



**Scoping the workforce development needs of health and social care providers
delivering Positive Behavioural Support for those with Learning Disabilities across
the North East and Cumbria**

A report of a collaborative action research project conducted October 2015-July 2016

Commissioned by Health Education England North on behalf of

NHS England North East & Cumbria

For the Workforce Development Task & Finish group of Transforming Care Programme.

Undertaken by:

Dr Anne McNall, Enterprise Fellow, Workforce Development

Professor Karen McKenzie, Professor of Psychology

Claire Hardy, Research Associate

Kathryn Whelan, Research Associate

Carol Wills, Programme Leader PG Cert Teaching & Learning

Jonathan Yaseen (Technology Specialist)

(Northumbria University)

Steve Wilson and Alison Branch

Senior Clinical Trainers, Positive Behavioural Support, NE& C Transforming Care

Jill Chaplin

Professional Head of Training & Development in Positive Behavioural Support (Learning Disabilities), NTW NHS Foundation Trust

Report developed by

Dr Anne McNall: Enterprise Fellow, Workforce Development

Professor Karen McKenzie, Professor of Psychology

Alison Branch, Senior Clinical Trainer, NE & C Transforming Care Programme

Contents

Section			Content	Page
1.			Executive Summary	6
2.			Background to the project	10
3			Project Aims	12
4.			Scope, methodology, and stages of the study	13
	4.1		Scope	13
	4.2		Ethical approval	13
	4.3		Methodology and approach	13
		4.31	• Collaborative Action Research	13
		4.32	• Workforce Development Approach	14
		4.33	• Methods	16
		4.34	• Data analysis	17
	4.4		Stage 1	17
		4.41	• Desktop analysis	
		4.42	• 100 voices survey	
		4.43	• Qualitative exploration of the views and experiences of people with a learning disability and family carers regarding PBS and workforce requirements	
	4.5		Stage 2	18
		4.51	• Analysis of current commissioning specifications	
		4.52	• Analysis of existing PBS education and training provision nationally	
		4.53	• Exploration of current approaches to developing PBS knowledge /competence regionally	
		4.54	• Survey of social care provider organisations	
		4.55	• Survey of staff providing direct care	
		4.56	• Evaluation of existing PBS training approaches	
	4.6		Stage 3	19
		4.61	• Development of PBS learning and teaching hub	
		4.62	• Development of a draft curriculum by PBS learning and teaching hub	
		4.63	• Development of regional infrastructure/new roles to support workforce development	
		4.64	• Development of a Community of Practice	
		4.65	• Provider and commissioner engagement workshops	
5			Project Findings	20
	5.1		Stage 1	20
		5.11	Desktop analysis	20
		5.12	Qualitative exploration of the views and experiences of people with a learning disability regarding PBS and workforce requirements	21
		5.13	• 100 voices survey of people	22

	5.14	• Individual interviews and focus groups	22
	5.15	• Results	23
	5.16	Qualitative exploration of the views and experiences of family carers regarding PBS and workforce requirements	27
	5.17	• 100 voices survey	27
	5.18	• Individual interviews and focus groups	27
	5.19	• Results	28
	5.20	Discussion of key findings and recommendations from stage 1 analysis	32
5.2		Stage 2	33
	5.21	Analysis of current commissioning specifications	34
	5.22	• Discussion and recommendations for commissioning	34
	5.23	Analysis of existing PBS education and training provision nationally	34
	5.24	Exploration of current approaches to developing PBS knowledge /competence regionally	38
	5.25	The findings and priorities identified	38
	5.26	Survey of social care provider organisations	39
		• Respondents roles	
		• Service providers represented	
		• Staff preparation	
		• Workforce development need	
		• Priorities	
	5.27	Survey of direct care providers	48
		• The demographics of the respondents	
		• PBS knowledge and preparation	
		• Moving forward	
		• Preferred learning approaches and concerns about learning	
	5.28	Evaluation of existing approaches	57
	5.29	The effectiveness of learning and teaching approaches of previous PBS provision	58
	5.30	Discussion and recommendations from stage 2 analysis	59
5.3		Stage 3	61
	5.31	Development of PBS learning and teaching hub	61
	5.32	Development of a draft curriculum by PBS hub	62
		• Foundations of PBS (L4) or PBS Practice module (L7)	
		• Leading PBS in team (L4) Leading PBS in organisations (L7) module	
	5.33	Other developments necessary to facilitate/ enable workforce development	64
		• Development of standardised learning and assessment materials	
		• Maintenance of regional infrastructure	
		• Access to existing funding by alignment to RQF	

		5.34	Development and maintenance of a Community of Practice	66
	5.4		Outcomes from social care/NHS provider and commissioner engagement workshops	69
		5.41	• Aims of the workshop	69
		5.42	• Needs and priorities to enable staff to use a PBS approach in practice	69
		5.43	• Assuring competence of staff	71
		5.44	• Consideration of possible models for education/ training & workforce development	71
		5.45	• Developing practice leaders & direct care staff	72
		5.46	• Commissioning	71
		5.47	• Expanding the Community of Practice	72
6			Final summary and recommendations	74
	6.1		Develop regional infrastructure to support practice based learning & good standards of PBS	74
		6.11	• Appoint Strategic Practice Leader(s) to facilitate ongoing workforce development	74
		6.12	• Maintain and further develop the Community of Practice	74
			• Commission the development of a web interface	74
	6.2		Commission and develop appropriate programmes of learning and assessment for providers	75
		6.21	• Commission a programme for PBS practice leaders within organisations	
		6.22	• Commission a programme of learning for PBS practice leaders within teams	
		6.23	• Enable access to the module “Foundations of PBS” for direct care staff in health and social care provider organisations & family carers	
	6.3		Co-develop with the regional COP an evaluation strategy to sit alongside the programme/ module deliveries and commission an evaluation study	76
	6.4		Address recruitment, induction and retention of support staff	77
	6.5		Ensure development of PBS competence within the future workforce	77
	6.6		Address commissioning & strategic leadership for PBS	77
7			References	78
8			Appendices	83
		1	• PBS core competencies workshop	83
		2	• Over view of PG Cert Teaching & Learning	84
		3	• Workshop engagement events with providers and commissioners	85
		4	• CQC brief guide PBS	88
Figures				
		1	The workforce development approach (McNall 2012)	16
		2	Current focus of education and training by PBS specialists	35
		3	Proposed PBS curriculum	63
		4	Refocusing of workforce development activity	65

		5	The Community of Practice	67
Tables				
		1	The key areas identified by people with LD as important for the workforce development of staff in relation to PBS.	24
		2	Areas identified by family carers as important for the workforce development of staff	28
		3	A sample of current national provision of PBS courses	35
		4	What is the most important thing that needs to happen to enable direct care workers to use PBS in practice?	

1. Executive Summary

North East & Cumbria (NE&C) are one of 5 fast track areas commissioned by NHS England as part of the Transforming Care agenda. A key component of the Fast Track proposal for the NE&C related to workforce development need. In order to enable transition of people with behavior that challenges from institutional into community settings an appropriately prepared workforce is required, able to reflect the person-centred value base and competencies required to use a Positive Behavioural Support (PBS) approach in practice. PBS is an evidence based approach known to be effective in providing proactive long term behavior change to improve quality of life and managing behaviors that challenge through planned intervention.

This requires a multi-faceted approach as the workforce is large, formal and informal, working at different levels, from direct care givers and family carers who may have little understanding of the approach to more specialist and advanced practitioners with varying levels of expertise in PBS and how to facilitate and support others to use the approach. The North East and Cumbria fast track site encompasses an estimated 1480 staff work within NHS learning disability services, and 25,000 people providing direct support to people with learning disabilities (in CQC registered social care locations) across the NE&C (data provided by NHS England 2015). This includes workers employed in NHS and social care organisations providing direct support to those with learning disabilities who may be at risk of, or display behaviour that challenges

At present there is no accurate information on the needs, abilities, qualifications, education and training experience of family carers and direct care givers in the health & social care workforce in relation to PBS. There are a range of service and training providers who teach staff about the positive behavioral support model, however, there does not appear to be a consistent approach to facilitating learning, or developing and assessing competence across training providers or service providers, nor evaluation of the outcomes informing workforce development strategy. The views of those who demonstrate behavior that challenges and their family carers regarding PBS, does not appear to be clearly understood.

A study was commissioned by Health Education England North and undertaken by Northumbria University October 2016 – July 2017. The aims of the study were;

- To understand the current drivers for using positive behavioural support for the prevention and management of those with behavior that challenges, drawing upon current policy, literature and guidance and existing commissioning specifications.
- To develop understanding of the current situation regarding how PBS is enabled and delivered across the North East & Cumbria

- To elicit the views of stakeholders on what is required to develop the current and future workforce to use a positive behavioural support approach for people with learning disabilities.
- To analyse and synthesise these multiple perspectives in order to inform a workforce development strategy and plan for the next 3-5 years, to grow and sustain workforce competence in PBS in the North East and Cumbria through consistent approaches that develop capacity, competence and capability in those providing services, and the ability to grow this at scale

A workforce development approach using a model developed by McNall (2012) was used. It is essentially a collaborative action research approach. Parkin (2009) suggests the primary purpose of action research is to bring about change in specific situations, in local systems and real world environments, with the aim of solving real problems. Collaborative action research (CAR) brings together stakeholders who have insight into the issue of concern, and enable a wide range of perspectives to be considered and influence decision making (Koshy, Waterman & Koshy 2011) which reflects current UK policy for Transforming Care through participation of those with insight to enable local decision making. Boog, Keune, & Tromp (2003) observe that action research is an inherently cyclical process of researching, learning and putting what has been learned into practice, often on a localised scale

The study had three key stages;

Stage 1: Develop a detailed understanding of the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based person-centred approach to care based upon PBS principles. This involved;

- Documentary analysis of literature/ policy/ PBS framework
- 100 voices survey people with learning disability and family carers
- Qualitative interviews/ focus groups with people with learning disability and family carers

The findings showed a clear policy/ practice evidence base for the value base of person centred care and application of PBS principles. The publication of the PBS competence framework (PBS Coalition 2015) provides a clear evidence based framework for staff and family carers. People and family carers recognised the benefits of PBS to quality of life and reduction of behaviour that challenges, however PBS is not always fully understood and PBS preparation is not always easy to access. The PBS approach was valued by people with learning disability and their families

Stage 2: Develop a detailed understanding of what is currently occurring in relation to developing the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based, person-centred approach to care based upon PBS principles This involved analysis of;

- Current commissioning specifications for PBS requirement and monitoring systems
- Current education, training, assessment, accreditation provided nationally
- Current education, training, assessment, accreditation and evaluations regionally
 - Workshop with NHS provider organisations
 - Survey of social care provider leads
 - Survey of those providing direct support

The findings showed little or no inclusion of requirement for PBS or PBS competence in current commissioning specifications or monitoring processes. Regionally, a training model predominates; there is no standardised approach to developing the workforce in health and social care settings. Learning is not always usually assessed, accredited or transferable or informed by evidence based learning and teaching approaches for adults. Current provision regionally does not develop or assess competence nor have the infrastructure to do so at present. Participants identified the need for a standard approach delivered in the practice setting via blended learning which develops competence aligned to relevant level of the PBS competency framework for; those providing direct support and practice leaders. Practice based learning was most valued, but no infrastructure is in place to support and ensure valid and reliable practice based learning and competency assessment at present. NHS PBS specialists are using much of their time training often transitory direct care workforce; of whom many are employed by social care providers who are undertaking in house training again with no standardised approach.

Stage 3: Effective stakeholder engagement to find solutions

In line with a collaborative action research approach various developments occurred. These included the development of a region wide PBS learning and teaching hub with NHS PBS specialists, who are undertaking a bespoke version of PG Cert Teaching and Learning in Professional Practice. This has enabled the development of a first cohort of practice leaders with both PBS and Learning, teaching and assessment expertise. The PBS hub co-produced draft evidence based PBS curricula to develop PBS competence and infrastructure for practice based learning and assessment for direct care workers and practice leaders.

Clinical leader in PBS posts were developed to create regional infrastructure for practice based learning. They have worked in partnership with the University team and facilitated regional engagement workshops for commissioner and provider leads in health and social care to share the findings of this study and proposed curricula which have been verified and supported by the wider stakeholder groups. The inclusion of this wider group has enabled the expansion of the PBS learning and teaching hub L&T hub into a regional Community of Practice with involvement of all stakeholder groups.

It has also enabled exploration of other issues that need to be addressed system wide (linked to a systems based workforce development approach) and enabled the co-production of an action plan/recommendations for workforce development which are included in **section 6** of this study.

The recommendations of this study refer to the need for;

- Development of a regional infrastructure to support practice based learning & good standards of PBS
- Maintaining and further developing the Community of Practice (COP)
- Commissioning the development of a web interface accessible to all
- Commissioning, co-production and provision of region wide evidence based accredited programmes/modules of learning and assessment which are accessible to health and social care providers and family carers, appropriate to their entry level of learning, aligned to the PBS competency framework, delivered via a blended learning approach within the practice setting and assessed by practice leaders within organisations
 - For PBS practice leaders within organisations (level 7)
 - For PBS practice leaders within teams (level 4)
 - For direct care staff & family carers (level 4)
- Co-develop with the regional COP an evaluation strategy to sit alongside the programme/ module deliveries
- Commission an evaluation study to incorporate all levels of learning identified with Kirkpatrick's (1994) Model of learning evaluation
- Address recruitment, induction and retention of support staff
- Development of PBS competence within the future workforce
- Address commissioning & strategic leadership

2. Background to the project

NHS England has recently commissioned five Fast Track areas across the North, the Midlands and East of England within the Transforming Care Programme. The Learning Disability Transforming Care Programme aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more people are cared for in the community and closer to home, rather than in hospital settings. Each Fast Track area brings together organisations across health and social care with an allocation of a £10 million transformation fund and technical support, to accelerate service re-design in their areas. The sites that were selected were chosen because they have high numbers of people in in-patient settings, bringing together a large number of commissioners across health and social care, each with different challenges. This will enable a number of approaches to Transforming Care to be implemented and tested to evaluate which are more effective in transforming care.

A key component of the Fast Track proposal for the North East and Cumbria related to workforce development need. In order to enable transition of people with behaviour that challenges from institutional into community settings an appropriately prepared workforce is required, able to reflect the person-centred value base and competencies required to use a Positive Behavioural Support (PBS) approach in practice. PBS is an evidence based approach known to be effective in providing proactive long-term behaviour change to improve the quality of life and support for people with behaviours that challenge through planned intervention. This requires a multi-faceted approach as the workforce is large, formal and informal and is working at different levels. This includes direct care givers and family carers who may have little understanding of the approach to more specialist and advanced practitioners with varying levels of expertise in PBS and how to facilitate and support others to use the approach.

The North East and Cumbria fast track site encompasses a high number of people who require knowledge, skill and competence in PBS. This includes workers employed in NHS and social care organisations providing direct support to those with learning disabilities who may be at risk of, or display behaviour that challenges:

- Northumberland, Tyne and Wear NHS Foundation Trust currently employ 830 (wte) staff providing care to those with a learning disability.
- Tees Esk and Wear Valley NHS Foundation Trust currently employ 560 (wte) staff providing care to those with a learning disability.
- Cumbria Partnership NHS Foundation Trust currently employ 87.8 (wte) staff providing care to those with a learning disability

- There are 19 local authorities in the North East & Cumbria region each commissioning services for those with learning disability.
- There are an estimated 21,000 people providing direct support to people with learning disabilities (in CQC registered social care locations) in the North East
- There are an estimated 4,000 people providing direct support to people with learning disabilities (in CQC registered social care locations) in Cumbria

(Data provided by NHS England 2015)

At present there is no accurate information on the needs, abilities, qualifications, education and training experience of family carers and direct care givers in the health & social care workforce in relation to PBS. There are a range of service and training providers who teach front line and professionally qualified staff about the positive behavioural support model, however, there does not appear to be a consistent approach to facilitating learning, developing and assessing competence across training providers or service providers, nor evaluation of the outcomes informing workforce development strategy. The views of those who demonstrate behaviour that challenges and their family carers regarding PBS, does not appear to be clearly understood.

Northumbria University has significant expertise in strategic approaches to workforce development in health and care settings. This report represents the result of a collaborative project which used a workforce development approach (McNall 2012) to better understand the local situation to inform a workforce development strategy and delivery plan to enable growth at scale of the number of family carers, direct care, and specialist staff who understand and consistently practice a PBS approach aligned to the PBS Competence Framework (PBS Coalition 2015). Due to the high number of staff and multiplicity of health and social care providers a sampling approach was used to ensure people from all parts of the region and a range of different service providers and commissioners were included.

3. Project Aims

The aims of the project were

1. To understand the current drivers for using positive behavioural support for the prevention and support of those at risk of or with behaviour that challenges, drawing upon current policy, literature and guidance and existing commissioning specifications.
2. To develop understanding of the current situation regarding how PBS is enabled and delivered across the North East & Cumbria.
3. To elicit the views of stakeholders on what is required to develop the current and future workforce to use a positive behavioural support approach for people with learning disabilities.
4. To analyse and synthesise these multiple perspectives in order to inform a workforce development strategy and plan for the next 3-5 years, to grow and sustain workforce competence in PBS in the North East and Cumbria through consistent approaches that develop capacity, competence and capability in those providing services, and the ability to grow this at scale

The findings and recommendations will also be used to inform commissioning across the health and social care sector;

- For service specifications: outlining the minimum workforce requirements for service providers; ensuring the right people with the right competencies, knowledge and skills to deliver personalised, preventative and safe support are in place.
- For educational commissioning: outlining the required competencies and how they should be enabled and assessed at different levels of the workforce, and how this can be supported and led to develop the workforce at the scale required to support the transforming care programme.

In order to facilitate the cultural shift and change required across the North East and Cumbria, partnership working across a wide range of stakeholders will be critical in delivering the required outcomes. In this context, the research lead and members of the project team are members of the workforce steering group that is accountable to the Transformation Programme Board. The project team would also like to express their gratitude to a range of individuals and organisations who contributed to the project directly or by facilitating contact with those delivering, or in receipt of PBS.

4. Scope, methodology, and stages of the study

4.1 Scope

The study covered the NHS England North East & Cumbria region. The area covers 19 local authorities, 3 large hospital trusts, and has many independent service provider organisations. It is estimated that the paid workforce in the region is made up of

- NHS staff employed in learning disability services N = 1,477
- Social care staff providing direct support to people with learning disability in CQC registered locations N = 25,000
- Family carers of people with learning disability also provide direct support and their needs should also be considered as part of a strategic workforce development solution, although they are not part of the paid workforce.

4.2 Ethical approval

Ethical approval for the project was obtained from the Faculty of Health and Life Sciences, Northumbria University.

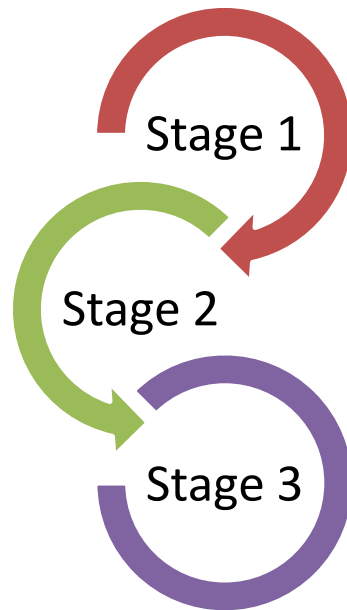
4.3 Methodology and approach

4.31 Collaborative Action Research

A collaborative action research approach was used. Action research is designed specifically for bridging the espoused theory, research and practice gap, and offers a useful approach for those concerned with practical problems. Waterman et al (2001) in their systematic review of action research, suggest that;

“action research is frequently selected to understand and resolve complex problems, and the participatory nature and the process of action research enables the development of relevant and appropriate practices, services and organisational structures.” (Waterman et al 2001, p6)

Parkin (2009) suggests the primary purpose of action research is to bring about change in specific situations, in local systems and real world environments, with the aim of solving real problems. Collaborative action research (CAR) brings together stakeholders who have insight into the issue of concern, and enable a wide range of perspectives to be considered and influence decision making (Koshy, Waterman & Koshy 2011) which reflects current UK policy for Transforming Care through participation of those with insight to enable local decision making. Boog, Keune, & Tromp (2003) observe that action research is an inherently cyclical process of researching, learning and putting what has been learned into practice, often on a localised or small scale. McNiff & Whitehead (2006) suggest that action research studies often involve lots of smaller spirals, which build upon each other to give a bigger picture. This is reflected in this study.



Stage 1: Develop a detailed understanding of the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based person-centred approach to care based upon PBS principles

Stage 2: Develop a detailed understanding of what is currently occurring in relation to developing the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based, person-centred approach to care based upon PBS principles

Stage 3: Effective stakeholder engagement to find solutions

Whilst the study is reported as a cyclical, logical process, in reality many of the stages of the study were occurring alongside each other, affecting each other and some are not yet complete. Cook (2009) highlights the “messiness” of action research and the difficulty of capturing the process, yet argues that;

“the purpose of mess is to facilitate a turn towards new constructions of knowing that lead to transformation in practice (an action turn)”

(Cook, 2009)

4.32 Workforce Development Approach

Workforce development is an emerging concept, recently defined.

‘Workforce development is a holistic concept that integrates workforce analysis and planning, human resource management and capability development to strengthen organisation success by aligning the workforce to both current and future service demands.’ (Staron 2008)

It goes beyond traditional understanding of continuing professional development; whilst it does include education of individual workers within an organisation it is;

“...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to.....problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers”.

(Australia’s National Research Centre on Alcohol and other Drugs Workforce Development 2002)

Much of the existing WFD literature focusses on defining and articulating the need for workforce development, but much less is known about how to facilitate and enable whole systems approaches that workforce development requires. A workforce development model developed by McNall (2012) was used to guide the process, and give detail to each stage. The approach seeks to fully understand the current situation and desired outcomes within a particular organisation or sector with a focus on context and culture. It incorporates multiple perspectives; the current policy, practice and professional drivers with the requirements of service users, families or carers, service providers, students, commissioners, strategic leads and education commissioners for high quality, cost effective workforce development which develops proficient practitioners/ workers. This is often achieved through a blended learning approach primarily in the practice setting which assesses and academically accredits learning and the achievement of proficiency, through authentic, valid, reliable competency assessment in the workplace, through development of the necessary infrastructure to achieve this. A critical success factor to the WFD approach is the ability to facilitate the process with multiple stakeholders/ organisations and meet the needs of each (McNall 2012). Figure 1 illustrates the different stages involved in the approach

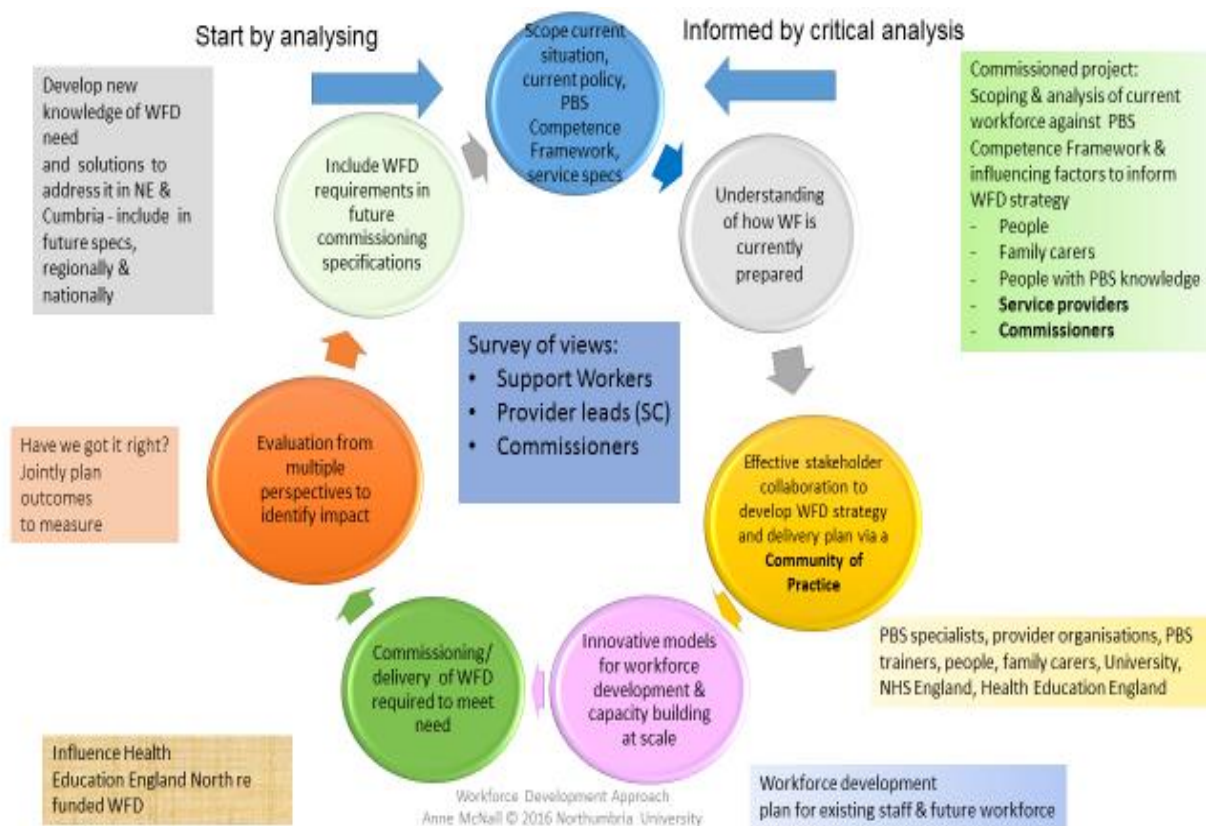


Figure 1: The workforce development approach adopted in the project (McNall 2012)

4.33 Methods

A range of methods are used within action research studies. In this study they are;

- Documentary analysis
- Surveys developed to seek further information from key stakeholder groups
- Qualitative approaches which include
 - Individual and focus group interviews
 - Engagement workshops using Participatory Appraisal tools

Participatory appraisal (PA) – also known as rapid appraisal, rapid participatory appraisal and participatory rural appraisal is a flexible and practical approach that encourages the participation of relevant stakeholders in both the assessment of need and resultant action plans (Lawlor et al 1999). Annett et al (1996) states that the primary aim of PA is to gain insight into a communities own perspective of its needs, translate these findings into action and establish an ongoing relationship between stakeholders The approach can be applied in a range of settings to seek opinions from a community or communities not previously involved in the decision making process (Lawlor et al 1999, Ong 1996, Philip 2001). It is an action orientated collaborative methodology using inclusive visual tools. It has particular

value in situations where local knowledge could be used to influence policy and/or decision making.

4.34 Data analysis

Data was analysed according to the methodology adopted at the particular stage of the study

4.4 Stage 1: Develop a detailed understanding of the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based person-centred approach to care based upon PBS principles

This included the following approaches:

4.41 Desktop analysis

A desktop analysis of contemporary policy and published literature was conducted to establish the drivers for PBS, the current evidence base, standards, guidance and expectations of a positive behavioural support approach with a focus on the workforce development implications.

4.42 100 voices survey

Some basic questions on PBS were included within the '100 voices' survey of people with learning disabilities and their family carers being undertaken in local authority areas led by Inclusion North (Community Interest Company).

Information was obtained from the 100 Voices survey (n= 204) which obtained the views of self-advocates (n = 204) from across the Region.

4.43 Qualitative exploration of the views and experiences of people with a learning disability and family carers regarding PBS and workforce requirements

In addition, the views in relation to PBS were obtained from individual interviews (n = 2) and focus groups (including n = 4 individuals) with a sample of people with learning disability. Information was obtained from two individual interviews and a focus group with four individuals. All interviewees were recruited via provider organisations working in the North East, and were included as they had a learning disability and had received PBS. All names and other potentially identifying information have been changed to ensure anonymity of the participants

4.5 Stage 2: Develop a detailed understanding of what is currently occurring in relation to developing the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value-based, person-centred approach to care based upon PBS principles

4.51 Analysis of current commissioning specifications

A survey was developed via survey monkey (McNall, Branch, Yaseen, 2016a) and disseminated to commissioners in NHS and all local authority areas to elicit what is currently included within service specifications regarding PBS, what is monitored, and what is specified regarding workforce development or standards. The survey was highlighted at provider /commissioner market engagement events across the region, was sent by e-mail to provider organisations and commissioners via NHS England and Skills for Care and was open for responses from 11 May 2016 to 15 July 2016

4.52 Analysis of existing PBS education and training provision nationally

A sample of PBS courses was reviewed, that are currently provided by a range of institutions and training providers where information is in the public domain. This considered the range of approaches used, qualifications gained, assessment methods, accreditation and costs. This did not include information regarding in house provision by service providers or commercial courses where information was not published.

4.53 Exploration of current approaches to developing PBS knowledge /competence regionally

A workshop with 25 NHS PBS specialists who are currently providing education and training across the NE&C region for NHS and some social care organisations was held to explore current approaches, materials and assessment approaches used and alignment of the approach to the PBS Competence Framework. The plan for the workshop is provided in **Appendix 1**

4.54 Survey of social care provider organisations

A survey monkey survey was developed (McNall, Branch, Yaseen 2016b) and disseminated to NHS and social care provider organisations across the whole of the North East & Cumbria directed at provider leads to develop understanding of how they currently develop staff regarding PBS. The survey was highlighted at provider /commissioner market engagement events across the region, was sent by e-mail to provider organisations and commissioners via NHS England and Skills for Care and was open for responses from 11 May 2016 to 15 July 2016

4.55 Survey of staff providing direct care

A survey monkey survey of a sample of those providing direct care to people with learning disabilities and who may have been in receipt of PBS training was developed (McNall, Branch, Yaseen 2016c) and undertaken across the whole of the North East & Cumbria, to explore their experience of PBS training provision and outcomes. The survey was highlighted at provider /commissioner market engagement events across the region, was

sent by e-mail to provider organisations and commissioners via NHS England and Skills for Care and was open for responses from 11 May 2016 to 15 July 2016

4.56 Evaluation of existing PBS training approaches

Analysis of existing evaluations of local PBS courses made available to the team was undertaken to explore participant's feedback and knowledge of PBS pre and post-delivery of a small sample of local training courses.

4.6 Stage 3: Effective stakeholder engagement to find solutions

4.61 Development of PBS learning and teaching hub

The findings from an analysis of current provision of PBS education and training by NHS provider organisations indicated the need for a consistent approach to learning, teaching and assessment of PBS and the development of infrastructure for delivery at scale (see section 4.1 and findings in section 5.24)

In order to enable this, an opportunity was taken to bring together existing PBS specialists from NHS provider organisations across the region, into a bespoke version of an existing validated programme at Northumbria University (Post Graduate Certificate in Teaching & Learning) using Health Education England (HEE) funding which was already in place for NHS staff as part of a block contract for continuing professional development (CPD) between HEE North and Northumbria University.

This programme is the recognised preparation for health and social care professionals who teach others in the University or Practice setting, and enables registration and recognition as a Practice Educator or Teacher with the relevant professional body (Nursing & Midwifery Council or Health Care Professions Council). Further information on the programme is provided in **Appendix 2**. The cohort became the PBS learning and teaching hub, using the learning opportunity to critically reflect upon existing provision regionally and nationally, what was needed for the future and how this could be delivered to the required scale underpinned by contemporary learning and teaching theory and practice.

4.62 Development of a draft curriculum by PBS learning and teaching hub

The PBS hub used the understanding developed in stage 4.5 and their expertise and insight as experienced PBS practitioners, along with their developing knowledge of evidence based learning and teaching approaches developed through their engagement in the PG Cert Teaching and Learning programme, to co-develop a draft curriculum. The draft curriculum constructively aligned learning outcomes reflecting the required knowledge, skills and values of the workforce to the PBS Competence Framework (PBS Coalition 2015), entry level of the participants and the Regulated Qualifications Framework (RQF). It developed through collaborative working, a proposed region wide curriculum underpinned by evidence based learning and teaching approaches and appropriate assessment strategies at two levels; direct care staff and practice leaders, as these were identified as the areas where the greatest workforce development need existed.

4.63 Development of regional infrastructure/new roles to support workforce development

Through the workforce development fast track funding, 1.5 WTE senior clinical trainer posts (Band 7) were created, along with a post for someone with a learning disability (Band 2), to act as a “training delivery team” for PBS across the region. The Band 7 posts commenced in May 2016, and two specialist practitioners with post-graduate training and experience in PBS were appointed. The Band 2 post has yet to be recruited to as clarity about the role within the overall context of workforce development and training is required. The two Band 7 staff are members of the PBS learning and teaching hub, currently undertaking the PG Cert in Teaching and Learning.

Initially this team was established to provide high quality PBS training (mapped to the PBS Competence Framework) across the health and social care workforce. However, a decision was made to align the posts to the regional workforce development approach and use the post holders working in a more strategic way to develop understanding of and capacity for workforce development, rather than focusing purely on individual education or training. This work has been completed in conjunction with Northumbria University. These posts are seen as central in supporting the North East & Cumbria PBS hub and to develop the Community of Practice (COP) across the region. A key outcome for this team is to develop a standardised approach to education and training across the region as part of a wider workforce development approach, which can be shared and agreed via the wider Community of Practice.

4.64 Development of a Community of Practice

Communities of Practice are defined as;

“Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” (Wenger 2007)

It was seen as an opportunity to further develop from the PBS hub a regional Community of Practice (COP) of stakeholders who were interested in PBS and how it could be embedded in future practice to transform care through both commissioning and across a range of provider organisations and family carers within the region.

4.65 Provider and commissioner engagement workshops

In order to expand the COP in an authentic way to engage with and encompass the views of commissioners of learning disability support services including PBS, and social care service providers (who provide the bulk of direct support to people at risk of or with behaviour that challenges) a series of engagement workshops were arranged and facilitated by the senior clinical trainers in PBS, supported by other members of the COP.

The aim of the engagement workshops was to raise awareness amongst social care/NHS provider organisations and commissioners of the background to this study, the key findings, and to invite their participation into the regional community of practice development to get their perspective on the key issues regarding workforce development, priorities and potential solutions.

5. Project Findings

Develop a detailed understanding of the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value based person centred approach to care based upon PBS principles

5.1 Desktop analysis

A desktop analysis of key policy drivers, practice and workforce development guidance in relation to PBS was undertaken to provide the contextual background to the study. A summary of the implications of the literature are provided.

The drive for individualised support, provided in local community based settings rather than hospital provision, has been dominant in national policy and guidance for people with learning disabilities and behaviours which challenge for many years. Following the Winterbourne View Hospital scandal in 2011, the urgency to transform care for this vulnerable group saw the publication of a number of policy statements recommending the need to stop inappropriate admissions to hospital, to reduce the number of assessment and treatment beds and to provide the right support for people in order to have a good quality of life.

Central to this advice has been the development of person-centred approaches where people and their families are empowered to make decisions and choices about their own lives. The emphasis on respecting an individual's human rights has driven the need for services to reduce the use of restrictive practices including over-medicating people and the use of physical or mechanical restraint. In order to deliver this cultural shift in service provision, policy has highlighted the need for a workforce with the right values and strong leadership to ensure high standards of professional practice are achieved and maintained. Recommendations acknowledge the need for staff who have sufficient understanding of the causes of challenging behaviour to prevent it arising or getting worse.

Early intervention and prevention are seen as crucial in really transforming care for people at risk of behaviours which challenge. Gore et al. (2013) provided clarity of definition of Positive Behavioural Support (PBS) in the UK and it has been repeatedly recommended in policy as best practice in supporting people. PBS is an evidence-based approach (Carr et al, 1999; Dunlap and Carr, 2007; Goh and Bambara, 2013; LaVigna and Willis, 2012;) and NICE Guidance (2015) supports the use of PBS-based practices.

Policy recognises that an increase in workforce capability is required to deliver PBS at scale and a strategic approach with clear standards of commissioning, provision, education and training, supervision and coaching at different levels of complexity, are necessary. The PBS Competence Framework (PBS Coalition, 2015) <http://pbsacademy.org.uk/wp-content/uploads/2016/01/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf> has defined the skills and knowledge required for the workforce to deliver effective PBS. Sir Stephen Bubb (2016) recommended the need for national standards for PBS provision in England and the need for accreditation of PBS training and education to drive up quality and support the regulation of PBS practitioners and services. The Care Quality

Commission who inspect and assure the quality of services have published standards/guidance to ensure PBS is provided to an acceptable level within regulated services. The criteria they use are included in **Appendix 4**.

5.12 Qualitative exploration of the views and experiences of people with a learning disability and family carers regarding PBS and workforce requirements

5.13 100 voices survey of people with learning disabilities

To place views about PBS from people with a learning disability in context (given that PBS aims to enhance the quality of life of individuals) brief information is provided about how the respondents viewed their support more widely and the factors that they considered to be important in relation to enhancing their quality of life. The majority of respondents answered positively when asked if they are getting the right help in relation to work or volunteering and 78% said they felt they got the information they needed from services to inform their choices about support. In terms of issues that are important to the quality of life of respondents; the most commonly identified areas were: getting a job, having their own flat/house and socialising with family and friends (new and old). In relation to this last point, 41% of respondents said they felt lonely and 57% said they would like help making new friends. Overall, independence and being part of the wider society appeared to be key for the respondents in terms of their quality of life. In terms of positive behavioural support specifically, only 17% had heard of PBS, but 41% expressed an interest in finding out more.

5.14 Individual interviews and focus groups with people with learning disabilities

Information was obtained from two individual interviews and a focus group with four individuals with a learning disability. All interviewees were recruited via provider organisations working in the North East, and were included as they had a learning disability and had received PBS. All names and other potentially identifying information have been changed to ensure anonymity of the participants.

Participants

Mark, aged 40, lives in supported living accommodation. He has received PBS within this setting. Prior to this he lived in a different residential placement where he displayed behaviour that challenged, such as causing damage to his living environment. Michael has been residing in shared, supported living accommodation for the past two years. Prior to this, he stayed in various hospitals across the North East of England and one other supported accommodation placement. Michael described experiencing an extremely difficult time during his stays in hospital and he was transferred to several different locations over an eighteen year period. He was frequently physically restrained before moving to his current home. Staff practice PBS principles on a daily basis with Michael, and, as a consequence have seen a dramatic reduction of his challenging behaviour.

George has been living in his current supported accommodation placement for approximately one year. He has his own flat within a residential complex and is supported to maintain his home by staff who are based on site. George has received PBS to reduce his challenging behaviours, whilst also receiving support around independent living skills.

Peter currently resides in supported living accommodation. As part of his current job role, he actively assists with recruitment and training for staff that work with people with a learning disability. He has received PBS and is now learning to become independent. He is working towards refining domestic skills such as cooking and cleaning within his current residential placement.

Glenn lives with his parents and has exhibited behaviours that challenge in the past, such as damaging his living environment. He is visited by a support worker who assists him with his finances and weekly shopping. He would like to live independently, yet feels he would require 24 hour support from staff.

Jennifer is an advocate for individuals with a learning disability and plays an active role in developing alternative communication strategies for individuals who may struggle with verbal expression.

5.15 Results

Many of the participants highlighted the importance of being treated by staff according to basic human values. These included staff talking to them, being able to talk to staff and feeling listened to. In this context, the need to use appropriate methods of communication to aid understanding was noted, such as using pictures and videos and speaking more slowly if needed. Basic issues such as being treated with respect and supporting privacy and confidentiality were seen as very important, both in and of themselves, but also as a way of building up trusting relationships with staff. PBS, while not discussed explicitly in those terms, was contrasted with more restrictive and negative approaches, such as seclusion, restraint and the use of PRN medication. The need to maintain a consistent environment and approach that were appropriate to the needs of the person was seen as crucial. The participants discussed the wider impact of positive approaches on their lives, including increasing their independence. There was also a desire to be seen as people rather than as 'disabled' by the wider community.

Table 1: The key areas identified by people with learning disability as important for the workforce development of staff in relation to PBS.

