Positive Stories: An Exploratory Analysis of the Implementation of Positive Behaviour Support in the Western Australian Disability Sector

Mark Edwards
Christine Soo
Shannon Chen
Business School, University of Western Australia
Acknowledgements

This report was prepared by Mark Edwards, Christine Soo and Shannon Chen from the Business School, University of Western Australia for the Disability Services Commission of Western Australian. All the aspects of this report including, all discussion points and conclusions, are the work, views and interpretations of the aforementioned researchers and do not represent the views of the Commission.
EXECUTIVE SUMMARY

1. Background to Positive Behaviour Support

Positive Behaviour Support (PBS) is a scientific, evidence-based and best practice approach to systemic change for supporting people with disability through improving their quality of life. It builds on and integrates many previous initiatives in the disability field. PBS is particularly effective in dealing with complex, “challenging” or “concerning” behaviours. PBS adopts a person-centred lens in meeting people’s needs through systemic change, mindset shifts and the collaboration of stakeholders. In addressing complex behaviours, PBS challenges the assumption that the person with disability needs to change and opens up new opportunities for services to respond in innovative ways. PBS proposes that designing flexible and supportive environments and quality services will result in: i) improved opportunities and outcomes, ii) reduced incidents of behaviour that challenge and, consequently, iii) reduced reliance on restrictive practices. There is much evidence in the disability literature that supports PBS as an effective approach to addressing complex needs and improving the quality of life of people when effectively implemented.

2. Research Purpose

The purpose of this research project was to explore the conditions that support and/or impede the service level implementation of PBS in Western Australian disability sector organisations (DSOs). Service outcomes rather than service user outcomes were the focus of the study. As PBS is essentially about transformation change, special attention was paid to how service culture and operational practices co-influence each other to create real change in how service users are supported.

3. Research Approach

The research explored the implementation of PBS by disability sector organisations (DSOs) and the organisational and service level capacities that impact on the implementation process. Eighteen DSOs (14 metropolitan and 4 regional) volunteered to be involved in the project. This participation is an indication of the sector interest in PBS and, more generally, the desire to look at new approaches to improving the lives of people with disability who sometimes experience challenging behaviour. Two research approaches were employed to investigate PBS implementation. One was a detailed qualitative study using extensive interview material with staff from various levels of the 18 DSOs including staff from CEO/executive level, behaviour support consultants and direct service provision staff. The other was a configurational analysis of DSO performance using the interview data and the Quality Management Framework reports. The two approaches resulted in complementary findings that confirmed the importance of top-down aspects of
culture change such as leadership commitment and resourcing (such as training) and bottom-up aspects of culture change such as stakeholder engagement, supportive work environments and the routinisation of innovative practices. The key findings are summarised in sections 4, 5 and 6 below.

4. Successful Implementation of PBS

Figure 1 identifies the key factors found across both the qualitative and comparative studies involved in the successful implementation of PBS.

---

**What are the key factors in successful PBS implementation?**

**Top-Down factors**
- CEO/Senior Management commitment evidenced in ongoing communication, support and resourcing of PBS

**Bottom-Up factors**
- An innovative organisational culture that supports values expression and stakeholder engagement

---

**What do these factors do?**

Develop positive, “safe” and collaborative organisational cultures that are effective drivers of both person-centred services and responsive service systems to support people who experience challenging behaviour and the staff who work with them.

---

**What can DSO’s do to develop such cultures?**

**Organisational and systems level**
- design PBS-based services
- management commitment to understand/resource PBS
- address staff turnover issues
- develop learning culture, invest in staff development
- support mindset shifts
- invest in information and knowledge management
- develop innovation culture
- upscale PBS to whole-of-agency approach
- develop interagency collaborations

**Operational and service delivery level**
- support psychological safety
- build collegial confidence
- provide respectful feedback
- collaborate and empower colleagues
- provide time and space for innovation, collaboration and problem solving
- develop and use expertise:
  - make use of training and development opportunities
  - support/engage new staff
  - celebrate successes and reward high performing

**Stakeholder engagement level**
- support family involvement
- support extended stakeholder engagement, e.g. neighbours
- staff engagement with staff of other agencies
- encourage the voice of clients
- support families’ sense of safety, security and value
- develop families’ use and understanding of PBS:
  - include family expertise
  - identify and address barriers to engagement
  - share information

---

*Figure 5: Key organisational factors involved in successful PBS implementation*
These factors, which can be generalised into top-down factors and bottom-up factors, combine to support the development of positive, safe and creative organisational cultures that drive values-based approaches to service design and delivery. The building of these cultures depends on a multilevel approach to organisational change which includes management levels, operational levels, and the inclusion of other stakeholders.

5. Enablers of PBS implementation

A number of enablers for systemic change that supports PBS implementation were identified and these include:

Applying PBS across the whole organisation
The main purpose of PBS is to improve quality of life and it has been most frequently applied in addressing challenging behaviours. Its application is intended to assist a whole-of-system shift in values, capacities and behaviours and therefore it is best implemented across all organisational units. Some DSOs considered PBS fitted well with its core values and ethical commitments and viewed it as a support for long-term planning and general goal setting across all services resulting in broad application. Other DSOs viewed PBS as a project under trial for a specific period and/or relevant to only certain groups of services resulting in piecemeal and sporadic application of PBS practices.

Focusing on organisational, group and individual level change
While all participant DSOs had made strong efforts and gained progress in implementing some core elements of PBS, these efforts tended to focus on the individual level of eliminating restrictive practices rather than a consideration of the opportunities afforded by PBS as a universal approach to human well-being and quality of life. Much PBS activity by DSOs has focused on strategies targeting individuals who display behaviours of concern. Whilst the benefit of this can be found in the use of individualised support plans and reduction in restrictive practices for individual service users, opportunities for introducing systemic changes in areas such as service design and organisational culture change were overlooked. Neglecting the areas of systemic application of PBS will result in very partial implementation and compromise the potential for long-term benefits of PBS.

Supporting self-initiated change and internalising core values
Evidence was found that in work environments that rely on compliance rather than self-initiated change, there was a tendency to move from more obvious, visible restrictive practices to less obvious and visible psychosocial (power and control) restrictive practices. Organisational cultures that support the internalisation of core values, such as those embodied in the PBS-based approach, were more likely to
generate values-based solutions that open opportunities and reduce reliance on both visible and invisible restrictive practices for dealing with challenging behaviours.

**Supporting the understanding and application of PBS principles**

Supporting a well-developed understanding and application of PBS principles aids collaboration and innovation among staff and other stakeholders. We found that successful innovations to reduce restrictive practices and improve opportunities were frequently associated with more comprehensive understandings of the various aspects of PBS. For example, staff who understood the central importance of considering situational factors in PBS were able to shift from individual service user attributions of cause to develop innovative solutions to complex behavioural issues that took account of contextual factors.

**Supporting innovation and psychological safety**

Strong evidence was found that, when supportive and inclusive work climates are in place, innovative practices and solutions to complex issues are voiced and acted on. Inclusive and supportive workplace practices include such things as staff involvement in decision making, opportunity for exercising choice, developing innovative solutions to removing restrictive practices and introducing system-level changes that include other stakeholders. PBS requires innovative collaboration for its successful implementation and this, in turn, raises the issues of psychological safety which was a recurring theme among staff. Where there was a culture of openness and support, staff felt confidence in speaking out and suggesting new ideas. Where staff who did not feel confident in speaking up because, for example, of perceived lack of supervisor support, or they felt unsafe to do so, their responses to challenging behaviours reinforced a sense of isolation, lack of trust and a reliance on traditional status quo practices in dealing with challenging behaviours.

**Staff development and a culture of learning**

Staff training and development opportunities are an important element in the building up the learning capacities of an organisation. Providing the time, space and resources for staff to attend training sessions and be actively involved in developing training programs and materials is vital for successful implementation of new initiatives like PBS. This includes opportunities for both formal and informal or “on the job” training. Training should also support the bottom-up development of learning cultures through, for example, i) creating spaces for discussing and evaluating new ideas; ii) providing support for team-based learning experiments to adopt and routinise new values-based initiatives; and iii) senior management attendance at training sessions and their expressed commitment for core organisational values, purposes and service quality expectations and how these relate to the values and practices inherent in PBS-based approaches to service design and delivery.
Challenges and opportunities for senior management.

Figure 2 below presents the PBS implementation cycle for senior management. The “opportunity cycle” (right hand cycle) shows the PBS change journey as a multidimensional process of transformation in culture that impacts on all organisational departments, services and operations. The “status quo” cycle (left hand cycle) shows PBS as a useful technique and time-limited project for managing individual service users’ behaviours of concern. How PBS is perceived and resourced will have direct implications for the degree of fidelity in its implementation.

Figure 2: PBS Implementation cycle: Challenges and opportunities for senior management
Challenges and opportunities for operational staff:
Figure 3 presents the PBS implementation cycle for operational staff. When behaviours of concern are encountered services responses will depend on the prevailing service culture practices. The “opportunity cycle” (the right hand cycle) presents a culture that develops when the mindset is one of PBS as a values-based culture change program. The “status quo” cycle (the left hand cycle) presents a prevailing culture where PBS is a technique for reactively managing individual level behaviours of concern.

Figure 3: PBS Implementation cycle: Challenges and opportunities for operational staff
Challenges and opportunities for families, carers and other stakeholders:

Figure 4 presents the PBS implementation cycle for families and carers. When behaviours of concern occur and families require support services and these will respond from a prevailing service culture perspective. The “opportunity cycle” (the right hand cycle) presents a culture that supports engagement with families and other stakeholders and family members feel safe to express concerns and ideas for new options. The “status quo” cycle (the left hand cycle) presents a prevailing culture where families are not fully included and where PBS is seen as a temporary technique for managing individuals and their behaviours.

Figure 4: PBS Implementation cycle: Challenges and opportunities for family and carer stakeholders
6. PBS implementation Cycles

It is a well-known finding in organisational change research that change initiatives often fail. In this study we identified a number of basic steps in PBS implementation pathways that either support or hinder the change process. These pathways, or “implementation cycles”, are applied to three different stakeholders - CEOs/senior executives, staff members and family members/carers (See figures 2, 3, and 4). These cycles provide clear and practical explanations for the ways that different factors such as core values, PBS knowledge, organisational culture, information use, innovation, psychological safety and stakeholder engagement interact to support or hinder PBS implementation. When implementation is successful the cycles show how organisational factors interact to change cultures and practices and so result in new opportunities for services users and the elimination of restrictive practices. Alternatively, when implementation is not successful the cycles show what barriers come into play and how they interact to hinder the implementation of the PBS initiative.

Conclusion

The successful implementation of PBS in a disability service organisation is dependent on two key factors. These are: i) top-down senior leadership commitment to set the direction for, and enactment of, organisational and service goals and the subsequent allocation of resources and ii) the bottom-up creation and maintenance of service cultures that support innovative solutions to complex issues and engagement with key stakeholders. As the implementation cycle figures indicate above, PBS implementation and culture change are interdependent and iterative processes. From the PBS side, there are a number of key factors that are required for PBS to be a driver of cultural change in DSOs. These include: i) an understanding that PBS is primarily a values-based approach for universal intervention to improve people’s quality of life, ii) the capacity of services to innovate when faced with opportunities and challenges, and iii) the long-term perspective on developing person-centred and values-based service cultures.

This research has found that DSOs are achieving good results in implementing PBS at the individual level where the person-centred focus of PBS is most clearly seen in such activities as developing personal plans and supporting individuals who display challenging behaviours. However, the targeted and universal levels of PBS implementation have not received as much attention and the beneficial outcomes these more systemic applications aim for are not likely to emerge without that investment. The whole-of-system organisational application of PBS will be an important and ongoing task for DSOs into the future and further evaluations would be needed to examine how DSOs perform in this regard.
INTRODUCTION

BACKGROUND AND RATIONALE

This is a report on the implementation of some aspects of a collaborative strategy called the Positive Behaviour Framework. The development and implementation of the Positive Behaviour Framework has been a collaborative strategic project between the Disability Services Commission of Western Australia (hereafter referred to as “the Commission”), a large number of disability sector organisations and many families and individuals who are members of the disability community in Western Australia. The framework is a wide-ranging and ambitious strategy to implement significant changes in the way disability services provided support to individuals who sometimes engage in challenging behaviours as well as to the families of those individuals. The rationale for the project is that changes to services and supports are happening rapidly within the disability sector in Western Australia. Among other changes, the disability sector throughout Western Australia is currently undergoing changes in funding arrangements, in standards monitoring and in stakeholder expectations and needs. Consequently, there is an acute need for information and knowledge on how service design and delivery changes are impacting on service users and other stakeholders and how best to engage with and respond to these sector-side changes.

