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Improving Quality of Support and Staff Culture in Supported Living: A Practice Example of Tier One Positive Behaviour Support.

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Improving Quality of Support and Staff Culture in a Supported Living Service: A Practice Example of Tier One Positive Behaviour Support.

Abstract

Purpose This article describes the approach taken to identify areas for development and to enhance positive practice, in line with a preventative Tier 1 PBS approach. The work was conducted within a supported living service, where ten individuals with a learning disability reside.

Design/methodology/approach. The intervention was provided through a dedicated Behavioural Clinical Specialist role over 9 months. An initial assessment included measures evaluating Positive Behaviour Support (PBS), Active Support and staff culture. Narrative themes were also noted from discussions with staff to deepen the understanding of informal staff culture. Together, this informed a programme of work guided by the setting of both individual and service-wide goals. Input included practice leadership, staff training, review of PBS plans and delivery of case workshops. Assessments were then repeated to evaluate the work completed.

Findings. There were indications of improvements in staff culture and practice following the intervention.

Originality. This practice example may be useful for other organisations to consider when thinking about how to utilise resources effectively to improve people's quality of life and implement Tier 1 of PBS provision.

Key Words: Staff culture; positive behaviour support; active support; choice; goals.

Paper Classification: Research Feature

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Introduction

Considering the most effective ways to promote the quality of life of individuals within supported living services is paramount when delivering services. Positive Behaviour Support (PBS) is broadly agreed as the gold standard for supporting people with learning disabilities whose behaviours may challenge services (Gore *et al.*, 2022). PBS provides a framework at the individual and service levels for promoting quality of life and incorporates a range of deliverable areas to develop capable environments (McGill *et al.*, 2020). Systems implementing PBS should include access to highly specialised, intensive support for those at greatest risk of behaviours that challenge (Tier 3), but should focus greater effort upon the prevention (Tier 1) and early intervention (Tier 2) (Gore *et al.*, 2022). A randomised control trial has shown that systems-wide implementation of PBS was associated with reduced challenging behaviours (McGill *et al.*, 2018). An example preventative way of working (in line with Tier 1) is Person-Centred Active Support, where staff are given the skills to meaningfully engage the people they support in all activities through their day at the right level for them (Beadle-Brown *et al.*, 2012). It is also recognised that positive staff culture, both formal (i.e., driven by policies and procedures) and informal (i.e., the 'unwritten rules' that guide staff practice) in group homes affects provision of care (Hastings and Remington, 1994; Hastings, 1997). Aspects of staff culture, including effective team leadership and the value staff place upon supporting the wellbeing of the people they work with, are associated with quality-of-life outcomes for residents (Humphreys *et al*., 2020a). Staff report that their practice is influenced by informal culture, such as the ability to access peer support and the power and influence of long-standing staff members (Banks *et al*., 2021). In addition, teams develop and share stories and narratives which influence their practice (Hill and Harding, 2019).

There is a relative paucity of literature detailing examples of efforts to implement a more preventative PBS approach, considering both staff practice and staff culture. The present paper provides a practice example implemented within a supported living service for adults with a learning disability.

About the service

The service in which this work took place is one of fourteen services run by a provider in South Wales that provides specialist medium- to long-term 24-hour supported accommodation for adults with complex needs.

This service is the shared home of 10 individuals[1]. It was established in 2013 to support individuals with complex needs, having been previously supported in more restrictive environments or out of area. All individuals supported through this work have limited verbal communication and a moderate to profound learning disability.

Within the service, six self-contained flats provide single service accommodation, and a further four bedrooms provide communal “shared living” type accommodation. Although operationally, this runs as one service, the flats are standalone services; as such, the feel is of small community-based living. Placements in this service are funded by Continuing Health Care, though they do not directly commission clinical input.

Staffing ratios for different individuals vary between 1:1 and 1:3 during the day, with reduced staffing required at night. Staff primarily work with particular individuals in a core teams model, though they work flexibly across the home as required. The service staff team includes 12 front-line managers (e.g. team leader and senior support workers) and approximately 60 support workers, supported by wider organisation senior managers. The organisation also employs an in-house clinical team to support the delivery of quality care to its residents. The organisation has aimed to embed trauma-informed care throughout its services, including explicitly valuing and facilitating transparency and open reflection amongst staff.

