

REPORT TO: Health and Wellbeing Board

DATE: 9 March 2016

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health & Wellbeing

SUBJECT: Positive Behaviour Support Service

WARDS: Borough wide. Commissioned also by Knowsley (children and adult services), Cheshire East (children services) and Sefton (adult services)

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the activity of the Positive Behaviour Support Service (PBSS).

2.0 RECOMMENDATION: That the Board

- 1) Take note of the report; and**
- 2) Support the on-going work of the PBSS.**

3.0 SUPPORTING INFORMATION

3.1 PBSS has been fully operational since November, 2011. Jointly funded by NHS Halton Clinical Commissioning Group (CCG), it is a specialist service for children and adults with the primary purpose of improving life quality for those individuals who present with behaviours that challenge services. Eligibility criteria for the service are moderate to severe Learning Disability, including those with a diagnosis of Autistic Spectrum Condition. The service is currently supporting 15 adults and 18 children in the Halton area. PBSS will also be supporting the return of 6 adults to Halton from 'out of borough' placements (planning to commence 12/1/16). The service meets several of the recommendations for service users who engage in behaviour that challenges set out in the post Winterbourne transforming care agenda (Bubb, 2014), Ensuring Quality Services (LGA, NHS England, 2013) and NICE guidelines (May, 2015).

3.2 Staffing

PBSS now have a staff team of 17. Staff are organised by locality e.g. there is a Halton team comprising two Practice Managers (Behaviour Analysts) one leading services for adults the other for children, a care manager (Assistant Behaviour Analyst), who is shared across adults and children and two support workers (shared across adults and children). PBSS also has two additional posts in Halton - a care manager specific to Halton Educational Services and a Practice Manager who has the lead for developing behaviour analytic services

for older people with Dementia. These posts and relative on costs and managerial and clinical support are funded by cumulative contributions from Communities, Children and Enterprise and the CCG totalling £332,000 (Communities- £142,000, CCG- £112,000 and Children and Enterprise-£77,800). Posts funded by other commissioners equate to nearly £400, 000.

3.3 PBSS works across four domains of activity:

- a) Early intervention,
- b) Crisis prevention,
- c) Technical support and
- d) Placement development.

3.4 Referral Characteristics (whole service):

Table 1:

		% of referrals		
		Adult (n=89)	Child (n=94)	Total (n=183)
Age when referred (n=183)	Preschool (0-3)	-	3.5%	1.9%
	School-age (4-13)	-	72.4%	39.9%
	Transition (14-17)	-	24.1%	13.3%
	Adult (18+)	-	-	44.9%
People referred with diagnosis of autism (n=171)		46.8%	69.6%	59.1%
Diagnosis of Intellectual Disability (ID) (n=164)	Mild ID	2.5%	2.4%	2.4%
	Moderate ID	11.3%	4.8%	7.9%
	Severe ID	30.0%	28.6%	29.3%
	Severity unspecified	46.3%	16.7%	31.1%
	No known ID	10.0%	47.6%	29.3%
Living arrangements at time of referral (n=165)	Family home	39.1%	83.7%	64.7%
	Supported tenancy	42.2%	-	18.0%
	Residential home	12.5%	5.8%	8.7%
	Residential school	-	3.5%	2.0%
	Assessment and treatment unit	6.3%	-	2.7%
	Foster placement	-	7.0%	4.0%
Primary referral issue (n=167)	Physical aggression	72.4%	67.0%	69.5%
	Self-injurious behaviour	14.5%	15.4%	15.0%
	Verbal aggression	5.3%	4.4%	4.8%
	Low engagement in activity	5.3%	4.4%	4.8%
	Other	2.6%	8.8%	6.0%
Referring professional (n=169)	Social work professional	46.8%	44.6%	45.6%
	LD nurse	35.1%	-	16.0%
	CAMHS worker	-	9.8%	5.3%
	Education professional	-	27.2%	14.8%
	Other health professionals	16.9%	15.2%	16.0%
	Other	1.3%	3.3%	2.4%

Table abstract from: Toogood, S, O'Regan, D, Saville, M, McLennan, K, Welch, C, Morgan, G and McWade, P 'Providing Positive Behavioural Support Services: referral Characteristics, resource allocation, case management and overview of outcomes' *International Journal of Positive Behavioural Support* 5,(2), 25–32

3.5 The service offers a variety of training opportunities for parents/carers and staff in Positive Behaviour Support, Active Support and Interactive Training. PBSS also provides other training functions e.g. the behaviour management

aspect of Foster Parent training. PBSS are currently providing focused Active Support training in Adult Placement settings, nursing homes and day services for older people.

