View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Kent Academic Repository

Kent Academic Repository

Full text document (pdf)

Citation for published version

Beadle-Brown, Julie and Bradshaw, Jill (2019) Commentary on Consumer behaviour analysis and non-adoption of behavioural interventions: implications for managerial action. Tizard Learning Disability Review, 24 (3). pp. 108-112. ISSN 1359-5474.

DOI

https://doi.org/10.1108/TLDR-05-2019-0019

Link to record in KAR

https://kar.kent.ac.uk/76452/

Document Version

Author's Accepted Manuscript

Copyright & reuse

Content in the Kent Academic Repository is made available for research purposes. Unless otherwise stated all content is protected by copyright and in the absence of an open licence (eg Creative Commons), permissions for further reuse of content should be sought from the publisher, author or other copyright holder.

Versions of research

The version in the Kent Academic Repository may differ from the final published version.
Users are advised to check **http://kar.kent.ac.uk** for the status of the paper. **Users should always cite the published version of record.**

Enquiries

For any further enquiries regarding the licence status of this document, please contact:
researchsupport@kent.ac.uk

If you believe this document infringes copyright then please contact the KAR admin team with the take-down information provided at **http://kar.kent.ac.uk/contact.html**

KAR Kent Academic Repository

University of Kent

emerald PUBLISHING

Tizard Learning Disability R

Commentary on "Consumer behaviour analysis and non-adoption of behavioural interventions. Implications for managerial action".

Journal:	*Tizard Learning Disability Review*
Manuscript ID	TLDR-05-2019-0019
Manuscript Type:	Commentary on Service and Research Feature
Keywords:	Culture, Person-centred approaches, Active support, Intervention, Implementation, Whole systems approach

SCHOLARONE™
Manuscripts

Commentary on "Consumer behaviour analysis and non-adoption of behavioural interventions. Implications for managerial action"

Introduction

Ntinas' article highlights the difficulties of implementing change. When making change in any environment that serves or employs people, there are a number of key factors that have to be taken into consideration. It is important to recognise that behaviour does not happen in a vacuum. Every behaviour, whether adaptive and constructive or challenging and detrimental, is influenced by contingencies in the environment. This applies to the behaviour of staff and managers in services just as much as that of the people they support. One of the reasons why attempts to improve services have often been unsuccessful may be the frequent failure to assess the context and the contingencies influencing the behaviour of those providing services at all levels. This applies both to those attempting to bring about change for one person (for example in a clinical setting) and those trying to bring about whole system changes. Some useful frameworks have been developed and used to help understand the factors that must be considered in terms of making change happen.

What is needed for change?

Mansell, Knapp, Beadle-Brown and Beecham (2007) use what is often referred to as "Gleicher's formula" to set in context what is needed for widespread change in service provision systems. However, the elements can be applied in any situation. They focus on what is needed to overcome resistance to change. Three things need to be in place and together greater than any resistance if change is going to happen:

1) dissatisfaction with the current situation - if people think that nothing needs changing then persuading them to do something different will be much harder.

2) a vision for how things could be better – people need a clear picture of what the (better) future would look like.

3) clear and concrete first steps towards the vision that appear manageable for those involved. The whole process does not need to be mapped out in advance (in fact an incremental approach to change is usually considered better for commitment and long term implementation) but at least a way to start moving is needed. These first steps are likely to require attention to three core areas – 1) the resources currently available and what else will be needed 2) the skills those implementing the change need and 3) the factors motivating people to do what is needed to bring about the change.

What factors influence outcomes?

A "good" service is generally accepted as a service that produces "good outcomes" for those it supports (e.g. Donabedian, 1988). Although "outcomes" have been conceptualised in many different ways, the most common has been to use a "quality of life" framework (Schalock et al., 2002). Schalock and Verdugo (2002) describe quality of life as comprised of two elements – basic needs being met (e.g food, physical health, safety, shelter) and life enrichers (such as control, personal development, social inclusion). Engagement in meaningful activities and relationships is key to achieving many quality of life domains as well as being an indicator of quality of life (see Mansell and Beadle-Brown, 2012; Beadle-Brown, 2018).