This report documents the findings of a study of the Positive Behaviour Framework and, in particular, of disability sector organisations uptake of the Positive Behaviour Support (PBS) approach to service development and delivery. The study was conducted from October 1st 2013 to March 31st 2016. The length of the study enabled the project to assess emergent issues and gather process–related information on the uptake of PBS. The project’s data gathering processes included visits to participating disability service organisations (DSOs), interviews and focus groups with members of disability service organisations including chief executive officers and senior executives, positive behaviour support consultants and coordinating and direct support staff. The process also involved attendance at meetings, forums and training sessions, community of practice meetings for PBS consultants, family member run training sessions and several meetings of committees and action groups. The project was conducted as a formal research project between the Commission and the University of Western Australia with researchers being based within the Business School faculty of the University. The project was run with full human research ethics approval from the University.
The Positive Behaviour Framework

The Positive Behaviour Framework (PBF) was developed in response to the issue of, what is commonly referred to as, challenging behaviour (Emerson, 1995) or behaviours of concern (Chan et al., 2012). One of the key findings of the 2007 report “Disability Sector Health Check” (Disability Services Commission, 2007) was that there was limited capacity within the disability sector as a whole to effectively support people with a disability who sometimes displayed challenging behaviours. Only a few providers were found to have the knowledge and skills to provide effective supports in this area. The issues involved in responding to and effectively managing challenging behaviours were, from the outset, regarded within the broader context of service delivery across the holders for the sector. It was recognised that challenging behaviours were an indicator for the need for change across a number of fronts. Challenging behaviour not only impacts on the individual and the staff directly involved but also on others in the person's environment. When service and support systems respond to these behaviours can be changes that impact on a wider number of stakeholders and often those impacts are not recognised or well understood.

In response to the Sector Health Check, the PBF was developed as a strategic framework and guiding plan for implementing system-wide change in how services respond to challenging behaviours. The PBF is a voluntary approach to service change and was launched in 2009. It comprises three stages of implementation (see Figure 1). Stage 1 is the development and provision of specialised services for individuals and their families and support networks facing the issue of challenging behaviours. These Positive Behaviour Teams are dedicated clinical teams that provide intensive services for individuals in the areas of assessment, intervention and support.

In November of 2013 PBF Stage 2 was launched to expand the rollout of PBS, positive, person-centred approaches to service provision, as well as a code for the elimination of restrictive practices across the disability sector. Stage 2 of the PBF is a state-wide strategy that the Commission has developed in consultation with stakeholders across the sector for supporting the whole-of-life focus on the inclusion and contribution through the disability sector of people with disability, their families and carers who share experiences of challenging behaviour. The central focus of this current study is to explore the key issues arising from the implementation of PBS
within different settings and organisational contexts (see Figure 1). The central vision guiding the development and implementation of the PBF stage 2 is:

“To help people with disability, their families and carers who share experiences of challenging behaviour to have a better life within the community”.

The Commission adopts the definition of challenging behaviour proposed by Emerson and Einfeld (2011):

“Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.” (Emerson & Einfeld, 2011, p. 4).
Activities involved in this Stage 2 of the PBF strategy include promoting and safeguarding human rights through the elimination of restrictive practices; raising awareness of person-centred, behaviour support and promoting the recognition of family expertise. Stage 2 target areas include: i) the systems level implementation of PBS in organisations volunteering to adopt the approach, ii) the development of workforce leadership and embedded capacity for PBS implementation and iii) the embedding of sustainable supports for individuals and families who share experiences of challenging behaviour.

PBF Stage 3 is an extended-term vision for embedding PBS-related values, principles and practices across multiple sectors and human services areas in Western Australia. Outcomes to be achieved with respect to PBF Stage 3 are, for example, improvement in access to timely, effective and responsive support through building skills, leadership and collaboration. These outcomes are relevant to disability sector organisations, education, health, correctional services, community services and other relevant activities for government, non-government, not-for-profit and social enterprise sectors (Disability Services Commission, 2013).

**Code for the Elimination of Restrictive Practices**

An important initiative that has emerged in conjunction with the PBF is the “Code for the Elimination of Restrictive practices” (Cubbage, 2014). The PBF aims to safeguard human rights by eliminating restrictive practices. A restrictive practice is “any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm” (Disability Services Commission, 2012, p. 14). Examples of restrictive practices include the use of helmets, harnesses or medication to restrain people from self-harm. Non-restrictive practices are interventions that do not impinge on the rights of individuals with challenging behaviours and, in the case of possible self-harm for example, might include using methods of supported communication or increasing opportunities for meaningful participation in occupational activities.

**Positive Behaviour Support**

The PBF is informed by an innovative theoretical and practice-based approach to disability service provision called Positive Behaviour Support (PBS). In effect, PBS provides the philosophical and conceptual foundations for the PBF strategic plan.
The relationship between PBF and PBS is depicted in Figure 2. PBF can be regarded as a strategic plan that is based on PBS conceptual principles, theoretical assumptions and researched practices.

PBS is a theoretical and practice-oriented system that extends the theory of Applied Behaviour Analysis to also include issues of the quality of life of individuals, person-centred values and a positive and appreciative view of the human person (Carr et al., 2002). It has been specifically developed as a conceptual approach for dealing with challenging behaviours. PBS recognises that behaviour serves a communicative purpose. The approach is grounded in: i) a planned and behavioural approach to developing and assisting people with disabilities achieve their goals and optimise their potentials, ii) an understanding that quality of life, a personal sense of well-being and capacity to develop skills and abilities and enjoy one’s life situation are the central goals for service provision, and iii) an appreciation that human rights and person-centred values are the guiding principles that should direct service provision and its processes.

PBS is an applied science that uses educational and systems change methods in order to improve individuals’ quality of life, or QOL (Carr et al., 2002; Carr & Horner, 2007; Koegel, Koegel, & Dunlap, 1996; LaVigna & Willis, 2012; West & Patton, 2010). The methods are mainly designed and applied to improve the life of people with disabilities, who at times exhibit challenging behaviour (example, self-injury, injury to others, aggression, tantrums, noncompliance, inattention, escape). From a PBS perspective, behaviour is considered “challenging” not because the individuals are challenging but because their unique needs challenge systems to provide them
with effective services (Sturmey, 2009). From this perspective behaviour serves a functional purpose; to signal emotion, to communicate dissatisfaction, to overcome boredom and so on.

PURPOSE AND AIMS OF THIS STUDY

Purpose

The purpose of this study is to report on an exploratory analysis of the service-level implementation of the PBF and to better understand the role of PBS in systemic change initiatives within the disability sector. This report forms part of a research relationship between the Commission and the University of Western Australia that has focused more generally on the role of PBS in disability service development.

In addition to this report of the analysis of the PBF, previously completed aspects of this research program include:

(a) A review of PBS implementation literature: This review collated, identified and synthesised core concepts and perspectives from both theoretical and applied literatures on the implementation of PBS. The review considered the core elements of PBS in the context of such issues as systemic change, culture change and the multilevel nature of developing human services. The outcomes and conclusions of the review were developed into integrated themes, summary tables, diagrammatic models and general conclusions for a literature review document that was supplied to the Commission in May, 2015. The outcomes of the review had input into the development of questionnaires and focus group instruments.

(b) The development of an integrated theoretical framework of organisational change to progress understanding of how the PBF/PBS can best be implemented within a range of settings in Western Australia. This aspect of the research program was delivered to the Commission on the 16th June 2016, in the form of a seminar and a collation of presentation slides to the steering committee for the research program.

Aims

The aims of this report are to:

i) Undertake a rigorous qualitative analysis of the application of PBS and present: i) the findings of a qualitative analysis of interviews carried with
participating DSOs, ii) present the findings of a systematic analysis of the organisational attributes that contribute to the effective and efficient implementation of PBS in participating DSOs.

ii) Document the exploration and piloting of an evaluation strategy for the implementation of the Positive Behaviour Framework in Western Australia. This strategy is to be based on the application of a Qualitative Comparative Analysis research method. Because of the size of the study and the complexity of evaluating a multidimensional service philosophy, design and delivery method such as PBS, the evaluation strategy is to be regarded as a pilot and a preliminary trial that provides evidence for such an approach.

iii) Present findings and insights that will be of use in service design and delivery.

The intent of this report is not to present a number of detailed recommendations but to identify issues for further deliberation and discussion within the Commission and the WA disability sector. The report is not intended to be a full evaluation of the PBF or of particular services or support programs. The scale and complexity of the project, involving many organisations with purposes, locations and services means that the study findings are to be regarded as preliminary and not the final word on the success or otherwise of the implementation of the PBF.

In reporting on these aims emergent topics and themes will also be presented and discussed. Although the research includes aims related to conceptual integration and theme analysis this report is also presented with a strong awareness of the pragmatic aims of supporting the work of the Commission and of DSOs across the sector. An important limitation that needs to be noted is that the study was commissioned specifically to look at organisational and service level issues of quality and fidelity with regard to the implementation of PBS and was not intended to consider the direct impact of services on people with disabilities and their families. Hence, as the tender documents state, “due to the Pilot and preliminary nature of this research, collection of data is not required at the individual service user level”. The findings presented here are concerned with the service-level implementation of, and engagement with, the Positive Behaviour Support approach to the development, and delivery of disability services in Western Australia.
METHODOLOGICAL APPROACH

RESEARCH PHILOSOPHY

The philosophical orientation of this study takes its lead from positive organisational scholarship (Cameron, Dutton, & Quinn, 2003; Roberts, 2006) and appreciative inquiry (Cooperrider & Srivastva, 2001; Reed, 2007) which together emphasise critically appreciative views of organisations and their management. As Cameron and his colleagues put it, positive organisational scholarship (POS) is concerned, “primarily with the study of especially positive outcomes, processes, and attributes of organisations and their members” (Cameron et al., 2003, p. 4). The research team felt this was an appropriate research philosophy for the study for two reasons. First, this approach is in keeping with the main topic under investigation in this study, Positive Behaviour Support, which adopts an affirmative rather than a problem-focused view of human services. Second, the disability field is one that has witnessed the downsides of a deficit model of human capacities and potentials and it was felt that a more constructive orientation to the research would be more conducive of real change and learning. We recognise that this is not a common perspective in human service research but we have taken this approach to highlight the positive lessons that are emerging from the partnership between the Commission and DSOs in the disability sector in Western Australia. This does not preclude the need to raise matters of service improvement or critical comments on the current implementation of PBS. Those matters will be discussed, however, within the overall research context of supporting the goal of quality service delivery and a positive perspective on the potential for PBS to contribute to that goal.

RESEARCH DESIGN

A research design was developed to explore interview, focus group, survey and documentary data using two complementary research methods. The first method was a qualitative approach that analysed the content of interview data to extract core themes and build explanatory models to integrate and present those themes. The second method was a rigorous configurational method called fuzzy set Qualitative Comparative Analysis (fsQCA) that utilised a case-based approach to identifying the organisational attributes associated with PBS-related outcomes (Ragin, 2000). Figure 3 outlines the key phases in the research design. Phase 1 involved the basic groundwork of establishing a steering group, employing research assistants, attending sector forums and meetings and meeting service delivery stakeholders.
Phase 2 focused on the review and integration of literature which guided the data collection process of phase 3 where interviews, focus groups and the gathering of documentation constituted the main data sources. These sources supplied the data for the two different analytical approaches in phase 4 and 5. The qualitative theme analysis approach to identify key themes and emergent issues constituted phases 4a and 5a. The fsQCA made up phases 4b and 5b. The fsQCA employed systematic case analysis method to find those configurations of organisational attributes that were most closely associated with positive outcomes as measured by comments in the most recent Quality Management Framework reports for each participating organisations. From the outset it should be noted that these reports are only a proxy for potentially more valid outcomes that were not available for this study such as quality of life outcomes for services users. The final phase of the project combines both sets of results to report on the implementation impact of PBS on the participating DSOs.

The fsQCA method was chosen for several reasons: i) fsQCA can holistically analyse various cases as variations of logically possible configurations of relevant attributes and provide explanatory and causal accounts of why certain outcomes where achieved or not, ii) cases can be any logical unit of social agency/structure and so can inherently span multiple levels, iii) It can provide meaningful analysis of small to medium sized samples, and finally vi) its set-theoretic approach to analysis facilitates building theory and providing explanations that generate new theoretical perspectives.
Participant Organisations

The participants were 18 disability service organisations (DSO) and their staff. Fourteen of these were from metropolitan suburbs and four operated from country regions. All of these organisations were individually invited to participate in the study through a letter that was sent out to the chief executive officers of each organisation and all accepted that invitation.

Participant Staff Members

Once organisations accepted the invitation to participate in the study recruitment processes were put in place for recruiting individual staff members to be involved in interviews and focus groups. Recruitment of individuals for interviews was done directly through face-to-face contact or alternatively through the internal circulation of an invitation via email and/or flyer. Similarly, the recruitment of direct support staff for focus groups occurred through direct appeal, for example during training sessions, or through the internal circulation of an invitation via email and/or flyer (see attached Appendix).

Data Sources

There were several sources of data collected for analysis. The different sources included: i) semi structured interviews with individual staff members, ii) focus groups with direct support staff, iii) survey of PBS consultants, iv) printed material and documentation including policy and strategy documents, promotional material, and reports and quality management framework reports, and v) webpages and Internet-based material. Together these different data sources provided a rich avenue for data collection and analysis that allowed us to tap into emergent themes from different perspectives.

Sampling

Stratified sampling procedures were adopted for choosing participants within each of the organisations. The three organisational strata included in the sampling process were: i) direct support staff: these included operational staff who worked directly with service users, their supervisors, co-ordinators who also worked with service users, ii) professional and specialist staff: these were PBS consultants who act as internal change agents and professional support providers and iii) executive staff: these
included Chief Executive Officers (CEO) and senior executives from upper management levels (see Table 1). Where the CEO was not available, a senior executive was chosen in replacement. The senior executive typically came from service areas such as service development and design, clinical services or specialised support services. Typically, there was only one positive behaviour support consultant within each organisation. Participants from the direct support provision level were recruited on an opportunistic basis.