- 3.6 Service outcomes for individual service users include increased opportunity for activity engagement, higher presence in the community and reductions in behaviour that challenges. Outcomes for parent/informal carers of service users and staff includes: an increased confidence to a) reduce likelihood of challenging behaviour occurring and b) support appropriately when behaviours do happen; a greater understanding of why behaviours may occur and an increased confidence to support individuals to engage in more activity and access their local communities. A further benefit of the service is overall cost reduction to packages or care by either moving from residential settings out of borough to local community reducing levels of support within community settings or avoiding placement breakdown in the first place.
- 3.7 The PBSS won a BILD leadership award for innovative practice with Adults and Children in 2014. It is also cited in the NICE guidelines for 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' (May, 2015). Three papers have recently been published in the International Journal of Positive Behavioural Support (IJPBS). The first paper is a description of the PBSS and the work it does, the second is an economic evaluation of the service and the third is an overview of service referral characteristics, resource allocation, case management and outcome overviews. PBSS is also regularly referenced as an example of good practice by other professionals on social networking groups e.g. Positive Behaviour Support Chat. In conjunction with the Experimental Analysis of Behaviour Group (EABG) and Bangor University PBSS is developing a North West Applied Behaviour Analysis Forum. This is a replication of an event that takes place in London and offers Continuing Education Units for Behaviour Analysts. The development of a North West forum will keep Halton's work at the forefront of Positive Behaviour Support on a national level and also provide a more cost effective way for the behaviour analysts in the service to maintain their professional credentials.

3.8 **PBSS Case Studies**

See Appendix 1

4.0 **POLICY IMPLICATIONS**

The 'registration with professional bodies' policy has been amended to include requirements for senior managers in PBSS to be Board Certified Behaviour Analysts (BCBAs) or in pursuit of BCBA status.

Available services from PBSS are referenced in the Restrictive Physical Interventions policy, HBC and the prevention of exclusion from building based services and withdrawal of services from individuals homes policy.

5.0 FINANCIAL IMPLICATIONS

The cost of the PBSS to Halton is less than the savings achieved. The table below shows **examples** of actual annual savings (totalling £142, 269) and estimated avoided annual costs (totalling £440, 000). The service has also generated £200, 000 in efficiencies (spread over 2014/15 and 2016/17).

Gender	Diagnosis	Age (at referral time)	Actual savings	Estimated avoided cost
F	LD	18	£13, 278 supported to maintain in borough provision through crisis period and supported change to in house service provider	£30,000 avoided out of borough placement, which would cost in the region of £30, 000 more than current package of care
F	LD	52	£57, 637- return to local supported tenancy	N/A
M	LD, ASC, VI, Epilepsy	18		£135, 000 Avoided out of borough placement (originally being requested by parents), which would cost in region of £135,000. Maintained living with parents
M	LD, ODD	17	£71, 354 Supported reduction in staffing levels from 2:1 to 1:1	
M	LD, ASC	14		£150,000 Avoided specialist residential school (originally being requested by parents), which would cost in region of £200,000 (minus cost of day placement). Maintained living with parents
M	LD, ASC, Chromosome disorder	17		£125, 000 Avoided specialist residential school (originally being requested by

				parents), which would cost in region of £200,000 (minus cost of day placement). Maintained living with parents
--	--	--	--	--

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The PBBS contributes to the health and happiness of children and young people within Halton by providing a response to challenging behaviour attempts to avoid exclusion from mainstream services/education, as evidenced by the example case study provided within this report. The service also provides support to parents/carers to manage challenging behaviour so that overall quality of life is improved for the child/young person and their family.

6.2 Employment, Learning and Skills in Halton

PBSS supports Halton day services (which are an employment based model) to ensure some of the more complex service users can access the service and experience work based activities.

6.3 A Healthy Halton

The support provided by the PBSS to address behaviours that challenge contributes to the health, wellbeing and overall quality of life of the most vulnerable members of the community by enabling them to avoid being placed out of the borough away from their support networks and allowing them to continue receiving high quality and cost-effective services within the borough. There is also a positive impact on the wellbeing of carers, as they are supported to deal with challenging behaviour more effectively, which in turn improves their own quality of life.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

PBSS provides direct specialist support to local individuals whose behaviour challenges. Not having this support for those individuals would increase a) the risk of placement breakdown within the community (living with parents/supported tenancy/school) b) the risk of placement in out of borough high cost provision.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 PBSS supports some of the most complex and vulnerable members of society.

9.0 BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

Case study 1

Background

Lucy was a 20 year old woman who was referred to PBSS in crisis, after a two-year planned transition to a supported tenancy was unsuccessful. She had little verbal communication and mostly used idiosyncratic Makaton signs. The behaviours of concern included:

- Physical aggression (pushing, slapping, hair pulling, kicking, spitting, biting, etc.)
- Self-injury
- Inappropriate touching of others (including approaching strangers, kissing, hugging)
- Loud vocalisations

After the supported tenancy arrangements had broken down, Lucy returned to live in her family home. The intensity of the behaviours of concern increased. Due to parental health issues, it was not possible for parents to manage the behaviours that Lucy was displaying at home. Lucy was accommodated in temporary accommodation, while a permanent suitable property was identified.