Themes	Example Quote
1. Being treated according to basic human values	
Importance of being able to talk to and be listened to by staff	<p>'Sometimes they would ignore me. They did, yeah. It gets me agitated and it gets me worse. It gets me swearing at them.' [referring to previous service before PBS] (Michael)</p> <p>'I would like people to... talk to me... calm me down that way. Here they don't give you PRN, they don't restrain you.' (Michael)</p> <p>'Erm... well they're always there for me and they always listen to me.' (George)</p> <p>[referring to previous challenging behaviours] Interviewer: And how does she help you control? 'Talking, talking and stuff. Listening. Listening. (Mark)</p>
Importance of promoting good communication using appropriate methods	<p>[Support Worker assisting participant] Anna: Sometimes Mark'll write things down. 'Yeah.' (Mark)</p> <p>[Discussing increased understanding of behaviour] Interviewer: So how did they help you understand? 'Using pictures and stuff?' '... Yeah you looked at the pictures and you could get your anger out. So there was a happy face and a sad face and they got it out that way.' (Jennifer)</p> <p>'And they used to talk dead fast at you...' Interviewer: Right okay, so you felt that they talked fast? 'Yeah that's what they used to do to you.' (Jennifer) 'Yeah Yeah.' (Peter, Glenn, Jennifer).</p> <p>[Discussing short films made by several of the participants (Jennifer, Glenn, Peter and Denise) for other individuals with a learning disability] Interviewer: Yeah because looking at things on a screen can be easier cant it? Because language and the way people talk can be quite complicated? 'Yeah, you have to do it in a different way... show them pictures... and then they understand it because they understand pictures (Jennifer).</p>
Importance of being treated with respect	<p>'They just treat people with respect... like they don't... like, restrain because people are calm here.' (Michael)</p> <p>Interviewer: Are they polite and things to you? ' Yeah. Apart from some of them are late. *** is always on time though' (George)</p> <p>'Yeah and people should treat you the same, like a normal, like other people are. Like a normal person.' (Glenn)</p>
Importance of respecting privacy and gaining trust	<p>[Discussing behaviour] 'Sometimes you want to keep it private. You don't want to tell anyone anyway.' (Glenn) Interviewer: And did you feel like that Glenn? That things were kept private? 'Yeah because I hate it when people talk about me behind my back.' (Glenn)</p>
<div>PBS WFD ©Northumbria University 2016</div> <div>Page 24</div>	

	<p>'I completely agree with [names another participant within focus group] on that one. I don't like people talking about me behind my back. (Peter)</p>
2. Importance of specific aspects of PBS	
Contrast with restrictive practices/previous support	<p>'Yeah the staff here treat you with respect... in the hospital they don't. Like, they er, put needles up your bum and give you tablets, like PRN tablets, makes you drowsy and stuff like that.' (Michael)</p> <p>'Talk to me nice, instead of being nasty... because in the hospital they were nasty all the time. They used to wind you up... they used to, er, put you in seclusion and that would wind you up... Because they had a seclusion room.' (Michael)</p> <p>'...and the nurses... the staff in there...nah, I didn't like it, But I just had to be there, get on with it... until I moved out and got my own places. I wouldn't go back now I'm out, I'm happy with my flat and my partner and I'm happy.' (Peter)</p> <p>'If I want to tell someone straight away, I'll just tell someone at the time. In [makes reference to time in hospital] I had to go through the proper channels, like my named nurse, and another nurse.' (Peter)</p>
The importance of a correct and consistent environment	<p>'It's like when you've got a social worker, and er, it was a bit strange. And if a stranger comes to work with that person it's no good.' (Jennifer)</p> <p>'When you've been in a place right, in a building, that is so strange for you... and you move from the house you lived with your family... I found that stressful. Because you don't know the building, you don't know your surroundings.' (Peter)</p> <p>'Well they don't have loads of staff here. They don't have many clients. That makes it easier for me to er, talk to people. I can't live with loads of people because it agitates me... I can't live with crowded people.' (Michael)</p> <p>Interviewer: And how come you're happier? What makes you happier? 'Nice place. A very nice place, and other places... ...it's good. Nice, very nice environment.' (Mark)</p>
3. The wider impact of PBS on quality of life	
Promoting independence	<p>'...I sometimes like to have my own independence, because I've been living with my mam and dad for too long. And have my own independence, get my benefits sorted out. And the staff explained what kind of bills are coming in and about the shopping...and have my own independence.' (Glenn)</p> <p>'Erm at the hospital they didn't listen. I was trying to talk to them, ask them, could I go out to the shop... and er, they'd just say no.' (Michael)</p> <p>'...I feel it's a lot more... doing things for myself now that I couldn't do</p>

	<p>years ago. And I've achieved that. I've actually achieved it. And to be what I want to be... people don't realise that you want to live a normal life, like have your own place.' (Peter)</p> <p>'They've took me on walking groups... they've took me swimming .' (Michael)</p> <p>'I used to have my own room... but now I'm learning to be independent, like cooking, cleaning. (Peter)</p> <p>[Answering the interviewer's question of: Do you think it was more useful to do more things outside the home?] Interviewer: What about you Jennifer? 'Yeah. Yeah I'm doing travel training.' (Jennifer)</p>
4.The wider context of the community	
The desire to be accepted as a person first	<p>'I think what they're trying to say is that people take the micky out of you when you go places ... in the community . And people on the streets think because you're disabled they can take the mick out of you. (Peter)</p> <p>'I find that I do a lot of voluntary work because I can't find paid work... so I give up my free time so I can do voluntary work. But sometimes I don't get the credit, people aren't always thankful for the work I'm doing like, erm, doing the work for them. So I feel like I get treat like crap sometimes because they're not always happy about me doing the work for them and I don't get the thanks... so I feel like I'm giving my free time for nothing. (Glenn)</p> <p>'People are people, they aren't labels.' (Jennifer)</p> <p>'Yeah people should look at you like a normal person, not a disabled person.' (Glenn)</p>

5.16 Qualitative exploration of the views and experiences of family carers regarding PBS and workforce requirements

5.17 100 voices survey

A total of 132 family carers from across the North East region provided their views about the support provided to their family member with a learning disability. A high percentage (78%) felt that the right plans were in place for their family member, although a lower percentage (65%) felt they were supported to plan for the future. Only 29% were very confident that the current support plans would remain in place. In summary, it would seem that while carers were generally happy with the support plans of their family members, many expressed an uncertainty of the future and a need for more information to give some sense of security either that plans will be ongoing or that change can be adaptable and beneficial. In relation to PBS specifically, only 33% of family carers had heard of PBS, but only 38% wanted to learn more about it. These figures may indicate that their family member does not display behaviour that challenges.

5.18 Individual interviews and focus groups

Information was obtained from three individual interviews and a focus group which included five parental carers. All names and other potentially identifying information have been changed to ensure anonymity of the participants. All interviewees were recruited via provider organisations working in the North East, and were included as their relatives had received PBS. The focus group was brought together by an advocacy organisation, and included some parents who described behaviour as being supported 'positively'.

Participants

Interviews - Andrea has a son Steven, who is 37 years old with a learning disability. He has lived in several hospitals, has had two shared, supported living placements, and is receiving PBS in his current home. Maria is a mother of three adult children who have Autism Spectrum Disorder (ASD) and severe learning disabilities. Her children all now live in residential care and receive PBS. Matthew is the father of Michael who is 29 who has a diagnosis of ASD and learning disability and is supported to live in the community. He receives PBS.

Focus group - Patricia has a son with epilepsy and learning disability; he displays behaviour that challenges and has received support for it. Yvonne has a son with Down Syndrome. Mary has a daughter aged 25 with Rett Syndrome, with a complex learning disability. Peter has a son, Lewis who is in his late 30s. He has a learning disability and displays behaviour that challenges. He has received PBS. Andrew has a son, Joseph, who has Down Syndrome.

5.19 Results

The family carers identified a number of common themes and key areas which they felt were crucial to the success of any intervention with their child. They highlighted the importance of staff having the opportunity to undergo workforce development, and display values, knowledge and competence in relation to the areas outlined in table 2 below.

The participants highlighted how much they valued the positive way in which their loved one was now being treated: as a human being, with care and respect, being given choice, being listened to and trusted and engaged with. In respect of the latter, laughter as a way of staff engaging was mentioned by several participants. 'Positive' was viewed as an attitude and active way of relating, not just the name of an approach. Many participants also felt the approach was more collaborative; involving families as potentially the people who 'know them best'. Many family carers highlighted the positive benefits of receiving emotional support for themselves from staff and contrasted this with situations where they had felt unsupported and unable to deal with crises. The importance of employing staff, both with a strong value base and with the knowledge and competence to provide a safe, positive and consistent approach was highlighted. This again was contrasted with the negative impact of having the 'wrong' type of staff and/or an inconsistent approach.

The family carers shared a range of positive outcomes that they felt their child had experienced as a result of PBS. These extended beyond the reduction or resolution of the behaviour that challenged itself and included increased independence, improved self-esteem and confidence.

Table 2: Areas identified by family carers as important for the workforce development of staff

Themes	Example Quotes
1) The positive impact of a different, positive approach on both loved ones, and family members	
Importance of being able to talk and be listened to by staff. This applied to both family carers and staff	<p>“They listen to him. Staff engage with him.” Matthew</p> <p>“They have time for him. When Steven is upset they’ll talk to him. They’ll talk to him in-front of me, they’ll talk to him when I’m not here” Andrea</p> <p>“some of the things that we suggested to put in place proved to work. ‘Cos obviously we know Michael” Matthew</p>
<p>Staff providing emotional support for family carers</p> <p>The contrast when this was not available was also highlighted by family carers</p>	<p>“They’re here for me as well. I can open up to them. I worry myself sick about him sometimes, and I can come here and talk about it... even on the phone. I can feel at ease.” Andrea</p> <p>“What support did I have? I suppose very little in so much as how to do deal with my own frustrations. I would be told how to do it and this is a good idea and be left, be left to deal with” Maria</p> <p>“I suppose it’s dealing with your own emotions as well as the positive behaviour support. It’s, it’s, it’s not just clear cut as it being that, because I might know what to do, I just don’t know how to maintain it when I’m tired, ill, frustrated or just sick of it. I mean moving up to nearly 40 years of it and I can’t say that it’s easier“ Maria</p> <p>“I would also like to have something where in crisis or if, if it was just my crisis, to be able to ring a ask for people rather than you ring the social worker and say ‘this is the issue’ and well I’m come to see you two weeks on Friday. Two weeks on Friday is far too long you know. This afternoon would be far too long but I guess realistically that would be what would have to happen.” Maria</p> <p>“I don’t know how I would deal with the positive behaviour support when there’s something triggering that behaviour that I don’t have any control over” Maria</p> <p>“It’s also difficult because again in my experience it depends where a person’s at in the acceptance of this is what’s wrong because I guess if I’m honest, people were telling me stuff and it’s like ‘can’t be right’, it just can’t be right what you’re saying just can’t be right.” Maria</p>
Importance of their loved one being treated with respect	<p>Well, it’s treating people with respect isn’t it? And dignity.” Yvonne</p> <p>“They’re all [the staff] very calm. They all respect. Em. They have. They have the ability to notice when anxiety levels are moving from there to there” Maria</p>
Importance of collaborating with and listening to family carers in order to	“When I used to go and see him, he never did that, because I used to go and talk him down.” Andrea

learn from their expertise and experience	<p>"Yet as far as the PBS is concerned... we were streets ahead of them. We knew.... We knew what was what and how he would respond to different things." Peter</p> <p>"With Lewis, the normal rules of reward and punishment didn't operate with him. So it was a case of trying to, erm, calculate our own ways to help him with his behaviour. So although we didn't think of it as PBS with the name... in a way, that's what we were doing anyway" Peter</p>
Positive impact on loved one	<p>"He's got more control in his life. At last he has a say in what he wants in his life and not what other people want him to do." Andrea</p> <p>"He's come on leaps and bounds. He really, really has." Andrea</p> <p>"The behaviours that he first exhibited, he tries to now control these himself, rather than needing to be restrained. Although at certain times, this is still necessary. But this is the final solution if you like. It's needed less and less. Not because he doesn't have the same problems, internally, personally, but because the staff can recognise the signs very quickly and know how to de-escalate the behaviour." Patricia</p> <p>"He very rarely has episodes of challenging behaviour and it's mainly because we feel he has been supported in the right way. You know, being encouraged to be in control of his own life." Peter</p> <p>"He now has more confidence". Patricia</p> <p>"what we've got in place now, with a lot of work from us, without being actually having any training in the positive behaviour support what we've advocating, the guidelines we've seen, what's been put in place for positive behaviour support which is, em, (sigh) (pause) give Michael the idea that he has got a choice, he has got an opinion, um, raise his self- esteem, his confidence to ask things" Matthew</p>
2) Importance of having consistently positive and collaborative interactions with staff and organisations in order to ensure and appropriate balance of power	
The importance of staff having a strong, positive value base	<p>"My understanding of positive behaviour support is that there's somebody there for him that's trained. Somebody that's there who cares about him and... not just the job. Because that's what's really important." Andrea</p> <p>"some of the ones that have moved em we weren't particularly sad to see them go 'cos em they were some of the real negative ones. What they used to do though 'cos em they used to stifle the ones who wanted to do the positive stuff and that was a big, big worry to us" Matthew</p> <p>"There was a couple there that were in the wrong job I'd say.</p>

	<p>Because they weren't, they weren't... they weren't nice people. You could see they didn't care." <i>Andrea</i></p>
The importance of staff knowledge and competence	<p>"But because of the way the staff went on, they kept him longer because he lost his temper. And then he got more upset because they were keeping him there so that made him kick off again". <i>Andrea</i></p> <p>"the staff there have excellent knowledge of autism so they're very calm [laughs]. They're very good. The whole organisation is, is very good" <i>Maria</i></p> <p>"So that when new staff come in they are shown, and also they shadow somebody who is looking after the individual as well. So they know exactly, and I mean in great detail, how to behave and look for signs of anxiety. Especially people who have no speech. So they know what to do about it immediately. <i>Patricia</i></p> <p>"[I]mean people used to do things you know with like Michael and you thought 'if you knew about autism you wouldn't do that, you wouldn't put him in that position" <i>Matthew</i></p>
The importance of a consistent approach	<p>"We analysed actually... the last two or three outbursts that Lewis had, going back a year or three ago... they were all due to staff members not following the agreed procedures about him " <i>Peter</i></p> <p>"all of us, the staff who support him and us, work together and hopefully help him understand things" <i>Peter</i></p> <p>"I think communication between staff and relatives, about erm, what does and doesn't work... and making sure everybody does the same and reacts in the same way. I think that's really, really important" <i>Patricia</i></p> <p>"...when teams are supporting people we [need to] get consistency, so you haven't got 40 people visiting in a month. You know? Because how can you maintain that kind of a programme if you've got loads of different staff involved? <i>Yvonne</i></p>
The recognition of the valuable and challenging nature of the support	<p>"it'd be nice for the staff if you gave them some sort of recognition of what's they've done. I said because, I said because they probably feel undervalued" <i>Matthew</i></p> <p>"you maybe... try something in terms of, erm, motivating somebody in a particular way. if you find it doesn't work it might even backfire on you. Then you have to take a step back you know, and modify the way you approach it. So it's not always right first time, and I've got the scars to prove it (laughs)." <i>Peter</i></p> <p>"staff have to be confident that what they're gonna do, they're not gonna get criticised for. And they tended to err on the side of caution they become, they risk avoid" <i>Matthew</i></p>

5.20 Discussion of key findings and recommendations from stage one analysis

The findings from people with learning disability and their family carers reflect the literature, identifying the importance of a respectful value base of “person centred care” as the required underpinning for support of those with a learning disability with the potential to demonstrate behaviour that challenges and to transform care.

Recommendations:

- Ensure that staff who are providing support to individuals who display behaviours that challenge are the correct ‘fit’ for the person, in terms of both their value base and PBS knowledge, skills and competencies.
- Ensure that all staff and carers have access to input that develops their knowledge, skill and competence in relation to PBS at a level which is appropriate to their role/required competence level
- Ensure that all staff commit to the view that the key purpose of PBS is to facilitate the individual being perceived as a person first and to maximise their quality of life.
- Acknowledge the complex and challenging nature of providing support to this group of clients.

Consistent with a workforce development approach which moves beyond a focus on individual education and training, the recommendations have relevance to future recruitment and induction based upon a person-centred value base, commissioning, education and training of staff and the need for ongoing support with PBS in practice for practitioners and families.

5.2 Findings Stage 2: Develop a detailed understanding of what is currently occurring in relation to developing the knowledge, skills and competencies required of the current and future health and social care workforce to deliver a value based person centred approach to care based upon PBS principles

5.21 Analysis of current commissioning specifications

6 commissioners responded to a survey, all of whom currently commission services for people with behaviour that challenges. The commissioners were based in 6 different local authority areas, representing 6 of the 19 local authority areas within the scope of this study. Four of the areas fell within the Northumberland, Tyne & Wear (NTW) footprint and two in the Tees, Esk and Wear Valley (TEWV) footprint. There were no responses from commissioners within the Cumbria footprint. All (N=3, 50%) were aware of the PBS Competence Framework (PBS Coalition 2015) as a standard for practice. Three reported that it informed and influenced their commissioning specifications. Only 2 (N=2, 33.33%) reported that it informed their contract monitoring.

When asked **“What would help you to ensure future commissioning specifications included a requirement for PBS? Select all that apply”** the following issues were highlighted;

Answer Choices	Responses	
Understanding more about PBS	33.33%	2
Having an agreed template for specifying PBS requirements in your contracts	100.00%	6
Having an agreed way of monitoring PBS delivery	100.00%	6
Knowing that appropriate preparation to and agreed standard in PBS is available	50.00%	3
Other (please specify)	33.33%	2
Total Respondents: 6		

The other suggestions that were made were (reported verbatim);

“Understanding from a provider delivery perspective how PBS can enhance service delivery and support, greater independence and staff input (as opposed to oppressive dependency based provision)”

“standardised certification of any training would be useful and this could be part of any requested standard.”

5.22 Discussion and recommendations for commissioning

The findings from the qualitative work with people with a learning disability and family carers highlighted the importance of commissioners being aware of the competency requirements of paid staff supporting people with a learning disability and behaviours that challenge.

Whilst commissioners in this small sample were aware of the requirements it is not consistently informing their commissioning specifications and contract monitoring. This may be due to the relatively recent publication of the PBS Competence Framework (PBS Coalition, 2015). However, all commissioners who responded to the survey highlighted the need for an agreed template to specify the required level and standard of PBS within commissioning specifications, and an agreed way of monitoring delivery. In order to do this, there must be a clear understanding of the appropriate preparation to achieve the required level of competence in PBS, and this must be available and accessible to staff. It was also suggested that this should be certified in an agreed standardised way which should also be part of the service specification and monitoring process.

Key recommendations for commissioners

- Agree a standard template for specifying PBS requirements within service specifications
- Agree a standard approach to monitoring PBS delivery
- Ensure commissioners are aware of the agreed methods of preparation for staff to enable them to use a PBS approach
- Include appropriate access to the agreed preparation to enable commissioners to understand PBS relevant to their commissioning role, and to know how to specify and monitor it within contracts. Guidance on this has been provided by the PBS Academy. Further information and guidance on how to do this effectively could be included within the recently commissioned leadership programme for commissioners for the North East & Cumbria.
- Agree a standardised format for certification of staff preparation that commissioners can include in their specifications and monitor following award of contracts.

5.23 Analysis of existing PBS education and training provision nationally

A sample of PBS training/courses were reviewed looking at a range of variables including content, level, target audience, delivery approach, assessment methods and cost. This was not a comprehensive analysis as many training providers do not provide this level of information as the content is commercially sensitive. The findings which include information on nine providers are presented in **Table 3**. At present no one provider offers an obvious solution to the workforce development issues identified in this study. Most are focused on the education and training of individuals. Few offer realistic means of creating the regional infrastructure and capacity required to enable practice based learning at the scale required within the NE&C.

Table3: A sample of current national provision of PBS courses

Training Provider	Target audience	Duration	Delivery method	Assessment requirements	Mentor Requirement	Accreditation	Cost
NHS Education for Scotland	Support workers/nursing staff	Recommend 6 months plus supervision 1 hour per week	6 face to face classroom days Self study workbook activities Practical workplace exercises	No formal assessment Self assessment recommended Workbook activities/portfolio to complete in practice Discussion with supervisor about progress	Clinical Psychologist	No	Free course and materials in workbook (Cost of trainer to deliver 6 face to days)
Learning “NHS Wales Positive and safe: PBS Awareness	Staff & carers	3 – 4 hours	On-line	On line self - assessment of knowledge (20 mins) No practical application	None	No	Free (Requires access to computer and internet)
BILD 1. Introduction to PBS 2. Next Steps 3. Coaches Programme	1. Support workers 2. Support workers, practice leaders, others 3. Practice Leaders/ coaches	1. Intro - 1 day 2. Next Steps - 2 days 3. Coaches programme – 3 days	Classroom No practical application in workplace	1. No formal assessment. 2. In class “quiz”. 3. Knowledge test and formal presentation required for Coaches Programme	No	No (Knowledge content reported to be mapped against PBS Competence Framework).	1 day - £95 + VAT 2 days - £285 + VAT 3 days - £1,200 +VAT
CBF PBS workshops	Families and support workers	3 half days (focussed around a specific person) 1 delivered to families; 1 to staff and 1 half day together	Classroom	None	No	No	£900 inclusive of all 3 workshops

Training Provider	Target audience	Duration	Delivery method	Assessment requirements	Mentor Requirement	Accreditation	Cost
CBF PBS Study Pack	School personnel & support workers	Recommends 2.5 hours self-study or 3.5 as a group	Self-study Workbook provided USB stick with video footage for some exercises	None	None	No	£45
Abertawe Bro Morgannwg BTEC courses 1. Advanced Certificate (QCF level 3) 2. Professional Certificate – (QCF Level 4) 3. Professional Diploma (QCF level 5)	1. Support workers, nursing assistants, families, school assistants 2. Managers, practice leaders, nurses, teachers 3. Practice leaders at Clinical Psychologist/behaviour specialist level	1. 170 hours 2. 240 hours 3. 420 hours (All awards require additional study time)	E-learning Practice based assessments and application in work setting (Older e-learning platform – no video content)	Knowledge assessment with pass threshold Practical application in workplace assignments, e.g. completion of functional behavioural assessment; behaviour support planning etc.	Yes depends on level. Specific requirements for mentor at each level, including qualifications in PBS/ABA.	Yes BTEC (PBS content not accredited)	1. £220 2. £420 3. £800 (Plus costs of mentor for supervision and to sign off assessment requirements).
Positive Response 1. Positive Approaches 2. PBS Training 3. PBS Train the trainers 4. PBS Advanced Training	1. Support staff/family carers 2. Support staff 3. Train the Trainers 4. Leaders in PBS, clinical psychologists, behaviour	1. 3- 4 hours 2. 2 days 3. 7 days 4. 4 days	1 CD, facilitator's guide, workbook. 2. Classroom 3. Classroom 4. Classroom	1. None 2. Unclear – some knowledge testing through quiz 3. Unclear 4. Some knowledge testing (N.B. Advanced training has option for	No (Option in advanced training to receive mentor from the training provider. Unclear about costs).	No (Advanced training is reported to be mapped to PBS Competence Framework)	Not published

	specialist			mentoring)			
Training Provider	Target audience	Duration	Delivery method	Assessment requirements	Mentor Requirement	Accreditation	Cost
Institute for Applied Behaviour Analysis (IABA) 1. Positive Practices in Behavioural Support 2. Assessment and analysis of severe challenging behaviour (Longitudinal Training)	Broad range – support workers, families, practice leaders, behaviour specialists, BCBAs	1. 4 days 2. 4 days plus 9 additional days (some can be completed on-line)	1. Classroom 2. Classroom and practical assignments in workplace.	1. None 2. Practical assignments which are submitted to the Institute and assessed. Verbal and written feedback are provided.	None recommended.	No	1. £500- 600 2. £3,000 – £ 3,500
University courses BSc, MSc, PG Dip, PG Cert. in ABA, PBS E.g. Bangor, Teesside, Tizard, South Wales, Belfast	Those seeking academic qualifications and have pre-requisite academic achievement/ experience	2/3 year programmes (usually part-time)	Classroom or distance learning Some practical assignments.	Formal assessments – usually essay/report based with academic emphasis and research component	None recommended	Yes Most Masters programmes meet the requirements of BACB in order for people to gain BCBA	Range of costs – From £1750 - £6,000

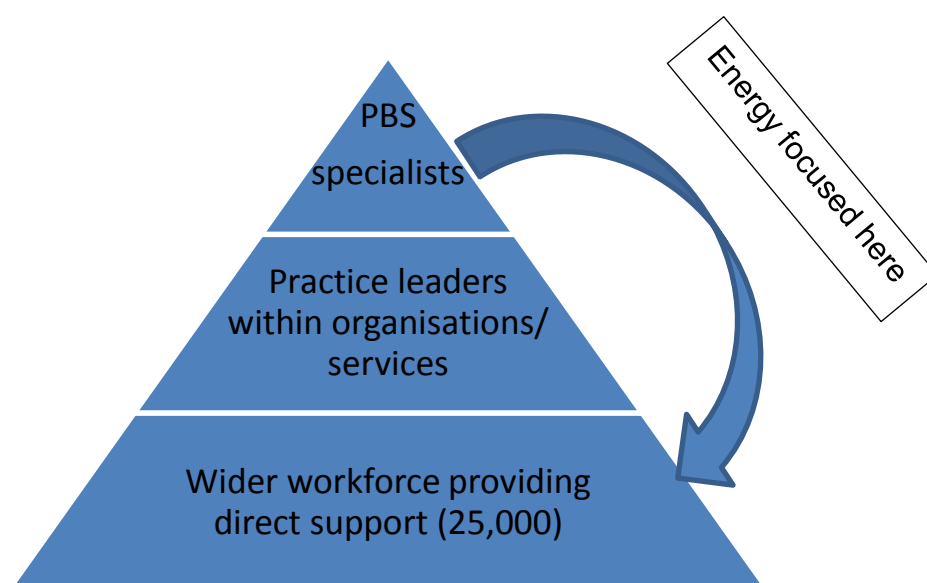
5.24 Exploration of current approaches to developing PBS knowledge /competence regionally

The workshop was held with 25 NHS PBS specialists who are currently providing education and training across the NE&C region for NHS and some independent sector providers to explore current approaches, materials and assessment approaches used and alignment of the approach to the PBS Competence Framework (PBS Coalition 2015).

What emerged was that whilst a lot of time and energy was being used in providing training sessions for NHS and independent sector social care provider organisations, there was not a consistent approach in how education and training was provided, assessed or supported in practice. The majority of training was provided by clinical specialists as an additional aspect of their role, lacked a sound underpinning informed by learning and teaching theory and did not result in assessment of competence of those undertaking the training.

The relatively small numbers of PBS specialists are currently focusing their efforts on teaching the direct care workforce, who are often transitory. The group were struggling with how they could accommodate developing the workforce at the scale required within a reasonable timescale, with an absence of those deemed to be suitably knowledgeable/competent to act as practice leaders within organisations

Figure 2: Current focus of education and training by PBS specialists



5.25 The findings and priorities identified from the workshop indicated the need to;

Develop a standardised approach to learning, teaching and assessment related to PBS across the North East and Cumbria, that;

- Was aligned with the PBS Competence Framework and developed competence and confidence in PBS
- Was underpinned by evidence of effective learning, teaching and assessment approaches for adults
- Was supported by appropriate infrastructure to enable delivery at scale across NHS and social care provider organisations (able to develop more practice leaders who are able to support the learning and assessment of others regarding PBS)

- Was appropriate to the differing entry level and competency requirements of the workforce
- Provided accreditation for learning / competence that was recognised across organisations/ sectors
- Was accessible to the non-paid workforce (family carers)

5.26 Survey of social care provider organisations

A survey monkey survey (McNall, Branch, Yaseen 2016b) was developed and disseminated to social care provider/NHS organisations across the whole of the North East & Cumbria directed at provider leads to develop understanding of how they currently develop staff regarding PBS. 37 service provider leads responded. Participants were able to answer all or any of the questions which is reflected in the findings where the number of participant responses are identified out of a possible 37

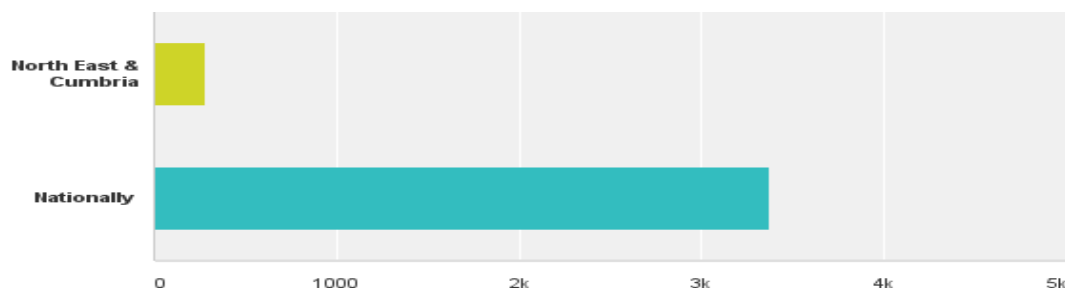
5.261 Respondents roles

Of the 37 service provider leads who responded, their roles were varied and encompassed; Chief Executive, Education & Training lead (x5), Behaviour Therapist, Head of Client Services, Senior Manager (x3), Senior Support Services Manager, Training Manager, Area Manager (x4), Operations Manager (x3), Business & Development Manager (x2), Operations Director, Senior Client Services Manager, Head of Compliance, Care & Support Provider, General Manager, HR Director, Head of PBS, Assistant Psychologist, Head of Therapeutic Services, Service Manager, In house provider, Consultant Psychiatrist, Development manager, Manager of Day services, Registered Manager, Business Manager.

5.262 Service providers represented

There were 30 service provider organisations represented in the responses. Those services employ approximately 9,000 staff of an estimated 25,000 providing direct care in the North East & Cumbria region, which equates to 36% of the direct care workforce. The same services employ just over 57,000 workers providing direct support nationally.

Q. Approximately how many staff in your organisation/service provide direct care support. Enter a number if known (35 /37)



Q. Which areas do you provide services for? Respondents (37/37)

The services they provide are fairly evenly distributed across the North East area as indicated below with less providing services in Cumbria Local Authority areas.

Answer Choices	Responses	
Northumberland	48.65%	18
Newcastle	56.76%	21
North Tyneside	43.24%	16
Gateshead	40.54%	15
South Tyneside	37.84%	14
Sunderland	32.43%	12
Durham	45.95%	17
Darlington	37.84%	14
Hartlepool	29.73%	11
Redcar and Cleveland	32.43%	12
Middlesbrough	45.95%	17
Cumbria	16.22%	6
Stockton on Tees	45.95%	17
Copeland	8.11%	3
Allerdale	10.81%	4
Barrow	8.11%	3
Carlisle	21.62%	8
Eden	8.11%	3
South Lakeland	8.11%	3
Total Respondents: 37		

5.263 Staff preparation

What sort of preparation do you provide to staff to help them support someone who may present with behaviours which challenge? Select all that apply
(Respondents=36/37)

Answer Choices	Responses	
General Induction	100.00%	36
Shadowing others	97.22%	35
PBS training	72.22%	26
Physical intervention training	80.56%	29
Other (please specify)	41.67%	15
Total Respondents: 36		

Other preparation/comments included;

- Values and Attitudes Workshop
- Person Centred Active Support
- Person Centred Support, Person centred thinking
- Mentoring & 2 week induction programme
- The quality of our induction and training varies geographically
- Specific information needed relevant to a person e.g. autism, diabetes, understanding behaviours, epilepsy, Prada Willi syndrome, mental health awareness, dementia awareness, mental health training
- Personal safety and risk assessment
- Breakaway Training, Non-abusive psychological & physical intervention (Nappi)
- Physical intervention training is specific to services and not applicable to all services
- A 2 day PBS and Formulation meeting for individual service users,
- Core group meetings led by therapy team. Therapy assistant and OT on site to provide ongoing mentoring, support and modelling best practice
- Multi-disciplinary team (MDT) working and supporting staff to support service user
- Accessing other services to deliver and provide support staff training requirements to staff teams.
- Competency assessment following the completion of formal training and group supervisions (based on best practice guides)

The approaches described focused on four key areas; **values and attitudes** which underpin person centred care, **developing understanding of the person** and their health conditions which may contribute to behaviour that challenges, **how to stay safe**, and some **PBS specific input** particularly working within a multidisciplinary team approach to provide appropriate support and ongoing support and supervision

83% reported that they provide specific preparation to staff on positive behavioural support primarily through specific advice related to a person and training courses.

How do you provide this? Select all that apply (Respondents =33/37)

Answer Choices	Responses	
Advice on managing a specific person with behaviour that challenges	90.91%	30
Training course half day	18.18%	6
Training course full day	42.42%	14
Training course 2 days	51.52%	17
E-learning course	21.21%	7
Other (please specify)	36.36%	12
Total Respondents: 33		

Other ways of preparing staff included

Understanding the individual

- *Workshops and Getting to Know You days around the needs of the individual and with their circle of support*
- *In process of devising overview of PBS to discuss and increase knowledge with staff within each one to one supervision*
- *Detailed formulation based approaches to individual cases with named core staff team. Use of At a Glance Plans, 5P formulation and similar models*

PBS specific education/ training

- *We have a graded system of PBS training.*
- *At present specific PBS training for the company is being looked into and can be sourced at present from local authorities.*
- *At present the company trains staff in MAPA accredited by BILD which includes PBS awareness*
- *We also support staff through the ABM UHB BTEC in PBS. We have staff attending Bangor University.*
- *Training course over 2 days combined with Person Centred Active Support. 3 modules of PBS and 1 on Active Support.*
- *Staff workshops from community team learning disability*

Application and updating

- Coaching through a recognised predict & prevent team for our company
- Refresher training which is one day
- All our staff are trained in PBS, and trained within core skills at start of employment and then refreshed yearly

Capacity building

- We also train staff to become PROACT SCIPr-uk instructors
- Specific Management PBS training or leadership training takes place over 4 days.

Who provides this preparation? Respondents =33/37

Answer Choices	Responses	
NHS behaviour specialist	30.30%	10
Behaviour specialist within own company	42.42%	14
BILD	24.24%	8
Challenging Behaviour Foundation	0.00%	0
Abertawe Bro Morgannwg	0.00%	0
University e.g Bangor	3.03%	1
In house trainer	48.48%	16
Don't know	0.00%	0
Other (please specify)	27.27%	9
Total Respondents: 33		

Additional comments under “other” were;

- We have support from BILD for our trainers who were trained by BILD and our Behaviour Care Lead oversees this department
- Organisational BILD accredited PBS team
- Accreditation by BILD
- Use PBS academy and other resources
- Clinical MDT within the service
- Training for Carers is provided by PBS specialist in company.
- We have had training from BILD for a number of managers in the company
- PROACT-SCIPr-UK Qualified in house trainers in the local areas, who are then lead by In house Practice Support Team
- Training units within corporate business unit accessing training sources- particular if need is identified

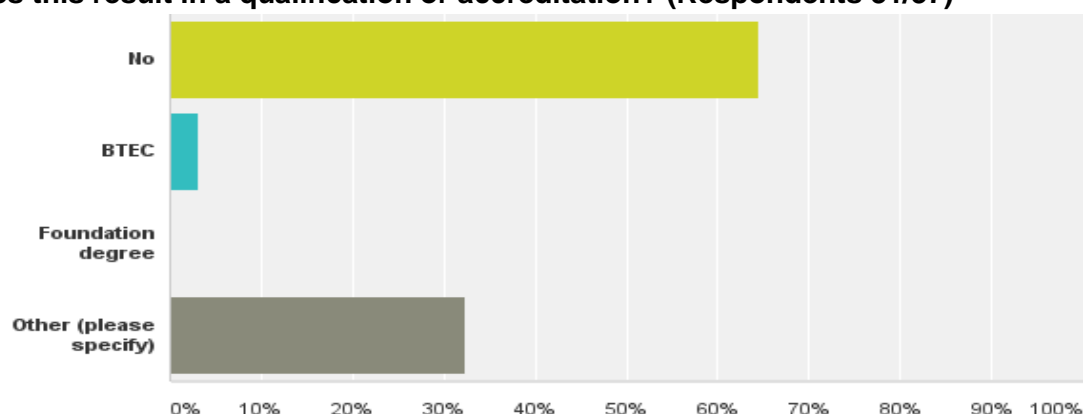
NOTE: To provide some clarity, The British Institute of Learning Disability (BILD) accredits Physical Intervention Training. It uses the BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training to externally validate the quality of physical interventions training programmes. As part of the accreditation process the extent to which the values of PBS are promoted within physical intervention training are assessed but the scheme **does not** accredit PBS training.

Confusion exists within the field about this and many providers and families believe that their accredited BILD Physical Interventions training is PBS accredited training. BILD have added information to their website to try to clarify the situation.

<http://www.bild.org.uk/our-services/pitrainingaccreditation/>

Currently, a national system of accreditation of PBS training in the UK does not exist. The PBS Academy is currently looking to develop a set of accreditation standards, which are expected to include training and workforce development

Does this result in a qualification or accreditation? (Respondents 31/37)



Other responses included;

- *Dependant on training*
- *Certification through company*
- *Annual certification*
- *Not yet, but service is currently identifying staff to complete L1, L2 and L3 training*
- *All of our staff would appreciate a formal accreditation and we are currently working to try and get the course delivered accredited by BILD*
- *PBS specialist and Therapy assistants are completing BTEC in PBS*
- *These are all recognised as a qualification-competency or identified modules within diploma, degree levels of training*
- *BILD Accredited*

64% of respondents identified that learning was **not accredited** and therefore is usually non-transferable across organisations. Whilst 30% of respondents reported that their learning was accredited, their responses indicate that for some this is provided by their own company

or was assumed to be provided by BILD, which, as explained in the previous section does not accredit PBS knowledge/ competence.

Again, for clarity, accreditation of learning is regulated by Ofqual who are responsible for making sure that regulated qualifications reliably indicate the knowledge, skills and understanding students have demonstrated, that assessments and exams show what a student has achieved and people have confidence in the qualifications that they regulate <https://www.gov.uk/government/organisations/ofqual/about> Only certain bodies have accreditation powers and are able to provide accreditation; these include Universities, Colleges (some colleges have degree awarding powers), and accreditation bodies such as BTEC or NVQ, which are Ofqual regulated. Any award or qualification that claims it is accredited should provide information on the accreditation body, which must be Ofqual registered unless they have their own awarding powers. Information on organisations with accreditation powers is provided via the link.

<http://register.ofqual.gov.uk/Organisation/Browse>

For example, a small number of respondents reported that their learning in PBS is currently accredited through BTEC at level 3-5 of the Regulated Qualification Framework.

Are you aware of the PBS Competence Framework as a standard for practice? (37/37)

81% were aware of the PBS Competence Framework as a standard for practice. At present, as indicated in section 5.4 many national courses are not yet mapped to the PBS Competence Framework and few assess competence in practice.

5.264 Workforce development need

Respondents were asked:

Would it be helpful to your staff to understand more about how to support people who may be vulnerable to or present behaviours which challenge? (37/37)

35 respondents (94.5%) reported that it would

Would your staff having a recognised qualification or accreditation related to PBS be valuable?

33 respondents (96.37%) thought that it would be valuable

Comments

- *"Yes, it both demonstrates externally that an organisation has qualified staff, but it also provides staff with a morale boost and recognition that they are indeed professionals."*
- *"Yes, but not for all staff"*
- *"Would require more detail"*
- *"Training needs to be accessible to all those supporting people who challenge, not an elite few"*
- *"Certificated would be more helpful. Staff have so many other training requirements. Maybe one member of staff as a lead in the company".*

What are your major concerns about preparing staff to use a PBS approach? Select all that apply (R=36/37)

Answer Choices	Responses	
Finding good quality preparation	30.56%	11
Cost	55.56%	20
Releasing staff for training	52.78%	19
Motivation of staff to learn about PBS	19.44%	7
Staff being competent to use PBS in practice	44.44%	16
Rewarding staff for learning	22.22%	8
Staff recruitment and retention	38.89%	14
More flexible ways of learning	25.00%	9
Other (please specify)	2.78%	1
Total Respondents: 36		

The key concerns identified in order of importance were cost (N=20, 55%), releasing staff for training (N= 19, 53%), staff being competent to use PBS in practice (N=16, 44%) staff recruitment and retention (N=14, 39%) and finding good quality preparation (N=11, 30%). Rewarding staff for learning (N=8, 22%) staff motivation to learn about PBS (N=7, 19%) and having more flexible ways of learning (N=9, 25%) were also identified as concerns.

A more flexible approach to learning could involve using electronic resources, but would require staff to have access to IT and internet facilities.

Have your staff got access to a computer or a tablet at work? (R=37/37)

Have your staff got access to the internet at work? (R=37/37)

73% reported that staff had access to a computer or tablet at work, and 78% had internet access at work

Comment: “All staff do not have access to computer or tablet or internet when working in a service or someone's home”

What is the most important thing that needs to happen to enable direct care workers to use PBS in practice?

In order to identify priorities, the final question was an open response option. The following responses are reported verbatim but have been grouped by theme. They are recorded in table 3.

Table 4: What is the most important thing that needs to happen to enable direct care workers to use PBS in practice?

Themes	Quotes (reported verbatim)
Increasing awareness of PBS and how to implement it	<p><i>"Direct care staff need the knowledge and motivation to learn about PBS and to apply it to the individuals they work with"</i></p> <p><i>"Understanding and knowledge"</i></p> <p><i>"Increase awareness of approach"</i></p> <p><i>"Understand how to implement PBS"</i></p> <p><i>"Good understanding in how to apply techniques"</i></p>
Quality and accessibility of education and training which develops confidence and competence	<p><i>"Good quality training" (x3)</i></p> <p><i>"Making training understandable, approachable and transferable"</i></p> <p><i>"We need to be given access to the training"</i></p> <p><i>"More training needs to be made available which will develop confidence and knowledge"</i></p> <p><i>"Practical examples and tools given on a course rather than being 'talked to'"</i></p> <p><i>"Building confidence in staff."</i></p> <p><i>"Applying consistent approaches."</i></p> <p><i>"Effective use of in house resources"</i></p> <p><i>"More training and on-going support around the model, process and how to support people"</i></p>
System wide approach, creating infrastructure to support PBS	<p><i>"Good training, staff who are confident through good supervision, good values throughout the organisation, good safeguarding practice"</i></p> <p><i>"Follow up coaching sessions with an individual and teams to support PBS in practice"</i></p> <p><i>"Assessment of staffs use of PBS"</i></p> <p><i>"Training is only the first step from this it is essential that staff have the opportunity to meet and review/discuss learning and be assessed as competent"</i></p> <p><i>"Ongoing training & support"</i></p>
Leadership & Management	<p><i>"Management support"</i></p> <p><i>"PBS needs to be embedded into the organisation, into meetings at every level and be part of individual support team meetings/ supervisions / senior management groups"</i></p>

	<p><i>"The team to be supportive and communicate honestly and openly"</i></p> <p><i>"Practice Leadership. Someone needs to lead on PBS at various different levels. The organisation must be subscribed at the very senior levels and this also means apportioning an appropriate budget"</i></p> <p><i>"Positive maintained workplace culture"</i></p> <p><i>"Practice Leadership"</i></p>
Commissioning	<p><i>"Commissioning that takes into account the time required to complete PBS assessment effectively and staffing resources"</i></p> <p><i>"Everyone following the same approach"</i></p> <p><i>"To ensure that this is a part of the underpinning mechanism of the services and service delivery which enables and supports service users to have a safe and supportive life with personalised support plans identifying a person's needs and wishes, promote choice in their lives, and a clear support pathway"</i></p> <p><i>"Support, training and embedded to clinical model"</i></p>

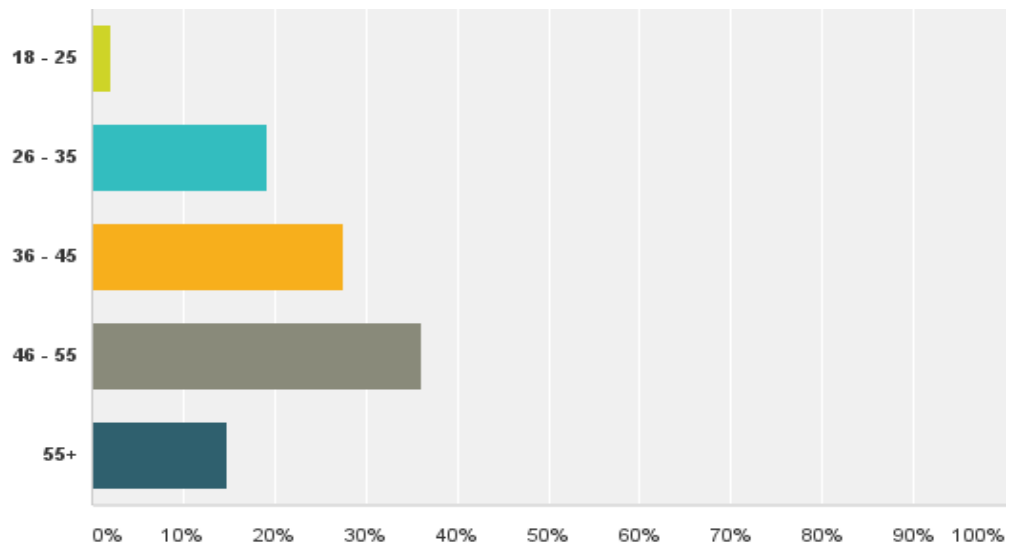
5.27 Survey of direct care providers

A survey monkey survey (McNall, Branch, Yaseen 2016c) of a sample of those providing direct care to people with learning disabilities and who may have been in receipt of PBS training was undertaken across the whole of the North East & Cumbria, to explore their experience of PBS training provision and outcomes. 47 responded. They were given the option of responding to all or some of the questions. The number of responses (from a possible 47) are represented as (N/47)

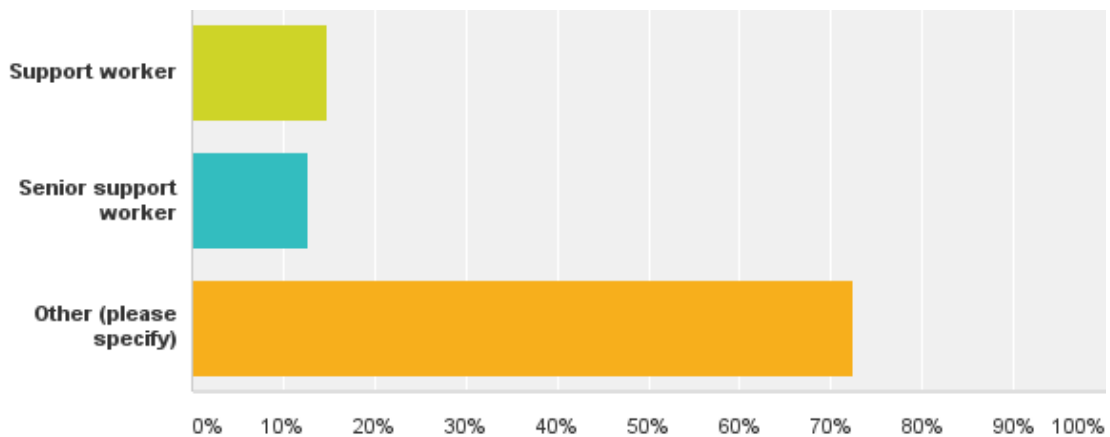
46/47 respondents had previously or were currently working with a person with behaviour that challenged. It is acknowledged that the sample is very small when considering the estimated number of workers providing direct care in the NE&C is approximately 25,000. In addition, some staff either had a professional qualification or were employed in a role other than direct support worker. As such the findings are considered with caution as not necessarily representative of the direct care provider population

5.27 The demographics of the respondents were as follows

Gender: N = 9 were male, (19%), N = 38 were female (81%). The age profile was as follows;



Current role:



Others roles included;

Project Manager, Tutor, Registered nurse (x2), Support coordinator, Charge nurse, Community nurse (x2), Manager (x3), Behaviour practitioner, Speech and language therapist, Registered manager (x3), Clinical skills trainer, Occupational therapist, Operational manager, Deputy manager, Service leader (x3), Residential manager, Positive support facilitator, Service leader, College coordinator, Team leader, Learning Support assistant, Physio, Associate Practitioner.

Employer organisation

Respondents were employed by a wide range of providers.

- 13/47 were employed by NHS providers,
- 1/47 by a local authority
- 33/47 by social care providers.

Area of work (46/47)

Answer Choices	Responses
Northumberland	10.87% 5
Newcastle	8.70% 4
North Tyneside	8.70% 4
Gateshead	2.17% 1
South Tyneside	8.70% 4
Sunderland	26.09% 12
Durham	17.39% 8
Darlington	8.70% 4
Hartlepool	10.87% 5
Redcar and Cleveland	26.09% 12
Middlesbrough	23.91% 11
Cumbria	2.17% 1
Stockton on Tees	13.04% 6
Copeland	0.00% 0
Allerdale	0.00% 0
Barrow	0.00% 0
Carlisle	0.00% 0
Eden	0.00% 0
South Lakeland	0.00% 0
Total Respondents: 46	

5.272 PBS knowledge and preparation

Have you heard of positive behavioural support? (46/47)

N = 39 (86%) reported that they had heard of positive behavioural support

Direct support staff knowledge about PBS

In order to evaluate understanding of PBS respondents were asked;

What do you know about positive behavioural support?

What sort of things would you do if you were using a positive behavioural support approach?

What is not involved in using a positive behavioural support approach?

Each question had an open response option

Whilst the vast majority of respondents had heard of PBS (39/47), 14/47 participants were unable to say what they thought it was and what kinds of things they might do if they were using such an approach. Several gave vague answers like, "Being positive with people". However, a majority of respondents did appreciate that PBS was concerned with trying to understand the causes of challenging behaviour, improve the quality of life for a person and reduce behaviours of concern. Many people understood it was a person centred approach and eschewed restrictive practice. 1 person understood the context of respecting human rights within such an approach. There were a range of responses in relation to what you would do when using a PBS approach, including behavioural assessment and understanding the function of behaviour, using a range of strategies (proactive, preventative and reactive), developing communication and other skills. There were 8 respondents who referred to physical intervention models or techniques that might be used with such an approach without regard for understanding the behaviour. Very few respondents from the direct care workforce mentioned PBS as an evidenced based approach requiring data and monitoring or the need for system/organisational change.

Have you had any preparation to help you support someone who may present with behaviours which challenge? Select all that apply (47/47)

Answer Choices	Responses	
General Induction	63.83%	30
Shadowing others	59.57%	28
PBS training	57.45%	27
Physical intervention training	74.47%	35
Client specific guidance	68.09%	32
Other (please specify)	12.77%	6
Total Respondents: 47		

**Have you had specific preparation in PBS?
What did this consist of? Select all that apply (33/47)**

N = 24 (73%) reported that they had specific preparation on PBS, which consisted of;

Answer Choices	Responses	
Advice on managing a specific person with behaviour that challenges	63.64%	21
Training course half day	3.03%	1
Training course full day	42.42%	14
Training course 2 days	39.39%	13
E-learning course	9.09%	3
Other (please specify)	21.21%	7
Total Respondents: 33		

Other responses included:

- *Applied Behaviour Analysis, Cardiff University*
- *Mandatory yearly training*
- *Training sessions with Psychiatrists/CPN's*
- *IABA 4 day training*
- *3 week PI course and 5 day MEBS course plus reaccreditation annually for 5 years.*
- *Three day Studio 3 training with yearly refreshers, more if needed*
- *Studio 3 training and refreshers. RAID course*

Whilst it must be acknowledged that there is no matching of respondents who are service provider leads with respondents providing direct care, and the sample size is small, it is noted that there are some significant differences in responses on how staff are prepared when compared, particularly related to advice on how to manage a specific person with behaviour that challenges.

	Service provider leads responses	Direct care workers
Advice on managing a specific person	90%	63%
Training course ½ day	18%	3%
Training course full day	42%	42%
Training course 2 days	51%	39%
E learning course	21%	9%

Who provided this preparation?

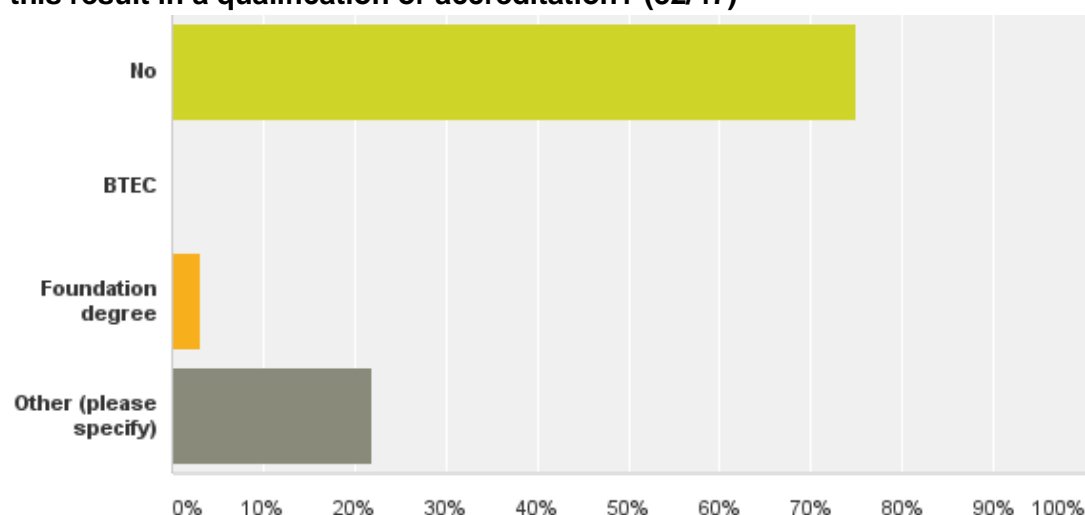
Answer Choices	Responses	
NHS	51.52%	17
Own company	33.33%	11
Local authority	18.18%	6
Don't know	3.03%	1
Other (please specify)	27.27%	9
Total Respondents: 33		

The majority of respondents (85%) are currently being prepared by NHS providers or their own company, therefore it is essential that both NHS and social care providers are authentically involved in considering workforce development solutions.

Other comments included;

- *We have a behaviour manager in our MDT team and can call on them to support us at any time.*
- *A different company than the one I work for now*
- NEAS when working there

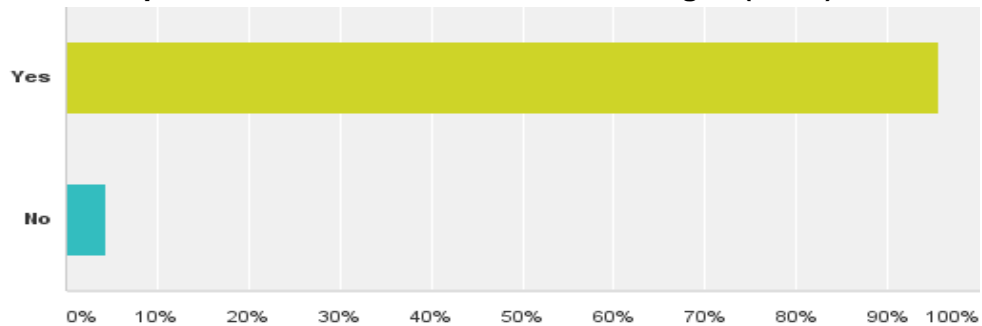
Did this result in a qualification or accreditation? (32/47)



As for the provider leads survey, there was little evidence of learning being accredited. Again, the “other” responses indicated that employers provided accreditation, yet, as discussed earlier, it is unclear through which, if any, recognised accreditation body.

5.273 Moving forward

Would it be helpful to understand more about how to support people who may be vulnerable to or who present with behaviours which challenge? (45/47)



Would having a recognised qualification or accreditation related to your job be valuable to you? (44/47)

Answer Choices	Responses	
Yes	86.36%	38
No	4.55%	2
Other (please specify)	9.09%	4
Total		44

In the future would you be interested in undertaking further education for a professional qualification? (43/47)

Answer Choices	Responses	
Yes	53.49%	23
No	46.51%	20
Total		43

95% of respondents valued knowing more about how to support someone with actual or potential behaviour that challenges. 86% would value a recognised qualification or accreditation related to their job, and just over half of the respondents 23/43 (54%) expressed interest in career /education progression, and this should be considered when deciding workforce development solutions, considering how developing PBS competence could be embedded into their mechanisms to provide education/ career progression such as foundation degrees, associate practitioner routes and apprenticeships.

5.274 Preferred learning approaches and concerns about learning

Which of these approaches to learning do you prefer? Select all that apply (46/47)

Answer Choices	Responses	
Classroom based training course	39.13%	18
Work based learning using a specific client as an example	32.61%	15
Online learning using video clips and explanation	15.22%	7
Being shown by someone	19.57%	9
A mixture of the above	78.26%	36
Total Respondents: 46		

Blended learning

A blended approach to learning was most highly valued by respondents. Blended learning refers to using a mixture of methods most appropriate (constructively aligned) to achievement of the learning outcomes (Graham 2005). This offers opportunities for flexible learning provided the participants have access to appropriate resources. IT accessibility was explored; 89% of respondents reported having access to a tablet or computer and internet access at work, and 100% at home.

What are your major concerns about learning? Select all that apply (42/47)

The greatest concerns expressed regarding learning were time and cost, with being tested and speaking in front of others being a concern for 28% and 26% respectively. Other concerns expressed were having to learn outside of work hours and the learning not being of interest or relevant. Interestingly, participants were not specifically concerned with IT, reading, writing or demonstrating learning to others.

Answer Choices	Responses	
Being tested	28.57%	12
Speaking in front of others	26.19%	11
Using a computer or tablet	7.14%	3
Writing things down	4.76%	2
Reading information	0.00%	0
Having time	52.38%	22
Having to learn outside of work hours	19.05%	8
Cost	54.76%	23
Demonstrating what you have learned to others	4.76%	2
Not interesting or relevant	16.67%	7
Total Respondents: 42		

What is your highest level of qualification at the minute? (46/47)

Answer Choices	Responses	
Entry level basic literacy	2.22%	1
NVQ Level 1 / GCSE grade D-G / Foundation learning level 1	0.00%	0
NVQ / GCSE grade A-C / BTEC award	6.67%	3
AS or A level / level 3 key skills / NVQ advanced diploma BTEC national	17.78%	8
Level 4 key skills / NVQ level 4 / BTEC professional award / HNC / Cert higher education	26.67%	12
Foundation degree / Diploma higher education / Further education / HND	6.67%	3
Bachelor degree / Graduate certificate / Graduate diploma / BTEC advanced professional award level 6	17.78%	8
Masters degree / Post graduate certificate / Post grad diploma / BTEC advanced professional award level 7	26.67%	12
No qualifications	0.00%	0
Total Respondents: 45		

The highest educational level of respondents was quite equally spread with the highest percentages (27%) at level 4 and level 7 of the Regulated Qualifications Framework (RQF). This is probably representative of the sample of respondents who were in a variety of roles included regulated professions (where the educational level is 5-8 of the RQF), and other non-regulated workplace roles (where the educational level is entry- level 4 of the RQF).

This is of relevance as 86% of respondents indicated that accreditation of PBS knowledge and competence would be valued, and this was supported by 96% of the social care provider leads who responded to the survey. Any accreditation of future education and training for PBS needs to be aligned to the entry level of participants as people undertaking study at level 7 of the RQF must be able to evidence previous learning at, or equivalent to level 6, and those undertaking learning at level 4 of the RQF must have the required level of literacy and understanding to have the potential to reach level 4.

5.28 Evaluation of existing approaches

Analysis of existing evaluations of local PBS courses made available to the team was undertaken to explore participant's feedback and knowledge of PBS pre and post-delivery of a sample of training courses.

5.281 Evaluation 1: Views of staff in independent sector (managers and care staff) previously undertaken in Tyne & Wear area (Johnson 2014)

This evaluation aimed to:

- identify the training that private/third sector staff who work with people with a learning disability and challenging behaviour receive and to identify any gaps.
- identify whether services met the recommendations of Mansell (2007) and NDTi (2010) regarding training and skills of front line staff working in challenging behaviour services

Information was obtained from 9 service managers (questionnaires). In addition, 12 front line staff, representing 6 services, were interviewed. The evaluation found that there are no standardised training models or materials across different companies. The amount and quality of training varies from agency to agency and service to service. Training varies in content, duration and delivery, and there is no evidence of refresher training taking place despite managers' claims to the contrary. Staff value the training they receive and are keen to build on their skills in these areas.

It was recommended that a validated model and process of training is reinforced across all services, such as PBS, along with the development of best practice guidance and a roll- out of training on PBS

5.282 Evaluation 2: Evaluation of one day workshop in Tyne and Wear area (Rhodes, 2015)

This evaluated the impact of a one-day training workshop on direct care staff knowledge (n=226) in relation to PBS. Staff knowledge was found to significantly increase following the

workshops. Feedback from staff attending the workshop was positive and included the following:

- Staff enjoyed the interactive nature of the training
- Staff felt that they have a better understanding of behaviour
- Staff reported they have more empathy with the people they support

5.29 The effectiveness of learning and teaching approaches of previous PBS provision

Previous research suggests that a number of professional groups, including health, social work, social care and education staff have limited knowledge about the support needs of people with a learning disability, particularly in relation to individuals who display behaviours that challenge (McKenzie et al., 1999, 2000, 2002; Rae et al., 2011). A meta-analysis of which aspects of training in general for staff supporting people with a learning disability were most effective, concluded that **practice based learning** which includes both in-service and on the job training represents the most effective format for staff learning (van Oorsouw et al. 2009). This supports the findings and suggested approach from staff surveyed within this study.

The literature which relates more specifically to staff supporting individuals with behaviours that challenge indicates that a range of learning and teaching approaches can be effective, with one day face to face workshops being found to significantly increase the knowledge and confidence of health, social care and teaching staff (McKenzie et al., 1999, 2000, Rae et al., 2011) and, when combined with consultancy input being found to significantly improve the practice of social care staff (McKenzie et al., 2002). Since the publication of the PBS Competence Framework (PBS Coalition, 2015) it is essential that any education and training approach leads to competence and confidence in workers to apply PBS in practice.

The challenges of face to face education in terms of the time and resources needed to release staff, has led to an interest in e-learning and blended learning approaches. Research in this area indicates that short online activities can significantly increase the knowledge and confidence of health staff (McKenzie et al., 2008; McKenzie, 2012). Schroeder & Spannagel (2006) however noted that much e-learning is actually e-reading, and does not actively engage the learner. Knowles (2011) identified active engagement and relevance of the learning to everyday life as essential elements if adults are to be motivated to learn and develop new competencies. This was also raised as a concern by Department of Health (2011) in the wake of a move towards more technology enhanced learning, including e learning, seen as a cost effective method for providing continuing professional development, and resulted in the development of standards for good quality technology enhanced learning (DH 2011) which should inform any blended learning approach.

5.30 Discussion and recommendations from stage 2 analysis

At present there is no existing course which enables the development of competence and confidence in practitioners and family carers in PBS to provide the person centred support identified by people with learning disability and their family carers as essential to transform care. There is also a lack of infrastructure to enable workforce development at the scale required for the North East & Cumbria. This is mainly due to a predominance of a training approach where competence is not assessed in line with the PBS competency framework and a lack of infrastructure within teams and organisations to facilitate this. The desired practice based, blended learning approach is not the usual means of developing staff, and at present there is a lack of infrastructure of people with both PBS competence and the ability to enable others to use the approach through the provision of support, supervision coaching and valid and reliable assessment of competence in the workplace.

A recent review by Cox et al. (2014) notes that research evaluating the outcomes of education and training related to PBS is limited, varies in methodology and sample, seldom focuses on reduction in behaviours that challenge as an outcome and often fails to include a control group. They conclude that, because of these limitations it is difficult to identify which components of education or training are most important and effective. In terms of research into the effectiveness of staff education in PBS, the research base is again limited. Work by McClean and colleagues (2005) and Grey & McClean (2007) has indicated that staff training in PBS resulted in significant reduction in client behaviours that challenged compared to the control group. Hassiotis et al. (2014), however note that the study had a number of limitations and suggested the need for a randomised control trial methodology to be applied in this area.

This approach, with a focus on individual education and training and learner focused outcomes does not take into account the wider issues that may also need to be addressed to enable the workforce to be competent and confident in applying PBS in practice. This study has highlighted a need espoused by both those providing direct care, and the service providers leads, that a focus purely on education and training of individuals, whilst important, will not achieve the transformation of care required. The creation of infrastructure to enable workers to learn, apply their knowledge in practice, with ongoing supervision and support and strategic leadership and support for this at organisational level is also required. This is consistent with workforce development theory which indicates that

“One of the important conceptual leaps involved in a workforce development approach is the shift to ‘systems thinking’. This is fundamental to grasping what workforce development is about. While education and training can be part of a workforce development perspective, they essentially focus on the individual learners or workers. The deficit requiring rectification (through training) is seen to lie with that individual. No further consideration is given to the organisational context in which that person operates or the wider system at large which may ultimately determine whether specific policies or practices can be put into place.”

(Roche 2001, pg 11)

In summary, there is some evidence that a range of learning and teaching approaches can be effective in improving knowledge and confidence in relation to supporting individuals with behaviour that challenges. In recent years there has been more emphasis on staff being able to apply their learning in the real world context, which is enhanced by the availability of clearly defined competencies for practice (Anema & McCoy 2010). Since the publication of the PBS Competence Framework (PBS Coalition, 2015) the standard for practice competence has been defined, at a range of levels, and any future workforce development solution should develop within staff the ability to achieve the defined competency level and ensure that competence is validly and reliably assessed rather than purely assessing knowledge acquisition.

Research into the impact on practice and the specific impact of learning and training in PBS is more limited and there is a need for further research which uses a more robust methodology in order to clarify which types of staff education are most effective in reducing behaviours that challenge. This research highlights the need for a robust, long-term evaluation of the impact of workforce development in PBS that includes a control group and outcome measures that go beyond changes in staff knowledge and confidence to include changes in practice which reduce behaviours that challenge and improve client quality of life. Evaluation should incorporate all four stages of evaluation outlined in Kirkpatrick's (1994) model of learning evaluation: Reaction, Learning, Behaviour, Results

- Reaction: how the learners felt about their learning experience
- Learning: a comparison of changes in confidence and knowledge before and after educational intervention
- Behaviour: the extent to which learning is applied in practice and resulted in changes in behaviour
- Results: the wider impact on the individual or organisation as a result of the learning.

5.3 Stage 3: Effective stakeholder engagement to find solutions

5.31 Development of PBS learning and teaching hub

15 participants (all PBS specialist practitioners within NHS services, made up of nurses, occupational therapists and clinical psychologists) were recruited to the PG Cert Teaching and Learning Programme detailed in Appendix 2, and a further 3 participants commenced the Foundation module only to meet the practice educator standards.. Places were fairly equally distributed across the region with staff from Cumbria Partnership, Northumberland Tyne & Wear (NTW) and Tees, Esk and Wear Valley (TEWV) Trusts. This was a previously validated programme, with professional body recognition (NMC, HCPC) but was adapted to “bespoke” it to PBS, to enable participants to fulfil the learning requirements whilst applying their learning to the issue of developing PBS competence within the workforce.. The first module commenced March - July 2016. One participant withdrew before assessment of the module.

Participant feedback

At day 4 of the foundation module, participants were asked to formulate their views on the value of the programme and provide feedback on the emerging issues.

Strengths

There was strong agreement on the value of the practice and educational partnership; coming together as a PBS hub and contributing to the community of practice (COP) was felt to have offered greater insight into the challenges of developing the learning disability workforce but also offered opportunities to work collaboratively on solution focused outcomes. The greatest benefit reported was the opportunity to critically analyse current practice in relation to teaching and learning about PBS with people at different levels of the workforce and to explore more evidence based approaches that engage people, have clarity of purpose and approach and assess learning effectively to enable practitioners/ workers to develop proficiency in using a PBS approach.

It has also raised the idea of providing a more explicit career framework for progression for those who practice PBS across the whole workforce, in line with the notion of a skills escalator, possibly offering opportunities for direct care workers who wish to enter the professional workforce This is enabling the PBS hub/COP to set the vision and standards for the future but also to work with others in social care provider organisations to develop a realistic plan for how this can be delivered and enabled across the region to a consistent standard. The participants also reported seeing real opportunity to influence and lead change and optimism that this can happen.

Concerns & actions

Participants recognise the importance of buy in from the wide range of providers and commissioners and explored ways in which the draft “curriculum” and WFD strategy emerging from this PBS hub could be shared with a wider COP, including commissioners and provider organisations, to achieve better understanding of the real challenges and

opportunities for transformation. It was agreed that this would be discussed at the workforce development task and finish group and a series of events to enable such engagement would be planned. These would be delivered across the region, facilitated by the clinical trainers who are members of the PBS hub but whom have allocated time to develop regional capacity for delivery at scale. It was agreed this engagement work would feed into the wider workforce development study.

5.32 Development of a draft curriculum by PBS hub

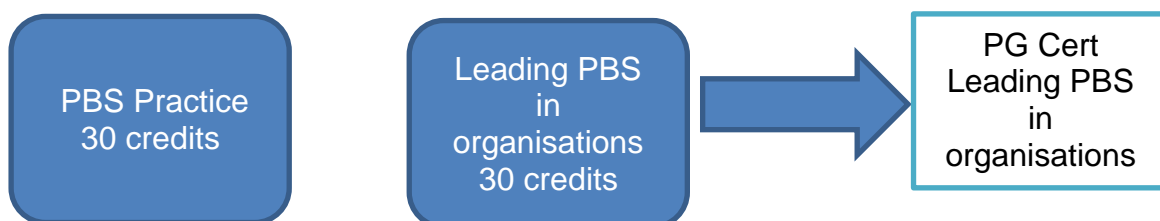
The PBS hub used the understanding developed in stage 4.5 and their expertise and insight as experienced PBS practitioners, along with their developing knowledge of evidence based learning and teaching approaches (from their learning from the PG Cert Teaching and Learning programme), to co-develop a draft curriculum. The curriculum constructively aligned the learning outcomes to the required knowledge, skills and values of the workforce, outlined in the PBS Competence Framework, relevant to the entry level of the participants, suggested learning, teaching and assessment approaches, linked to the National Qualifications Framework. It developed through collaborative working a region wide curriculum underpinned by evidence based learning and teaching approaches and appropriate assessment strategies at two levels; direct care staff and supervisors or managers (referred to as practice leaders).

It is proposed that all staff providing direct support should have the required competence in PBS as outlined in the PBS Competence Framework (PBS Coalition, 2015). Staff working in such roles are employed at different levels within social care provider organisations encompassing support workers, senior support workers and a range of roles identified in the survey at levels 1-4 of the Regulated Qualification Framework (RQF). Others providing direct support are within the professionally regulated workforce and employed within NHS or social care provider organisations in posts at levels 5-7 of the RQF. As such it is proposed that two differing “modules” or chunks of learning are offered, appropriately aligned with the entry level of the worker, at either level 4 or level 7 of the Regulated Qualification Framework, both of which offer an introduction to and competence in using PBS in practice, aligned to the direct support competencies of the PBS Competence Framework (PBS Coalition 2015) .

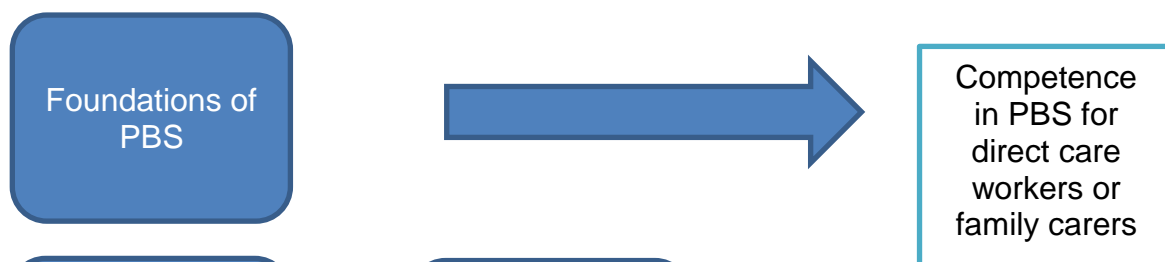
A second module or “chunk” of learning should enable identified practitioners with PBS expertise **to also** the ability to lead practice within their own workplace context.

Figure 3: Proposed PBS curriculum

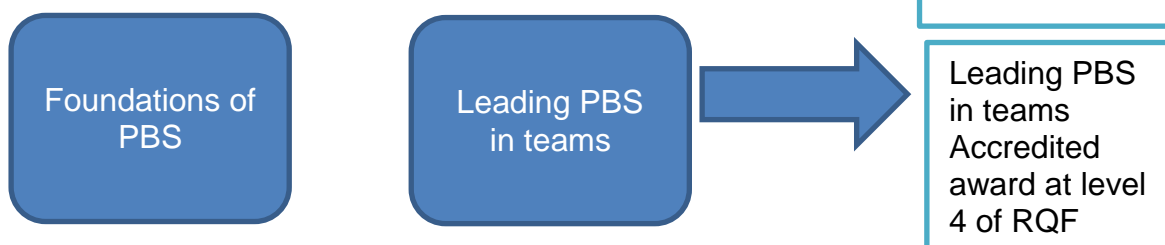
Level 7



Level 4



Level 4



5.321 Foundations of PBS or PBS Practice module

At level 4 this would enable staff to develop a person-centred understanding of an individual's needs, understand why behaviour that challenges may occur, understand their role in and contribution to identifying the reasons for behaviours which challenge, support the development of and implementation of behaviour support plans including teaching skills and review of progress. This module would support staff to recognise their own needs in relation to their physical and mental well-being, the importance of partnership working, as well as debriefing, reflection, supervision and coaching.

At level 7 this would enable staff to have a more in depth understanding of positive behavioural support, to enable the practitioner to participate in more detailed functional behaviour assessment, formulation of a positive behavioural support plan, evaluate outcomes and amend accordingly.

An outline curriculum for the Foundations in PBS module (level 4) or PBS Practice module (Level 7), which constructively aligns the learning outcomes with the intended learning content and assessment strategies to enable achievement and assessment of the required competencies has been developed.

5.322 Leading PBS module

NB. The pre-requisite to this module is that the participant has previously developed competence in PBS at the appropriate level, through the Foundations in PBS (level 4) or PBS practice module (level 7).

Leading PBS in teams (level 4)

At level 4 this would enable a senior support worker or registered manager to build upon their learning from the Foundation of PBS module and lead PBS within their team through increasing their competence in PBS and developing their ability to support practice based learning, providing coaching, supervision, feedback and assessment of competence within the workplace. They would use agreed assessment tools and the range of approaches identified within the engagement workshops (see section 5.343), encompassing client, family/carer and peer feedback, self-reflection, observation and confirmation of competence by the practice leader/ registered manager.

Leading PBS in organisations (level 7)

At level 7 this would enable staff within NHS or social care provider organisations to lead PBS within their team or organisation, through developing their understanding of the PBS curriculum and how to develop infrastructure to support practice based learning, through the provision of coaching, supervision, feedback and assessment of competence within the workplace using agreed assessment tools and mechanisms which are valid and reliable and for which they are accountable for confirming competence.

NB. Workers may undertake only the Foundations in PBS or PBS Practice module to develop their own competence in PBS at the appropriate level or may go on to develop as practice leaders through undertaking the leading PBS module (at level 4 or 7 as appropriate).

5.33 Other developments necessary to facilitate/ enable workforce development

5.331 Development of standardised learning and assessment materials

In order to provide a standardised approach, it is suggested that competency documents, assessment tools, guidance for assessors and learning resources such as blended learning packages, including e-learning material, workbooks and other resources to facilitate practice based learning are co-developed for region wide use, and aligned to the accredited awards outlined above and the appropriate level of the regulated qualification framework (RQF).

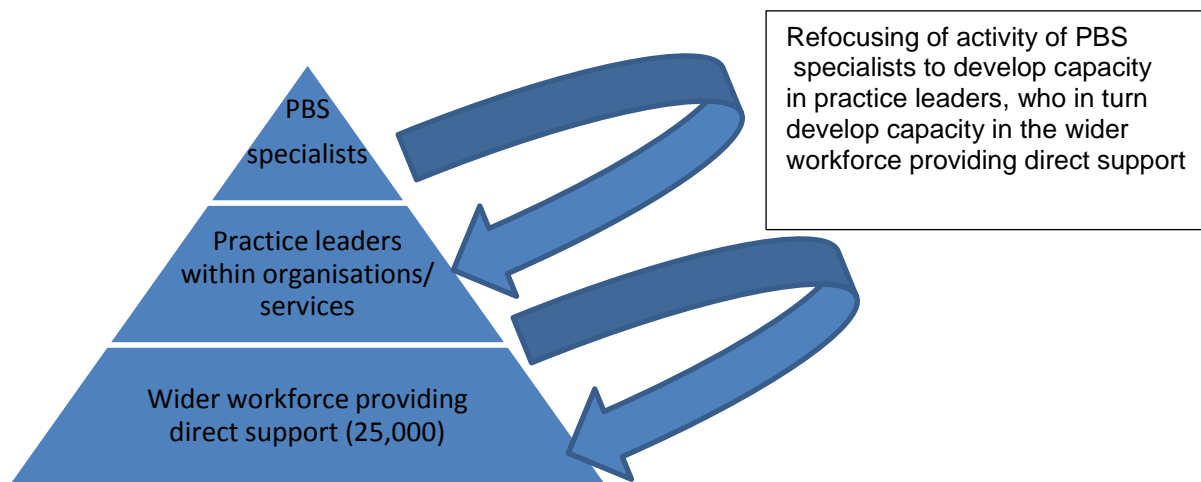
5.332 Maintenance of regional infrastructure

It is suggested that there is a need to provide regional infrastructure to support the system based workforce development recommended within this report. Adaptation of the clinical trainer posts into partnership posts between the University and Practice settings could provide the specialist expertise and regional COP link to;

- Facilitate engagement of all stakeholders of the COP to be involved in;

- Developing the learning, teaching and assessment resources. This would be in partnership with the band 2 role not yet recruited to and advocacy organisations involved within the COP to develop video and case study material.
- The validation and delivery of the agreed programmes at level 4 and 7
- Leadership of the other practice educators/ teachers across the region in undertaking practice based assessment of competence of the agreed level 4 and 7 programme in partnership with the University provider.
- Leadership of the practice leaders across the region in undertaking practice based supervision and assessment of competence of their teams

Figure 4: Refocusing of workforce development activity



5.333 Access to existing funding by alignment to RQF

It is proposed that the two “modules” or chunks of learning are made up of units of learning which are “recognised “ by Skills for Care and enable use of their Workforce Development Fund (WDF) for staff. They are aligned to the Qualification and Credit Framework (QCF) which predated the Regulated Qualification Framework (RQF). The table below demonstrates relevant units to the two proposed “modules” or courses in Foundation of PBS and Leading PBS.

QCF Units suitable/related to Foundations of Positive Behavioural Support.

<u>Unit code</u>	<u>Unit Title</u>	<u>Level</u>	<u>Credits</u>	<u>RITS code</u>
HSC 3065	Implement the positive behavioural support model	4	8	T/601/9738
LD 302	Support person centred thinking and planning	3	5	A/601/7215
LD 303	Promote active support	5	5	D/601/7353

QCF Units suitable for Leading PBS in Teams or Organisations

<u>Unit code</u>	<u>Unit Title</u>	<u>Level</u>	<u>Credits</u>	<u>RITS code</u>
032	Lead positive behavioural support	7	10	K/602/2572HSC
SHC 52	Promote professional development	4	4	L/602/2578
SHC 53	Champion equality, diversity and inclusion	5	4	Y/602/3183
HSC M1	Lead person centred practice	5	4	D/602/2844
HSC 036	Promote person centred approaches in health & social care	3	6	Y/601/8145
LM2c	Develop professional supervision practice in health, social care or children and young peoples services	5	5	M/602/3187
LM 508	Appraise staff performance	5	5	J/504/2219

Use of combinations of recognised units of learning enable “awards”, “certificates”, or “diplomas” (depending on the number of credits) to be developed under the Regulated Qualifications Framework (RQF), and accreditation provided by those bodies able to accredit learning which includes Universities, Colleges and accreditation providers listed

<http://register.ofqual.gov.uk/Organisation/Browse>

This also offers the opportunity to embed other aspects of learning which relate to understanding learning disability, autism, mental ill health into the awards, certificates or diplomas developed for the direct care workforce.

5.34 Development and maintenance of a Community of Practice

As a result of the workforce development approach used in this study, various stakeholder groups were coming together, initially, through the PBS hub which involved people who were qualified and experienced in using a PBS approach and teaching it to others within NHS services, plus academics with expertise in PBS and /or workforce development. The workforce development task and finish group of the Transforming Care fast track programme was also involved, through commissioning and monitoring the workforce development study and emerging activity. This group has representation from NHS England (Learning Disability Network Lead), Health Education England (educational commissioning project manager)

Skills for Care (regional manager), learning disability advocacy organisations, the voluntary sector, service providers and commissioners.

The workforce development approach study went on to engage with and involve people and family members with experience of behaviours that challenge, commissioners of services, providers of services at managerial and direct care level. In this way all relevant parties are now represented in the COP.

It is important that the developing COP is supported and enabled to engage in a meaningful way and it was agreed that the idea of a Community of Practice should be explored with participants at the regional engagement events to elicit their thoughts and preferences on how best to support this. It is also important to maintain the engagement with service user/ carer and advocacy organisations. This has commenced, facilitated by one of the clinical trainers.

Figure 5: The Community of Practice



5.4 Outcomes from social care/NHS provider and commissioner engagement workshops

The aim of the engagement workshops was to raise awareness amongst care provider organisations and commissioners of the background to this study, the key findings, and to invite their participation into the regional community of practice development to get their perspective on the key issues regarding workforce development, priorities and potential solutions.

Four events were held across the region, planned and facilitated by Alison Branch and Steve Wilson (Senior Clinical Trainers in PBS, NEC Transforming Care Programme) with facilitation support from others within the project team and Skills for Care programme manager. The workshops covered 1. Newcastle, Gateshead, North and South Tyneside, Northumberland, 2. Durham, Darlington, Sunderland, 3. Hartlepool, Middlesbrough, Stockton, Redcar, Cleveland, and 4. Cumbria

Workshop by area	No attending	No from Social Care Providers	No from Health Care Providers	No. LA Commissioners	No Health Commissioners	Other e.g. SfC, Tyne & Wear Care Alliance
Workshop 1 Gateshead	34	27	4	2	0	1
Workshop 2 Durham	30	25	0	3	0	2
Workshop 3 Carlisle	13	11	2	0	0	0
Workshop 4 Hartlepool	35	27	3	5	0	0

The outline plan for the workshops is included in **Appendix 3**

A participatory appraisal approach was used (Lawlor 1999, Philip 2001) which involves the following elements

- Research (finding out what people think)
- Education (sharing information)
- Collective decision making (prioritising agreed needs/actions)

A range of participatory appraisal tools were used to facilitate discussion related to the above stages within each workshop in mixed groups of commissioners/ providers. The findings from each of the four regional workshops have been collated to give a regional perspective of the key issues, priorities and actions agreed.

5.41 Aims of the workshop

A **graffiti board** exercise was used to identify what the participants wanted to get out of the session. These were collated into themes and verified with the participants to form the aims of the session.

The aims identified by participants

1. To improve understanding of PBS and how to implement it
2. To understand the barriers, challenges and solutions to implementing PBS at scale
3. To develop understanding of how to commission for PBS
4. To network and share ideas and experiences of what is going on locally, in order to improve on what is already there and find joint solutions
5. To find out how to access education and training / accreditation (including train the trainer courses)
6. To be able to evaluate our current practice

5.42 Needs and priorities to enable staff to use a PBS approach in practice

- **What is needed to enable staff to use a PBS approach in practice?**
- **What are the barriers?**
- **How can they be overcome?**
- **What needs to happen?**

A spider diagram tool was used to elicit discussion on the above, with participants being asked to work in groups and move from problem identification to potential solutions, and to come to a group consensus on the three most important things that need to happen next in relation to workforce development.

The following is the collated list of the priority areas arising from the group work (not in any particular order)

- Recruitment of the right people with the right value base
- Hearts and minds - thinking differently/ acting differently
- Good quality, cost effective education and training, with an agreed standard, to develop competence in PBS
- Ability to use PBS in practice (confidence, competence, agreed tools)
- Support and leadership in the practice setting- shadowing, coaching, ongoing support, assessment
- Leadership for development of culture and values required within organisations to provide person- centred care and enabling others (commissioners/ CQC) to understand / assess culture of the organisation/ service

- Funding of care packages that utilise PBS
- Contractual requirement to utilise PBS approach
- Evaluation and monitoring of outcomes – value for money and impact on person centred care.

5.43 Assuring competence of staff

- **How do you know people are competent at work?**
- **How do you prove it?**
- **Who can assess competence?**

Groups were asked to consider the above questions in small groups and feedback into a plenary discussion.

Knowing someone is competent

- Being able to see the difference in the person they are supporting, being happier, less incidences of challenging behaviour
- Client outcomes – achieving goals against progression model
- Feedback from person and/or family testimony
- Feedback from service reviews
- Compliments/complaints

How is competence developed?

- Team meetings / peer learning
- Observing others/ Shadowing staff /feedback/self-assessment
- Identifying, sharing and celebrating good practice
- Courses and e-learning
- Incident analysis and learning through reflection
- Good performance management – support/training plans, goal setting
- Effective line management
- Appraisals
- Clear policy and procedures

How can you prove/ demonstrate competence?

- Having agreed monitoring tools linked to PBS competence framework
- Having a range of feedback from different perspectives
 - Self-assessment tool
 - Peer monitoring, observation & feedback
 - Manager monitoring, observation and feedback
 - Feedback from service user
 - Family carer feedback

- Review of data, evidence, records related to using PBS with specific clients
- Periodic service review
- Regular competency checks
- Audits, e.g. of content/quality of behaviour support plans; person centred recruitment
- Assessment of underpinning knowledge and ability to apply it in practice (verbal/ written)
- Need mentorship, supervision and support to develop/ assess competence
- NVQ competence frameworks - internal and external scrutiny
- Care Certificate
- Qualifications

Who can assess competence?

Level 1-4 of RQF:

- “anyone occupationally competent “
- Needs to be from that context/setting
- Registered managers

Level 5-8 of RQF:

- someone deemed suitably prepared and professionally accountable for decision making of competence

5.44 Consideration of possible models for education/ training & workforce development

Emerging ideas/ models of how the workforce could be developed at scale to use a PBS approach were shared with the group based upon the proposals in section 5.32. The idea of developing practice leaders as well as direct care staff was discussed and questions invited. Participants were asked to identify other possible models that should be considered.

The notion of using a blended learning approach was discussed and the importance of this being interactive, engaging, accessible and directly relevant to practice through use of case studies and person /carer focused stories was reiterated by participants who had experienced less engaging e learning materials.

5.45 Developing practice leaders & direct care staff

Practice leaders

“This is crucial in the on-going person centred support for each individual”

“Practice leaders need to be developed first “

“Who should act as practice leader and how many will we need? Will they be chosen or be those people who are passionate?”

“Practice leaders need to be recognised and rewarded”

“How will we assess competence of practice leaders? Might there be too much reliance on PBS experts in this process which will be expensive”.

PBS training needs to be within social care and NH settings including acute health care”.

“Practice leaders should be required to update/ refresh learning”

“PBS Champions”

“Funding and costs need to be considered”.

“Accreditation of prior experiential learning where possible“

Direct Care Staff

“Basic PBS needs to be learned in the workplace”

“Support workers do not necessarily need qualification but need to meet a recognised standard”.

“Link basic PBS learning to RQF levels and recognised units of learning under Qualification and Credit Framework to enable access to and use of Skills for Care Workforce development funding “

5.46 Commissioning standards required

“Develop a set of standards and resources for learning (e learning, workbooks, webinars) and standards for assessment of competence (limitations of e-learning to teach values)”

“Should these standards also relate to physical interventions training across the region?”

“Standards need to be reflected in the commissioning specifications in the region”.

“Endorsements/charter that provider organisations can sign up which reflects they are committed to driving up quality of PBS standards”.

“Consider impact on existing training providers and current education/training provision”.

No alternative models were identified or discussed in any depth, but all participants were keen to be kept involved in discussions/ agreements going forward

5.47 Expanding the Community of Practice

Participants were asked:

Would you value a PBS COP for the North East & Cumbria and if so what would you want from it? (responses are included verbatim)

“Yes, keeps practice current, shares practice, provides support, improves standardisation & development of PBS”

“Yes, 100%” share knowledge and good practice”

“Network and find out what is available”

“Share practical resources, e.g. assessment tools, behaviour support plan ideas etc.”

Who should be in the COP and how do we get people involved?

“Practice leaders/ specialist practitioners from organisations, people who use services / families, social work colleagues, CQC”

“ Providers, commissioners, practice leaders, support workers”

“ Anyone and everyone who is interested!”

Families, frontline staff, reference groups, guest speakers”

Should the COP be meeting up and/ or virtual COP with website?

How often should a COP meet? Should this be regional, local or both?

“Mixture of face to face, webinar, e forum eg. once a month webinar”

“Virtual network, apps, e mail notifications, face to face, set agenda, guest speakers “

“Regional quarterly, face to face”

“maybe face to face quarterly but not too often- difficult to get providers to come out”

“Regional because providers cover more than one local authority area”

“Quarterly, regional”

“Shared website for virtual contact“

“Annually get all of region together- conference”

6. Final summary and recommendations

A workforce development approach is concerned not only with education of individual workers, but also with what else is required to enable the workforce to function effectively. As such, the recommendations outline the system wide changes which have been identified within this study as necessary to enable the Transformation of Care for people with a learning disability and their families to be provided with appropriate support to live well within communities. They have been divided into themes related to the implications for each part of the “system”

6.1 Develop regional infrastructure to support practice based learning & good standards of PBS

6.11 Appoint Strategic Practice Leader(s) to facilitate ongoing workforce development

Maintain the senior clinical trainer post(s) but adapt the job description to reflect a more strategic role in leading workforce development regionally outlined below;

- To liaise with and support the cohort of PBS specialist practice educators/ teachers (initial practice leaders) already developed across the region
- To work in partnership with educational institutions, people with a learning disability/ family carers and practice leaders to develop evidence based high quality courses and learning materials suitable to;
 - Practice Leaders
 - Direct Support staff
- To maintain links with all provider organisations via the Community of Practice to ensure equity of access
- To be involved in theoretical and practice based assessment of practice leaders in all provider organisations

6.12 Maintain and further develop the Community of Practice

- Through planned events twice yearly/ quarterly
- To provide opportunities to authentically be involved in regional developments for all service providers, commissioners, people with a learning disability and their family carers
- Through the provision of information on good practice, research evidence, relevant guidance and resources
- Ensure that all staff and carers have awareness of and access to learning that develops their knowledge skill and competence in relation to PBS at a level which is appropriate to their role/required competence level

6.13 Commission the development of a web interface to host:

- A virtual Community of Practice
- Good practice guidance/research
- Information about events

- Access to learning materials, guidance and documents accessible to all NHS and social care providers

6.2. Commission and develop appropriate programmes of learning and assessment for providers

6.21 Commission a programme for PBS practice leaders within organisations

- Commission, co-produce and validate an accredited blended learning programme for PBS practice leaders at level 7 of the RQF which is practice based, and competency assessed, and mapped to the PBS competence framework and Skills for Care recognised units, with accreditation of prior experiential learning where appropriate, to include modules on
 - PBS Practice (30 credits)
 - Leading PBS in organisations (30 credits)
- Make the programme accessible to NHS and social care provider organisations
- Provide agreed certification/ accreditation for successful completion.
- Enable access to the PBS Practice module as a stand-alone module, to develop competence in PBS in individuals who have the academic qualifications to access level 7 education (which is evidence of 120 credits at level 6 of the RQF or equivalence), however make it a pre requisite module for those who undertake the Leading PBS module

6.22 Commission a programme of learning for PBS practice leaders within teams

- Commission, co-produce and validate an accredited blended learning programme for support staff and family carers at level 4 of the RQF which is practice based, competency assessed by practice leaders within their own organisations and mapped to Skills for Care recognised units, with accreditation of prior learning where appropriate, to include courses/ modules on;
 - Foundations of PBS
 - Leading PBS in teams
- Agree and develop standardised preparation and assessment materials for direct care staff
- Develop all learning materials, guidance and assessment documents to be available to staff within NHS or independent sector organisations or family carers
- Provide agreed certification /accreditation for those who successfully complete learning and achieve competence.
- Enable access to the Foundation of PBS module as a stand-alone module to develop competence in PBS for direct care support staff or family carers however make it a pre requisite for those who undertake the leading PBS in teams module in order to grow practice leader capacity and enable practice based learning and assessment in all organisations and contexts.

6.23 Enable access to the module “Foundations of PBS” for direct care staff in health and social care provider organisations & family carers

- Enable access to the Foundation of PBS module as a stand-alone module to develop competence in PBS for direct care support staff or family carers. To deliver this module at scale requires the development of infrastructure of practice leaders within teams to enable practice based learning and assessment as detailed in 6.7

6.3 Co-develop with the regional COP an evaluation strategy to sit alongside the programme/ module deliveries and commission an evaluation study

This should incorporate all four stages of evaluation outlined in Kirkpatrick's (1994) model of learning evaluation identified below;

- Reaction: how the learners felt about their learning experience
- Learning: a comparison of changes in confidence and knowledge before and after educational intervention
- Behaviour: the extent to which learning is applied in practice and resulted in changes in behaviour
- Results: the wider impact on the individual or organisation as a result of the learning.

6.4 Address recruitment, induction and retention of support staff

- Ensure that staff who are providing support to individuals who are at risk of behaviours which challenge are the correct 'fit' for the person, in terms of both their value base and PBS knowledge, skills and competencies.
- Ensure that all staff commit to the view that the key purpose of PBS is to facilitate the individual being perceived as a person first and to maximise their quality of life.
- For all new staff, the care certificate should be the required induction route. The care certificate also offers a good standards and framework of preparation/ appraisal for all support staff
- Provide accessible practice based learning and assessment in PBS for all support staff suitable to their entry level, which is engaging, and relevant to their learning needs, and which is competency assessed.
- Offer appropriate certification and accreditation of learning which is transferable across the whole system/ other organisations
- Offer a career framework / career escalator with opportunities for staff to progress through accredited learning regarding PBS and other aspects of providing direct support. This might embrace new roles such as associate practitioner, apprenticeships and foundation degrees which can give access to shortened routes and widen access to professional roles and participation in further/ higher education.
- Provide financial reward and recognition for staff who improve their competence in supporting people.
- Acknowledge the complex and challenging nature of providing support to this group of clients and ensure that access to appropriate specialist support is available when needed.

6.5 Ensure development of PBS competence within the future workforce

- Ensure the findings and appropriate competency based education is embedded in preparation programmes for the future workforce (pre- registration learning disability nursing, occupational therapy, clinical psychology programmes, psychiatry).
- The PBS practice module at level 7 could be co-validated at level 6 and 7 and be embedded within pre-registration programmes enabling the future workforce to be PBS ready on entry to their professional register. Competence would be assessed by the identified PBS leaders within their employing organisation.

6.6 Address commissioning & strategic leadership for PBS

- Embed findings from this study into the learning disability leadership programme to be delivered Autumn 2016 for commissioners in the North East & Cumbria
- Ensure commissioners develop their understanding of PBS, PBS commissioning and monitoring requirements through involvement in the leadership programme, community of practice, further engagement workshops and awareness sessions for commissioners and provision of good practice guidance via the COP web interface and PBS academy resources
- Develop standard service specification templates for PBS and workforce requirements within services with an agreed date when they should be mandatory
- Develop standard monitoring guidance for commissioners for PBS which are aligned with CQC standards and guidance with an agreed date when this should be mandatory.
- Ensure commissioners are aware of the agreed methods of preparation for staff to enable them to use a PBS approach
- Agree a standardised format for certification of staff preparation that commissioners can include as a requirement in their specifications and monitor following award of contracts.
- PBS needs to be embedded into the organisation, into meetings at every level and be part of individual support team meetings/ supervisions / senior management groups

7. References

Anema, M. McCoy, J. (2010) *Competency-based nursing education: guide to achieving outstanding learner outcomes*. New York: Springer

Australia's National Research Centre on Alcohol and other drugs Workforce development (2002) *Models of Workforce Development* <http://ncoss.org.au/projects/workforce/workforce-development-models.pdf> accessed 10.6.16

ACEVO (2016). *Time for Change: The Challenge Ahead*. ACEVO: London

BILD (2014). *Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training: A guide for purchasers of training, training organisations and trainers*. Fourth Edition

Boog, B. Keune, L. & Tromp, C. (2003) Action Research and Emancipation. *Journal of Community & Applied Social Psychology*. 13 419-425.

Care Quality Commission(2015) – *Brief Guide: Positive Behaviour Support for people with behaviours which challenge*

Carr, EG, Horner, RH, Turnbull, AP, Marquis, D, McLaughlin, DM, et al (1999), *Positive behaviour support for people with developmental disabilities: a research synthesis*, American Association of Mental Retardation: Washington, DC.

Cook, T. (2009) The purpose of mess in action research: building rigour through a messy turn. *Educational Action Research*. 17, (2) 277-291

Cox, A.C., Dube, C., & Temple, B. (2015). The influence of staff training on challenging behaviour in individuals with intellectual disability: A review. *Journal of Intellectual Disabilities*, 19(1), 69-82.

Department of Health. (2011) *A Framework for Technology Enhanced learning*. DH London

Department of Health (2007). *Services for people with learning disabilities and challenging behaviour or mental health needs* (revised edition). London: DH

Department of Health (2012). *Transforming care: A national response to Winterbourne View Hospital*. Department of Health Review: Final report. London: DH

Department of Health (2014) *Positive and Proactive Care: Reducing the need for restrictive interventions*, London: DH. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

Department of Health, Skills for Health and Skills for Care (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 and health*, London: DH. Available at <http://www.skillsforcare.org.uk/Document-library/Skills/Restrictive-practices/A-positive-and-proactive-workforce-WEB.pdf>

Department of Health, ADASS, CQC, HEE, LGA & NHS England (2015). *Transforming care for people with learning disabilities – Next Steps*. London: DH

Dunlap, G and Carr, EG (2007), 'Positive behaviour support and developmental disabilities: a summary and analysis of research' in SL Odom, RH Horner, M Snell and J Blacjer (Eds.) *Handbook of Developmental Disabilities* (pp. 469–482), New York: Guilford.

Eraut, M (1997) Concepts of competence. *Journal of Inter-Professional care* 12, 2 127-139

Goh, AE and Bambara, LM (2013), 'Individualized positive behaviour support in school settings: a meta-analysis', *Remedial & Special Education*, vol. 33, no. 5, pp. 271–286.

Gore, N. J., McGill, P., Toogood, S., Allen, D., Hughes, J. C., Baker, P., Hastings, R. P., Noone, S. J. & Denne, L. D. (2013). Definition and scope for positive behavioural support. *International Journal of Positive Behavioural Support*, 3(2), 14-23.

Graham, C. R. (2005). Blended learning systems: Definition, current trends, and future directions in Bonk, C. J.; Graham, C. R.. *Handbook of blended learning: Global perspectives, local designs*. San Francisco, CA: Pfeiffer. pp. 3–21

Grey IM, McClean B: (2007) Service user outcomes of staff training in positive behaviour support using person-focused training: a control group study. *J Applied Res Intellect Disabil*. 20: 6-15

Griscti, O. Jacono, J. (2006) Effectiveness of continuing education programmes in nursing: literature review. *Journal of Advanced Nursing* 55 (4) 449-456

Hassiotis, A, Strydom, A. Crawford, M. Hall, M.A, Omar, R. Vickerstaff, V. Hunter, R. Crabtree, J. Cooper, V. Biswas, A. Howie, W. and King, M. (2014) Clinical and cost effectiveness of staff training in Positive Behaviour Support (PBS) for treating challenging behaviour in adults with intellectual disability: a cluster randomised controlled trial. *BMC Psychiatry BMC series open, inclusive and trusted* 2 19

Johnson, M. (2014) *To establish the extent to which provider services are compliant with the recommendations regarding staff training for PBS as identified in Mansell 2*. Unpublished study. Audit Reference Number 5341

Kirkpatrick, J. (1994). *Evaluating training programs: The four levels*. San Francisco: Berrett-Koehler.

Knowles, M. (2011) *The adult learner: the definitive classic in adult education and human resource development* Oxford Butterworth-Heinemann 2011

Koshy, E. Waterman, H. Koshy, V. (2011) *Action Research in Healthcare*. SAGE publications. London.

LaVigna, GW and Willis, TJ (2012). The efficacy of positive behavioural support with the most challenging behaviour: the evidence and its implication. *Journal of Intellectual and Developmental Disability*, vol. 37, no. 3, pp. 185–195.

Lawlor, D. et al. (1999) Rapid participatory appraisal of young people's sexual health needs: an evaluation of meta-planning. *Health Education Journal* 58, 228-238.

LGA, ADASS & NHS England (2015). *Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Service model for commissioners of health and social care services*. London.

McClean B, Dench C, Grey I, Shanahan S, Fitzsimons E, Hendler J, Corrigan M: Person Focused Training: a model for delivering positive behaviour supports to people with challenging behaviours. (2005) *J Intellect Disabil Res*. 49: 340-352.

McKenzie, K., McIntyre, S., Matheson, E. & Murray, G.C. (1999) Health and social care workers' understanding of the meaning and management of challenging behaviour in learning disability services. *Journal of Learning Disabilities for Nursing, Health And Social Care*, 3(2); 98-105.

McKenzie, K., Matheson, E., Patrick, S., Paxton, D. & Murray, G.C. (2000) An evaluation of the impact of a one day training course on the knowledge of health, day care and social care staff working in learning disability services. *Journal of Learning Disabilities*, 4(2), 153-156.

McKenzie, K., Sharp, K., Paxton, D. & Murray, G.C. (2002). The impact of training and staff attributions on staff practice in learning disability services. *Journal of Learning Disabilities*, 6(3), 239-251.

McKenzie, K., Matheson, E., Patrick, S., Paxton, D., & Murray, G. C. (2000b). An evaluation of the impact of a one day training course on the knowledge of health, day care and social care staff working in learning disability services. *Journal of Learning Disabilities*, 4(2), 153–156.

McKenzie, K., O'Shea, C., McLeod, H., & Begg, M. (2008) An evaluation of the effectiveness of online clinical 'Quandaries' in promoting effective clinical decision making by trainee clinical psychologists. *Journal of Practice Teaching in Social Work and Health*, 8(2), 7–24.

McNiff, J. Whitehead, J. (2006) *All you need to know about Action Research*. London. Sage Publications

McNall, A. (2012) *An emancipatory practice development study: using critical discourse analysis to develop the theory and practice of sexual health workforce development*. Thesis submitted for the award of Professional Doctorate in Nursing. Northumbria University

McNall,A, Branch, A. Yaseen,J (2016a) *Positive Behavioural Support Workforce Development Survey for Commissioning Leads*. Northumbria University

McNall,A, Branch, A. Yaseen,J (2016b) *Positive Behavioural Support Workforce Development Survey for Service Provider Leads*. Northumbria University

McNall,A, Branch, A. Yaseen,J (2016c) *Positive Behavioural Support Workforce Development Survey for Direct Care Workers*. Northumbria University

National Development Team for Inclusion (2010) *Guide for commissioners of services for people with learning disabilities who challenge services*. Accessed at http://www.ndti.org.uk/uploads/files/Challenging_behaviour_report_VERY_final_v7.pdf

NICE. [NG11] (2015). Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges www.nice.org.uk/guidance/ng11

NHS England & Local Government Association (2014) *Ensuring quality services: Core principles for the commissioning of services for children, young people, adults and older adults with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges*. London: NHS England & LGA. Available at <http://www.local.gov.uk/documents/10180/12137/Good+Quality+Services/594f801a-03e5-46db-a2a9-d4c95f7fdabf>

NHS England (2016). *Stopping over-medication of people with learning disabilities*. London: NHS England. : <https://www.england.nhs.uk/wp-content/uploads/2016/06/stopping-over-medication.pdf>

Ong, B.N. (1996) *Rapid Appraisal and Health Policy*. London, Chapman & Hall.

Parkin, P. (2009) *Managing Change in Healthcare: Using Action Research*. London: SAGE

Philip, K. (2001) Young people's health needs in a rural area: lessons from a participatory rapid appraisal study. *Youth & Policy* (71), 5-24.

Positive Behavioural Support (PBS) Coalition UK. (2015) *Positive Behavioural Support (PBS): A Competence Framework*. Available at <https://www.pbsacademy.org.uk>

Rae, H., McKenzie, K. & Murray, G.C. (2011) The impact of training on teacher knowledge about children with an intellectual disability. *Journal of Intellectual Disabilities*, 15(1), 21-30.

Rhodes, J. (2015) Evaluation of Positive Behavioural support 1 day introductory workshops. Unpublished evaluation. NTW Foundation Trust

Roche 2001, cited in Australia's National Research Centre on Alcohol and other drugs Workforce development (2002) *Models of Workforce Development* <http://ncoss.org.au/projects/workforce/workforce-development-models.pdf> accessed 10.6.10

Roodhouse, S. Mumford, J..(2010) *Understanding work based learning*. Farnham. Gower

Schroeder, U. Spannagel, C (2006) Supporting the active learning process. *International journal on e learning* 5 (2) 245-264

Skills for Care and NTDi (2013) *Supporting staff working with people who challenge services: Guidance for employers*, London: SfC/NTDi. Available at [http://www.ndti.org.uk/uploads/files/Supporting_staff_working_with_challenging_behaviour\(Guide_for_employers\)vfp1\(May_2013\).pdf](http://www.ndti.org.uk/uploads/files/Supporting_staff_working_with_challenging_behaviour(Guide_for_employers)vfp1(May_2013).pdf)

Staron, M. (2008) *Workforce Development - a whole-of-system model for workforce development*. Accessed at http://lrrpublic.cli.det.nsw.edu.au/lrrSecure/Sites/Web/13289/ezone/year_2008/sep/thinkpiece_whole_system_approach.htm

van Oorsouw, W. M., Embregts, P. J., Bosman, A. M., & Jahoda, A. (2009). Training staff serving clients with intellectual disabilities: A meta-analysis of aspects determining effectiveness. *Research in Developmental Disabilities*, 30, 503–511.

Waterman, H., Tillen, D., Dickson, R., de Koning, K.(2001) Action Research: a systematic review and guidance for assessment. *Health Technology Assessment* 5 (23)

8 Appendices

Appendix 1.

North East and Cumbria Positive Behavioural Support Core Competencies Workshop

23 October 2015, 9:30am – 4pm
The Durham Centre, Belmont Durham DH1 1TN

AGENDA

9.30	Registration and Refreshments	
10.00	Introduction to the day	Jill Chaplin/ Steve Noone
10.15	Positive Behavioural Support Core Competencies Framework	Alison Branch
10.45	Developing a Knowledgeable and Competent Workforce	Anne McNall
11.00	Exercise 1 – ice breaker	All
11.20	Break	
11.40	Exercise 2 – Identifying the sweet spots & challenges in PBS training	All
12.10	Feedback	All
12.30	Exercise 3 – Practical considerations in delivering PBS training	All
1.00	Lunch	
1.40	Exercise 4 – Key themes for direct care staff training – maximising impact	All
3.00	Break	
3.20	Summing up & next steps	Steve Noone/ Jill Chaplin
4.00	Finish	

Appendix 2



Post Graduate Certificate Teaching and Learning in Professional Practice

- This programme is for those who are regularly involved in learning and teaching activity as part of their role and want to inspire and contribute to the development of future healthcare professionals through developing their own knowledge and skills to influence and lead the development of the future workforce. We are currently exploring the opportunity to offer a bespoke version of the programme to those practitioners who currently teach others about positive behavioural support (PBS) in order to build a PBS community of practice hub to develop a core curriculum /standards across the North East of England & Cumbria
- This programme prepares registered healthcare professionals for a variety of teaching and learning roles within higher education and professional practice. The programme is mapped against professional requirements for specific sectors, eg. nurses and midwives undertaking the programme meet the NMC practice teacher/ educator standards.
- Work based learning is central to the Programme's teaching and learning strategy and thus it is essential that all participants are currently employed in a role in which they have access to a range of learners, are regularly involved in teaching, learning and evaluation of PBS so are able to demonstrate the application of their learning in practice.
- The programme enables practitioners to critically reflect upon their educational practice and lead future PBS workforce development within their own organisations.

The programme comprises of **two, 30 credit modules**, participants can access the foundation module as a standalone module or undertake both, giving the award of PG Cert Teaching and Learning in Professional Practice on successful completion.

'Foundations of Teaching and Learning' 30 credits at level 6 (degree) or 7 (Masters level)

- The module enables participants to apply the principles of learning, teaching and assessment to the development and delivery of an evidence based PBS curriculum within their practice role in supporting a range of learners, at or beyond initial registration, in their workplace. The module is likely to commence March 2016 and must be completed within a 6 month period in accordance with NMC requirements. It requires 6 contact days alongside directed learning. Practitioners are also required to undertake a total of 15 days of teaching and learning activities in their workplace and demonstrate achievement of Practice Teaching standards. If the person holds a valid mentor qualification, they are only required to demonstrate 10 days of learning activities. These 10 or 15 days of teaching and learning activities include curriculum planning, development and delivery however a minimum of 3 days must be direct contact teaching.

'Leading Teaching and Learning in Practice'. 30 credits at level 7 (Masters level)

- This module enables participants to apply the principles of learning, teaching and assessment of PBS to supporting and developing educational initiatives/programmes for a range of learners in their workplace and to develop their teaching expertise and educational role in both higher education and clinical practice. The programme will be delivered over one academic year, from September 2016-to July 2017, (in accordance with NMC requirements) and involves 5 days attendance. Practitioners must also demonstrate a further 45 days of teaching and learning activities and demonstrate achievement of Teacher/HEA standards (where applicable). Again this is made up of planning, development and delivery but a minimum of 9 days must be direct contact learning and teaching activity.

Appendix 3

Workshop Plan to explore workforce development/education training options for staff in Positive Behavioural Support across the North East and Cumbria

Dates: 28th June, 10 - 1pm Northern Design Centre, NE8 3DF
4th July, 10 - 1pm Bourne House, Durham, DH1 1TH
12th July 1.30 – 4.30pm Rosehill, Carlisle CA1 2SE
14th July 10 - 1pm Centre for Independent Living, Hartlepool, TS24 7LT

- 9.30 – 10am** Coffee and invite participants to complete post it note exercise and add to graffiti wall.
Post it note question - What do I want to get from this morning?
- 10am** **Welcome and housekeeping**
(Slide 1)
- 10.05am** **BILD PBS animation** to set the scene about what is PBS as we all have different amounts of knowledge about PBS. (slide 2)
- 10.15am** **Info about PBS workforce development in the NEC** –to give national context (4 slides)
(Policy, NICE & PBS competence framework), workforce development, transformation, scoping project, info on COP.
Key message: We need to find a solution together. Survey of providers showed variability of education/training provision and who provides this. Few accredited. Not representative or detailed enough.
Aims for the morning - to collate graffiti board “posts its” and group thematically to inform aims of the session- feedback and verify with group
- 10.30am** **Pairs on tables** - Icebreaker – tell your partner your name and something that is very important to you/you feel passionate about.(5 mins.)
We all have important things in our lives and I am sure the things you shared would all have been quite different. The people we work with are individuals with things that are important to them too. Having important things in our life contributes to quality of life – an essential part of PBS.
- 10.35am** **Large groups on each table – using spider diagrams. (Flip chart and pens)**
Question – What is needed to enable staff to use a PBS approach?
Question - What gets in the way?
Question – What needs to happen next?-come to a consensus -what are the 3 most important issues that need to be considered by the wider group?
Show example and then give out pre prepared flip charts for this exercise. Facilitator per table (note for facilitators – facilitate the discussion, don’t take over. Encourage them to get stuff on flip chart. Make a note of what is being said but not put on flip chart. Keep them to time)
Feedback- 3 important things from each group. Gather in flipcharts back.
- 11am** **Coffee** – comfort break. Get coffee and come back into groups. (5 min)
- 11.10am** **Raising standards and expectations** - Competence – national and regional drive for staff to be competent in PBS. We have PBS

competence framework. Providers will be expected to prove their staff are competent; commissioners will be asking for this as part of their procurement and monitoring of services and CQC will be monitoring PBS during inspection. There are copies of a suggested commissioning spec, guide and monitoring form on the tables for info and all available on PBS academy website. **Leaflets with website address are on the tables.)**

What does that mean for direct care support workers and practice leaders?

11.15am Group work

Flips charts – with 3 questions:

How do you know people are competent at work?

How do you prove it?

Who can assess competence?

Feedback

- Use driving a car as an analogy:

We would all agree you need both knowledge, attitude and practical skills to drive a car safely on the road. Prior to 1st June 1935 – anyone could drive – no assessment but due to high number of fatalities introduced a test. 1991 assessment of ability to reverse was introduced. A formal theory (knowledge test introduced in 1996. So we need knowledge, practical skills, repeated practice with someone who knows how to drive, feedback, test of knowledge and practical skills (is assessment on one day enough?), period of being a new driver (using P for probationer plates) and reflecting and learning from mistakes. Retest of competence to drive required at certain points in driving career. Opportunities for more advanced driving courses to become an “advanced driver”, also tests for police, lorry drivers etc.

What do we need to ensure our staff are competent in PBS?

11.30am Finding collective solutions

1 Slide about competencies for direct staff and practice leaders.

1 slide about facts – 25,000 staff, survey feedback – some staff get training but others don't; commissioners – very few specify what they want in terms of PBS and few monitor this. Courses – variable quality and content - knowledge might be tested but few courses offer competence assessment. Continued opportunities for reflection and learning – COP/hub.

This is our challenge and what we need help on.

1 slide – one possible idea about direct care staff option/practice leaders – regional group have been looking at what staff need to know, values and attitudes, skills.

1 slide – Curriculum for Foundations in PBS (a copy of this on tables).

If this could work we need to scale up – how do we make this a happen?

11.45am Discussion on tables

1. Thoughts about ideas or alternatives – flip chart

2. Pros and cons of current and alternative models or something we haven't thought of? – flipchart

3. How might this link to the care certificate?

4. What needs to happen next collectively? To make it work, bearing in mind some of the things you raised earlier from the Spider diagram exercises - flipcharts

(30 mins for exercise; 15 mins feedback).

Feedback –

12.30pm Groups

What would you want from a community of practice? Flip chart.

Feedback –

12.45pm Summary and close –

PBS – at scale

Different model needed where competency is demonstrated and assessed.

Standards and equality of access

Recommend accreditation – so we have proof

What will happen to information from this morning – incorporated into report on PBS workforce development to go to transforming care.

Recommendation will go to transformation board and HEEN who fund workforce development and partners organisations- Skills for care and Skills for Health.

September – strategic delivery plan

Communication strategy so we are all kept in the loop.

1pm Close

Appendix 4 CQC Brief guide: positive behaviour support for people with behaviours that challenge

Accessed at: <https://www.cqc.org.uk/sites/default/files/CQC%20mental%20health%20brief%20guide%20%20-%20positive%20behaviour%20support%20for%20people%20with%20behaviours%20that%20challenge.pdf>

Context

Positive behaviour support (PBS) is: “a multi-component framework for delivering a range of evidence-based supports to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge” (NHS LGA 2014)¹. Staff use the framework to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists staff to design more supportive environments and to better support individuals in developing skills that will improve their quality of life.

Evidence required

1. Provider’s policy, strategy and procedures for challenging behaviour.
2. Care records to confirm people with challenging behaviour have had a recent holistic assessment and an individualised behaviour support plan.
3. Staff interactions with people with challenging behaviour during the green proactive phase, amber active phase, red reactive phase and blue post-reactive phase.
4. Discussions with staff to assess their understanding of PBS and receipt of appropriate supervision and to elicit examples of investigating and reflecting on challenging behaviour.
5. Provider records for evidence of audits, monitoring and reports, staff training and supervision.

Reporting

1. In the ‘**assessing of needs and planning of care**’ section of ‘**effective**’ describe the quality of the assessment and care plan and whether they follow the principles of PBS.
2. In the ‘**best practice in treatment and care**’ section of ‘**effective**’ state whether the staff apply effective proactive strategies to de-escalate or prevent challenging behaviour and whether staff apply the reactive strategies described in the care plan effectively and safely. Also report whether the provider has audited the effectiveness of PBS.
3. In the ‘**skilled staff to deliver care**’ section of ‘**effective**’ report whether the provider supports staff to implement PBS, through protected time, training and supervision.
4. In the ‘**involvement of people in the care they receive**’ section of ‘**caring**’ comment on whether patients and families/carers were involved in developing the care plan.
5. In the ‘**good governance**’ section of ‘**well-led**’ comment on whether the provider monitors the attainment of specific objectives identified in PBS plans, such as changes in people’s abilities and health and reduction of restrictive interventions.

¹<http://www.local.gov.uk/documents/10180/12137/L14-105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f>

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

Policy position

Providers must take account of the Department of Health's guidance Positive and Proactive Care: reducing the need for restrictive interventions.² This states that services that support people whose needs and histories mean that they can reasonably be predicted to present with behaviours that challenge should use 'recovery-based approaches and delivery of care in accordance with the principles of positive behavioural support'. This applies to acute psychiatric settings (including secure services) and residential units that work with people with learning disabilities who present with 'challenging behaviour' and services for people who are elderly and confused who may become agitated. Providers should also act in line with NICE Guideline³ and adopt the framework to anticipate violence and aggression in in-patient psychiatric wards to identify ways to reduce violence and aggression and the use of restrictive interventions.

CQC's position for the purpose of its inspections is that:

- ☐ _Staff should have made a recent assessment of their behaviour and created an associated behaviour support plan (or equivalent) and those making assessments should be adequately trained and supervised.
- ☐ _Assessments should be individualised and holistic, and include a functional assessment of behaviour.
- ☐ _Staff should be trained to avoid or minimise restrictive interventions, and in de-escalation techniques.
- ☐ _The behaviour support plan (or equivalent) should state in detail the multi-component interventions to change behaviour pro-actively and to manage behaviour reactively.
- ☐ _The provider should support staff to implement, monitor and evaluate interventions over the long term, using a data-driven approach to make decisions at every stage.
- ☐ _Providers should have a transparent policy on the use of restrictive interventions, with an overarching restrictive intervention reduction programme.
- ☐ _Where there are any incidents of physical restraint, the multidisciplinary team should conduct an immediate post-incident debrief, monitor and respond to ongoing risks, and contribute to formal external reviews.

In addition, chapter 26 of the Mental Health Act Code of Practice⁴ provides statutory guidance relevant for all patients receiving treatment for a mental disorder in a hospital and who are liable to present with behavioural disturbances, regardless of their detention status. Providers should be applying the requirements of that guidance when managing challenging or disturbed behaviour.

Link to regulations

CQC should take action under:

- ☐ _**Regulation 9** when staff have not implemented effective PBS plans.
- ☐ _**Regulation 12** when staff have not assessed or managed the challenging behaviour effectively.
- ☐ _**Regulation 13** when staff have not taken reasonable steps to use the least-restrictive strategies to manage challenging behaviour.
- ☐ _**Regulation 17** when the provider has not audited and monitored the number of challenging behaviour incidents or other PBS plan outcomes.

☐ **Regulation 18** when staff are not suitably competent or skilled in PBS or supervised by people with the necessary experience. **Case Study Example**

P can become anxious when there is a lot of noise or when there are a lot of people he doesn't know around him. His level of anxiety worsens when he has not slept well. It is also worse when the symptoms of psychotic disorder are worse. He feels better when he can have some time to himself. He has limited ability to communicate how he feels and what helps him feel less anxious. When the ward is noisy and there are too many people around, he usually tries to avoid too much stress by sitting by himself.

When he gets more anxious, often because other patients become more noisy or approach him, he starts to shout and will tip over furniture. This usually results in staff coming over to him and telling him to calm down. P finds this adds to his distress. He then tries to make staff go away by pushing them. Staff then usually remove him from the environment to the seclusion room, where he calms down. One hypothesis is that he behaves in this way in order to communicate his need to be in a quiet place.

Case Study Analysis

Positive behaviour support is: a framework used to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists people in:

- ☐ _designing more supportive environments; and
- ☐ _supporting individuals in developing skills that will improve their quality of life.

Staff developing an individualised assessment and care plan (which may be referred to as a positive behaviour support plan in some services) for P would have made an assessment of his behaviour. This might have concluded that: *P wants to avoid the demands placed on him by noise, people and the way that staff interact with him when he is very upset.*

The functional assessment should consider:

- ☐ _the person's history;
- ☐ _immediate antecedents and consequences of the behaviour;
- ☐ _physical health, mental health, and broader social environment; communication and social skills;
- ☐ _involvement or attempted involvement of relevant people (including healthcare assistants); and
- ☐ _a coherent formulation of the factors above influencing behaviour.

It should also be consistent with the Mental Health Act Code of Practice (2015) and the Mental Capacity Act 2005.

P's care plan would note that the environment and P's physiological state can also affect P's behaviour. It would include an assessment of and plan for increasing P's skills, such as how P can communicate anxiety in a more appropriate way. In particular, the plan should teach skills that assist P's independence, manage P's anxiety and manage the symptoms of P's psychosis. These are called **primary or proactive strategies**.

It would also include **secondary strategies** such as distraction or diversion, in order to prevent escalation to crisis level and to keep the person and others safe. Crisis level occurs when the person behaves in a way that places either themselves or others at risk and may require the use of **tertiary strategies**, such as restraint and other restrictive interventions, to reduce risk and protect people from harm.

A good behaviour support plan should have more emphasis on primary (proactive) strategies than tertiary (reactive) strategies. There should be clear evidence of measurement of effectiveness of the behaviour support plan. The provider would monitor whether P's

behaviour or any restrictive practices reduced and that P's experienced an improvement in his quality of life.

References

Chapter 26 Safe and therapeutic responses to disturbed behaviour, Mental Health Act Code of Practice (2015) [pages 281 – 314]⁵

For additional information, also see:

- _International Journal of Positive Behaviour Support or publications produced by: the Challenging Behaviour Foundation⁶ (2012).
- _Skills for Care and the National Development Team for inclusion⁷ (2013), Department of Health.
- _Skills for Health and Skills for Care⁸ (2014), and NHS England and the Local Government Association⁹ (2014).

⁵ <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

⁶ McGill, P. Challenging Behaviour Foundation (November 2012). Understanding challenging behaviour: part 1.

Addison, M. Challenging Behaviour Foundation. Finding the causes of challenging behaviour: part 2.

Challenging Behaviour Foundation. Positive behaviour support planning: part 3.

<http://www.challengingbehaviour.org.uk/cbf-resources/information-sheets/understandingcb.html>

⁷ Skills for Care and the National Development Team for inclusion. (February 2013) Supporting staff working with people who challenge services. Guidance for employers.

<http://www.skillsforcare.org.uk/restrictivepractices>

⁸ Department of Health, Skills for Health, and Skills for Care (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 and health.

Brief guide [2]: positive behaviour support for people with behaviours that challenge, September 2015 Review date: September 2016

