

QUALITY OF LIFE – THE ROLE OF HOLISTIC SUPPORT FOR PEOPLE WITH COMPLEX NEEDS


POSITIVE SUPPORT GROUP

INTRODUCTION

Positive Support Group Limited (PSG) is an organisation providing a range of services to learning disabled and/or autistic people.



This presentation will focus on the holistic nature of the work that we do with our clients to promote quality of life, physical, and mental health.



Our reference point is a biopsychosocial model according to which support needs arise due to a mismatch between the persons environment and their individual needs (World Health Organisation, 2022), which is reflected throughout our chain of support.

OBJECTIVES



Outline Positive Support Group's philosophy and approach to quality of life.



Describe three of our key services and how we use an evidence-based, holistic and human rights-based approach to support people to live fulfilled lives.



Trigger warning: This presentation contains topics of sensitive nature that may be distressing.

POSITIVE SUPPORT GROUP

EXPERIENCE

- **Over 15 years of experience of supporting learning disabled and autistic people**
- **Working in family homes**
- **Working in residential settings or hospitals**
- **Working in schools**

POSITIVE BEHAVIOUR SUPPORT

Our services are grounded in Positive Behaviour Support (PBS).

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PBS is a blend of the science of how learning and behaviour change occurs, and the rights of people with disabilities (Carr, 2002).

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The primary goal of PBS is always to support people to increase quality of life and wellbeing (LaVigna et al., 2022).

SERVICES

BICS

Suicide Prevention

Providers

BEHAVIOUR INTENSIVE COMMUNITY SUPPORT (BICS)

BICS uses a Five-Stage model based on the *Multi-Element Behaviour Support (MEBS)* model, a structured and evidence-based model for delivery of PBS (LaVigna & Willis, 2005).

BICS has been carefully developed to provide holistic and comprehensive support to individuals at risk of placement breakdown or hospital admission, often with a diagnosis of ASD and/or learning disability, predominantly up to the age of 18 or 25.

BICS 5 STAGE MODEL



STAGE 1

MATCHING

We spend time to ensure we have the right service to make a difference to the person and their situation. We get to know the person's network and particular circumstances, including what everyone hopes to achieve.



STAGE 2

ENGAGING

We engage with the person and activate their network to commit to helping the person and changing the current situation.



STAGE 3

UNDERSTANDING

We conduct a thorough assessment to gain an understanding of the person at the centre of the situation.



STAGE 4

DELIVERING

We devise and deliver behaviour support plans over a number of weeks. During this time, we turn problems into opportunities; re-frame difficulties and create flexible, positive solutions for all involved.



STAGE 5

CELEBRATING

Once the person and their network reliably see the changes in quality of life clients we celebrate these achievements and slowly fade our support.

POSITIVE SUPPORT GROUP

QUALITY-OF LIFE AND CO- PRODUCTION

Our main goal in BICS is to support people to live the types of lives they want to live.

We focus on both long and short-term goals and what dreams, hopes and aspirations each client has, in all aspects of their lives.

COLLABORATION



We work closely with each client's network.



Family and friends, support workers, teachers, social workers, doctors, speech and language therapists, etc.

WHAT WE DO



There is often a mismatch between the people that we support and their environment which we aim to address.



We make sure that the person's home, and other places where they spend time, what they do during the day and how their social relationships with support workers, friends, family and partners suit their wishes and needs.