**Instruments**

There were two instruments developed and used specifically for data collection in this project. The first was a semi-structured questionnaire used for all the recorded interviews and focus groups. The development of this semi-structured questionnaire was based on the literature review and on interviews with commission staff and was piloted with full staff members before introducing it to the broader pool of participants. The second instrument was a structured survey of PBS consultants. There was a significant amount of common material between the two instruments for data reliability checking purposes.

**Qualitative Analysis and Configurational Analysis**

As described in Figure 3, this study is comprised of two separate analyses: i) a qualitative analysis of interview transcripts and ii) a configurational analysis of surveys looking at the implementation of PBS and organisational factors associated with that implementation. We will first describe the Qualitative Study (Section 5): the methodological procedures for undertaking analysis, its findings and provide a discussion about the results of this analysis. Following that we will elaborate further on the methodological underpinnings of the configurational analysis, the fuzzy set Qualitative Comparative Analysis (fsQCA; Section 6). The preliminary insights arising from this analysis on how certain organisational attributes may relate to service performance outcomes, as reported on by the Qualitative Management Framework (QMF), will also be presented within this section of the report.
QUALITATIVE STUDY

INTRODUCTION

We begin with the analysis of the qualitative data obtained from the interviews and focus groups. This section of the report first summarises the methodological principles and parameters that guided the qualitative analysis of the textual data collected. Next, we go on to present the results of this qualitative study as emerging theoretical dimensions and themes. Lastly, in order to delve deeper into the data and explore opportunities for further discussion, we’ve extracted the main emergent dimensions and organised them into several integrative frameworks. These frameworks can provide some insight on the relationships that exist between the ideas that have emerged from the qualitative analysis.

METHODS

Procedures for qualitative analysis

To systematically analyse the interviews conducted with members of the participating Disability Service Organisations (DSOs), a novel combination of two qualitative data analysis methods was used. These methods were Leximancer (Leximancer, 2016) and a grounded theory building approach called the Gioia Method (Gioia, Corley, & Hamilton, 2012). Leximancer (version 4.0) is software that performs content analysis on digitised text. Text files are analysed by Leximancer to generate concept maps, themes and a thesaurus. The two main reasons for using Leximancer in this present study were: i) to inductively generate concepts for analysing transcripts and ii) to reduce the large amount of transcribed text to a manageable set of concepts that could guide the further investigation of interview material for emergent concepts and themes.

Figure 4. Qualitative analysis procedure
Once the Leximancer software had been used to reduce the data to a manageable set of concepts, a grounded theory building approach of the Gioia method was then used to code emergent themes (See Figure 4). There are four steps in applying the Gioia Method (Gioia et al., 2012).

Step 1: This step begins with identifying and noting informative quotations from interview transcripts and coding these shared meaning of these quotations into first order codes.

Step 2: In the second step, first-order codes are scrutinised for meaningful patterns and then categorised into second-order themes based on their similarities and differences. Themes help to summarise concisely the various insights or issues that participants are raising about a particular topic.

Step 3: In the third step, the derived themes are further distilled into aggregate dimensions which provide an overarching account of an aspect of the organisational phenomenon of interest.

Step 4: Finally, the aggregate dimensions generated from the previous stage of analysis are used to build a data structure that accounts for the potential relationships between these dimensions. These relationships, in turn, enable the building of propositions and theories that explain various aspects of the organisational phenomenon or event of interest.

Through these steps, the Constant Comparison Method (Dye, Schatz, Rosenberg, & Coleman, 2000; Eisenhardt, 1989) was used to ensure that any higher order coding remained grounded in the literature. Concurrent with the repeated readings of the text extracts and the generation of Gioia codes and themes, the research team immersed themselves in frequent extended weekly discussions of the emergent topics and their relationships and in the relevant literature sets. The researchers also tapped into their expertise on organisational behaviour, innovation, change management, sustainable change, organisational psychology and service provision within the context of the disability sector to interpret and give meaning to the experiences shared by the interviewees. The codes and themes that were developed from the Gioia Method were discussed in regular research group meetings to ensure that there were consistent levels of agreement over the interpretations of the insights drawn from the transcripts. These steps were taken to compare the findings of the current project against existing theories and constructs. The overall network of first-order codes, second-order themes and aggregate dimensions and their relationships provides a data structure that systematically connects interview material with the derived findings. Overall, the goal of the analysis was to find patterns in the form of
qualitative themes in the interview transcripts by applying the various data analysis techniques. From these analyses, emergent themes were identified that provided descriptive and explanatory accounts of participants lived experiences of PBF implementation.

**Validity and reliability of the findings**

Qualitative research brings its own strengths and weaknesses. Because of the verbal and textual nature of qualitative data and the complexities in finding patterns in that kind of data, researchers have looked to develop ways in which the findings of this type of research can be trusted. Guba and Lincoln (1998) have identified a number of criteria for assessing the reliability and validity of qualitative research that correspond to similar criteria in quantitative research. These criteria include credibility, transferability, dependability, and confirmability.

a) Credibility of the findings: Credibility deals with the question of how congruent the findings are with reality. The aim here is to check that the results are credible or believable from the perspective of the participants in the research. The credibility of the research findings was established in several ways. Most importantly, the research extended over a significant period and involved extensive engagement between the researchers, the steering committee and participants. The credibility of initial findings was assessed through regular meetings with the steering committee and Commission staff and reporting on the findings and gauging their responses. Reporting to disability sector forums on the initial findings of the project and again assessing their responses also confirmed the believability of initial findings amongst project stakeholder groups. It was also clear in interviews and focus groups that the questions concerning the implementation of PBF were credible and highly relevant to the experience of all participants.

b) Transferability of the findings: Transferability refers to the capacity for results to be generalised beyond the local situation in which data was gathered. Because 18 very different organisations were involved in the study is highly likely that the findings on the implementation process would be applicable beyond these organisations to the whole of the disability sector in Western Australia. Organisations differed in terms of size, age, metropolitan or country regions and type of service. The detailed level of description of themes and concepts (“thick description”) also provides a basis for transferring study findings to other social and organisational contexts.
c) Dependability of the findings: Dependability refers to how reliable the findings are and how consistently they would be derived if the analysis were repeated. One of the unique features of the study was the use of inductive methods in qualitative data analysis through the Leximancer software program. Because Leximancer inductively generates concepts and themes through a digital semantic analysis process provides a high level of dependability of the findings. Another measure taken to improve dependability was the exhaustive use of the constant comparison technique to ensure that themes were based on solid evidence within the transcripts.

d) Confirmability of the findings: Confirmability refers to the degree of neutrality or the extent to which results are reflective of the data and of participant's experiences rather than the views, interests and biases of the researchers. Confirmability was established through a number of means. First, the triangulation of data sources from three organisational levels enabled themes to be compared and contrasted so that shared and unique themes could be identified. This triangulation helped to establish themes as the product of participants' views and not those of the researchers. Second, an audit trail was also kept to ensure that aggregate dimensions, second-order themes and first-order concepts could all be traced back to individual passages in the transcripts. Third, the inductive approach of Leximancer helped in the objective generation of initial concepts. Fourth, reflexivity was consciously pursued as a core aspect of the research process itself. The researchers were aware of the need for objectivity and for allowing the data to speak for itself. For example, all coding, concept development and theme generation was a collective endeavour rather than the responsibility of any one researcher.

Adopting these techniques and measures provided a reliable and valid basis for trusting the findings and confidence in discussing their implications for the implementation of PBF in the disability sector in Western Australia.

RESULTS OF THE QUALITATIVE STUDY

The presentation of qualitative analysis findings is structured as follows. First we present a summary of the Leximancer concept maps for the complete dataset and then for each participant group, that is for CEOs/senior executives, positive behaviour support consultants and direct support staff focus groups. This is followed by results from the Gioia method analysis and we first present a summary of the overall data structure and this is then followed by a detailed description of aggregate dimensions for participant groups. After the Gioia method results are presented we
then provide some integrative frameworks that tease out some of the relationships between main emergent themes from the foregoing analysis. We finish our presentation of the qualitative analysis with a section on special insights and topics for further exploration. We present this material in some detail as we hope that it serves as a source of discussion and ideas for disability service organisations, the Commission and interested stakeholders.

**Leximancer analysis**

We have described above how the data analysis software program Leximancer was used to generate initial concepts and themes for initiating our qualitative analysis. In Appendix 4 we provide the concept maps for the Leximancer results. There are maps for combined results as well as for individual data sources. There are three indicators to keep in mind when reading Leximancer concept maps. First, the circles represent the theme associated with a cluster of concepts. The colour of the theme shows its relative importance in terms of connectivity with other themes and concepts through the text. The “warmer” colours (such as red and orange and yellow) are more important, i.e. connected then the cooler colours (such as blue and green).

The most frequently mentioned themes among all data sets were (starting with the most frequent): i) conceptualisation of PBS, ii) building capacity for PBS implementation, iii) person-centred planning and iv) operational complexities. The conceptualisation of PBS included such things as how PBS was understood, how PBS related to organisational change and changes in organisational behaviour, how different ways of understanding PBS impacted on staff and how they worked in the focus of the work. Building capacity for PBS included topics such as staff training, how long PBS had been used within the organisation, how PBS related to staff meetings and teamwork, and the kinds of PBS related practices that were being adopted. Person-centred planning was also an important theme and here the focus was on how personalised planning processes could make life better for service users and their families, relationship between the capturing of individualised information and the planning process, and how individual needs were paid for in the development of plans. Finally, the theme of operational complexities included such issues as service management, the involvement of stakeholders and families in planning and decision-making, and multilevel organisational issues related to PBS implementation. Leximancer concept maps for each participant group provided their own particular slant on these core themes as well as other unique themes.
CEO themes focused on operational aspects of the implementation of PBS, meeting individual service user needs, engaging families and other stakeholders, and taking and individualised perspective on support provision. CEOs were concerned with the support services they organisations provided and how they worked with their service users to achieve desired outcomes. It was clear that a core aspect of service provision interest for CEOs was how to do this while meeting the individual needs of their service users. There was also a major concern with family involvement and engagement in the types of supports their family member received.

The themes emerging from PBS Consultants transcripts were concerned with stakeholders’ reaction to PBS, importance of person-centred planning, and the operational details involved in PBS implementation. Consultant’s transcripts portrayed a concern for the reactions of various parties to the introduction of PBS – how have staff changed their approach to managing challenging behaviours and providing services; how have families understood and engaged with the possibilities of PBS; how has the organisation taken on the mission of PBS. There are also some references related to issues of service design and the faithful implementation of PBS so that its true potential might be explored.

Focus groups of direct support staff again highlighted the issue of the conceptualisation of PBS. Next in importance came the issue of the roles and responsibilities of staff members. Another theme of concern to direct support staff was intervention planning and the inclusion of stakeholders in the behaviour support planning process. The conceptualisation of PBS involved themes such as understanding what PBS actually referred to, it’s relationship with restrictive practices and how PBS impacted their day-to-day work. The theme of roles and responsibilities was a notable issue for direct support staff. Here the issues related to training, teamwork and how PBS was adopted within particular workplace settings like group homes in accommodation services.

**Description of aggregate dimensions**

The interviews and focus groups resulted in a very large data set comprised of text transcripts from one-on-one semi-structured interviews with chief executive officers and senior management (11), PBS consultants (19) and focus groups (12) (see Table 1). This amounted to some 800 pages, or more than 600,000 words, of transcribed material. Out of this data a number of first-order codes (192), second-order themes (68) and third-order aggregate dimensions (30) were generated.
Table 1: Summary of data sources and coding outputs*

<table>
<thead>
<tr>
<th>Data Source</th>
<th>No. of Pages (Single-Spaced)</th>
<th>No. of Transcript s</th>
<th>Coding Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBS Consultants</td>
<td>370</td>
<td>19</td>
<td>53 17 8</td>
</tr>
<tr>
<td>CEOs (and Senior Management)</td>
<td>211</td>
<td>11</td>
<td>72 26 11</td>
</tr>
<tr>
<td>Focus Groups (Support Staff)</td>
<td>220</td>
<td>12</td>
<td>67 25 11</td>
</tr>
</tbody>
</table>

*The tallies for codes, themes and aggregate dimensions for each data source overlap with each other so that, for example, there were 18 aggregate dimensions in total with 6 common between all three data sources (see Figure 5).

The coding outputs were based on two considerations. First, they needed to integrate a number of subordinate codes and themes and thereby generate a meaningful summary of participants’ views and concerns. Second, the coding outputs were derived to produce a manageable number of third-order aggregate dimensions that were based on larger numbers of subordinate codes and themes. Too few aggregate codes would have resulted in very general and mundane observations while too many would have been unmanageable from a practical perspective. The aggregate dimensions for each of the three data sources are listed in Figure 5.

![Figure 5. Common, overlapping and unique dimensions for participant](image-url)
Figure 5 shows that there were unique aggregate dimensions for each participant group (CEOs, positive behaviour consultants and focus group support workers). There were also dimensions shared by all three groups (common aggregate dimensions) and dimensions shared by two of the participant groups (overlapping aggregate dimensions). Although a semi-structured interview schedule was used to elicit information, participants were also frequently encouraged to comment on issues that they felt were important and were told at the beginning of the interview to offer any ideas they had on issues related to PBS implementation and other topics they wished to raise. The themes and dimensions resulting from the analysis of the interview and focus group transcripts represent a broad range of topics and a balanced mix of common, unique and overlapping themes between the three participant groups.

