

Making positive behaviour support (PBS) work: Meet J

J has autism and associated behaviours which challenge. Enfield Integrated Learning Disabilities Service supported him to move into his own purpose built flat and worked with staff from an independent care provider to put a positive behaviour plan in place.

Here they tell us what they did.

Background

J moved to England from Kenya when he was five years old and went to a number of different special schools.

During his childhood his parents split up and he lived at home with his Mum. When he was 17 his Mum was struggling to manage his behaviour at home and felt that he was at risk, so he moved into a residential children's hospital.

A year later he was sectioned under the Mental Health Act section 3. First he lived in a private hospital outside of Enfield and then moved into an Assessment and Treatment Unit within Enfield.

Support from Enfield Integrated Learning Disabilities Service

Whilst here, the Enfield Integrated Learning Disabilities Service (EILDS) did therapeutic work with J and supported him to move out into a flat with his own tenancy. His flat was purpose built alongside another flat and a three bedroomed residential house. He accessed 24 hour support from an independent care provider who was contracted with the council. The council chose this local provider because of their reputation – they ensure their staff are skilled through regular training around behaviour support.

At first J was the only person living in the flats so he had lots of support. But as other tenants moved in and the support staff reduced the time they spent with him, the incidents of behaviour increased. This included behaviours such as kicking, head banging, self-harm, violence towards other people and climbing over the fence.

Positive behaviour support

His team struggled to support him and see past his 'behaviours' rather than the person. The EILDS occupational therapist started working with the provider team on a PBS plan to support J. She wanted to ensure that his environment was safe for him to live in including the staff and inside and outside his flat.

For three months they logged any incidents and had regular meetings to look at what triggered them and what this might mean. For example when J was climbing over the

fence the team suggested that it was because he wanted social interaction through them chasing him.

The occupational therapist worked with staff to help them understand that these behaviours are a way of communicating and that they needed to change their way of thinking when supporting him.

For example incidents sometimes happened when he wasn't allowed a second packet of crisps – but why wasn't he allowed a second packet occasionally? Or that staff needed to communicate better with J when new people moved in so he was aware.

The team worked together to plan his PBS which focused on enabling him rather than disabling him. Some of the interventions were small such as encouraging him to take his own bins out and carrying his shopping.

Others were longer term interventions such as meeting his sensory needs and enabling him to get more involved in the community.

Training for staff

The occupational therapist delivered specific training for staff to help them understand J's sensory needs and how they could support him in his daily life. (Staff already had training from their provider around supporting people with a learning disability and/ or autism, mental health and behaviour support.)

The council then delivered training that was tailored to the individual, for example around communication strategies. They found that this was particularly useful to increase the skills and confidence of staff.

They said:

“At the beginning of this process the staff were still quite anxious about supporting J. Even though they'd done training before – you can do all the training in the world but applying it is another thing in itself, especially applying it to different people.

So having our staff go in and do training around how they apply their knowledge to supporting a specific individual was really beneficial.”

The staff support J using the plan and the occupational therapist catches up with them regularly to assess the plan.

How has PBS improved J's quality of life?

As a result J's health and wellbeing has improved. The number of incidents of behaviours which challenges has decreased and he's more active in the community. He feels more confident and comfortable in himself to go out – which is a big improvement from when he was in hospital and didn't even go out into the garden.