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A Reflective Evaluation of the Bradford Positive Behaviour Support – In Reach Service

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A Reflective Evaluation of the Bradford Positive Behaviour Support – In Reach Service

Abstract

Purpose

Without effective support and intervention, young people with learning disabilities and severe challenging behaviour are at risk of placement in out-of-area residential settings or highly specialist child and adolescent mental health service (CAMHS) units. Such placements may be inappropriate and result in significant reductions to the quality of life of young people and their families. This paper evaluates the effectiveness of the Bradford Positive Behaviour Support (PBS) Service Model in terms of its aims to improve quality of life, develop skills and maintain children living with their families in their own homes.

Design/Methodology/Approach

A service evaluation using quantitative and qualitative data from a range of sources to review the effectiveness of the PBS model being applied in Bradford and Calderdale.

Findings

When consistently implemented, the Bradford Positive Behaviour Support – In Reach Service (PBS-IRS) may improve quality of life, facilitate skill development in young people and their carers, and reduce placements in residential and CAMHS inpatient units. Avoidance of such placements is likely to reduce the overall costs of service commissioning in Bradford.

Originality/Value

This paper evaluates a novel approach being applied by a third sector agency to implement effective PBS with a small group of children, their families and networks. There is scope for this model to be successfully implemented in other areas.

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Introduction

It is estimated that 12% of children and young people aged 0-18 years with a learning disability will present some form of behaviour that challenges (Emerson *et al.*, 2014). Whilst a proportion will be successfully supported in their families and at school (e.g., Scott and Barrett, 2004), some will present severe and enduring challenging behaviour that places themselves or others at significant risk and increases the likelihood of residential placement. In 2015 in England, around 22% of those under 18 years in inpatient units were there for ongoing behavioural treatment (Health and Social Care Information Centre, 2015a). Admission to such units or to out-of-area residential settings may lead to significant restrictions on young people's quality of life and may have little or no therapeutic benefit (Allen *et al.,* 2007).

Such placements also constitute a major financial burden for local authorities and the National Health Service (NHS). In 2014 the English Department for Education stated that the average cost of residential care provision was £2900 per child per week (Department for Education, 2014) with much higher rates for young people with the most complex presentations. The recent review of the experiences and outcomes of children and young people in residential special schools and colleges (Lenehan and Geraghty, 2017) estimated that the approximately 6000 placements cost an estimated £500 million per annum. Many of these children and young people have a learning disability and/or autism.

Lenehan and Geraghty (2017) noted that Positive Behaviour Support (PBS) services can provide significant cost savings and enable children to stay within family homes and local schools. Proactive, early intervention with children and families can also help prevent difficulties continuing into adolescence and adulthood (Conroy and Brown, 2004). PBS is a model of care rooted in the science of Applied Behaviour Analysis. It seeks to better understand the reasons for challenging behaviour and the situations in which it is more likely to occur. It then goes on to implement person-centred interventions through effective modelling, skill building, communication development and identification of opportunities for the individual, with a view to improving quality of life, reducing the need for restrictive physical interventions and reducing challenging behaviour. Gore *et al.* (2013) outline the ten core components of PBS incorporating its theory and evidence base, its underpinning values and the processes involved in its implementation.

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Affinity Trust is a charity that provides support to individuals with a learning disability across England and Scotland. While the organisation's primary focus is on supported living provision for adults, since 2018 it has begun working in the children's sector providing specialist PBS services. The PBS-In Reach Service (PBS-IRS) model described below was first used in Bradford and is now being implemented in a number of other local authorities. Bradford is a city of more than 0.5 million population in West Yorkshire in the North of England. Primary referrals to the service come from the Bradford Children's Complex Health and Disabilities Team who focus on provision of support to children with a wide range of physical, mental and learning needs, some of whom also present challenging behaviour. Due to the age range supported (7-14 years) by the PBS service, there is also liaison with the local Transitions Team who work to continue providing support to children and their families as they progress into adulthood.