**Detailed description of aggregate dimensions**

We will present our main findings in the form of a detailed description of aggregate dimensions and the 2nd-order they are based on. The structure of the presentation is as follows: First, we present a summary table a summary of the aggregate dimensions and 2nd-order themes identified from the participant interviews and focus groups (see Table 2). Second, we describe common aggregate dimensions, that is, those fundamental themes that are shared by CEOs, PBS consultants and direct support staff. Third, we describe unique aggregate dimensions for each participant group. Finally, we present aggregate dimensions that were shared by two of the participant groups.

**Table 2: Summary of aggregate dimensions and 2nd-order themes**

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Aggregate Dimension</th>
<th>Second order theme</th>
</tr>
</thead>
</table>
| Common aggregate dimensions: shared amongst all 3 participant groups | 1. Senior leadership commitment | i) Allocating resources to support change  
ii) Providing resources to encourage learning  
iii) Leading by example  
iv) Trialling and introducing new practices  
v) Modelling inter-agency collaboration  
vi) Creating cultural expectations that embed PBS  
vii) Communicating the importance of PBS  
viii) Employee Voice (CEO) |
|                   | 2. Learning culture  | i) Psychologically safety  
ii) Building confidence  
iii) Permission to fail  
iv) Open to feedback  
v) Collaborative approach to developing solutions |
<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Aggregate Dimension</th>
<th>Second order theme</th>
</tr>
</thead>
</table>
| 3. Resourcing and planning | i) Strategic Allocation/Reallocation of Resources  
ii) Managing key-staff  
iii) Partnering with external parties  
iv) Introducing/Developing Expertise  
v) Resourcing to support intensive interventions  
vi) Providing adequate training opportunities |
| 4. Stakeholder engagement | i) Supporting Family Involvement  
ii) Staff engagement  
iii) Encouraging the voice of clients (and their families)  
iv) Staff commitment ('buy in')  
v) Challenges faced when working with many stakeholders  
vi) Involving other stakeholders  
vii) Induction and engagement with new staff  
viii) Celebrating successes |
| 5. Stakeholder conservatism | i) Families - safety and security  
ii) Families - reluctance to support change  
iii) Families - Lack of understanding of PBS  
iv) Staff – conservative approach to change  
v) Staff – physical safety concerns  
vi) Service Users – Conservative approach to change |
| 6. Effective PBS training | i) Training that empowers staff  
ii) Training that provides staff with necessary skills  
iii) Training Availability and Access  
iv) Providing adequate and effective training  
v) Structural barriers to Training Participation/Access  
vi) Training on the job |
| 7. Embeddedness | i) Misconceptions about PBS  
ii) Identification and removal of restrictive practices  
iii) Staff expectations and perceptions  
iv) Staff relationship with client develops over time  
v) Turnover of Staff  
vi) Size of organisation and service design |

**Unique Aggregate Dimensions**

| 1. Information and knowledge management (CEO) | i) Nature and Quality of Data Collected  
ii) Using information to improve services |
| 2. Up-scaling of PBS (CEO) | i) Service Design  
ii) Project-based interpretation of PBS |
| 3. The need for multiple advocates (CEO) | i) Role of middle management and co-ordinators/supervisors  
ii) Specific staff involved in championing PBS |
<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Aggregate Dimension</th>
<th>Second order theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Facilitating factors for person-centred approach (Consultants):</td>
<td>i) How does innovation support the implementation of PBS ii) The Support Worker and their Application of PBS iii) The Role of Information” iv) Establish close relationships with service users v) Person-centred knowledge</td>
<td></td>
</tr>
<tr>
<td>5. Understanding and Applying PBS (Consultants)</td>
<td>i) Key misconceptions about the application of PBS ii) Fundamental tensions</td>
<td></td>
</tr>
<tr>
<td>6. Staff Turnover (Focus group)</td>
<td>i) As a barrier to the implementation of person-centred plans</td>
<td></td>
</tr>
<tr>
<td>7. Mindset Change (Focus group)</td>
<td>i) Stakeholder uptake of PBS ii) Changes in the way staff think about their work iii) Reframing service user behaviours</td>
<td></td>
</tr>
<tr>
<td>8. Work Design (Focus group)</td>
<td>i) Structure/Assignment of support affects staff ability to implement PBS ii) Functioning as a team to implement PBS</td>
<td></td>
</tr>
</tbody>
</table>

- **Overlapping Aggregate Dimensions**

<table>
<thead>
<tr>
<th>Aggregate Dimension</th>
<th>Second order theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Systemic change in services (Focus group and CEO)</td>
<td>i) Changes to service design and delivery process ii) Levels in the operational implementation of PBS iii) The personal level iv) The service level v) The cultural level vi) Supported communication and choice vii) Involvement of support staff in planning and implementing support</td>
</tr>
<tr>
<td>2. Innovation Factors (CEO and Consultants)</td>
<td>i) A Culture of Learning ii) Resources allocated to support innovation iii) Redefining staff meetings to facilitate innovation iv) Liminal interactions lead to change</td>
</tr>
</tbody>
</table>

In each section a short description of the aggregate dimension is presented and this is followed by a description of all the second-order themes that they cover. A relevant quote is provided to illustrate the second-order theme. We present these aggregate dimensions and second-order themes in some detail to show the range of views represented in the data. However, it is also interesting to note that a relatively large number of aggregate dimensions were common across all three data sources of CEO and consultant interviews and support worker focus groups.

**Common Aggregate Dimensions**

1. **Senior leadership commitment**
This is the expressed commitment (“buy in”) of CEOs and senior executives of the organisation to the full implementation of PBS. It includes actions and decisions from an organisation’s leadership structure that support the implementation of PBS. Leadership can occur across all levels of the organisation from the executive to middle management to team leaders and frontline staff coordinators. However, the following emergent themes refer in particular to the upper echelons of the organisation and to the decisions and actions of senior executive staff. Senior leadership commitment can be demonstrated in a variety of ways and some mentioned in the interviews included:

i) **Allocating a range of resources to support change:**

“[Support] is available for any of them. If they don’t feel that the [support] within the organisation is adequate we always look at what other supports they might need … Some [staff] have ongoing mentors outside the organisation.”

The leadership group manages staffing and logistics for supporting change and many other structural aspects that are crucial for PBS implementation including budget for training staff (whether internal or external), restrictive practices audits and other resources for creating/exploring PBS based opportunities for clients.

ii) **Providing resources to encourage learning and innovation:**

“[We support] an investment in leadership and supervisory skills so that as part of their supervision it is about action learning and thinking, you know, what's worked well, what's not working well.”

All three participant groups mentioned topics concerning the encouragement of learning and innovation and the resources needed to support that. There was specific interest in creating spaces and opportunities where staff can meet to collaborate, to encourage the generation of new ideas and to act on those ideas where feasible.

iii) **Leading by example:**

“I guess the first one that comes to mind is management buy-in or organisational buy-in and I think the key to that is a good representation from a CEO-level in terms of what is the organisation’s mission and I guess how PBS fits into that as well so because PBS is so broad, there are so many facets of it that relate to the organisation’s – not only the mission but the operational side of things in terms of delivering PBS as a service so operationally I guess I’m talking about service management.”

Apart from resourcing, leadership commitment to PBS can be seen as being exemplified through management activities, for example, in the modelling of the organisation’s values, in the development of mission/vision and in the concrete systems, policies, strategies and goals that demonstrate leadership commitment.
iv) Trialling and introducing new practices:

“… we are a mission-focused organisation that looks at transforming for the better, … I see the whole organisation be made up of leaders, leaders are not just people at the top. So leaders have to appoint leaders and leadership comes in a whole range of ways. … It’s about how you get things done, how you can have conversations. If we have a problem, we’ll bring a whole range of people together.”

An important way in which senior leadership demonstrates commitment is in how it supports innovation and learning through the trialling, development and routinisation of new practices. These types of innovation and experimentation processes need learning environments that encourage creativity but which also support staff when failure occurs.

v) Modelling inter-agency collaboration:

“It depends on the organisation, you know; some organisations have quite a different ethos and a different way of working. It is really hard sometimes.”

Demonstrating leadership commitment can include activities beyond the formal boundaries of the organisation and include other agencies and stakeholders. There are any forums and avenues for demonstrating this kind of interagency collaboration within the disability sector and staff are aware of these opportunities and when they made use of.

vi) Creating cultural expectations that embed PBS principles:

“[E]very leadership level in the organisation is responsible for the next level down and so basically my job, for example, is to select the people who will report to me. I make sure that that particular group is value-driven and who have got the right cultural approach.”

The creation of an organisational ethos or culture is a core responsibility of senior leadership. Culture is not only based on practices and structural systems but also on core values and how they are expressed at multiple levels of the organisation in all forms of written and verbal communication. Because PBS is a values-based approach to service provision creating cultures which embed and reflect those values is a fundamental task for leaders.

vii) Communicating the importance of the new approach:

“… there is certainly an investment [in discussing the importance of PBS] at induction and orientation about appreciative inquiry and reflective thinking”

Communication is a key source for creating organisational culture that is informed by PBS values. And the communications of senior leadership need to be aligned with the values that are inherent in its purpose and mission. The alignment and/or
misalignment between espoused values and enacted values is a powerful demonstration of senior leadership commitment.

viii) Employee Voice (CEO):

“We’re a talking organisation. We don’t have to have meetings in order for people for information to go up and down the channel.” (003)

Employee voice is the capacity that employees have to express their views on work and organisational issues to their employers. The cultural atmosphere created by senior leadership can have a powerful impact on employees in direct and indirect ways. Because of the importance of factors such as psychological safety in developing innovative solutions, senior leadership needs to encourage and support employee voice as a core element in the effective implementation of PBS.

2. Learning culture

Learning culture is the organisational capacity to adapt and innovate, to retain and utilise knowledge and to optimise the potential of staff to demonstrate their workplace-related skills and insights. There are many aspects of organisational life that feed into an organisation’s ongoing capacity to learn. The themes that arose within this context include:

i) Psychologically safety:

“It’s not about punitive, it’s not about blame, it’s about working through issues.”

Psychological safety is the feeling that a staff member can raise workplace issues in a non-judgmental and non-confronting environment that is blame free. Psychological safety is essential for PBS to be implemented because it sets the context for innovation and experimentation and respect. Psychological safety enables conversations to take place around difficult issues such as improving service design, the dignity of risk and opening up new opportunities for service users.

ii) Building confidence:

“… talking through all these things, that person involved in the actual incident isn’t going to care about any of those things because all they can think about is, oh my God, what’s going to happen to me? What’s going to happen to the person? What’s going to happen to my job if this happens again and basically their confidence goes down at ground level … So it’s about building that confidence again.”

Learning culture also provides support to build confidence among staff for the new innovation. This support can take on many forms including modelling of new behaviours, supportive approaches to induction, coaching for existing staff and staff mentoring programs.

iii) Permission to fail:
“I think we’ve created an environment where people can say to us, "This is the incident that happened", and it’s okay. You’re not going to get finger pointed at you and told off. It’s like tell us what it is so that then we can work out how can we best support the person through a positive behaviour framework.”

Learning cultures provide opportunities to trial and experiment new ways of providing support and importantly create environments where there is permission to fail and to learn from that failure. This assumes that the experimental situation informs all participants of these possibilities failure does not result in negative consequences that are unexpected.

iv) Open to feedback:

“Family members are also asked to provide feedback on services rendered. Family members are seen as being a part of the support team and are involved in the collaborative planning/design of supports for the client.”

The capacity to give and take feedback is a core characteristic of learning cultures. Culture change of the order that an authentic implementation of PBS requires will build many mechanisms for feedback between internal and external stakeholders and environments of trust that will support candour and honesty in those feedback mechanisms.

v) Collaborative approach to developing solutions:

“What we’re saying is that we can’t work this stuff out on our own, we need everyone who knows and cares about this person to come together and let’s figure it out together.”

Collaboration is central to the development of a learning culture in an organisation the key elements in developing a collaborative culture consist of: i) providing avenues for staff to come together to solve problems, ii) involving various parties (other staff; family; external stakeholders) in planning and the ongoing investment of time and energy, iii) allowing for consultation on decisions and empowering staff to participate in decision-making, iv) encouraging strong relationships and positive engagements between staff and other stakeholders, for example, families, Commission staff and staff from other organisations.

3. Resourcing and planning

The physical and human support and resources committed to the full implementation of PBS. The themes mentioned in the context of resourcing and planning include:

i) Strategic Allocation/Reallocation of Resources:

“What we’ve tried to do is build supervision around that, around the different teams to do better quality supervision and to only roster staff associated with one particular team"
Because of the size and scale of the changes, planning and resourcing was an important element to in the successful implementation of PBS. This needs to be accompanied by structural adjustments to improve control and coordination of the implementation process.

ii) Managing key-staff:
“Always building new leaders - that’s always the thing, keeping and building new leaders and always looking to make sure that you’ve got that leader.”

As with the introduction of any new change process, the successful management of recruitment as well as succession planning processes was an important factor. The internal development of expertise and of key staff (for example, PBS champions) to contribute to PBS implementation were central aspects for resourcing and planning. Key PBS staff were typically involved in such areas as overseeing person-centred planning procedures, inducting new staff, co-ordinating case reviews and for developing internal PBS staff training programs,

iii) Partnering with external parties:
“So basically they [an external organisation] are our clinical support and within that we actually have … a specialised training program so that selected staff actually go through.”

Disability agencies throughout the sector vary widely in size and level of financial and human resources. Consequently, cross-sector and interagency partnering for the effective use of physical resources and knowledge, skills and expertise of staff is an important consideration in the sector wide implementation of PBS.

iv) Introducing/Developing Expertise:
“... they might identify a particular training need around a particular person, you know, and we do dedicate resources to that, so it's rare that we would – you know, something that's not going to be useful to the consumer.”

The allocation of resources for developing expertise in introducing new expertise in the organisation was an important theme for CEOs. PBS requires real expertise in both conceptualisation and in behavioural implementation and the dedication of resources for developing that expertise internally or bring anything from outside can be an important issue.

v) Resourcing to support intensive interventions:
“Well I work with some pretty challenging people and I know that having the time and the money and the resources to actually change the behaviour, even when you know you can, is still [challenging], it needs a lot of intensive work and it needs more than one person on a shift to do it.”

Staff often focused on the intensive or tertiary intervention aspect of PBS and this often requires additional personnel and resources. However, these additional
resources can be offset by the preventative focus of primary or universal intervention in secondary or targeted intervention aspects of PBS. When organisations see PBS purely as an intensive intervention process for behaviours of concern, efficiencies and benefits of universal inventions can be missed.

vi) Providing adequate training opportunities:

“I think often people feel intimidated and under resourced and maybe even a little bit lost as to even know how to support this person ... And it’s having that training as well. It’s trying to find the proper training and then getting the resources to release the staff from the shifts that they’re rostered on and to actually get them to do it”

Providing adequate, high-quality training opportunities for staff is a central aspect of PBS implementation in this training essentially needs to cover not only intensive aspects of dealing with particular individuals and their behaviours of concern but also how to apply PBS at a more universal and service design level. This aspect of PBS training is perhaps even more important for professional and management staff responsible for resourcing and designing services and their delivery.

4. Stakeholder engagement

The overall level of interaction, communication and involvement that is actively encouraged with all key stakeholders including families and social networks, government and interagency staff.

i) Supporting Family Involvement:

“... there’s clarity of expectation because I think when we weren’t doing this kind of planning process the expectations of the service and the outcomes of the service were really muddy for both the co-ordinator, support staff and the families and individuals themselves, but by involving everybody in coming up with what we’re going to focus on, everybody is clear”

Supporting family involvement and engagement can take the form of improving the family’s understanding of PBS, reassuring families regarding their concerns and providing information and mechanisms that create an environment of psychological safety for the family through providing a non-threatening space and putting time and energy into building positive relationships.

ii) Staff engagement:

“We contact [new staff] so they know from the start that they’re welcome to come here...the co-ordinators are always talking to the staff, so they know that they can come in. We want them to engage with us.”

Several participants raised the matter of the need for supporting the engagement and commitment of staff to PBS. The themes that were mentioned in these
conversations included the role of stories and small successes in empowering staff and building self-confidence in using PBS as part of their daily activities. In effect this can be seen as part of the cultural change aspect of PBS so that it is not only relevant to the interactions with service users but also between all staff members in the organisation. For example, where a staff member is struggling to adopt new approaches to working with service users, PBS principles can be applied in supporting that staff member to make the necessary shifts in mindsets and behaviour.

iii) Encouraging the voice of clients (and their families):

“We’re doing some skills training around the governance processes and hopefully extending that beyond that to other issues ... trying to facilitate the voice of those people for them as self-advocates to try and create the skills for [service users].”

Engagement with service users depends to a significant degree on their capacity to voice their preferences, wishes and dreams. The idea of ‘voice’ can be used here as a metaphor to indicate many forms of communication including behaviour, gesture, vocalisation, facial expression and body posture. Facilitating communication and encouraging clients’ voice is a central aspect of PBS implementation and while several staff mentioned positive initiatives in this area there was also an awareness of the lack of training and time and personal resources to enable service users and their families to voice their interests and concerns.

iv) Staff commitment:

“I think what has promoted that coming forth with ideas and creativity from staff on the ground is the fact that they were involved in the planning meeting and they’re really clear about it and they’ve been part of writing what the outcomes are for that person, they’re invested, they’re bought into it.”

This quote highlights how inclusion of staff into decision-making can be an important factor in establishing the commitment of staff to the implementation of PBS.

v) Challenges faced when working with an array of stakeholders:

“It’s part of the role of the therapists that we have to question use of restraints or restrictive practices … but … it’s very difficult to influence behaviours of staff who are employed by other organisations.”

Several participants mentioned that they witnessed the use of restrictive practices in other settings such as the family home or other service providers. There is confusion over how to respond in this situation, whose responsibility it is to address the restrictive practice and how that might be done. This could be an important topic to address in restrictive practices training sessions.

vi) Involving other stakeholders:
“There are others within that environment who know the individual, who know their quirks ... why they do it, and then what to do, how to interact, support the person ... So they’re actually kind an advocate for what needs to work for that individual, and they work with us.”

In situations such as individualised support planning and other kinds of intensive interventions it was recognised that inclusion of other stakeholders could be an important part of the PBS implementation process.

vii) Induction and engagement with new staff:

“We contact them so they know from the start that they’re welcome to come here ... the co-ordinators are always talking to the staff, so they know that they can come in. We want them to engage with us.”

The initial point of entry of new staff into an organisation is a crucial time in their development and uptake of organisational culture. Several consultants mentioned the importance of induction and orientation processes and also of engaging with new staff when they begin their work with the organisation. It is at this point that they learn the unwritten ground rules and culture of the organisation and take on the mindset that predominates in their work area. This initial period of orientation of new staff is particularly important because PBS implementation relies so much on the intangible aspects of culture change and staff mindsets.

viii) Celebrating successes:

“What I was going to say about that family negativity or support worker negativity that you can have is if you do the first plan, they can be really, really negative .... then three months down the track and you go, ‘Oh look.’ tick, tick, tick and then you’ve won their trust and then the next meeting they’re far more enthusiastic and far more on board and then you can suggest more ‘out there’ things.”

Celebrating small wins enables confidence to be built over time so that the process of opening up opportunities, providing new choices and new experiences to service users gradually shifts all stakeholders. Because of the change and innovation that PBS implementation brings, confidence in this process leads to a positive cycle of expectation, achievement and greater opportunity. Of course, there can be setbacks and failures in this process but this makes the celebration of small achievements even more important.

5. Stakeholder conservatism

This is the tendency for stakeholders to maintain current and traditional practices and/or to reject or be reluctant to adopt PBS-related initiatives. It is important to acknowledge that the conservative approach to the adoption of new practices can
play a useful part in culture change in that it acknowledges that current practices and understandings be retained when they are successful. However, that conservatism can override the process of culture change particularly when it exists in the form of a kind of service inertia that stymies the change implementation process. Within this theme of stakeholder conservatism, a number of points were raised in the interviews:

i) Families - safety and security:

“Families of course also were very nervous, not just around the safety aspects but the impact on their family life.”

Family members have a concern for safety and security and this needs to be dealt with appropriately and with sensitivity, especially when removing restrictive practices that might be in place for the short-term well-being of the service user. This makes the role of PBS implementation in filling that gap, and replacing the restricted practice with a viable positive option, so critically important. Family concerns need to be heard and included in decision-making so that family commitment to the new way of dealing with the behaviour of concern can be gained.

ii) Families - reluctance to support change:

“Because sometimes things are very ingrained in families and parents can be very, very fearful of what has gone on before so that can be really hard to switch that mentality”

Families can be reluctant to support change for many reasons. For example, they can be concerned that the organisation does not have the capacity to cope or provide consistent support to their family member over the long term if restrictive practices are removed or if new activities are undertaken. This is particularly true for families who do not trust the long-term commitment of the organisation to their family member. Issues such as staff turnover and the personal relationships built up between families, service users and staff members play a central role in these kinds of concerns. Such factors influence the level of trust that exists between key stakeholders in the validity and long-term commitment to the change process.

iii) Families - Lack of understanding of PBS:

“The father … said, “I’ve been torturing my child and I didn’t even know it” because he wanted too much for him to do this and do that and his methods were more the consequence, punitive-type methods, but it’s because he hadn’t understood autism, hadn’t understood the difficulties for his child”

Families can unintentionally work against the adoption of PBS principles and practices because of a lack of understanding of how they function to provide opportunities. Family involvement in the implementation of PBS and how it is intended to function is therefore an essential aspect of its uptake. The engagement of all stakeholders is a core part of its basic principles and values.
iv) Staff – conservative approach to change:

“I remember particularly one manager almost verbatim saying, you know, ‘Well, this is the latest thing, we’ll wait till the next thing. In the old days we just did it and it works. Why don’t we just go back to that then?’”

Staff at all levels, including managers and senior staff, can also be conservative in their approach to change. Given the repeated changes in service philosophy and delivery over many years in the disability field, this scepticism can be understandable particularly for staff who have worked in the field for many years. However, PBS is not only a new approach but integrates many of the previous service development and delivery approaches such as behavioural and skill-based training and more social approaches such as social role valorisation. In this sense PBS does not supplant previous approaches but carries them over and integrates them into something that is more inclusive.

v) Staff – physical safety concerns:

“Support workers [are] the ones that are having to support the person, so when all these behaviours come up it’s getting that support for them as well as the person ... if you’ve got somebody that’s displaying really challenging behaviours, staff don’t want to support that person because they’ve been there too long and they’ve had enough and they get burnt out.”

Staff conservatism towards change can be related to issues of risk and safety. A sense of security and safety is important in adopting change practices and staff can be fearful that they will be held responsible for unwanted incidents or unintended consequences that might occur as a result of their attempt to implement PBS. Staff are particularly reluctant to support change when they have a concern over the physical safety of their client and themselves when removing restrictive practices or opening new opportunities.

vi) Service Users – Conservative approach to change:

“And you start thinking when does this individual learn that they can make choices, that they have autonomy, that they are not just at the behest of somebody else.”

“They’ve been restricted so often in their lives that they don’t know that they can make choices and it’s lovely to see people ... realise, ‘Hello, I can say no if I want’.”

Service users themselves can be very reluctant to exercise their opportunities for choice and for experiencing new environments and activities. Given that people disabilities are often subjected over many years to environments which restrict personal choice it should not be surprising that some reluctance in exploring new opportunities can be present. Adopting supportive practices and supported
communication techniques can be useful in helping service users explore new potentials and opportunities.

6. Effective PBS training

The development of staff through off-site and on-site training with the aim of improving their knowledge, skilled use and flexible adaptation of positive behaviour support techniques. The key themes that constitute this aggregate dimensions are:

i) Training that empowers staff:

“One of the things you really need to give to staff because it can be hard work and it can be challenging work from time to time. So you have to place the staff in the story of being someone who can make something really transformative and good happen for someone and share those stories.”

PBS implementation supports transformative change because it requires a shift in service design, operational practices and service values across many, if not, all aspects of the organisation’s activities. The empowerment of staff to be actively engaged with the change process is a central aspect of transformative change. Staff development and training programs, particularly for executive level staff, need to address this issue of empowerment and inclusion in decision-making for operational staff at all levels.

ii) Training that provides staff with necessary skills:

“These people really needed more social contact, more out and about, more community ... encouraging the support workers to actually think about that, think about how they could encourage that, … [often] support workers didn’t have the skills around how to encourage social interaction and community involvement”

Almost all staff interviewed specifically mentioned training as a crucial element in their capacity to implement PBS and a range of skills were mentioned that would benefit from training input. For example, the application of PBS to specific situations (e.g. crisis management; first aid), training for person-centred planning, training for skills that are related to social interaction/community involvement, and rich provided skills in the practical application of PBS. Also mentioned were modes of training that staff felt would be more useful, for example, training on the job and through workplace debriefing where they saw multiple opportunities to reinforce and expand the application of their PBS skills. It is not only mindsets and levels of engagement that determine how successfully staff implement PBS initiatives but also their skill level and confidence in their skills. Staff training on PBS needs to provide practical skill development that is relevant to their work and which is adapted to their background and existing capabilities.
iii) Training Availability and Access:

“We’re looking at some of the training and forums that are being made available in this training calendar. There is a distinct lack of country [training opportunities] … metro-centric”

A strong theme emerged particularly in regional areas related to availability and access to training resources. There was a concern that regional organisations did not have access to the same training opportunities that metropolitan organisations enjoyed. There were several comments related to the use of information technology and Internet-based training. Several staff suggested that access and availability of training programs could be greatly improved through the greater use of Internet technologies.

iv) Providing adequate and effective training:

“Often it can be counter-productive to have the standard support staff that haven’t done that training – when you’re talking about what has motivated the behaviour, 90% of them will say, ‘Oh, it’s attention, they are just wanting attention’. They don’t have that [PBS informed] understanding”

The implementation PBS depends on all stakeholders contributing to the goal of improved quality of life and the exploration potential and opportunity. For staff to contribute towards this purpose, they require a deep understanding of PBS principles and how they can be applied and implemented in concrete situations. Those situations need to address both individual behaviours of concern, be targeted towards vulnerable groups within the service user population and to inform the design and delivery of services at the universal level of intervention and support. Training provides a basic platform for developing an understanding of the principles that underpin these three core domains of PBS intervention.

v) Structural barriers to Training Participation/Access:

Researcher: “Do you think the organisation provides you with enough opportunities for training?”

Participant: “No because some support workers can’t work for some months and go [to training], other people who can’t work and go [to training] because of their job, it’s a casual job.”

There are structural barriers to participating in PBS training opportunities. The above quote illustrates one of these barriers in that casual and temporary staff can make up a significant proportion of the direct support staff population and yet they may have no opportunity for participating in training because of their work status. There are several structural issues which are highly relevant to the disability sector workforce which make PBS training provision and participation difficult. The sharing of information and solutions between disability sector organisations to address these
kinds of structural problems could be useful in improving training participation and access.

vi) Training on the job:

“Specialised behavioural training, how to deal with this and up-skilling people ... in a reality setting and not in a “Let’s discuss it and what would you do in that [situation]” but ‘Let me show you how to do this” and then it actually makes it real.”

Several staff brought up the issue of the need for on-the-job training which provides concrete demonstrations of PBS principles and how they can be applied. Because of the complex nature of PBS, it is best taught and communicated through practical skill development in concrete settings. Wherever possible training programs should be based within real settings and include opportunities for behavioural learning and the active application of its core principles.

7. Embeddedness

The degree to which PBS is routinised in everyday activities at all organisational levels including policy development, service design and provision, work routines and interpersonal practices. Embeddedness is about the successful uptake and establishment of new practices. It is inevitably a complex process of successes, blind alleys, mistakes and surprises. The overall goal is systemic learning on an organisational-wide basis where new routines become accepted practice as culture changes.

i) Misconceptions about PBS:

“And I suppose our biggest challenge here is getting those support staff to take some risks, looking at things in a different way, being okay with the fact that, yes, this is how it was done but that’s not necessarily the best way to do it now”

Embeddedness can be affected by many factors. Participants raised issues which clearly indicate that particular understandings of PBS can inhibit both its systematic adoption across services and its embeddedness in practice routines. For example, PBS is often associated with practices that relate to relatively rare or unusual events, critical incidents or planning processes and this inhibits its embedding in more systemic service characteristics. The misperception that PBS is primarily used for managing single incidents works against an understanding that sees it as a values-based cultural change strategy.

ii) Identification and removal of restrictive practices:

“I think for a lot of our staff, that not providing someone with opportunities, they don’t realise that that’s actually a restriction, you know, not exposing someone to new activities, to new opportunities.”
From the participants’ responses it was clear that the identification and removal of restrictive practices has been received in a positive fashion across the sector. This is true particularly for the more visible restraints involving mechanical and medical interventions. Restrictive practices lie on a spectrum of actions ranging from very visible mechanical restraints to the very invisible psychosocial restraints. These more invisible activities can work against the embedding of PBS on the systemic basis. In the course of removing restrictive practices, PBS offers a human rights-based alternative to dealing with behaviours of concern. However, the intangible nature of psychosocial responses to behaviours of concern means that they are less likely to be identified and addressed in a targeted fashion through the principles and procedures of PBS-based interventions.

iii) **Staff expectations and perceptions:**

“It’s confronting for [support staff] to have to step away from something that they’ve done a certain way for a long time to doing something differently because they’ve had this perception that what they’ve done has been good, it has been effective.”

Participants brought up the issue of staff expectations and perceptions and how that might be associated with the willingness to adopt innovative PBS-inspired practices. An important aspect of PBS is to adopt a positive engagement with staff expectations about service users’ potentials. This is an important issue in attempting to embed new PBS practices because, in working with people with disabilities, staff can make judgements about service users’ capacity to change on the basis of their proceeding reputation. Expectations also play a role in adopting an active or passive understanding of staff roles in working with service users. Staff can also have certain expectations about clients’ ability to change or cope with change and this affects their willingness to explore new opportunities.

iv) **Staff relationship with client develops over time:**

“I think it doesn’t allow enough room for the support to actually get to know a person for who they are, before knowing their needs … It’s actually I want to know who you are, what do you like, what makes you laugh, what’s makes you sad.”

Embedding practices requires a close understanding and knowledge of service users’ needs and preferences. To firmly establish PBS in day-to-day practices, staff need to have confidence in working with their service users and the service user needs to have a solid sense of trust in the support staff. Developing positive and trusting relationships through adopting a person-centred approach with clients can take time to build and so the embedding process can take a significant period to be well-established.
v) Turnover of Staff:

“I guess with the staff turnover rate as well, they find that new staff that come on board, it is a disruption to the house. For example, in accommodation and of course the people in the house are going to be unsettled”

The preceding theme of staff relationships was often mentioned within the context of staff turnover and the problems that arise through lack of consistency in staff who are around long enough to successfully implement PBS. Staff turnover and consistency in staff client relationships is a central issue in the embedding of PBS and this topic will be discussed in much greater detail in a following section.

vi) Size of organisation and service design:

“The biggest hurdle I’m seeing for [name of organisation] is its general size of an organisation … whatever we cover with Positive Behaviour Support needs to be across the board and it needs to cover all of our homes, all of our independent options, all of our business service sites”

Embedding PBS is also closely associated with the size of the organisation and their capacity to be agile and flexible in service design and delivery. These capacities differ greatly between small and large organisations and there are particular challenges that apply to both. With small organisations fewer internal resources are available to support the embedding of PBS while the size of the organisation also makes it much more feasible to systemically and consistently routinise PBS initiatives. With large organisations more internal resources are available to support activities such as staff training and localised innovations, however, size is a factor in achieving a systemic application of PBS across all service areas. Embedding PBS from being merely a project-based initiative to a systemic change initiative presents many challenges and CEO interviews in particular mentioned this theme on several occasions.

Further Comments on Common Aggregate Dimensions

Apart from the wide range of topics covered by these common aggregate dimensions it is interesting to note their similarity with the findings of the literature review and that many of the issues raised by participants in these interviews were also identified either as important themes or as notable gaps in the extant literature concerning the implementation of PBS. These aggregate dimensions also support the selection of attributes for the qualitative comparative analysis (fsQCA) aspect of this study. For example, six common aggregate dimensions - leadership, organisational culture, resourcing and planning, stakeholder engagement and staff development - are fundamental attributes of organisations attempting to implement any broad-based change initiative. It is also interesting to find that these core
themes are of common interest and concern to staff members across all operational levels of the DSOs involved in this study. The interactive relationships found between these common aggregate dimensions will be explored in greater detail in a following section.

**Unique Aggregate Dimensions**

We now move to a discussion of unique aggregate dimensions. First we consider aggregate dimensions that emerged from the CEO interviews and these will be followed by the Consultant and Focus Group (source indicated in brackets after the aggregate dimension heading).

1. **Information and knowledge management (CEO)**

This theme refers to the management and use of data and information systems and staff knowledge about service users such things as personal preferences, personal histories, likes and dislikes, critical incidents and planning processes to inform decision-making, service design and delivery.

   i) **Nature and Quality of Data Collected:**

   “I mean, really in supervision and supervision notes which might be with the service coordinator and the support worker or the team support workers or it might be with service coordinator and the team leader or if they bring me in as well then I would make notes, so it’s – but it’s not aggregated in any way.”

   The nature and quality of data collected regarding things like behaviours of concern, critical incidents and restrictive practices is hugely varied in kind, quality and quantity across different organisations. Participants’ reported that information was usually collected and recorded in qualitative rather than quantitative formats. This makes it more available for general use and providing anecdotal evidence. However, recording information in qualitative form also makes it more difficult to gauge overall trends and perform general analysis of information. Looking across all the agencies involved in the study participant responses indicate that organisations tend to use different information collection and storage systems and might be recreating different systems to do very similar tasks. For example, there are several different approaches to critical incident reporting and analysis even though there are many similarities in the same kinds of intervention strategies and solutions being developed in response.

   ii) **Using information to improve services:**

   “They have to record an incident if something has happened, and we will follow it up if there seems to be a pattern either with the same therapist or the same
client.....it’s not just being logged. The team leaders get the information and I get the information and we collate it all so we will be able, over time, to have a look and see whether this is changing.”

Apart from the immediate use of information to develop individual and collective interventions to address behaviours of concern is and to make new opportunities available, information can also be used to improve the design of services in the longer term. CEOs and senior executives were aware of the need to identify trends in service provision so that a more proactive approach to service design and deliver could be developed. Information is also seen as important in establishing consistency across services and even across different agencies through information sharing. Improvement services through better information collection, analysis and use was also seen as important for improving service quality in such things as checking the evidence base to understand a client’s needs and goals. This information and knowledge is also important for informing the way supports and services are designed. For example, having an evidence base of environmental triggers and antecedents helps staff to prevent the occurrence of challenging behaviours. However, current information systems were seen as only beginning to develop this kind of service improvement capacity.

2. Up-scaling of PBS (CEO)

This aggregate dimension refers to the upscaling of PBS from a particular service or department or project to a whole-of-organisation transformative change program. Up-scaling is closely associated with new forms of service design and the creation of new approaches to developing and delivering services.

i) Service Design:

“We’re talking about staff training, we’re talking about environmental design, we’re talking about accessibility, we’re talking about interface with health systems, we’re talking about every aspect of that.”

Service design plays a significant role in the upscaling of PBS from a project initiative to a more systemic change program. As discussed by Miller, Williamson, and Cubbage (2011) effective service design is constituted by a number of core elements which include: i) individualised services and knowing the person at a very personalised level, ii) providing services that are opportunity focused and human rights based and iii) drawing on and building up relationships and community connections to enhance the quality of life of service users. This applies to all types of services including internal service delivery as well as staff training, access and interface between different services.

ii) Project-based interpretation of PBS:
“There’s not a good or strong commitment to rolling it out across the State, the resourcing of it. I just get the feeling that it is being seen as a project and it has got a finite timeline and it is coming to an end.”

One of the major barriers to the implementation of PBS is the view that it is a project-based initiative. PBS can be labelled as only relevant to the needs of individuals with behaviours of concern, or to particular program areas such as therapy services or psychological services. When PBS is thought of in this way, its real potential becomes constrained and the long-term benefits to individuals, and to the effective delivery of services, is reduced. A project-based interpretation of PBS is fundamentally at odds with its intention to be a universal approach to service design and delivery.

3. The need for multiple advocates (CEO)
This aggregate dimension highlights the need for PBS champions and mentors. The energies and abilities of enthusiastic and trained staff, family members, commission staff, professionals and community representatives and other PBS “champions” can be harnessed to support the implementation of PBS across all levels of the organisation and the disability sector in general. Champions can act as individual advocates, stores of PBS-related knowledge and experience and agents of change.

i) Role of middle management and co-ordinators/supervisors:
“Co-ordinators being the role models to the staff in terms of what we would think, you know, what this organisation expects of you in relation to how you work with the staff.” (003)

Middle level managers, coordinators and supervisors have particularly important roles in championing the implementation of PBS. Through encouraging innovation amongst staff, communicating expectations, acting as role models to new staff, influencing the development and design of new services, are all means by which middle managers and supervisory levels can assist in helping the new approach to permeate through to operational staff, families and other stakeholders.

ii) Specific staff involved in championing PBS:
“Part of their responsibility is to be a champion. So they need to be at their respective team meetings talking about positive behaviour and inviting [the PBS Consultant] in periodically ... out there talking the talk and hopefully walking the walk.” (024)

Many organisations have existing ‘PBS champion’ programs operating at both formal and informal levels. In some instances organisations also provide an additional financial benefit for taking on this additional role. These champions provide an
important source of support for staff in formal PBS-related positions, such as the positive behaviour support consultants.

4. Facilitating factors for person-centred approach (Consultants):
One of the fundamental qualities of PBS is that it encourages a person-centred approach to planning and working with service users to improve their quality of life. There were several facilitating factors relevant to this feature of PBS that were mentioned in the interviews and focus groups.

i) How does innovation support the implementation of PBS:
“There’s someone we support who has a variety of challenging behaviours ... [we introduced some PBS interventions] a support worker said that three times she’d seen [the person resist the doing the previous challenging behaviour and now opts for the PBS-based option] instead”

Doing things differently so that people enjoy a better quality of life is the basic reason for the introduction of PBS is a new approach to service development and delivery. When staff get to know service user well and adopt a person-centred approach in working with them, they are ideally situated to develop innovative and personalised solutions to working with behaviours of concern. More generally getting to know a population of service users can also help in targeting vulnerable groups and in developing more universal interventions that promote opportunity and remove constraints across the whole population of service users. A person-centred approach is a core element of PBS philosophy and practice and there are many factors that facilitate the use of this approach. These factors include operational staff’s commitment to PBS, the use of person-centred information in decision-making, and management support for staff in the innovative application of PBS.

ii) The Support Worker and their Application of PBS:
“I was called out to a critical incident that had occurred in the community where one of our service-users had actually assaulted a support worker. The support worker had called for assistance ... by the time I arrived and the support worker, who was a young woman who had worked with this service-user for quite some time, when I got there she was quite distressed. I was trying to do some debriefing with her and her response when I said, “Well, how did this happen?” was “I must have missed something. I obviously have not been aware. I think I did something that contributed to this.” ... So it wasn’t, you know, “That rotten person just gave me a whack in the head”, it was “How could I have missed the signs?”

Support workers work in demanding roles and often in difficult circumstances. In attempting to implement innovations to offer opportunities to service users, risks may
sometimes need to be taken. Recognition of the potential risks are an important aspect of offering support to staff so that they know that something new and potentially risky can be carried out with the support of workplace. Interviews from consultants and focus group participants indicated that there was a general willingness to try new activities in dealing with behaviours of concern and that these endeavours in turn required support and additional resources from management.

iii) The Role of Information:

“I remember when he was going through a crisis and he was getting quite aggressive, someone from the office had the idea that maybe it is safer for him to stay at home so he shouldn’t be out in the community because someone can get hurt. And I showed … he hadn’t had any incidents in the public, it was only with support workers at home, … that was a big win because it would have been worse for him to stay at home all the time.”

Information collection and use plays a crucial role in PBS as a scientific approach to dealing with behaviours of concern and with the improvement of people’s quality of life. Important decisions that affect service users’ lives need to be based on evidence. The collection of detailed information provides a basis for making informed decisions and for getting to know individuals in a more person-centred manner. The methods and systems by which data and information is collected, stored and retrieved to make informed decisions is a complex topic and there appear to be many different styles and approaches adopted by the organisations involved in the study.

iv) Establish close and conducive relationships with service users:

“I think they’ve built a relationship so once they trust you then they open up. So once they open up to that staff member it was very easy.”

Building a relationship based on trust is a primary foundation for establishing a person-centred approach to service planning and provision. When PBS implementation works well, a close and conducive relationship provides fundamental base for opening up new opportunities and establishing a close and trusted working relationship between the service user and other people who are involved in their support and social network.

v) Person-centred knowledge:

“So when I see little things I know now because we’ve been in situations like that … I know that I’ve got to pull back, I’ve got to be quiet, I’ve got to be really different … With different clients [I need to show] different behaviours.”

Person-centred familiarity with the service user not only aids the implementation of support plans and activities but also creates confidence and security in the service user towards staff that they work with. This highly personalised level of knowledge
can play an important role in preventing or ameliorating the impact of behaviours of concern.

5. Understanding and Applying PBS (Consultants)
An accurate and faithful understanding of PBS is crucial for its application. When misunderstandings are present it is almost inevitable that the application PBS will not be faithful to its basic principles.

i) Key misconceptions about the application of PBS:
“They see it as a problem and it needs to be fixed, whereas I guess my team and I we see this as a methodology. Positive Behaviour Support should be applied to anyone, even if you’re not displaying a behaviour of concern. It should be our approach to working with individuals, but they don’t share the belief, they just see it as someone to call when there’s a problem and we come in and fix it and that’s not how we work.”

From participant interviews it is clear that there are general misconceptions about what PBS is and how it is applied to deal with behaviours of concern. For example, there is an understanding of PBS as a psychological approach to dealing with critical incidents in that it provides intensive supports for individuals who have displayed some behaviour of concern. Although such a view may be widely understood to be inadequate, this individualist perspective on PBS seems to be widely assumed and this limited understanding impacts on a very concrete manner on the ways that PBS is applied in workplace settings.

ii) Fundamental tensions:
“She has these skills now to be able to access the community and, you know, give her that dignity of risk ... duty of care versus dignity of risk.”

There are many fundamental tensions in organisational life in which staff at all levels need to face, particularly in times of change when implementing new initiatives. One tension which is pertinent to the life of support workers in the disability sector, and one which was raised in many focus groups and interviews, is that of ‘duty of care’ versus ‘dignity of risk’. This is a well-known issue amongst support workers and is apparently often discussed in training sessions and meetings. It is important that such tensions are surfaced, acknowledged and discussed within organisation as well is across the sector.

6. Staff Turnover (Focus group)
Staff turnover creates many barriers to the successful implementation of PBS.

i) As a barrier to the implementation of person-centred plans:
“You could have planned for the long term because you could see the outcomes and the goals but the [staff] turnover makes it difficult. So it’s then kind of like okay, go back to zero again until they get used to the staff member.”

Staff turnover not only undermines investment in training, knowledge of PBS, and experience with working in particular settings but is a significant loss to the services’ capacity to know service users so that person-centred approaches can be successfully implemented. As we have seen in the area of service design, knowing a person well is one of key foundations for the provision of quality services. In times of high staff turnover this corporate knowledge is lost and its re-establishment can be costly. Keeping staff turnover rates low is a priority for developing the basic organisational capabilities required to implement PBS with fidelity.

7. Mindset Change (Focus group)
We have already seen that mindset change has been mentioned within several contexts and in the following paragraphs, we look at several second-order themes that were mentioned with regard to the way PBS was taken up and conceived by support workers in their work.

i) Stakeholder uptake of PBS:
“A whole range of changes has happened to this young man. And they've raised the bar with him as well, given him expectations that he's meeting and he's expressing. He's expressing greater choice. [Advised] other kids at school how to interact with him”

It is vital that not only staff who recognise the value of PBS but also service users and other stakeholders. These instances and stories of stakeholder involvement in the achievement of positive outcomes be particularly powerful communicating PBS and providing illustrative cases for its implementation and general benefits.

ii) Changes in the way staff think about their work:
“[I ask support staff to] understand the processes behind why things are a restrictive practice … before you implement something that you think might be a good idea … think about things more before they rush into it.”

PBS implementation is impacting on the way support staff think about their work and how they approach the task of introducing new activities and opportunities. In particular, the PBS approach is opening up a more deliberate and planned approach towards responding to client needs and, when the need arises, in the development of appropriate supports and interventions and how to apply them.

iii) Reframing service user behaviours:
“What we’re looking at is behaviours in general and so it's not just about what practices restrict the clients that live in the homes … it’s looking at opportunities
PBS implementation is impacting on the way support staff think about service user behaviour and on how they conceptualise causes of that behaviour as well as their subsequent response to that behaviour. Some staff noted that a more systemic and communicative understanding of behaviour is becoming more apparent.

8. Work Design (Focus group)
As new workplace interventions are adopted and new service designs are trialled and implemented, the structure of staff workplace activities changes. Consequently, implementation PBS is directly relevant to the issue of work design.

i) Structure/Assignment of support affects staff ability to implement PBS:
“The thing is like I never see them anyway because it’s a one-to-one job, we actually don’t see our colleagues except for meetings and co-ordinators I see them very little as well.”

In the preceding quote we can see that the adoption of individualised supports has consequences for the ability of staff to learn from each other, to meet together to discuss workplace issues, have a sense of collegial identity and solidarity with organisational goals and purposes.

ii) Functioning as a team to implement PBS:
“I think it’s really a teamwork here. Even though we are one to one with our clients but really at the end of the day it really is a team effort and communication is pretty good.”

Several participants mentioned the role of teams and teamwork in the implementation of PBS. Organisational change is a multilevel process and depends not only on individuals shifting mindsets and adopting new practices but on the collective shifts involved in teamwork, management practices, senior executive mindsets and policy development and on cultural change that occurs across the organisational system as a whole. Teams and teamwork are crucial points in this change process because they lie at a pivotal junction between individuals and larger organisational structures and governance systems.

Overlapping Aggregate Dimensions

1. Systemic change in services (Focus group)
The PBS focus on person-centred planning has brought about shifts in the ways that service design and delivery processes are conceived and implemented.

i) Changes to service design and delivery process:
“The [client’s individual] plan is the job description and we recruit on that basis so if I’m recruiting someone and the client wants to do a particular thing, I will recruit on that basis ... We match people up not so much about their skills or qualifications but what they can do in their personal life; their skills, their beliefs. One of my clients wanted to work on his fitness, become fitter and work out more so I found him a support worker who is a qualified personal trainer and does martial arts in his spare time.”

This quote shows how a person-centred approach at the level of service design can bring about a very different method for meeting and planning for individual needs of service users. Tailoring of staff skills experience and qualities to the interests of service users means that both parties can benefit from the exchange and be more engaged in the process of service delivery and the outcomes that are aimed for. This example highlights the application of PBS principles at the systemic level of change in services. It illustrates how PBS can be used at a universal level of intervention rather than being identified purely with personal level of intensive supports.

**ii) Levels in the operational implementation of PBS:**

a) The personal level:

“The person with a disability for so many years hasn’t had any power like that so it’s very important for us to ensure that it really is an offer that is made about what we can do.”

b) The service level:

“Even the planning process is adapted to what the person’s needs are … we adapt that process to every individual that we’re working alongside”

c) The cultural level:

“So that PBS really for us it’s a no brainer because it’s about trying to create the environments that people thrive in in a really positive manner for the people we support, but actually it’s about supporting staff to develop the skills for them to enjoy their work too because no-one wants to work in a prison ward.”

We have already pointed out that PBS can be implemented at individual, targeted and universal levels of intervention for improving the quality of life of service users. In terms of organisational change dynamics, these three levels can be interpreted as interpersonal, service level and cultural level change. The above quotes provide illustrations of each of these levels in the operational implementation of PBS in that it impacts on how staff do their work with individual service users, how they operate at the service level in such things as planning, and how, together with the service user, they create new cultural environments at all levels of the workplace. This last cultural level quote also indicates how PBS can impact on staff satisfaction levels and on
their capacity to develop skills that are meaningful. Such impacts at the long-term potential to influence staff turnover and satisfaction levels and provide greater opportunities and more satisfying workplaces for staff as well service users.

iii) Supported communication and choice:

“The young girl that I work with she is non-verbal and she’s very tangible. Objects is what she communicates with … she has her swimming bag there and her going out bag and foot spa/massage thing and that’s for her to be able to go into now to choose from that shelf.”

Opening up new opportunities for service users requires some means of communicating choice and inclusion of service use in decision-making. Implementation PBS involves a focus on supported communication and consequently on choice in decision-making. In turn this sets up the need for innovative approaches to communication and in providing choice and alternatives. Interviews with support workers indicated that there were many positive stories about this process of innovation and problem solving in developing systems for supported communication and the provision of choice.

iv) Involvement of support staff in planning and implementing support:

“a lot of the background and the little quirks that people have and things like that [are learned] by word of mouth … you’ve got to work with the staff that knows them well that they would impart their knowledge and wisdom.”

Personalised knowledge that comes from person centred approach is not only crucial for working with particular individuals but also for the design and delivery of services at the organisational level. Consequently, support staff need to be closely involved in the service planning and design processes and not only at the operational level of executing interventions.

2. Innovation Factors

We have already outlined several aggregate dimensions that are related to a culture of learning. In the following we explore this theme in more detail because it touches on so many of the issues raised by participants.

i) Building a culture of learning:

“I think it's important, even if I haven't thought something was brilliant … if it's not going to be a big deal - let's go for it, because I want people to know that there was some action ... the best result is that they know that they were listened to and that we did something”

This quote highlights the important role of managers, leaders, coordinators and all those staff with supervisory responsibilities of some kind in supporting innovation and ideas. Even where those ideas may not be particularly “brilliant” they can be
important for supporting the confidence of staff in knowing that they aren’t listened to but also that their ideas are acted on. This also highlights the important theme of psychological safety and sense among staff they can express their concerns, ideas and core values in the workplace and that these will be heard and acted upon as a general expectation within the organisational culture.

ii) **Resources allocated to support innovation:**

“So there is certainly an investment at induction and orientation about appreciative inquiry and reflective thinking and, as I said, an investment in leadership and supervisory skills so that as part of their supervision it is about action learning and thinking”

The investment of resources into properly inducting staff into a culture of learning and innovation was mentioned by CEOs and senior executives on several occasions. This is particularly important for those with operational supervision responsibilities. Leaders at this level of the organisation play a crucial role in the enactment of organisational culture and in communicating the values, expectations and unwritten ground rules that workplace functions by and enacts in its contact with service users.

iii) **Redefining staff meetings to facilitate innovation:**

“So we now start off a staff meeting ... with people sitting in groups of three ... and they just talk about themselves, right, and it might be work-related, it might not be. Then we’d go right round the group and we’d say, ‘Right, have you got an agenda item? Have you got something that you’d like to have presented? ... And the basic philosophy is it’s person-centred because we start off about you as an individual coming into this meeting with everyone, so you get to start it off talking about you.’”

Here we see PBS taking on a culture change quality that impacts on such things as staff relationships, the facilitation of meetings and of the involvement of staff in decision-making processes. All this opens up a new definition of innovation as a fundamental process of employee voice and the expression of values and ideas in forums which support that speaking up. This example also implies that regular organisation practices have the potential to be adapted to inculcate and promote new cultural values and expectations.

iv) **Liminal interactions lead to change:**

“I was at a friend’s business launch ...”

This quote goes on to talk about how an incidental meeting between a staff member and another person from outside of her workplace led to the development of a personalised intervention to help a service user. The chance meeting ended up in finding alternative options for dealing with the service user’s behaviour of concern.
The innovative solution would never have been developed without this interaction from outside the workplace setting. “Liminal interactions” are creative conversations and meetings that occur around the edges in, for example, chance encounters between support workers from different agencies, in meetings between Commission staff and DSO staff. This kind of interaction highlights the role of people from different organisations, service areas backgrounds, professional experience and occupations in the exchange of information and ideas. Liminal interactions are those interactions that occur across these kinds of interstitial spaces that separate people from different domains. Innovation frequently occurs when those liminal spaces are crossed and conversations occur across different boundaries. Important changes can result from the support of these kinds of meaningful exchanges.