About the project

[1] Although one person was not explicitly a part of this piece of work due to them moving in while the work was underway.

The present project aimed to identify areas for development within this service and to facilitate and enhance positive practice. The rationale for this was to actively pursue proactive and preventative ways of improving residents' quality of life. This work was primarily with individuals who had not been referred to the in-house clinical team, but it was recognised all would benefit from preventative (tier 1 PBS) strategies being more embedded within the service.

It was specifically noted that despite this service having had numerous successes (as reflected in a reduction of requirement of tier 3 PBS input by statutory services), there was an acknowledgement from the organisation that culture and practice may have slipped, as flagged by inspections and informal observation. As such, a more dedicated form of work was warranted, in line with tier 1 preventative emphasis.

Description of Work Completed

A full-time Behavioural Clinical Specialist (BCS: equating to a Senior Assistant Psychologist) was recruited to complete this work. The BCS (first author) had over 10 years of experience working with people with learning disabilities in various roles. The BCS was supervised weekly by a consultant clinical psychologist (second author).

Most of the BCS' time was spent within the service, alongside the staff team and people living there. The BCS' 3-week rolling rota included shifts across seven days of the week, covering shift handovers and evenings to work alongside night staff. Figure 1 describes the timeline of the project.

Assessment

Several measures and approaches were utilised to better understand staff practice and culture and guide later intervention.

Quality of Support

Observations of staff supporting residents were conducted by the BCS within the service and/or community. Two measures were used to rate the quality of support observed: Active Support Measure (ASM: Mansell and Elliott, 1996) and PBS Observational Checklist (PBS-OC: Positive Behaviour Support Academy, 2016). The PBS-OC was completed for all people living in the service at baseline and follow-up. All individuals were observed to score the ASM at baseline (5 observations, 250 minutes total) and follow-up (7 observations, 375 minutes total). On both measures, higher scores indicate support being provided more closely in line with best practice.

Across observations at baseline, the mean percentage of the total maximum score on the ASM that was achieved across observations was 56% (range 48%-64%: Figure 2). Themes identified by the measure included:

- Low engagement
- Need for proactive plans, e.g. goals and skills development plans
- Poor handover between shifts
- Lack of choice offered

In addition, several themes in the PBS-OC scores were noted (scores in Figure 3):

- Few plans for skills development, especially in-house activities
- Lack of choice
- Inconsistent support for communication and use of visuals
- Variation in quality of support between different individuals in the house
- Positive Behaviour Support plans were not referred to or were not easy for staff to find.

Staff Culture

All staff working within the service were sent an online version of the Group Home Culture Scale (GHCS: Humphreys *et al.*, 2020b), including space for comments to elaborate upon their responses. Staff rate items across seven sub-scales on a five-point scale, with higher scores indicating more favourable views on staff culture. The measure distinguishes between responses for front-line managers (which in this project was defined as senior support workers and above) and support workers. At baseline, there were 36 responses (48% of the team), and at follow-up, there were 43 responses (62% of the team).

During exploratory data analysis, it was noted that there was a discrepancy in scoring between support workers and front-line managers. As such, these are presented separately (Figure 4). Front-line managers felt that there were more unhelpful factions in the staff team at baseline and had a more negative perception of staff's support of the wellbeing of the individuals they work with. In contrast, support workers had lower ratings of effective team leadership, with feedback indicating that there was a perception that front-line managers prioritised office-based tasks over practice leadership.

Narrative Themes

The BCS maintained a reflective log of key messages emerging from conversations and observations during the assessment to further deepen the understanding of informal staff culture within the service. The purpose of this was to develop a systemic understanding of the narrative ideas or 'stories' that might influence people's interactions and ways of working (e.g. White and Epston, 1990). These were not intended to represent the objective truths of the service but rather the felt interactions (Hill and Harding, 2019). The aim was to use these to help understand both positive and negative aspects of the service's function and to add depth to the implementation of the interventions.

