



Drivers for Positive Behaviour Support in England and Wales

Background

Positive Behaviour Support (PBS) is a multi-element approach to working with adults and children with complex behaviours. It involves developing an understanding of why, when and how behaviours happen and what purpose they serve for the individual (Horner et al, 1990). It has developed through the convergence of a number of ideas and philosophies over the past 50 years. Underpinning this approach is the work of Skinner (1953) who developed the Theory of Operant Conditioning, a type of learning in which the strength of behaviour is modified by its consequences, such as reward or punishment. Behaviour is controlled by antecedents called discriminative stimuli which come to signal those consequences.

During the 1960's and 70's, these ideas were incorporated into the behavioural treatment approaches which were used in a number of services for adults with learning disabilities, particularly large hospitals in the United States and to a lesser extent, in the UK.

Unfortunately, while many programmes featured positive reinforcement schedules to increase adaptive functioning, some used punitive methods as a means of reducing and eliminating complex behaviours. These included the use of noxious liquids or contingent electric shock to reduce self-injurious behaviour (Tanner and Zeiler, 1974; Lichstein and Schreibman, 1976). Whilst there were few examples of such approaches being used in the UK, the use of 'time out' which involves placing an individual in an unstimulating environment in order to prevent them receiving any further 'attention' (which was considered to be reinforcing specific behaviours) was commonplace in a number of hospital and community-based services.

Alternatives to punishment

Many clinicians were unhappy about the use of these aversive approaches and a number of alternative approaches were promoted. In 1985, Carr and Durand described how behaviour could be understood and responded to as a form of communication (Carr and Durand, 1985). In 1987, McGee et al advocated a completely different approach to working with adults with complex behaviours which they called 'gentle teaching'. This is a unique relational approach centred on building safe, loving and engaged relationships which are developed through providing leadership, invitation and example, rather than trying to impose control.

In 1988, Donnellan et al demonstrated how behavioural methodology could be used to help individuals without resorting to punitive and aversive interventions (Donnellan et al, 1988), an approach which was also promoted by Horner et al (1990a).

During this period, there were also significant changes in the way people with learning disabilities and complex behaviours were cared for. Many of the large hospitals in the UK, which people had previously been placed in, closed down, as they were no longer considered to be appropriate places for people to live.

The closure of long-stay learning disabilities hospitals

The movement of a number of people with complex behaviours back into the community led to the development of a number of new service approaches and policy initiatives and there was an increasing emphasis on the individualisation of services (Toogood et al, 1988) and designing high quality services for adults with learning disabilities and complex behaviours (Emerson et al, 1994).

The Kings Fund Centre (one of the major health research centres in the UK) produced a number of influential documents designed to support the promotion of good practice in supporting adults with learning disabilities and complex behaviours in the UK. These included *Facing the Challenge* (Blunden and Allen, 1987) which set out the issues which needed to be addressed in providing effective services, and *Meeting the Challenge* (Allen et al, 1991) which gave a number of examples of innovative services which had been developed across the UK.

The Mansell Report

In 1993, Jim Mansell, Professor of Psychology at the University of Kent, was asked to complete a publication by the Department of Health which would provide guidance for service commissioners in developing services for people with learning disabilities and complex behaviours and mental health problems. In the *Mansell Report* (Department of Health, 1993) a number of the difficulties faced in providing high quality services were identified and the analogy of an iceberg is used to describe the often less apparent negative impacts of failing to develop appropriate services, such as carer stress and burnout. It was

noted in the report that there are effective multi-element behavioural approaches available using proactive and reactive strategies and that these needed to be made available across the country. Thirteen years later, however, when Professor Mansell was asked to update the report, he identified that appropriate services had still not been developed in all areas and service users often could not access effective behavioural support.

Valuing People

One of the most influential publications in the past 15 years was *Valuing People* (Department of Health, 2001). This provided very clear guidance to community learning disabilities teams in relation to their role in supporting choice and control, health access and person centred care. It identified that all adults with learning disabilities should have a Health Action Plan (HAP) and a Person Centred Plan (PCP), specifying appropriate accommodation, employment/day time occupation and health and social care support, determined by the individual. Significant funding was made available for these processes to be effected and many learning disabilities services employed staff with the specific role of completing HAPs and PCPs. However, much of this funding was time-limited and although many plans were completed, they have not always been reviewed and updated in the way that was originally intended (Department of Health, 2009).

Legislative frameworks

There have also been a number of Parliamentary Acts which have had significant impact on the way services are provided to individuals with learning disabilities and complex behaviour. These have included The Mental Capacity Act (2005) and The Deprivation of Liberty Safeguards (which are an amendment to this Act). They allow restraint and restrictions to be used, but only if they are judged to be in a person's best interests and conform with specific regulations.

The Equality Act (2010) stipulated that necessary adjustments should be made to enable people with disabilities to access services, creating opportunities which had previously been unavailable. The Care Act (2014) updated many previous pieces of social care legislation and put greater emphasis on the personalisation of services and increasing carer support.

Clinical developments

There has also been an increased emphasis on improving the standard of behavioural support offered to people with learning disabilities and complex behaviour. In 2004, the British Psychological Society produced a set of standards within the publication *Psychological Interventions for Severe Challenging Behaviours Shown by People with Learning Disabilities* (British Psychological Society, 2004). The standards proposed that PBS should be the benchmark for intervention in the field of challenging behaviours.

These views were echoed in a subsequent publication *Challenging Behaviour: a unified approach* (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007), which brought together clinical perspectives on best practice in providing a coordinated and coherent approach to the support of people who present behavioural challenges.

More recently, the National Institute for Health and Care Excellence (NICE) has produced its own quality framework for supporting people with challenging behaviour and learning disabilities (NICE, 2015). While endorsing the approaches used within PBS, the authors concede that there is still a significant need for research on the most effective forms of intervention and service provision.

Responses to the abuses revealed at Winterbourne View Hospital in 2011

The events which have really driven forward the issue of providing effective person centred PBS took place at Winterbourne View, a private hospital for adults with learning disabilities and complex behaviours near Bristol. An undercover investigation and subsequent Panorama programme revealed many abusive practices and created a national scandal. The government acted immediately and set up an expert panel to lead an initiative called Transforming Care, to close all similar hospitals. The panel's recommendations have been described in three separate documents, *Winterbourne View – Time for Change* (Bubb, 2014); *Transforming Care for People with Learning Disabilities – Next Steps* (ADASS, CQC, DH, HEE, LGA and NHS England, 2015) and *Time for Change – the Challenge Ahead* (ACEVO, 2016). The aim of the Transforming Care initiative is to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. Also, to drive system-wide change enabling more people to live in the community with the right support and close to home. Person centred PBS has been identified as the most appropriate intervention and its widespread implementation across England and Wales has been promoted within the Transforming Care initiative.

Positive and Proactive Care (2014)

In 2014, The Department of Health published *Positive and Proactive Care: reducing the need for restrictive interventions*. This identified best practice within all services supporting individuals who are known to be at risk of being exposed to restrictive physical interventions. Building on previous guidance, the document specifies the requirement of a physical intervention reduction programme in any service where this is employed and adherence to parameters specified within the Human Rights Act (1998); Mental Capacity Act (2005) and The Mental Health Act (2007) relating to physical restrictions and the deprivation of liberties. It equally stipulates that where services are delivered to people who are known to present behaviours that challenge, care must be delivered in accordance with the principles of PBS.

Furthermore, it is recommended that special attention should be paid to the ability of an organisation to deliver PBS when commissioning new services.

A related publication was produced by the Department of Health, also in 2014, *A Positive and Proactive Workforce. A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care* (Department of Health, 2014). In the publication, which describes the skills necessary for all care staff, it is recommended that services seeking to reduce physical interventions should use PBS. It further recommends that services which use PBS should meet the specifications described in *Ensuring Quality Services* (NHS England and Local Government Authority, 2014) , including those for a well-trained workforce, as follows:

- All support workers receive training in PBS which is refreshed at least annually
- All support workers with a leadership role (eg shift leaders, direct employers, frontline managers) should have completed, or are undergoing, more extensive training in PBS which includes practice-based assignments and independent assessment of performance
- All workers with a role (which may be peripatetic or consultant) in respect to assessing or advising on the use of PBS with individuals have completed, or are undergoing, externally-validated training in PBS which includes both practice and theory-based assignments with independent assessment of performance at national qualification level 5 or above
- All workers involved in the development or implementation of PBS receive supervision from an individual with more extensive PBS training and experience. Workers in consultant roles are supervised by an individual (within or outside an organisation) with a relevant postgraduate qualification, eg Applied Behaviour Analysis, PBS, clinical psychology