The Bradford PBS Service was set up to maintain the home placements of children identified by Bradford local authority as at risk of residential placement as a result of their challenging behaviour. A number of similar models have been applied to good effect in other areas of England, such as the Ealing Intensive Therapeutic and Short Breaks Service (Dilks-Hopper, *et al.* 2019, see also Gore *et al*., 2015). Unlike other models, that have generally been directly provided by the local authority or the NHS, the Bradford service has been implemented by a third sector organisation.

The aim of this paper is to critically evaluate the service model being implemented in Bradford to examine its effectiveness in supporting children, families and professionals to safely manage and reduce behaviours of concern whilst also improving child and carer skills and quality of life.

Service model

The Service incorporates a five stage model (see Figure 1) for individual children from entry point to discharge. This model was designed to address multiple elements and placed an emphasis on building the capacity of a child's care and support network so as to ensure longevity of PBS implementation after discharge.

Figure 1 about here

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One of the elements that distinguishes this model is the level of intensity of provision. A Specialist Keyworker allocated to a case will work directly with a child for up to 30 hours per week across all of their support environments. This level of involvement remains in place for an average of 2 years and includes working with families and professionals across short break settings, schools, shared care families, family homes and the community. This approach is intended to provide consistency of PBS application across all settings through the use of modelling and in situ training of mediators (all parties involved in the care of a child) by the Specialist Keyworker.

The model's skill-building, developmental approach involves working with the child's network to co-produce a PBS plan and then modelling and training network members in how to use the strategies identified in the plan. This develops both confidence, practical application and knowledge of PBS, but also group accountability for progress and change. The active involvement of all key stakeholders (including the child where possible) throughout the process is seen as a focus of the PBS-IRS model and agreement at each stage is sought to ensure that a child's whole multidisciplinary team (MDT) is working collaboratively towards common goals. These common goals and outcomes are chosen by a child's MDT and used for measuring progress. Alongside the standard measures of reduction in challenging behaviour, individualised measures of quality of life are selected and progress against these goals is regularly measured at quarterly review meetings to ensure a continually progressive approach to PBS implementation. The focus of these quarterly meetings is also to update the PBS plan and make any amendments or changes to ensure it is a constantly evolving, 'live' document that is truly reflective of a child's current behavioural presentation and quality of life.

As children progress to the point of not requiring intensive involvement from the service, a joint decision is sought to move on from intensive support. In order to facilitate continued progress, the service does not fully discharge cases. Instead they are moved to a 'Monitoring and Maintenance' caseload held by the Specialist Keyworkers and Clinical Service Lead. This process involves maintaining monthly contact with mediators, 6 monthly PBS plan reviews and crisis response where necessary to effectively manage any changes in behavioural presentation. This approach has been instrumental in avoiding repeated re-referrals or breakdowns in PBS implementation over time.

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As well as direct service delivery, the service also seeks to disseminate PBS knowledge to parents and professionals within the Bradford area. The Service Lead provides regular training to both parents and professionals, ranging from support workers to clinical psychologists and social workers. They attend a one day foundation course on PBS, whilst parents of children with behaviour that challenges attend a 3 hour seminar with more specific focus on the practical application of PBS. This element of the service is intended to continually upskill parents and professionals and increase the use of PBS as an early intervention model. Its aim is to lower the number of children requiring high intensity involvement of PBS services such as those provided by Affinity Trust. This approach is supported by research showing that early intervention and lower-tier PBS work can be effective in the context of a multi-tiered model of service provision for children and families (Brunskill *et al.,* 2019)

The Bradford PBS service was commissioned using a social impact bond with a model of payment by results. This means that the service only receives payments when children do not enter residential care as a result of their challenging behaviour. Such a results-focused approach reduces the financial risk for local authorities and NHS clinical commissioning groups (CCGs). In practical terms, this means the Bradford PBS service does not receive payments for the first 9 months of a new referral, with outcome-based payments then being received every three months so long as the child remains out of residential care. Those payments cease if the child enters residential care, even during monitoring and maintenance (Stage 5 discharge in Figure 1), placing an onus on the provider to effectively maintain good PBS support over time.