These themes were identified initially through the reflective logs, then drafted in discussion within clinical supervision. During this initial assessment period, an effort was made within the reflective practice for the BCS to stand back and observe the culture and processes

instead of becoming embedded within it, whilst acknowledging social constructionist ideas about our influence within systems.

Six predominant narrative themes (stories the team told) were identified:

- **Working [here] is like a family".** – staff identified lots of support from their colleagues, but at times this eroded the professional boundaries.
- **Focusing on past success**- undoubtedly, people were living more fulfilled lives with fewer restrictions than previous to living in this service, but there was less focus on the continued development and next steps for people. A sense of 'this is enough'.
- **Lack of information handover and coordination across shifts: "poor executive function of [the service]"** – the service did not do well with its planning, organising, and information handover; and flexibility and responsiveness in planning shifts.
- **"[the service] is 'special'" –** there was a high positive regard for the service and those who lived there, but at times, this sense of difference was related to a distancing from other services.
- **The tension between 'providing care' and 'completing paperwork'** There was a perception within the service that these two aspects could not coexist.
- **Perceptions of challenging behaviour**- the service was used to managing high levels of severity; there was a struggle to balance the positive risk-taking within the service with the risk of behaviours that challenge occurring. The observed focus on minimising behavioural distress risked reducing individuals' quality of life.

The authors feel these were an important aspect of the work and some examples are given below as to how they affected the interventions. However, there is no scope in this paper to fully explore the use of these themes.

Intervention

The interventions completed specifically targeted staff practice to address issues arising from the assessment.

Information Sharing

An overview of the assessment's key findings was shared with the whole staff team via posters in the service, case workshops and email. In addition, meetings were held with both senior and front-line managers, to discuss the findings and narrative themes in more detail to give rationale and context for the changes being suggested.

Goal Setting

The findings of the assessments informed the development of SMART (specific, measurable, achievable, relevant and time-bound) goals and guided the BCS's intervention and broader staff practice. These were drafted in a meeting between the involved clinical team, senior leadership and team leader. Of note, a number of these staff had worked directly with the individuals living in the house for up to ten years. Goals were then finalised in discussion with individuals' Multi-Disciplinary Teams, including their families, when they attended relevant meetings.

Themes addressed in the goals included increasing people's choice, improving information handover between staff, increasing engagement in meaningful activity, developing staff's practice leadership, increasing the use of visual supports and strengthening planning, and supporting the ongoing skills development of the people living in the service.

Seven service-wide goals were set, plus 2-3 specific goals for each individual. Examples of goals included:

- To be offered choices between two options, at least 5 times per day, using either objects of reference or A5 photographic symbols (Individual).
- To establish updated daily delegation sheets to promote shift planning and allocation of tasks and improve shift-to-shift information handover (Service-wide).
- To spend time with at least one other person they live with for at least 1 hour per day, either in their flat, in the wider service, or the community (Individual).

Most individuals had a goal set for staff supporting them which related to offering choice in a specific context (e.g. using a PECS book for activities). These goals were communicated to the wider support staff team through individuals' daily notes, case workshops, training, emails and discussions.

For two individuals, the goals involved completing the Scale of Emotional Development – Short (SED-S: Sappok *et al.*, 2016) with parents and support workers to gain a more in-depth understanding of the person's social and emotional developmental level. In turn, the results were used to inform a timetable of activities for staff to offer to help meet these needs in a developmentally appropriate manner.

Practice Leadership

The BCS role focussed on practice leadership (Deveau and McGill, 2016). In addition, based on the GHCS findings, all senior support workers and front-line managers were given practice leadership training. When self-rating their skills, front-line managers identified a lack of confidence in delivering feedback to other staff. As such, this was specifically focussed upon in the follow-up training session (including role-playing), and direct coaching was provided on shift.

The aim of this focus on broadening of use of practice leadership was to support sustainable change after the end of this period of input.

Case Workshops

Prioritised based on present clinical need, half-day case workshops were held in regard to five individuals, using the approach described by Hill and Harding (2019). Staff were facilitated to reflect upon words to describe the individual, things that are going well in their life, current challenges, and consider goals to improve their quality of life. Actions were agreed upon at the end of the workshops and were to be completed by named staff members. Within discussions, narrative themes were explicitly discussed to thicken

alternative stories. For example, past successes were acknowledged, but staff were encouraged to plan for future action.

The minutes were then circulated amongst the whole staff team. The discussions in these workshops were also used to inform the review of PBS plans.

Positive Behaviour Support Plan Review

The PBS plans of each person living in the service were reviewed in a face-to-face consultation with key stakeholders and informed by data from post-incident debriefs, focussing on ensuring that guidance was clear and prescriptive for staff. All plans were also reviewed using a PBS Quality Assurance Measure (Liberty Care Ltd., 2023) to ensure that the contents of the plans contained appropriate information and aligned with the values of PBS. The review of plans aimed to improve coordinated working between staff and across shifts, as identified in narrative themes.

Staff Training

Six bespoke training packages were developed based on the needs identified in the baseline assessment. Each training was a 2-hour session, with the same topic repeated three times across one month, with the expectation that all staff would be scheduled to attend one training instance. This was done to increase the practicality of attendance. Topics included:

- Capturing learning debriefs following incidents of challenging behaviour.
- Visual Schedules.
- Planning and implementing in-house activities.
- Intensive Interaction.
- Understanding and Management of Self-Harm and Self-Injurious Behaviour.
- Use of the service's Community Allotment: Active Support.

A number of these training sessions were delivered in collaboration with the occupational therapist. Furthermore, a full-day training course was run for staff on Active Support (which

involved writing active support plans for use in the service). Narrative themes, such as positive risk-taking and perceptions of challenging behaviour, were discussed during the training.

Evaluation

Following intervention, the measures completed during the initial assessment were repeated to consider the effectiveness of input. The repeat observational assessments (ASM & PBS-OC) were completed by clinical team members not directly involved in the intervention to reduce potential bias in scoring.

Active Support

Mean scores across observations across almost all items on the ASM increased during the review period (Figure 2). At follow-up, the mean percentage score was 73% (range 44-91%), above the threshold considered to represent good active support (66.6%: Mansell and Beadle-Brown, 2012). This indicates improved overall provision of active support observed compared to baseline (56%: range 48%-64%).

The area of greatest improvement appeared to be in the offering of choice, which is positive given that this was a key intervention target. Of note, most choices offered to residents during the follow-up observations were not those directly relating to their goals, suggesting that the general principle of providing choices had been generalised. In addition, levels of engagement increased. At baseline, the modal engagement rating on the ASM was that residents were 'engaged <50% of the time', whereas at follow-up, it was 'engaged 50-75% of the time'.

Positive Behaviour Support

Positive changes were seen across almost all domains (Figure 3). Of note, no challenging behaviour was observed during baseline observation, meaning the PBS-OC item could not be scored, though challenging behaviour occurred within the service more generally during

this assessment period. This means that any observation of challenging behaviour at follow-up would appear to be an increase. One instance of challenging behaviour was observed at follow-up, and staff responded to this in line with the individual's PBS plan. At follow-up, staff reported reductions in challenging behaviour and an increase in their confidence in managing this.

Overall, the PBS-OC findings suggest that staff may be providing people with better quality support following the intervention. The largest increases were seen in relation to the provision of more meaningful activities and relationships, greater practice leadership, and more plans for skills development.

Staff Culture

It was positive to note that at follow-up, there were increases in scores across all sub-scales for the overall group, suggesting more positive perceptions of service culture (Figure 4). The largest changes were seen in front-line managers' improved perceptions of staff's support of wellbeing and the decrease in perceptions of unhelpful factions. Support staff also rated improvements in their perception of team leadership.

Narrative Theme changes

There were some areas where changes occurred in relation to the themes that had been noted with the service, most notably as below:

- **Focusing on past success**- through this project, there have been some new examples of success, including significant but infrequent activities (like individuals going on holiday for the first time) and regular day-to-day achievements (such as individuals cooking their meals more regularly using new recipes). A photo board was developed to show individuals within the service engaging in activities, which helped alter the narrative and focus on current achievements.