Conclusion

Person Centred Positive behaviour Support has developed over a number of years and represents a combination of the most effective behavioural intervention strategies endorsed by both professional and national standards bodies and the current values system within the field of Learning Disabilities which promotes person centred support and the respect of individual rights. The Winterbourne scandal has highlighted the need for the implementation of this approach across all community services in England and Wales to enable individuals to remain within their own homes and to avoid unnecessary hospital admissions.

References

- ACEVO (2016) *Time for Change – the Challenge Ahead*. London: ACEVO
- ADASS, CQC, DH, HEE, LGA and NHS England (2015) *Transforming Care for People with Learning Disabilities – Next Steps*. Download from: <http://bit.ly/2qjQf0a>
- Allen, D, Banks, R and Staite, S (1991) *Meeting the Challenge. Some UK perspectives on community services for people with learning difficulties and challenging behaviour*. London: King's Fund Centre
- Blunden, R and Allen, D (1987) *Facing the Challenge: an ordinary life for people with learning difficulties and challenging behaviour*. London: Kings Fund Centre.
- British Psychological Society (2004) *Psychological Interventions for Severe Challenging Behaviours Shown by People with Learning Disabilities*. Leicester: British Psychological Society
- Bubb, S (2014) *Winterbourne View - Time for Change. Transforming the commissioning of services for people with learning disabilities and/or autism*. London: ACEVO
- Carr, E G and Durand, W M (1985) Reducing behaviour problems through functional communication training. *Journal of Applied Behaviour Analysis*, 18, 111-126
- Department of Health (1993; Revised 2007) *Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs (The Mansell Report)*. London. DH
- Department of Health (2001). *Valuing People: a new strategy for Learning Disabilities for the 21st Century*. London. DH
- Department of Health (2009) *Valuing People Now: a new three-year strategy for people with learning disabilities*. London. DH
- Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions*. London. DH
- Department of Health (2014) *A Positive and Proactive Workforce. A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care*. London. DH
- Donnellan, A M, LaVigna, G W, Negri-Shoultz, N and Fassbender, L L (1988) *Progress Without Punishment: effective approaches for learners with behavior problems*. New York: Teachers College Press
- Emerson, E, McGill, P and Mansell, J (1994) *Severe Learning Disabilities and Challenging Behaviours: designing high quality services*. London: Chapman and Hall
- Horner, R H. Dunlap, G and Koegel, R (1990) Positive behaviour support: definition, current status and future direction. *Learning Disability Review*, 11, 4-9
- Horner, R H, Dunlap, G, Koegel, R L, Carr, E G, Sailor, W, Anderson, J, Albin, R W and O'Neill, R E. (1990a) Toward a technology of "nonaversive" behavioral support. *Journal of the Association for Persons with Severe Handicaps (JASH)*, 15, 3, 125-132

Lichstein, K L and Schreibman, L (1976) Employing electric shock with autistic children: a review of side effects. *Journal of Autism and Childhood Schizophrenia*, 6, 163-173

McGee, J, Menolascino, F J, Hobbs, D C and Menousek, P E (1987) *Gentle Teaching: a non-aversive approach to helping persons with mental retardation*. New York. Human Sciences Press

NHS England and Local Government Authority (2014) *Ensuring Quality Services. Core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges*. London: LGA

NICE (2015) *Challenging Behaviour and Learning Disabilities: prevention and intervention for people with learning disabilities whose behaviour challenges*. London: NICE

Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007) *Challenging Behaviour: a unified approach*. London: Royal College of Psychiatrists

Skinner, B F (1953) *Science and Human Behavior*. New York: MacMillan

Tanner, B A and Zeiler, M (1974) Punishment of self injurious behaviour using aromatic ammonias as the aversive stimulus. *Journal of Applied Behaviour Analysis*, 8, 53-57

Toogood, A, Emerson, E., Hughes, H, Barratt, S, Cummings, R and McCool, C (1988) Challenging behaviours and community services 3. Planning individualised services, *Mental Handicap* 17, 70-4

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