The preceding section has laid out and described the aggregate dimensions and 2nd-order themes identified from the participant interviews and focus groups. In the next section some integrated frameworks will be presented that go into further detail on important relationships between these aggregate dimensions and second-order themes. We will focus in particular on those relationships which facilitate or inhibit the implementation of PBS. These examples illustrate how aggregate dimensions can be used to generate discussions about factors which play an important role in the implementation of PBS.

DISCUSSION OF QUALITATIVE STUDY

In the following section we discuss the results of the qualitative theme analysis. We take an integrative approach to presenting this discussion because of the large number of themes identified from the participants and data sources. We begin with setting out some of the identified facilitators and barriers to PBS implementation.

Facilitators and barriers to PBS implementation

1. Senior leadership commitment to understanding and applying PBS

Staff understanding and commitment to using PBS as an everyday feature of their work is an essential feature contributing to PBS implementation. This applies to staff at all levels from the most senior to the most junior. A thorough understanding of PBS can act as a facilitator to its implementation particularly when it is understood as much more than an intervention to address behaviours of concern. When understood
as a means for cultural change and a service philosophy for all its activities, organisations can then begin to see the potential of PBS as a culture change process. However, there are many reasons why staff may not use or implement PBS in this way. On the senior executive side, PBS may be regarded as relevant to only some parts of the organisation and not others or it may be categorised as an operational approach to service delivery rather than a broader philosophy. Lack of senior leadership commitment can also impact on the implementation of PBS when it is regarded as a temporary project or as a short to medium-term change initiative that has limited duration.

Senior leadership provides the direction and institutional climate in which change initiatives are adopted and supported or resisted for whatever reason. The setting of institutional climate can impact on direct staff in many ways. There can be structural, behavioural and attitudinal factors that facilitate or inhibit implementation of PBS at the operational level. There can be structural impediments such as the lack of resources such as time and staffing levels, inadequate training or lack of overall support from the organisation. On the behavioural and knowledge or attitudinal side there can be a lack of understanding of PBS principles and how to implement them, a hesitancy to do things differently, concern about taking risks, lack of motivation to change work practices, lack of a sense of urgency. The common element that cuts across all these instances is that PBS has not been adequately embedded in organisational culture.

To understand how new change initiatives become embedded in organisational practices it is important to consider how the interaction between organisational learning culture, mindset shifts and knowledge of PBS principles occurs. Senior leadership sets the direction for organisational purpose and goals that follow from this purpose. There are a number of key factors that are required for PBS to become a key driver of cultural change in organisational life. These include a clear understanding that PBS is primarily a values-based approach for universal intervention to improve people’s quality of life and the capacity of services to innovate when faced with opportunities and challenges. Senior management commitment is vital for all this to occur. This commitment needs to be established from the beginning of the change program and to be frequently updated and communicated to all staff as an ongoing process.

2. Understanding and applying PBS
A clear and accurate understanding of PBS is a pre-requisite for the level of fidelity achieved in its implementation. Figure 6 presents two ways of depicting these three tiers of PBS intervention representing. Perhaps the most important single element in an accurate conceptualisation of PBS is that it is a tripartite intervention process to improve quality of life that incorporates universal, targeted and intensive levels of intervention.

The triangle on the left presents PBS as a triangle of interventions with Tier 1 being the primary intervention tier for the application of universal or systems level approaches to dealing with challenging behaviour. Tier 2 is the secondary intervention tier for more targeted approaches. And Tier 3 is the tertiary intervention tier for intensive application of PBS to individuals with high level needs. In ideal terms the proportion of time and resources spent on Tier 1 or universal applications should be around 80-85% for PBS resources, with Tier 2 or targeted applications accounting for 10-15% and finally Tier 3 intensive applications accounting for 5-10% of resources (Sugai & Horner, 2002). A major shortcoming with this pyramid representation is that it does not capture the inclusive aspect of the different levels of PBS intervention. The right-hand side of figure 6 shows the three levels as inclusive circles of intervention such that the universal includes both targeted and intensive applications of PBS.

Figure 6. Two ways of depicting the three tiers of PBS intervention
It was clear from the interviews that this tripartite understanding of PBS interventions was not widely understood or present in organisational systems and practices. In particular, the intensive form of PBS intervention as responding to individual needs was the most common understanding. One of the barriers that limit a detailed understanding of PBS is the lack of stories about initiatives or anecdotes which clearly differentiate between the three tiers and how they can be used to support innovative responses to dealing with behaviours of concern. For PBS information to be effective operational and support staff need to understand how initiatives and existing practices are tied together to address the core goal of improving quality of life from these three perspectives – the universal, the targeted and intensive.

Apart from the tripartite nature of its implementation, PBS also has many different elements that together constitute a complex set of philosophical, theoretical and practice based components. This multi-element aspect puts the approach at risk of being reduced into a more simplified version where, for example, its multilevel elements are reduced to just one domain of applications. This is seen, for example, in the above instance where PBS is equated with forms of person-centred planning or intensive level intervention and its implications for systems change more universal intervention initiatives are not recognised. It is highly likely that a range of different understandings of PBS will be used in the implementation. These differences will appear with greater saliency and diversity at the operational level where individual staff are expected to apply PBS to the unique situations of individual lives. This raises the issue of fidelity of implementation and consistency in how PBS is conceptualized, operationalized and applied. Differences in understanding and application should not be regarded as merely drawbacks and barriers but rather as an opportunity for the inclusion of greater diversity of views in decision-making and the development of novel ways of applying PBS. The differences that staff have in understanding and in application skills become an opportunity for collaborative engagement.

3. Mindset change and staff turnover

It is well known in organisational change research that staff at all levels need to feel engaged and empowered in taking on any form of systemic cultural change. This is a difficult process because the experience that many people have of organisational changes is often not a good one. Staff in all sectors and industries but particularly those in human services fields have experienced multiple waves of organisational
change in recent decades and the results have often been patchy if not ineffectual (Burnes & Jackson, 2011; Doyle, Claydon, & Buchanan, 2000; Som, 2005; Wooddell, 2009). Staff need to believe that their time and effort is worth investing in the initiative particularly when it is addressed at more universal levels and not specifically targeted at groups or individuals. Use of illustrative anecdotes, positive stories, affirming testimonials and the celebration of small wins (Kotter, 2006) can all be important factors in encouraging staff engagement and mindset shift. Where this engagement takes, staff can also feel more committed and identified with the new initiative and this in turn can impact on staff turnover, levels of enthusiasm and satisfaction and general commitment. In a later section we will look at this issue of staff turnover and more broadly at the consistency of implementation of PBS in a more detailed discussion of how information collection and use and person-centred approaches can be closely related to the retention of staff and the skills and knowledge that they possess.

Part of the answer to supporting mindset shifts is enabling an environment where staff feel connected and empowered to be part of the intervention effort. In organisational terms this is often referred to as enabling “employee voice” (Detert & Treviño, 2010; Gambarotto & Cammozzo, 2010). For employee voice to be encouraged staff need to feel that they are contributing to a common goal out of their own skills and contributions. This in turn means that staff are supported in influencing intervention practices that they carry out and that they have a role in the design of those interventions. There are numerous ways in which staff can feel more engaged and not disenfranchised from the change process. Many of the positive stories that staff told of their experiences include elements of these supportive factors and these include the use of discussion groups and time during staff meanings to provide staff with the opportunity to comment, raise questions of the dissenting viewpoints and provide innovative solutions to the types of issues they work with on a daily basis. All staff training can also be an important element in supporting employee voice it should not be regarded as the only avenue or perhaps even as the most important one.
4. Learning culture, communicating commitment and mindset shifts

From the interviews it was clear that the importance of management and supervisory support for PBS implementation and routinisation must not only be there it must also be perceived to be there. This means that the communication of that support needs to be frequent and clear from more senior management and supervisory levels of the organisation. The strength and frequency of messaging not only encourages direct support staff but also moves executive management to back up their espoused support with substantive resourcing. Out of this cycle of commitment, communication and implementation, learning culture that shifts individual mindsets within a supportive peer environment is developed. The use of teams to provide meso-level or intermediate social environments can be a useful strategy for supporting change initiatives. Staff training and development opportunities are an important element in the building up the learning capacities of an organisation. Providing the time, space and resources for staff to attend training sessions and be actively involved in developing training programs and materials is vital for successful implementation of new initiatives like PBS initiatives (Flannery, Sugai, & Anderson, 2009; Sugai & Horner, 2009). This includes opportunities for both formal and informal or “on the job” training. Training should also support the bottom-up development of learning cultures through, for example, i) creating spaces for discussing and evaluating new ideas; ii) providing support for team-based learning experiments to adopt and routinise new values-based initiatives; and iii) senior management attendance at training sessions and their expressed commitment for core organisational values, purposes and service quality expectations and how these relate to the values and practices inherent in PBS-based approaches to service design and delivery.

5. Information and knowledge management and innovation

The connection between information and knowledge management and innovation practices was a clear trend throughout many discussions. The use of data-based problem solving is an essential feature of the faithful implementation of PBS as it provides a concrete framework for systematically assessing the usefulness, effectiveness, and efficiency of practice (Horner, 2000). Observing and recording visible changes in behaviours, practices and the successful use of new initiatives can be powerful motivators for influencing staff attitudes and the uptake of new ideas. On the other hand, the requirement to document and record can become a burden and dampen staff enthusiasm for an evidence-based approach to decision-making. Systems that make it easy to record, which are user-friendly for retrieving information
and which clearly show an impact on the quality of life of service users are important elements in supporting this aspect of PBS implementation. The recording of information regarding innovative interventions is particularly important and this can feed into the building up of new knowledge about individuals as well as how PBS can be applied on a more systematic basis.

Summary of facilitators and barriers to PBS implementation

John Kotter’s eight phase model of organisational change provides a useful overview for summarising factors that facilitate and/or act as barriers to PBS implementation. In the following summary we will move through each of Kotter’s phases and look at some useful and relevant questions. Each of these questions and corresponding topics were raised by participants during interviews and provide useful subjects for further exploration and discussion. Table 3 outlines the change phases and corresponding aspects of these phases which lead to successful change or, alternatively, which hinder the change process.

Table 3: Summary of facilitators and barriers to PBS implementation

<table>
<thead>
<tr>
<th>Change phase</th>
<th>Successful change</th>
<th>Barrier to change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Urgency</td>
<td>Shared urgency and purpose</td>
<td>Lack of urgency, passive and/or reactive response style</td>
</tr>
<tr>
<td>2. Guiding coalition</td>
<td>Strong stakeholder engagement</td>
<td>Lack up buy in from key stakeholders</td>
</tr>
<tr>
<td>3. Create vision</td>
<td>No shared purpose or vision</td>
<td>Fragmented vision and/or sense of purpose</td>
</tr>
<tr>
<td>4. Communicate vision</td>
<td>Vision is not communicated</td>
<td>Lack of dialogue, conversation and communication</td>
</tr>
<tr>
<td>5. Empower others</td>
<td>Stakeholders are empowered to risk &amp; innovate</td>
<td>No sense of ownership, fear of making mistakes</td>
</tr>
<tr>
<td>6. Build on small wins</td>
<td>Culture of success</td>
<td>Wins go unannounced, achievements unrecognised</td>
</tr>
<tr>
<td>7. Consolidate and expand</td>
<td>Long-term commitment</td>
<td>Short-term commitment, no long-term planning &amp; resourcing</td>
</tr>
<tr>
<td>8. Embed change</td>
<td>The new becomes routinised</td>
<td>Changes are not embedded, lack of resourcing</td>
</tr>
</tbody>
</table>
1. Urgency:

The initial phase is one of understanding and communicating the urgency of change. Successful change is identified by a shared sense of urgency and purpose to respond to the change imperative in a positive and innovative manner. The questions to be asked here include: What are the important issues for this organisation and for the sector as a whole that PBS implementation can address? How can a positive view towards change be built up among stakeholders? How does PBS fit with the values and core purposes of our organisation? What are the key opportunities and competitive advantages that might be realised? On the other hand, a lack of a sense of urgency or understanding of the role PBS can play in dealing with behaviours of concern and service development and delivery issues will stymie support and hinder the implementation process.

2. Guiding Coalition

Building a guiding coalition amongst a broad base of stakeholders is a central element in successful transformational change. It is important that as many major stakeholder groups are engaged as possible in the change process and that they contribute to a guiding coalition of individuals who can act as change agents. Where there is a lack of stakeholder engagement and contribution to change, it is highly unlikely that the change process will be successful in the long term. The guiding coalition should have significant commitment and standing among each of their respective constituencies to empower others in the change process. Some questions that can be asked here include: Do we have a guiding coalition for PBS implementation and does it represent key stakeholder groups? How can that guiding coalition act as champions for PBS in the course of the change process?

3. Create Vision

The development of a strategic vision that can direct the change effort is the third phase in the change process. A strategic organisational vision is an amalgam of a number of elements. These include a clear position on the fundamental purpose of the organisation, a description of core activities and services, the identification of the main client group, a statement of the organisation’s working approach and core values and the development of strategies needed to achieve the organisation’s central purpose. PBS encapsulates a range of core values, highlights the role of stakeholders and client groups and includes a range of intervention methods and strategies. Hence, PBS will play an important part in informing and organisation’s strategic vision that aims to implement it. