life for people with complex needs

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Aims and Objectives

Aims

• To discuss how Person Centred Active Support (PCAS) and Positive Behaviour Management (PBM) are an integral part of Positive Behaviour Support (PBS) based approaches
• To develop skills and confidence in the workforce to enhance PBS skills and make a positive difference to the quality of life for people with learning disabilities.

Objectives

• To identify why PBS is so essential
• To develop knowledge of PBS and its key elements.
• To discuss how PCAS is closely aligned to PBS
• To discuss how PBM plays an active role in PBS approaches.
Why Positive Behaviour Support?

• “Physical restraint should only be used as a last resort and never used to punish or humiliate”

• “The CQC inspections revealed widespread uncertainty on the use of restraint, with some providers over-reliant on physical restraint rather than Positive Behavioural Support and managing the environment to remove or contain triggers”

• “We need both to take enforcement action where restraint is used improperly or illegally and to clarify and spread better understanding”

• “Services using recovery based person centred approaches and delivery of care in accordance with Positive Behavioural Support is essential”.

(DOH 2012 Transforming Care: A national response to Winterbourne View Hospital)
Hft Fusion Model of Support

Person-Centred Active Support

- Personal Growth
- Specialist Skills
- Healthy, Safe and Well
- Personalised Technology
- Families and Other Partnerships
- Total Communication
- CHOICE: Job, Leisure, Life, Relationship

Creative Solutions

Quality

Keep Improving
Positive Behaviour Support

- A framework that seeks to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance a person’s quality of life
- Comprises of a number of elements:
  - Using person-centred, values-based approaches
  - Assessment to understand reasons why a person presents complex behaviour
  - The development of Positive Behaviour Support Plans – Primary Prevention
  - Secondary Prevention strategies
  - Reactive strategies.

- Person Centred Active Support and Positive Behaviour Management are an integral part of these elements.
Person-Centred PBS Model

Functional Behavioural Assessment

- Primary Prevention Strategies
- Secondary Prevention Strategies
- Reactive Strategies
Person-Centred Active Support

“Person-Centred Active Support is a way of supporting people so they are engaged in meaningful activity and relationships as active participants, exercising more control over their lives and experiencing greater levels of inclusion, independence and choice”

(Tizard Centre)
PCAS Essential Components

- To identify a person’s potential through the little and often principle

- To remember there is opportunity in every moment and to enable the person we support

- To provide graded assistance

- To maximise choice and control in their daily lives.
• Active Support is most closely aligned to Positive Behaviour Support because of its emphasis on systematic changes to the whole environment
• Active Support encompasses a range of approaches which aim to provide enough help to enable people to participate successfully in meaningful activities and relationships
A Circle of Positive Interaction and Empowerment - engagement

Staff interact positively with the people we support and provide opportunities for participation.

The people we support participate successfully in part of the activities.

Staff perceive the people we support as more competent. Give more respect control & attention & consequently feel more confident, successful & eager to try new things.

Staff think of new ideas for more goals and activities. Staff see themselves as enablers.
And why?

“It is always easier for 10 members of staff without a learning disability to learn one way of doing the same activity, than it is for one person we support with learning disabilities to learn 10 different ways of doing the same activity” (ARC)
Positive Behaviour Management

- PBM is embedded within an overarching PBS model

- Originally devised in 1989 – 1990 as a response to the lack of knowledge in this area and as an alternative to pain-based methods of aggression management

- Planned on the basis of an analysis of typical assaultive patterns displayed by persons with intellectual disabilities, and devised in conjunction with judo and self-defence experts

- Workshops have been developed since that time on the basis of extensive experience in delivering the programme and in response to new research and audit evidence

- Physical intervention techniques have been extensively scrutinised in order to maximise their safety for both the people we support and carers.
Positive Behaviour Management

- PBM is BILD accredited and is delivered extensively across the UK. It is one of the few courses in this field to be subject to research published in peer review journals.

- Published outcomes include:
  - Lower rates of restraint use
  - Lower rates of emergency medication use
  - Reduced injuries to staff
  - Reduced injuries to the people we support
  - Increased staff confidence and knowledge
Why Positive Behaviour Management?

- All strategies are in keeping with a proactive, non-aversive approach that adheres to current legislation and law.
- It must be clearly demonstrated that the use of reactive strategies follow a gradient of response and is not the first response implemented.
- The least restrictive and least intrusive response should only ever be implemented and proportionate to the behaviour presented.
- Used for the minimum time required to return control back to the person we support as quickly as possible.
- Following any incident, the people we support and staff will experience a range of physical and psychological emotions – post incident support is essential.
Case Study

CASE EXAMPLE: USE OF PHYSICAL INTERVENTIONS IN NHS ACUTE ADMISSION AND LONG-STAY RESIDENTIAL SERVICES

- On average, in 2004-5 a service user was likely to be involved in 110 episodes of physical intervention and 26 in 2011-12 (76% reduction).
- Specifically, in 2004, they were likely to be involved in an incident involving breakaways on 55 occasions, removal procedures 33, and restraint 11 times.
- The equivalent figures for 2011-12 were 14 for breakaways (75% reduction), 9 for removal (73%) procedures and 3 for restraint (73%).
- Some variations, but trends hold good in both in long-stay and acute beds.

Implementation in practice

- Participation
- Accountability
- Non-discriminatory
- Empowerment
- Legality.
Further reading

- Department of Health (2012) Transforming Care: A national response to Winterbourne View Hospital. London. DH


- The Association for Real Change – supporting excellence (ARC) (arcuk.org.uk)

- Positive Response Training & Consultancy. (Positive-Response.co.uk)

- Department of Health (2014) Positive and Proactive Care: reducing the need for restrictive interventions. London. DH

Any questions?