- **Lack of information handover and coordination across shifts: "poor executive function of [the service]"** – handover practice had changed during this period, aided by the administrator being in post. However, work was ongoing in this area.
- **"[the service] is 'special'" –** although this narrative remained and the positive regard was still present, the integration with the rest of the organisation had happened, as is perhaps reflected in the slightly increasing rating of collaboration with organisational values on the GHCS.
- **Perceptions of challenging behaviour**- there was a sense of increased positive risk-taking to allow people to have more varied experiences, rather than focusing primarily on reducing challenging behaviour.

Goals

In January 2024, the organisation reviewed the goals set during this project. Sixteen of the twenty-one goals (76%) had been completed and/ or were being regularly met on an ongoing basis. The remaining goals were continuing to be actively pursued.

Reflection & Discussion

This practice example outlines a possible multi-layered approach for implementing Tier 1 PBS. Upon reflection on the project, there were several key aspects which the authors feel were key to the approach taken:

- The BCS role was based predominantly within the house across all shift patterns. This enabled the development of collaborative working relationships, the proximity of working (described as being important by Bould et al., 2018) and a deeper understanding of staff culture and practice. Informal feedback from staff indicated that this prevented it from feeling like 'us and them' or an external intervention.
- The trio of measures completed at baseline, along with the observation of narrative themes, gave a broad understanding of the needs of the service.

- The use of SMART goals based upon the baseline assessment was valuable in guiding the BCS's time, but also to communicate to the team the value being placed on taking an approach which focussed on future improvement for the quality of life of the people living in the service (when the baseline assessment had highlighted reliance upon past success).
- Careful thinking about and practice-based implementation of the active support and PBS frameworks, to enable all elements of capable environments to be present.
- It might be expected that staff would be resistant to change. However, the authors did not find this to be an issue within this work. We believe this was a reflection of the use of in-service practice leadership, along with the clear goal setting providing a clear message and rationale for changed practice. It may also reflect the organisational support for this work.

Upon reflection, it may have been helpful to collect more information on the frequency and severity of challenging behaviours through this work (though some information was collected as part of routine clinical practice). Yet, it is acknowledged that PBS is not simply about reducing behaviours, and the authors were aware of the risk of 'measuring the misery' by focussing on this outcome. It may have also been useful to directly measure residents' quality of life indicators to evaluate the work's impact.

Future Plans

Following the period of this report, another member of the clinical team has continued providing input into the service for approximately two days per week to support the maintenance of the results, with a view to fading out support over time and handing responsibility to members of the in-service staff team. As part of this follow-up work, the updated goals are being written. Assessments will then again be repeated.

Limitations

The authors acknowledge that this work does not constitute methodologically robust research. Instead, it is aimed that this practice example is used to help generate reflections about ways of implementing Tier 1 PBS practice. There are limitations to the reliability and validity of the observational data collection (e.g. no inter-rater reliability) used to guide and evaluate this project. Further limitations include that the maintenance of the results after the BCS leaving post has not yet been evaluated, and, as such, it is unclear how sustainable the described changes are. Finally, there could have been greater co-production with residents and families in the project, such as in writing goals (e.g. via talking mats) and considering how to seek service users' feedback on the support they receive and feed this into the intervention.

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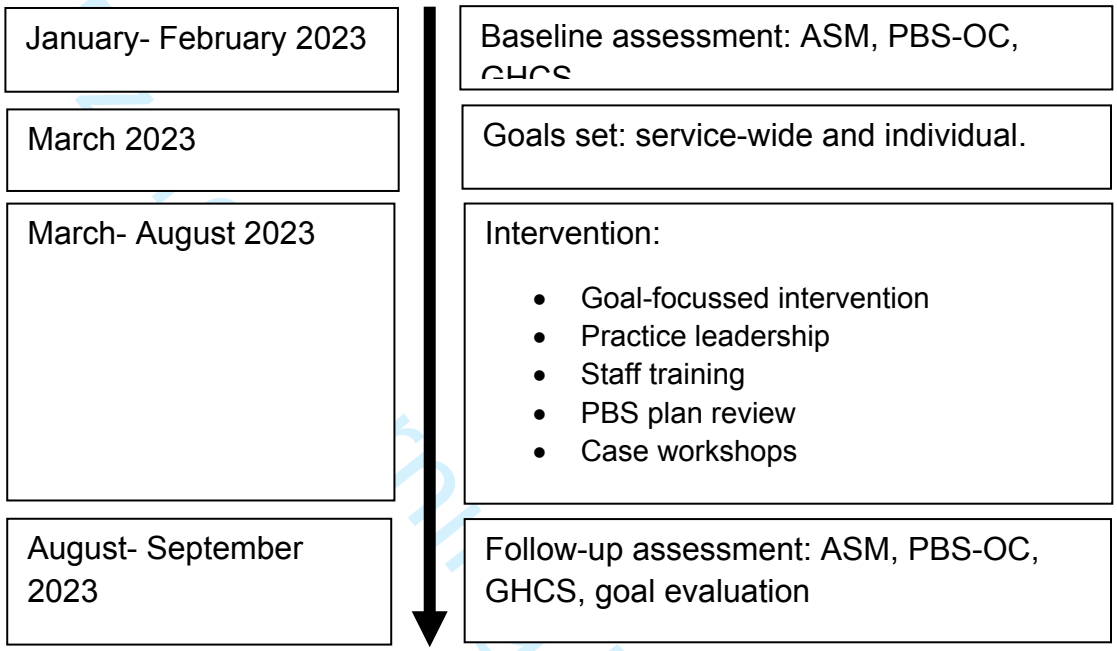