Research has found that only two factors consistently predict outcomes in terms of levels of engagement (for a review see Bigby and Beadle-Brown, 2018).The first of these is the level of

For Peer Review Tizard Learning Disability Review

adaptive behaviour (functional skills) of the people supported – those with less severe disabilities tend to have higher levels of engagement. The second is the nature of the day-to-day support provided. Support that is enabling and empowering, where staff provide higher levels of assistance tailored to the needs of each individual (usually referred to as active support) is associated with higher levels of engagement in meaningful activities and relationships and therefore to improved quality of life more generally. Factors for which emerging evidence demonstrates an influence on the way staff provide support have included whether staff have had training in active support, whether front-line leaders are providing practice leadership and the size of setting. In addition, Bigby and Beadle-Brown's review (2018) identified the potential influence of organisation and service culture.

The dimensions of staff culture

Bigby *et al*., (2012) identified five dimensions of culture from poorly performing services in Australia which were supported by a second study in better performing services (Bigby et al., 2016):

- Alignment of power-holders values - whether the values of those who hold the power in a staff team or service are aligned with the espoused values of the organisation
- Regard for residents – whether staff see those they support as individuals who are like them (and respected, perceived warmly) or whether there is a sense of "otherness" – they are "not like us"
- Perceived Purpose – do staff see their role as an enabling and empowering one – i.e. doing *with* people OR do they see their role as caring for people - doing *for* people?
- Working practices – whether staff work in a person-centred or staff-centred way. Do they enable and empower people to make the most of the opportunities available or do they care for and control the people they support?
- Orientation to change and new ideas – are staff open to new ideas or is there resistance to change?

From new research yet to be published, it is becoming clear that it may not be possible to separate the culture of a service from the implementation of person-centred approaches such as active support and how staff are trained, supported and motivated. We will attempt to map how the concepts overlap and are to some extent interconnected and in particular how these work in combination to maintain change over time (or not).

What comes first? The chicken or the egg (or does one depend on the other for success?)

Figure 1 'Culture and the Implementation of Active Support' about here

We will illustrate how this process might work, using the implementation of person-centred active support as an example. Mansell and Beadle-Brown (2012) describe active support as an enabling relationship by which staff and other carers provide graded assistance to ensure successful engagement in activities and relationships that improve quality of life. This assistance is tailored to

Tizard Learning Disability Review

the needs, pace and preferences of the individual, is delivered in a person-centred, warm and respectful way and makes the most of all the opportunities available at home, in school/college, in the community, at work.

In order to start the process of implementing any change in practice, there needs to be at least some openness to new ideas, at least for a core group of staff (or one or two very influential members of staff) who can start to model and show what the change would mean in practice. However, with the introduction of person-centred approaches, staff learn to be more open and creative, with skills to initiate new ideas not just follow those of others. As a result, the culture should develop more strongly in the direction of openness to change and new ideas.

As outlined earlier (and in Mansell and Beadle-Brown, 2012), staff need both the skills and the motivation to change how they work and in particular to implement models such as person-centred active support. In terms of motivation, staff need to hold personal values that are consistent with active support. For example, they need to have positive regard for the people they support, to put these people at the centre of how they work and to see their role as supporting the person to live a good life, hence to work in a person-centred not staff-centred way. However, training in person-centred active support can help people to develop these attitudes providing people are at least open to new ideas.

The other element of motivation that is particularly important for long –term implementation is how staff perceive the values of their managers. If staff think that their managers at all levels value, above everything else, support focused on improving quality of life outcomes then staff are more likely to pay attention to this. Conversely, if staff feel managers put more emphasis on health and safety, cleanliness and paperwork then those are the areas they will be more likely to prioritise. If messages from different managers are inconsistent or conflicting then staff are likely to be confused.

