



#WeSupportSTOMP

Turning Point, a UK based not-for-profit organisation, is using Positive Behaviour Support (PBS) in conjunction with the STOMP initiative to support the reduction of psychotropic medication use. Turning Point's Practice Lead Steph Draper and Positive Behaviour Support Lead, Sarah Taie, talk about how a service that was new to Turning Point was supported to develop their PBS practice in order to do this.

Ben's Story

We first met Ben and his team in the spring of 2017, when his service was due to transfer to Turning Point from another provider. Ben had been living in his own flat as part of a joint supported-living placement with one other gentleman, Simon. Ben has a learning disability and Autism and finds change difficult, so we were conscious that we wanted to make the transition as stress-free as possible for him and his team, as well as taking the opportunity to be reflective and develop practice.

Prior to and following Ben's move, support teams reported high levels of incidents of challenging behaviour, often on a daily basis. This was impacting on Ben's ability to take part in some day to day activities and meant he was often anxious and unsettled. Before Turning Point was involved with supporting Ben, physical interventions in the form of restrictive holds were used during incidents; this was stopped in a planned way following the transfer and a BILD Accredited physical intervention model was introduced as an alternative. The use of PRN medication was also part of a protocol to manage his behaviour.

Assessment

As an organisation, we tailor our approach to the individual we are supporting in order to ensure that we are working in a person-centred manner, in the least restrictive way and to enable positive risk taking.

To achieve this for Ben, our first step was to meet with him and his team to conduct an initial assessment; this was facilitated by our Specialist Community Outreach Team (SCOT), which consists of a Practice Lead, Involvement Lead, PBS Lead and PBS practitioners. The assessment focused on Ben's likes, dislikes, communication needs, the challenges being experienced by him and his team, as well as what we were hoping to achieve together with Ben.

The initial assessment was also able to provide us with baseline data on the incidents involving challenging behaviour that were occurring and in turn informed the Training Needs Analysis (TNA) process. Our Risk and Assurance team analysed the incident reports and identified a high use of PRN medication being administered as a reactive strategy.

What changes did we want to support Ben and his team to achieve?

From all the information gathered and data looked at it was clear that the support team and Ben needed to explore different ways to support him when he was experiencing high levels of anxiety.

The SCOT team worked with the support team to look at what needed to be achieved with and for Ben moving forward and identified key areas being:

- To reduce the level of incidents that Ben was experiencing.
- To have a better understanding of Ben's behaviours, what they communicated and have proactive strategies to support him to reduce challenges.
- To develop alternative PBS strategies that would move away from the use of psychotropic medication to manage behaviour.
- For Ben to be more relaxed and settled in his environment and as a result enable him to engage in activities that he enjoyed.
- To support the manager to further develop staff knowledge, confidence and resilience.

Who else did we involve in helping us to support Ben at this time?

Ben does not have any involvement with his family so it was not appropriate to include them at this time. His current support team were able to provide a lot of up to date information as well as being able to draw on some documentation from previous professional input.

As part of this work it was necessary to draw on the skills and expertise of other professionals and these included a trainer/facilitator from Maybo who did person centred training for the team around physical interventions based on least restrictive practices, Autism Plus to complete a sensory assessment and share recommendations with the team, and referrals to SALT. The SCOT team also delivered workshops on PBS.

Engagement with Ben throughout this piece of work was sensitive to his needs and SCOT practitioners would always wait for an indication that Ben was ready/at a suitable stage in his routine to interact with them. He would show his consent to this through his behaviour, such as not leading the practitioner back to the door and engaging in calm tactile behaviour.

Staff support

Using the TNA and working together with our internal Learning & Development team, a staff training programme was devised in order for the whole team to be trained in a BILD accredited PBS model following the transfer to Turning Point. Whilst this was being delivered, our Risk and Assurance team analysed the incident reports and identified a high use of PRN medication being administered as a reactive strategy.

Our Practice Lead, Stephanie Draper, worked with the team leader to implement a STOMP action plan and two of our PBS practitioners began working with Ben and his team to develop PBS practice. There were regular update calls with the manager, Practice Lead, PBS Lead and Risk and Assurance to review progress around the development of the STOMP action plan and how this would be embedded into practice.

Work was done initially with the managers to raise awareness about the impact of psychotropic medication and how PBS can provide alternative, person-centred and proactive strategies that can eliminate the need for PRN use. Managers then discussed the STOMP initiative in team meetings and staff supervisions so that Ben's team understood the aims and values underpinning it, as well as how the SCOT team would work with them to implement PBS approaches to support this.

The PBS practitioners spent time observing support, coaching staff on shift and facilitating reflective practice workshops in order to start developing Ben's PBS plan. Staff were involved in writing the plan, which meant that they were empowered to not only understand why this new way of working was important, but also how they would use the PBS strategies to achieve the intended outcomes for Ben.

Positive Psychology approaches were implemented in order to capture and celebrate successes, such as recording and reflecting on successful diversions and data collection methods were reviewed in order to allow for more detailed information to be captured in regards to incidents. The PBS practitioners analysed incident data to gather information which further informed the PBS plan and reviewed the PRN protocol in order for management to provide meaningful feedback to the relevant medical professionals. Support staff now have a greater awareness about the potential impact of psychotropic medication and are more actively involved in health appointments. They also feel more confident about appropriately challenging the views of medical professionals or raising concerns when needed.

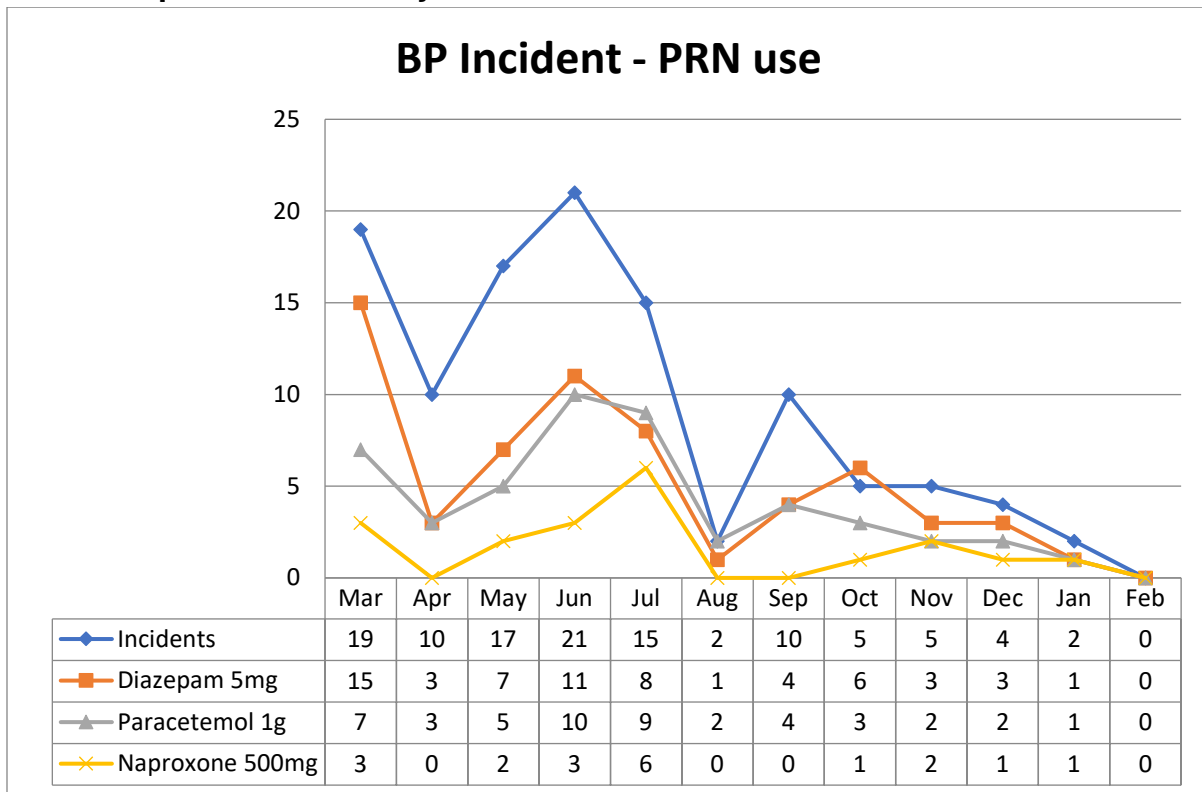
Outcomes

PBS and STOMP support continues to be provided to Ben and his team, however, there have already been a number of significant positive outcomes.

The manager and staff team have developed a greater understanding of the principles

of PBS and how they can apply this in practice to supporting Ben and other individuals; this in turn has led to staff feeling more confident in their way of working. This piece of work has resulted in the team changing their practice, taking positive risks and supporting Ben proactively when he is feeling anxious in ways that are underpinned by treating someone with respect and dignity.

The graph below demonstrates the reduction in incidents and PRN use since the service transferred to Turning Point in March, training began in June and PBS & STOMP input started in July.



Next Steps

Support from the SCOT team has continued in order to monitor these reductions and to ensure that they are sustained. The PBS plan and STOMP action plan are being reviewed regularly to observe progress.

The staff team are working together with the SCOT team and Ben to set new, creative and exciting goals.

There will be on-going work being done to adapt the environment to better meet Ben's needs and empower him to freely access the full environment.

Lessons Learnt

Resource impact - This piece of work was done over a period of weeks involving intensive input from the SCOT team as well as other professionals. This included delivering training sessions that needed to be repeated several times to capture all staff, Practitioners working in the service with the support team and Ben over a period of months, the Practice Lead contributing time regarding the work done on the STOMP action plan and follow up. It was important as an organisation to deliver the resources needed on demand, otherwise there was a risk that change would not been achieved or maintained.

Commitments – Throughout this piece of work there had to be full commitment from all the stakeholders involved to progress and achieve positive outcomes. Management, the support team, SCOT, R&A and other professionals were at all times fully engaged to enable the process to be successful for Ben.

Planning and organisation – Key to this work happening was the need to have good communication and planning with all involved to ensure that everyone knew what they were doing and there was a clear plan.

Knowledge sharing – with the introduction of the STOMP initiative it was clear that this needed to be done in a planned way with the staff team and managers over a period of different sessions. It was important that the team understood the underpinning knowledge and how this could impact on Ben.

This was also the case with the PBS work that went alongside and therefore highlighted the importance of having practitioners in this area that could develop and mentor staff during this piece of work.

Information gathering – When Ben's support transferred to Turning Point, historical information was reviewed as part of this process. This highlighted the importance of providers working collaboratively to share all of the information needed about a person and ideally this being accessible prior to transfer, so that a smooth transition can be facilitated.

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