Figure 1: Timeline of service input

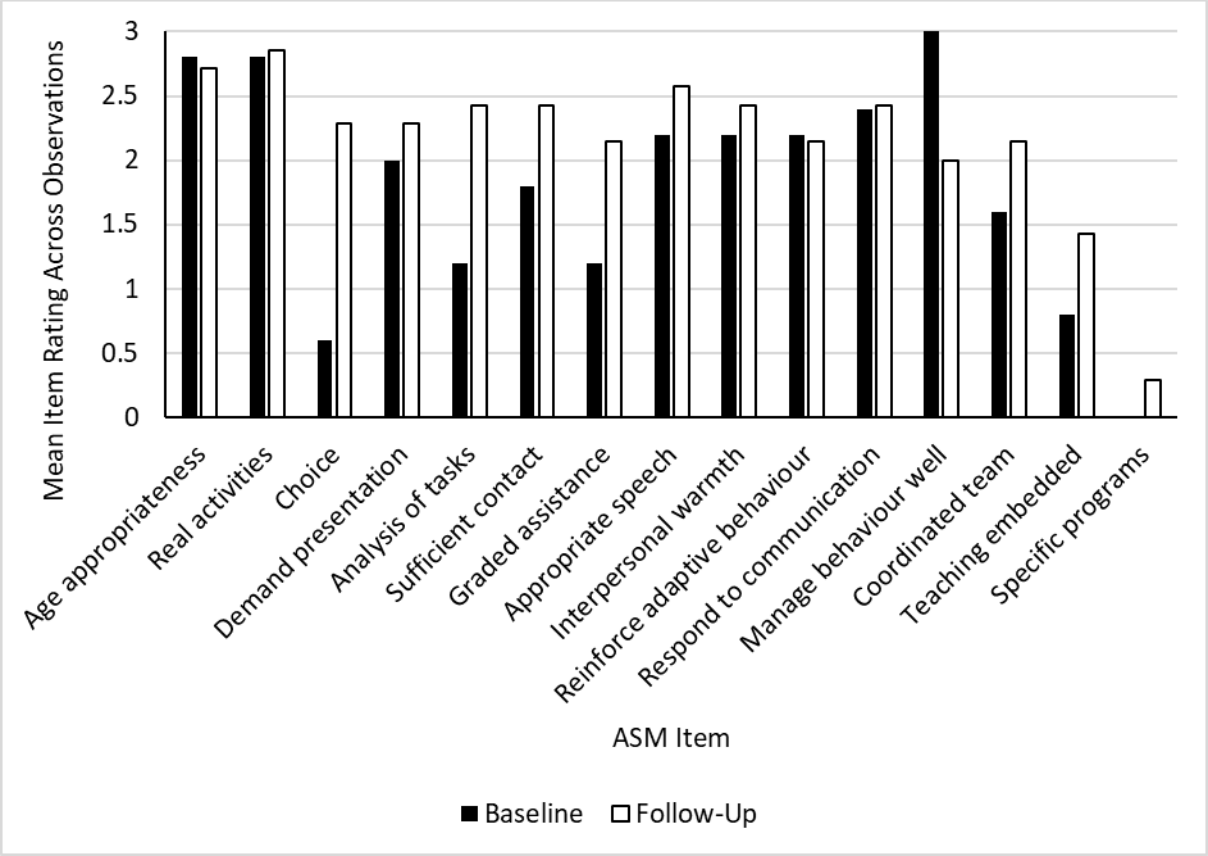

Figure 2. Change in Scores on Active Support Measure from baseline (January/ February 2023) to Follow-Up (August/ September 2023).

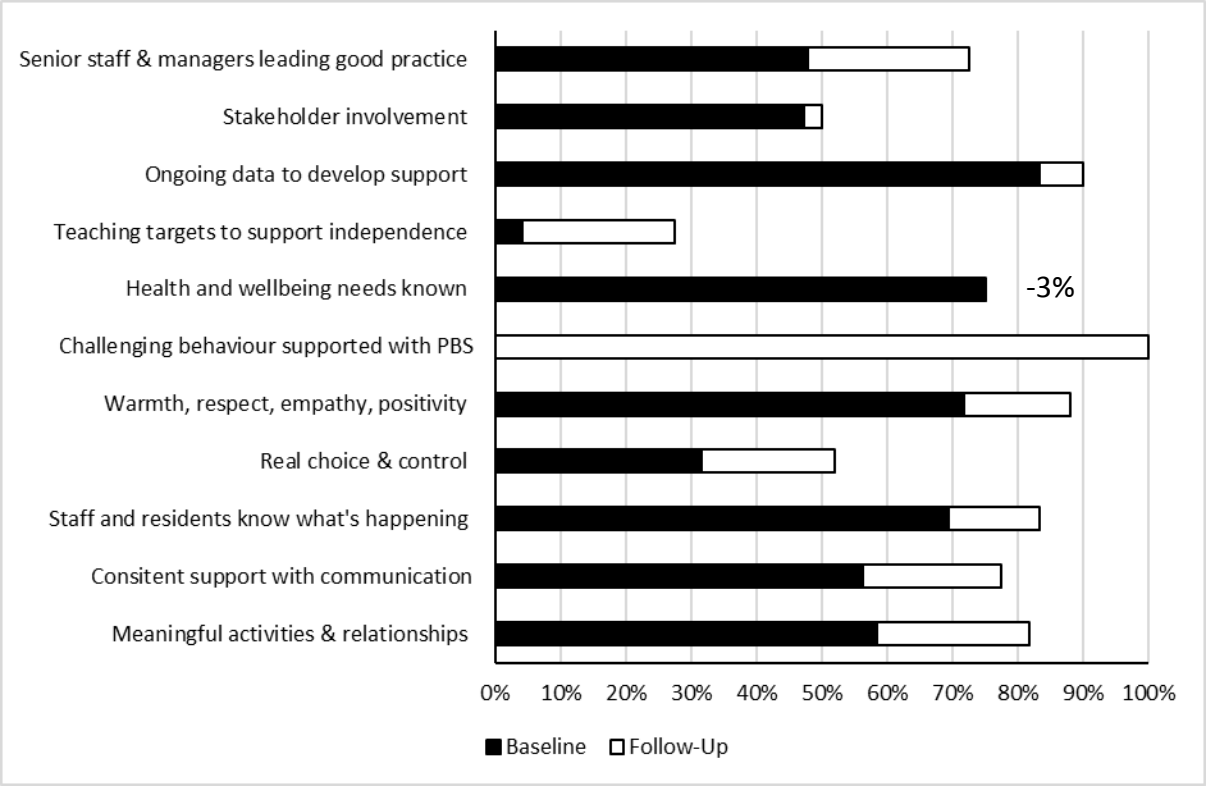

Figure 3: PBS-OC mean scores across individuals living in the service.

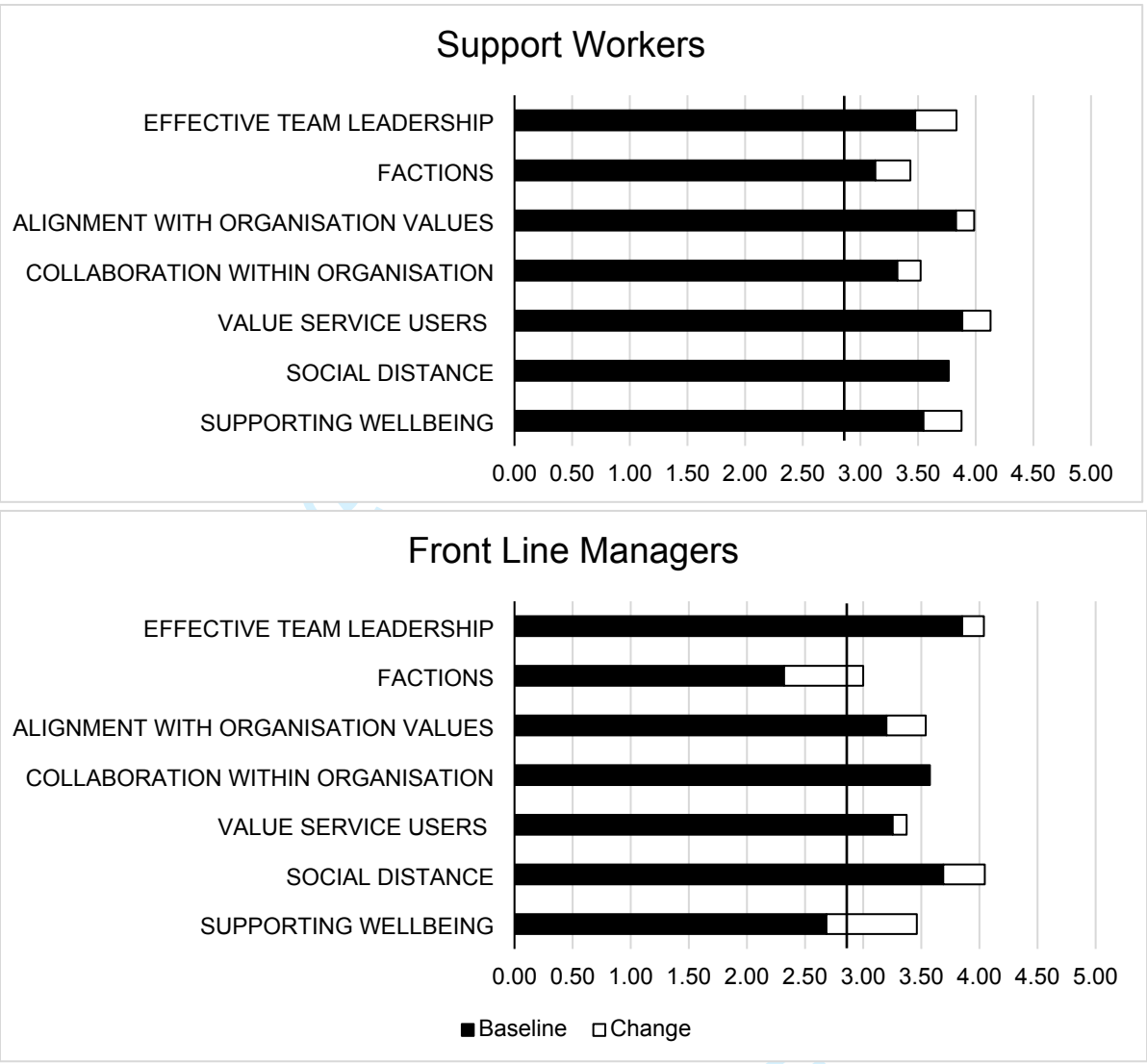

Figure 4. Changes in Mean Sub-Scale Scores for Support Worker and Front-Line Manager Groups on the Group Home Culture Scale. Note: a score of 3 equates to 'neither agree nor disagree' with higher scores being more positive.