The Positive Behaviour Framework: A Descriptive Journey of Implementation.

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Outline of the presentation

• Historical background to PBF and PBS
• PBF implementation processes
• Evaluation of PBF
• Initial findings
• Conclusions and Future Possibilities
Positive Behaviour Support

A set of research based strategies with:

• Primary goal of increasing a person’s quality of life
• Decrease challenging behaviour, by
• Teaching new skills, and
• Building supportive environments and redesigning problematic ones.
Stages of the Journey

- Recognition of the need for change
  - Sector Health Check (2007)

- Identifying the Issues
  - Towards Responsive Services for All (2009)

- Developing a reform agenda
  - Positive Behaviour Framework (2009)
• Committing Resources
  - The Behaviour Support Consultation Team (2010)
• Building buy in and developing partnerships
  – Guiding Committee (2010)
  – Family Leadership Project (2012)
  – Information Sharing (Newsletters, Forums, Community of Practice)
• Developing Consensus
  - Effective Service Design (2011)

• Reaching Agreement
• Building Evidence to Inform Practice:
  - Early Intervention with Individuals and Families (McVilly, 2011)
  - Metropolitan Sector and Workforce Report (2012)
  - Regional Expansion of PBS (Current)
  - Disability Sector Implementation (DSC and UWA)
What have we learnt?

1. Having a clear reform agenda (Positive Behaviour Support)
2. Be collaborative, build consensus and develop evidence
3. Get senior organisational level buy in
4. Build dedicated front line supervision and mentoring support

5. Access to comprehensive and relevant staff training

6. Procedural reliability; making sure everyone knows what they are meant to be doing
7. Carefully reviewing and documenting all instances of restrictive practices

8. Supporting the change agents to share knowledge and experience

9. Providing additional clinical support (makes sense when all the above is in place)
Current contexts and issues

• Disability Services Commission as provider, funder, regulator, partner
• National Disability Insurance Scheme roll out
• Growth multiplicity of services
• Growing climate of competition
• New national standards
• Publicised cases of human rights violations
• Disability as an important area of social and economic policy
• The importance of critical incidents and “challenging behaviours”/“behaviours of concern”
Evaluating PBS

Creating opportunities through positive service design

Through holistic and innovative services

The Person and their family and friends and social network

Improving and maintaining quality of life

Reduction and Removal of Restrictive Practices

Through systems and mindsets change

Through a human rights-based approach
Integrated model for PBS implementation

1. Changes in attitudes and mindsets
   - Positive Behaviour Support
   - Change in practices

2. Changes in behaviour
   - Improved Personal Quality of Life

3. Cultural and Values Change
   - Change in systems and cultures

4. Structural and Systems Change

The person with a disability and their community

Microsystem

Macrosystem

BUSINESS SCHOOL
Our Evaluation Method

Anything we can get

+ Qualitative Comparative Analysis (QCA)
Collecting data:
- Literature Review
- Interviews with: CEOs, PBC, support staff, DSC staff
- Documentation: QMF (standards monitoring), online policies and reports, strategy and annual reports
- Observation and involvement
- Positive approach active engagement (Action Research Approach)
Initial Findings and Insights #1

Innovation as a liminal activity

- CoP
- Direct Support Staff
- Times and spaces
Initial Findings and Insights #2

WHAT IS PBS REALLY FOR?
- Preventative Planning or Problem Solving?

Positive Stories:
- "Handing over the handover"
- "The Coffee Fix"

School-Wide Positive Behavior Support

80% of Students

15%

1%

Primary Prevention: School-Classroom-Wide Systems for All students, Staff & Settings.

Secondary Prevention: Specialized Group Systems for Students with At-Risk Behavior.

Tertiary Prevention: Specialized Individualized Systems for students with High-Risk Behavior.
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