Evaluation methods

Both qualitative (collected through observations and feedback gathered from families and children) and quantitative data were collected for children and families using the service. The service has worked intensively with eight children in the Bradford district and one in Calderdale local authority (a metropolitan borough adjacent to Bradford). In total, six children were included in the evaluation, five from Bradford and one from Calderdale. Three children were omitted from this evaluation due to not yet being at implementation stage (Stage 4). The evaluation was intended to investigate whether implementation of the PBS-IRS model would have a significant positive impact on families' abilities to manage their child's challenging behaviour as well as lead to improvements in skills, quality of life and reductions in challenging behaviour. Small numbers prevented any statistical analysis of the data.

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Findings

Residential care and possible cost savings

None of the nine children with whom the service has worked have entered residential care as a result of their challenging behaviour and all but one remain living in their family home, the exception living locally in Bradford at a residential unit due to issues unrelated to challenging behaviour. The initial contract for the Bradford PBS Service was to prevent 70% of referrals from entering residential care as a result of their challenging behaviour. At the time of writing, the service maintains a 100% success rate on this key performance indicator. To date, the service has been paid a total of £266,500 for keeping six children in Bradford out of residential care across 28 months, with the others not yet being eligible for outcome payments due to being within 9 months of referral. Had all referred children entered residential care the same month they entered the PBS Service this would represent a saving of around £1.6m over 28 months, assuming an average weekly cost of £3000 for residential and inpatient care in 2015 (median of the range of £2500 - £3499 given in Health and Social Care Information Centre, 2015a). It should be noted, of course, that the children may not have entered residential care at the assumed time or at all, and that the PBS-IRS service was not the only possible factor influencing residential placement. Nonetheless, the service has arguably contributed to the avoidance of significant additional costs to local authority and NHS commissioners.

Carer capacity

Primary carers of five children rated their ability to manage their child's challenging behaviour from 0-4 before and after PBS service involvement with 0 being "completely manageable", 1 "manageable", 2 "neutral", 3 "unmanageable" and 4 "completely unmanageable". Two of these five children are currently active cases where work is in progress, with the remaining three being in monitoring and maintenance. The sixth currently active case was omitted from this data set due to the family not wanting non-essential contact at the time of writing. All carers reported that they found the child's challenging behaviour more manageable after input from the PBS service (see Figure 2).