Assessment

A full functional behaviour assessment was completed. As an immediate measure to stabilise the situation, a PBSS support worker was released to work alongside Lucy's direct support worker, who had previously supported Lucy at home.

During Lucy's time in her temporary accommodation, she slept for only 3 to 5 hours per night. As a result, her support staff ratio was increased to 2:1, 24 hours per day. Community access was ceased on a temporary basis, due to potential risks to the public from challenging behaviour. In-house activities were provided on a scheduled basis to ensure Lucy was engaged.

Intervention Plan

The intervention plan included:

- Sleep routine program
- Communication resources:
 - Food/snack communication book
 - Visual staff support board
 - Social Stories for: going to the hospital/receiving treatment; appropriate/inappropriate touch
 - Visual activity schedule & protocol for each activity
- A reward system, for reinforcement of appropriate behaviour

All of Lucy's support staff received training in Active Support, alongside training in the individual intervention plan.

Outcomes

Suitable accommodation was identified for Lucy, who is now supported on a 1:1 basis within her own tenancy. She no longer requires the support of waking night staff and the majority of her community access is supported on a 1:1 basis.

Lucy now makes her own meals with support from staff and independently engages in all household chores. She enjoys activities such as swimming, going to the cinema, accessing a local walking group, and going shopping. She has been honoured by a local self-advocacy group with an award for making such a positive change in her life.

Case study 2

Background

Ben was a 6 year old boy referred to PBSS due to concerns about challenging behaviours at school. Ben attended a year 1 classroom in a mainstream school in Halton, with no additional support. Challenging behaviours consisted of:

- aggression towards peers (hitting)
- frequent disruptive behaviours (touching peers, touching peers' hair, playing with objects, shouting out, writing on peers' work).

At the time of the referral, Ben spent lunch-times standing with an adult to prevent aggression, and other children actively avoided Ben whenever possible. Ben frequently disrupted the classroom, and his behaviour was reported to significantly impact the learning of all students in the class. Ben was at risk of exclusion.

Ben had speech and communication difficulties. At home no behavioural concerns were reported. However, further conversations with caregivers revealed that Ben received constant attention at home and all of his needs were met instantly to prevent him engaging in property destruction. Ben's caregivers reported to find interactions with school stressful, specifically being called to discuss behaviour incidents at the end of the day in front of other parents.

Assessment

Assessment consisted of three direct observations spread across different times of the school day, with a focus on break and lunch-times. A Behaviour of Concern Assessment (BOCA) interview and Questions about Behavioural Function (QABF) rating scales were completed with the class teacher. The assessment concluded that the primary function of the behaviours was to obtain attention, including reprimands. A secondary function of the behaviours was for sensory stimulation, i.e. the behaviours appeared to be automatically reinforced as a result of the stimulation gained from engaging in them.

Intervention

An intervention plan was prepared by the Assistant Behaviour Analyst, and a school meeting was held with the Special Educational Needs Co-ordinator (SENCO) and class teacher in February 2014 to discuss implementation. The intervention plan included:

- A reinforcement system, to provide Ben with adult attention on a frequent basis.
- Structured time at lunch to teach Ben appropriate ways to interact with peers.
- A teaching programme to tolerate waiting for things (a 'wait' programme).
- Visual support, including social stories, behaviour rules, visual schedules, and timers.
- A home/school communication book, to ensure consistency between environments and enable Ben to receive praise at home following a good day at school.

The Assistant Behaviour Analyst introduced the 'wait' programme, and modelled this to a teaching assistant who continued to implement and generalise this. The 'wait' programme was then generalised to home. The other recommendations were discussed with staff and adapted to the specific classroom environment. Feedback was provided on the implementation of recommendations during follow-up visits, and modifications were made accordingly. Extensive discussions were held on the importance of being proactive to prevent challenging behaviour, to ensure the structured lunch-times were not considered a reward and withheld if there were challenging behaviours. The time between follow-up visits gradually increased as staff became confident in implementing recommendations and trouble-shooting difficulties as they arose.

Outcomes

Over the course of 4 months, it was reported that occurrences of challenging behaviour reduced. Although data on challenging behaviour were not collected, Ben frequently earned rewards at school and was no longer required to remain with an adult during breaks. PBSS monitored the transition to Year 2, to ensure recommendations transferred to the new class. Thereafter, PBSS closed the referral, and maintenance visits were scheduled to coincide with significant times in the school calendar. Ben has maintained his place in a mainstream school which was at risk.