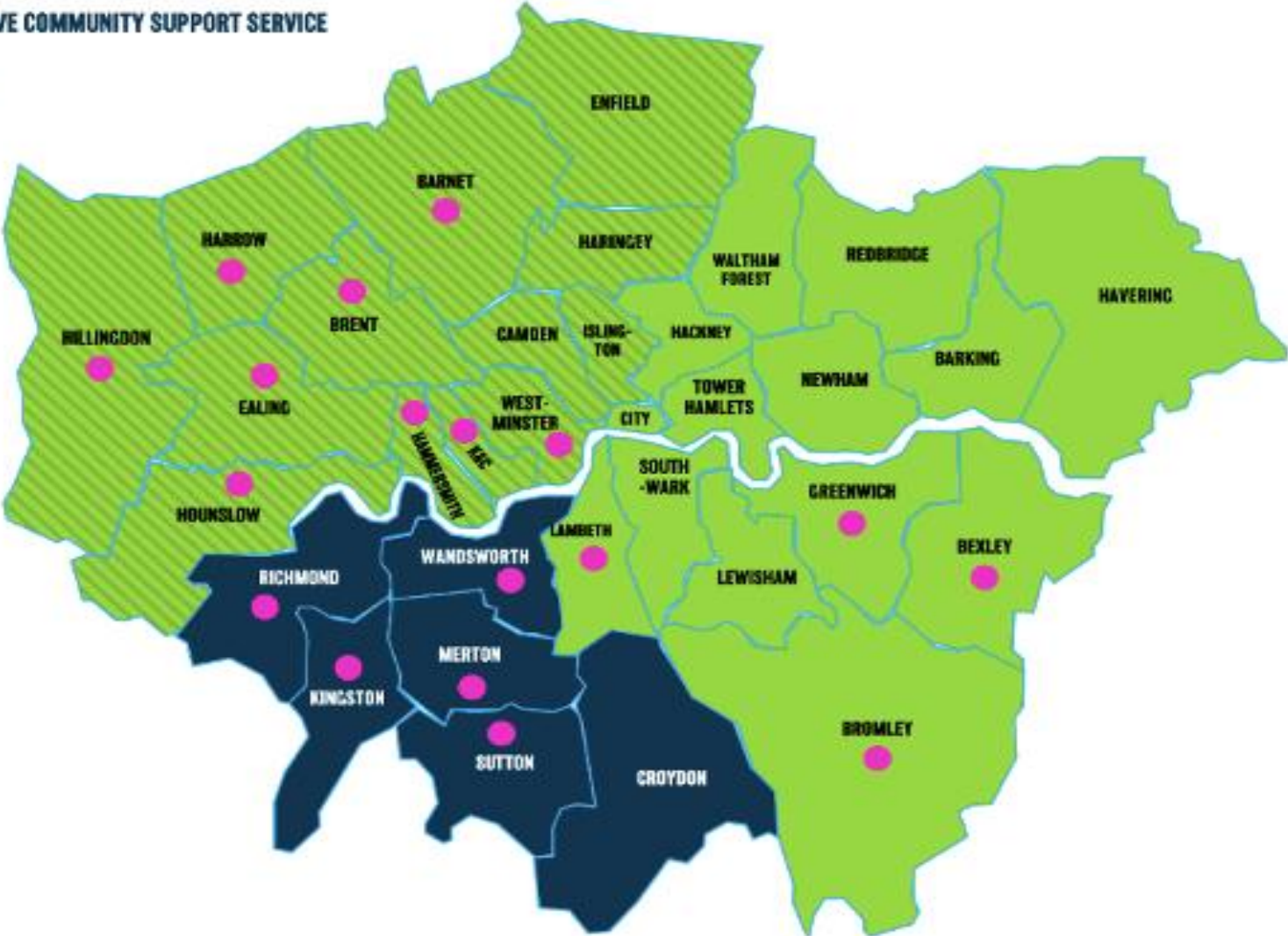
We also teach skills that help people live the lives they want to live.

BICS SERVICES

 BEHAVIOURAL INTENSIVE COMMUNITY SUPPORT SERVICE

 KEYWORKER SERVICE

 SPOT SERVICE



BICS SUICIDE PREVENTION (BICS-SP)

PSG supports children, young people and adults who may engage in **suicide attempts or suicidal ideation**.

Our BICS Suicide Prevention model incorporates **PROSPER** (Proactive Reduction of Suicide in Populations via Evidence-Based Research) **as the clinical framework** for our work.

PROSPER

The Prosper model was originally developed for US army-veterans.

Contains elements of a crisis-response plan.

Research shows that having a crisis response plan emphasising coping strategies and reasons for living can significantly reduce future suicide attempts (Robinson et al., 2018).

BICS SP MODEL

Prosper is integrated into our BICS service.

Prosper brings coping skills so that we can build a crisis response plan while BICS activates the network and changes the environment.

Together these components form a collaborative and person-centred approach.

We take each person's unique circumstances, views, and needs into account.

QUESTIONS WE ASK

“What are the biggest barriers to living a good life?”

“What skills may the person need to get there?”

“What are, or could be reasons for living?”

PROVIDERS

Our Providers service is aimed at improving holistic health, wellbeing and quality of life for people who are learning disabled and/or autistic within social care residential services.

Providers work with the person we support, the residential service, and the key people around them to ensure the environment matches their preferences and needs.

We also teach skills that the people we support want to learn to achieve the things in life that they want.

HUMAN RIGHTS-BASED PERSPECTIVE

Throughout our services we use a human rights-based approach.

In Providers we aim to ensure that each clients' human rights as outlined by the UN Convention on the Rights of Persons with Disabilities (UNCPRD 2006) are upheld.

HOLISTIC SUPPORT

In line with the UNCPRD, we seek to ensure that service providers *consistently* offer people they support opportunities for **participation in the wider community**.

We work with services to ensure that that residents receive the support they need in terms of opportunities to form and **maintain close social relationships**, including opportunities to meet prospective friends and partners.

We work with social care service providers to support clients to find **employment** that suits their unique needs and preferences. This may include providing relevant skills teaching and support for self advocacy in the workplace.

SPECIFIC SUPPORT

Deliver trainings to support workers and management in Positive Behaviour Support.

Restraint Reduction Accreditation.

Mentorship and supervision.

We conduct assessments and devise holistic support plans to ensure a human-rights-based approach that support people to live the types of lives they want to live.

SUMMARY

Throughout PSG's services our main purpose is to support people to increase quality of life and live the types of lives they want to live.

Clients are active in all aspects of our chain of support, from goal setting to specific support strategies.

A human rights perspective underlies all the work that we do.

REFLECTIVE QUESTIONS

- 1. How can we include people in the goals and process of their support?**
- 2. How can we collaborate and share knowledge across disciplines and professions to better meet the needs of the people we support?**

REFERENCES

Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., Turnbull, A. P., Sailor, W., ... & Fox, L. (2002). Positive behavior support: Evolution of an applied science. *Journal of Positive Behavior Interventions*, 4(1), 4-16.

Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. *The Lancet Psychiatry*, 1(2), 142-147

Cassidy, S., Bradley, L., Shaw, R., & Baron-Cohen, S. (2018). Risk markers for suicidality in autistic adults. *Molecular Autism*, 9, 1-14.

REFERENCES

Doody, C. (2009). Multi-element behaviour support as a model for the delivery of a human rights-based approach for working with people with intellectual disabilities and behaviours that challenge. *British Journal of Learning Disabilities*, 37(4), 293-299.

Hirvikoski, T., Boman, M., Chen, Q., D'Onofrio, B. M., Mittendorfer-Rutz, E., Lichtenstein, P., ... & Larsson, H. (2020). Individual risk and familial liability for suicide attempt and suicide in autism: a population-based study. *Psychological medicine*, 50(9), 1463-1474.

LaVigna, G., & Willis, T. (2005). A positive behavioural support model for breaking the barriers to social and community inclusion. *Tizard Learning Disability Review*, 10(2), 16-23.

REFERENCES

LaVigna, G. W., Hughes, E. C., Potter, G., Spicer, M., Hume, L., Willis, T. J., & Huerta, E. (2022). Needed independent and dependent variables in multi-element behavior support plans addressing severe behavior problems. *Perspectives on Behavior Science*, 45(2), 421-444

Robinson, J., Bailey, E., Witt, K., Stefanac, N., Milner, A., Currier, D., ... & Hetrick, S. (2018). What works in youth suicide prevention? A systematic review and meta-analysis. *Eclinical Medicine*, 4, 52-91.

United Nations. (2006). Convention on the Rights of Persons with Disabilities. Treaty Series, 2515, 3.

World Health Organization. (2022). *ICD-11: International classification of diseases (11th revision)*.