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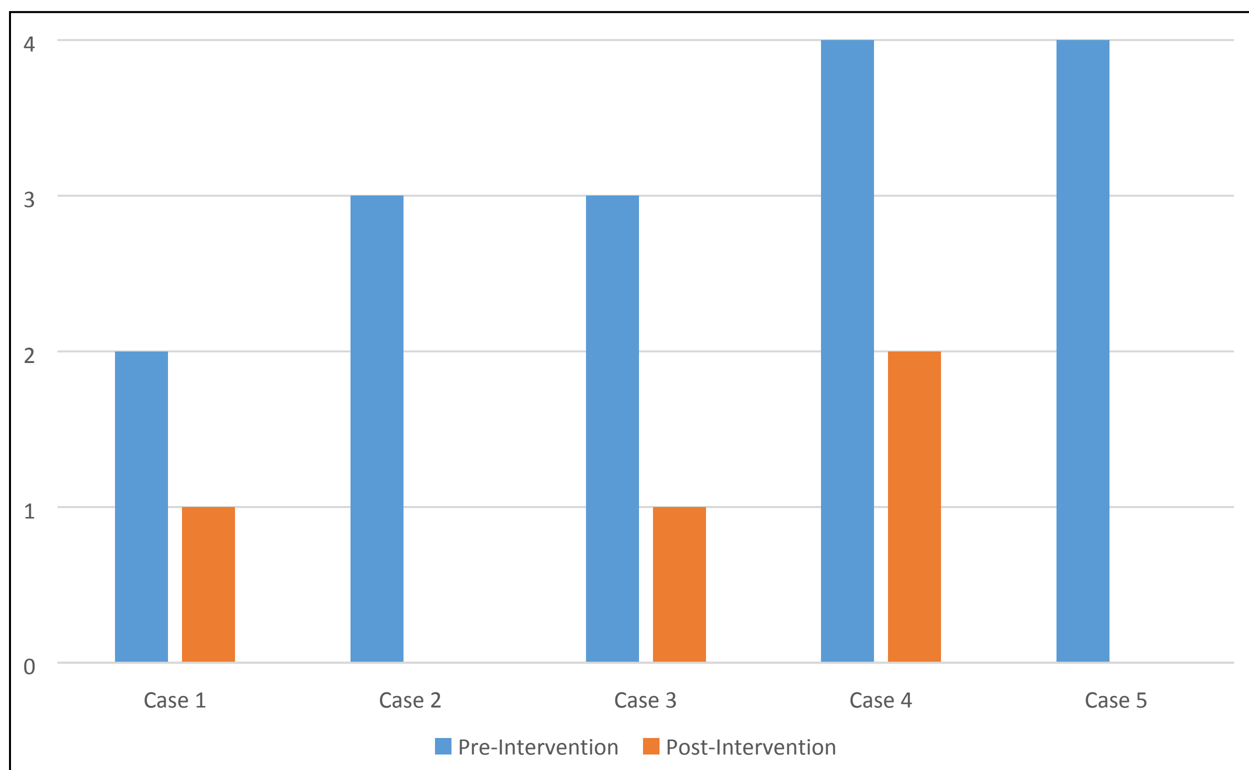

Figure 2 Carer self-rated ability to manage challenging behaviour before and after intervention

Child development and quality of life

Views from a range of parents and professionals were sought about children's progress and outcomes following PBS service involvement.

Significant improvements in communicative abilities were recorded for three of the six children, both in respect of verbal communication and the use of augmentative systems such as PECS (Picture Exchange Communication System; Bondy and Frost, 2001). There have also been significant improvements in ability to tolerate known triggers for challenging behaviour for five of the six children. For example, one child learnt to cover his ears and lead staff to a door when there was too much noise rather than displaying self-injurious behaviour.

The service has successfully supported community access for four of the six children and is continuing to work on this with the remaining two. This has included children being able to safely

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access preferred community activities such as shops, the library and local swimming pools as well as non-preferred but essential settings such as the optician, dentist and doctor's surgery.

Prior to our involvement the local special education team had stated that one of the children would not be able to access local secondary provision due to their challenging behaviour and it might be necessary to look at out of area alternatives. Following the work conducted by the PBS service, this child is now likely to be accepted by the local secondary provision. At a recent Education Planning Meeting, the Special Educational Needs Officer stated "This is the most positive meeting I have attended for this child in six years".

One of the first cases accepted by the service experienced significant changes with the child seeing major reductions in challenging behaviour and improvement in self-regulation skills. Through effective use of the Monitoring and Maintenance system, this child has not presented any aggressive behaviours towards himself, others or property since January 2020.

Another major achievement of the PBS Service has been supporting a child and single parent to remove the use of a mechanical restraint (wrist strap) that was agreed by the MDT following an incident of absconding and a subsequent road traffic collision. Through effective modelling and implementation in Stage 4 of the PBS-IRS model, the child was successfully supported to a range of community locations such as fast food shops, the library and the supermarket without the need for the wrist strap. Intervention focused on development of the child's awareness of road safety as well as developing the parent's capacity to manage the lower level challenging behaviours that had previously led to absconding.

Understanding of PBS

The professional and parent training has also been shown to be effective in improving awareness of PBS more generally across the Bradford area. Twenty-eight parents completed feedback forms at the end of a series of PBS training sessions. Parents rated their agreement (from 1 - Strongly Disagree to 5 - Strongly Agree) that they had a "good understanding" of PBS and challenging behaviour before and after attending a free four-hour training session. The average score increased from 2.7 before training to 4.5 afterwards. The findings from training of professionals were similar. Of 53 participants, 79% strongly agreed that the PBS training would be useful in their work.

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Practical Implications, Reflections and Limitations

Twenty-eight months of active service implementation to date has demonstrated a measurable positive impact of the Bradford PBS service for children, families and their wider support networks. There is evidence of increased parental capacity to manage challenging behaviour, improved quality of life, skills development, better tolerance to potential triggers, and reductions in challenging behaviour. Equally, the provision of free PBS training to parents and professionals across the Bradford area has yielded more general improvements in awareness of PBS and confidence in its use and application. The service may also have reduced costs for local authorities and CCGs by preventing children entering expensive residential care placements. Reflecting these successes the Bradford PBS Service was given the "Excellence in Applying the Principles of Positive Behaviour Support into Practice" award at the 2019 British Institute for Learning Disabilities (BILD) International PBS Conference. It seems reasonable to suggest that similar models in other areas might have similarly positive outcomes both in terms of benefits for children and their families and potential cost savings.

It is important, however, to also note some of the difficulties faced in implementing the PBS service in Bradford. While the intensity of the PBS-IRS model has been positive for most families it was experienced as overwhelming by some families, leading to occasional breakdowns in engagement. The service works collaboratively with families and other stakeholders to allow for flexibility and resolution of such issues. However, for some families, the very regular contact and intensive modelling can be problematic.

Another key reflection was the need to more clearly define the referrals process for stage 1. Without very specific referral criteria regarding the duration, intensity and frequency of challenging behaviour, there was the risk of having cases referred that could have been more effectively managed by a lower tier service, leading to the intensive service resource being wasted. This was resolved through multiagency planning meetings to identify those children who were at highest risk of entering residential care and signposting lower intensity cases at the point of referral.

Finally, where there have been spikes in challenging behaviours during the Service's involvement, it has often been determined that this is due to inconsistencies in the application of strategies. This has been dealt with proactively through regular meetings and building in specific training and modelling to

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improve consistency. It does however highlight a difficulty in applying PBS strategies across multiple environments where there are different competing demands and responsibilities.

Some of these difficulties may be addressed by planned developments. These include a service specific parents' forum, and parent and professional 'champions' to facilitate the use of PBS across wider organisations and networks. Developments such as these would, for example, allow prospective families accessing the service to meet with other parents already receiving the service to discuss concerns and experiences.

In evaluating the Bradford PBS model it is important to be aware of limitations in the data gathered so far and to note areas where further and more detailed evaluation is undoubtedly necessary. The findings presented above should be interpreted cautiously as they are based on a very small cohort of cases. Ideally, this cohort would be expanded across multiple services, comparable data collected across all children and the data analysed statistically. Similarly, while potential cost savings have been identified, a formal economic analysis would be required to gain a more accurate measure of the service's overall fiscal impact.

The essence of the model reported here is to support changes that can be maintained over time without ongoing intensive support. Thus carers and parents are helped to increase their capacity to manage challenging behaviour; and children are supported to develop their communication, self-management and emotional self-regulation abilities. The "skilling up" of the child and those surrounding him/her is intended to promote a lifelong and progressive approach that reduces the need for re-referral to similar services over time. Similarly, it is hoped that the intensive modelling, training and implementation support given to professionals may lead to organisational changes that encourage more PBS-centric working practices. This in turn may result in more families being able to be supported by lower intensity arrangements within schools and short break units, reducing the need for high intensity services such as the Bradford PBS Service.

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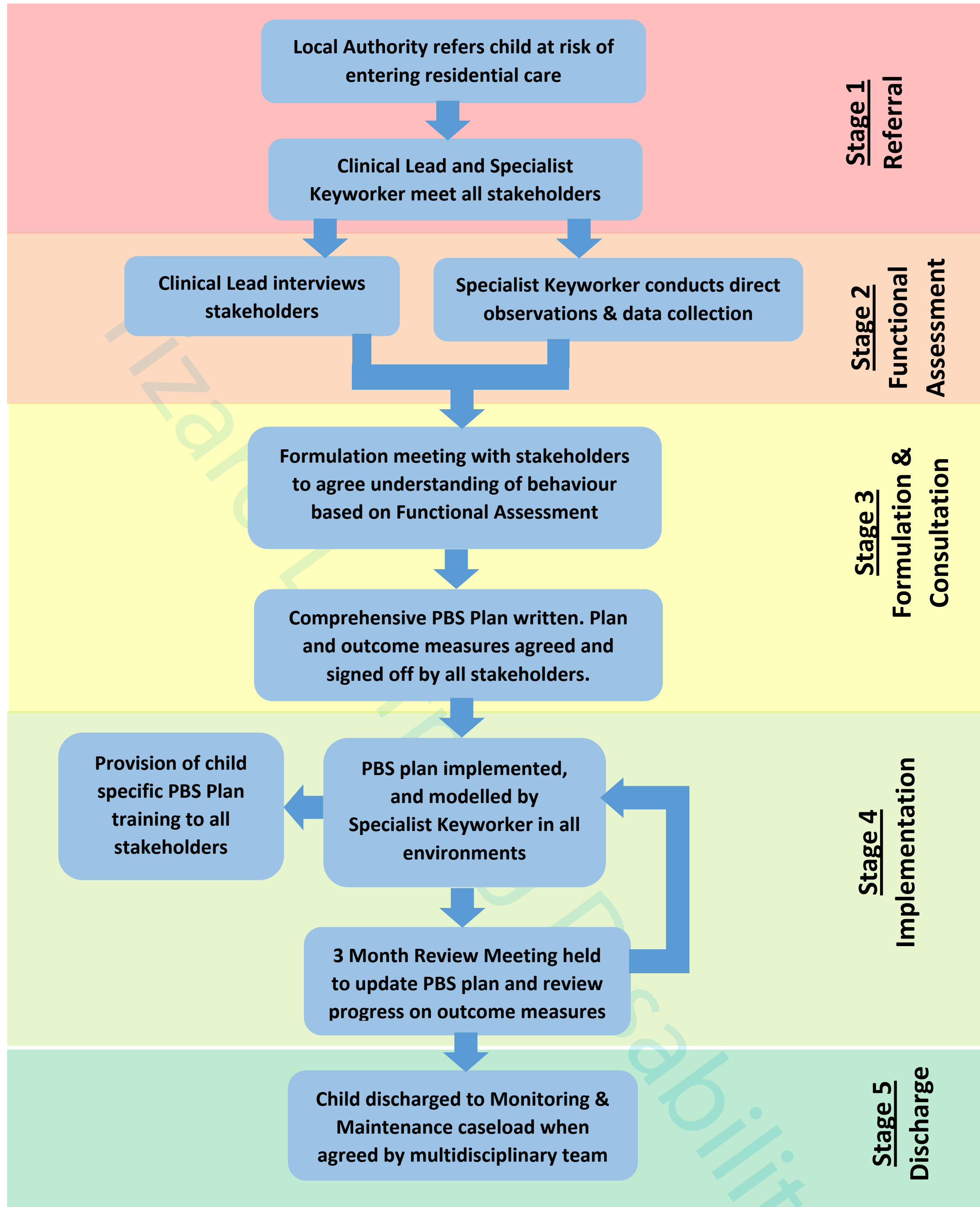

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Figure 1 Bradford Positive Behaviour Support In Reach Service Model

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