When implementing person-centred active support, the whole environment focus and the involvement of senior management is designed to increase alignment not only of power holders' values but also of policy, procedures, and systems within the organisation. The other element of power holder values is whether the power holder sits within formal management structures. Implementing person-centred approaches and its associated systems such as practice leadership, generally helps to establish clear lines of responsibility and support.

Finally, working practices will very much reflect not only the motivation of staff but also the skills they have. Training in active support can help to change working practices from doing for/to to doing with.

So in summary, whilst some elements of culture are clearly important in order to start the process of change, other elements will change as an intervention is introduced and embedded. If the culture is too resistant, then it is less likely that it will change to be consistent with and supportive of the intervention and widespread or long-term implementation is less likely.

References

Beadle-Brown, J. (2018), "Quality of Life", in Braten, E. (Ed.), *The SAGE Encyclopedia of Intellectual and Developmental Disorders*, Sage, London, pp. 1343-1348

Tizard Learning Disability Review

Bigby, C. and Beadle-Brown, J. (2018), "Improving quality of life outcomes in supported accommodation for people with intellectual disability: what makes a difference?", *Journal of Applied Research in Intellectual Disability*, Vol. 31 No. 2, pp. 182-200.

Bigby, C. and Beadle-Brown, J. (2016) "Culture in better group homes for people with intellectual disability at severe levels", *Intellectual and Developmental Disabilities*, Vol. 54 No. 5, pp. 316-331.

Bigby, C., Knox, M., Beadle-Brown, J., Clements, T. and Mansell, J. (2012), "Uncovering dimensions of informal culture in underperforming group homes for people with severe intellectual disabilities", *Intellectual and Developmental Disabilities*, Vol. 50 No. 6, pp. 452-467.

Donabedian A. (1988), "The quality of care. How can it be assessed?", *JAMA*, Vol. 260 No. 12, pp.

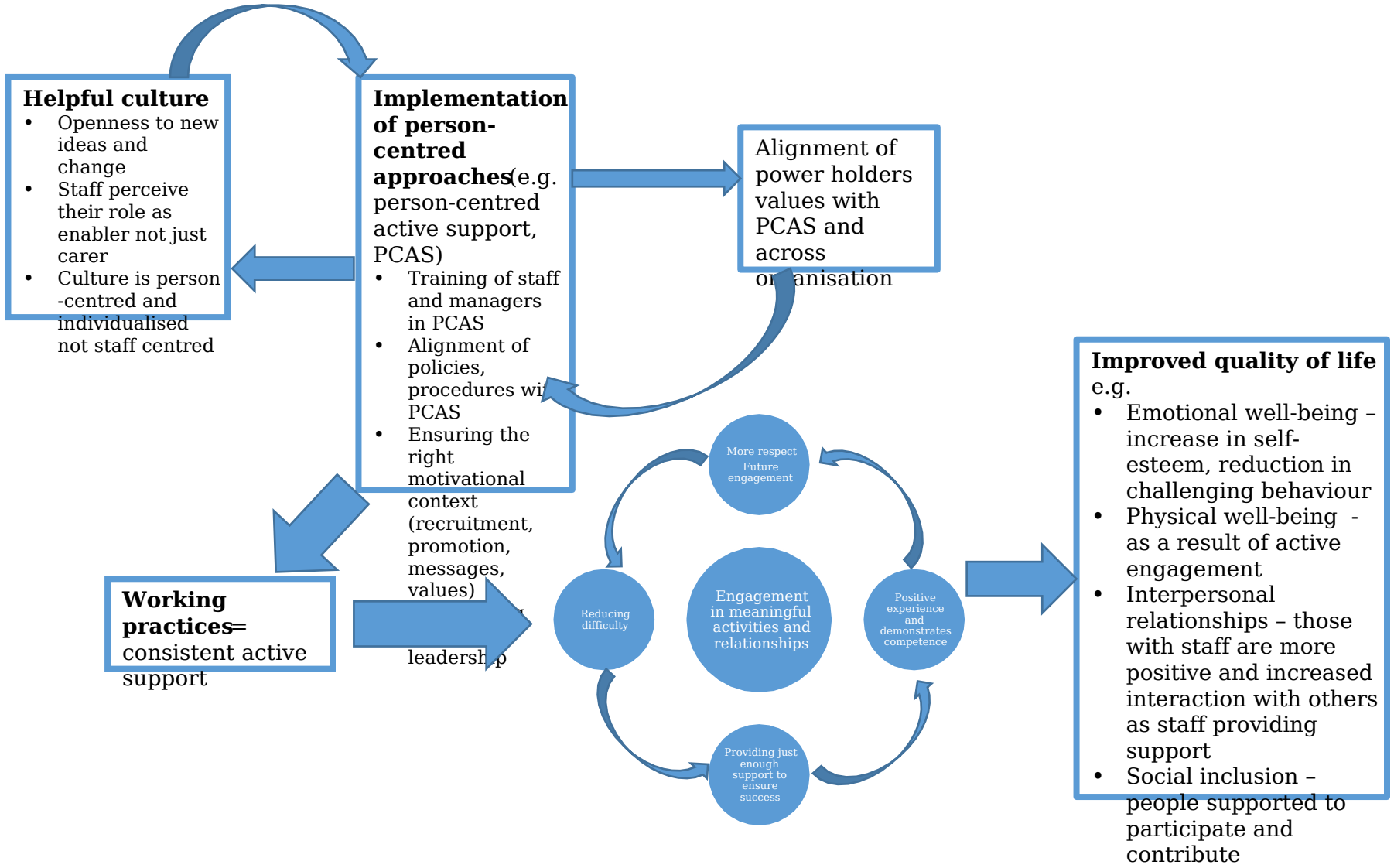
Mansell,J. and Beadle-Brown, J. (2012), *Active Support: Enabling and Empowering People with Intellectual Disabilities*, Jessica Kingsley Publishers, London.

Mansell, J., Knapp, Martin R. J. Beadle-Brown, J. and Beecham, J. (2007), "Deinstitutionalisation and Community Living - Outcomes and Costs: a Report of a European Study: Volume 2 Main Report. Funded/commissioned by: European Commission" Tizard Centre, University of Kent ISBN 978- 1-

Schalock, R. L. and Verdugo, M. A. (2002), *Handbook on Quality of Life for Human Service Practitioners*, American Association on Mental Retardation, Washington, DC.

Schalock, R. L., Brown, I., Brown, R., Cummins, R. A., Felce, D., Matikka, L., . . . Parmenter, T. (2002), "Conceptualization, measurement, and application of quality of life for persons with intellectual disabilities: Report of an International Panel of Experts", *Mental Retardation*, Vol. 40 No. 6, pp. 457-

Tizard Learning Disability Review


Helpful culture
• Openness to new ideas and change
• Staff perceive their role as enabler not just carer
• Culture is person-centred and individualised not staff centred
Implementation of person-centred approaches (e.g. person-centred active support, PCAS)
• Training of staff and managers in PCAS
• Alignment of policies, procedures wi PCAS
• Ensuring the right motivational context (recruitment, promotion, messages, values)
leadersh p
Alignment of power holders values with PCAS and across or anisation
Working practices = consistent active support
More respect Future engagement
Reducing difficulty
Engagement in meaningful activities and relationships
Positive experience and demonstrates competence
Providing just enough support to ensure success
Improved quality of life
e.g.
• Emotional well-being – increase in self-esteem, reduction in challenging behaviour
• Physical well-being - as a result of active engagement
• Interpersonal relationships – those with staff are more positive and increased interaction with others as staff providing support
• Social inclusion – people supported to participate and contribute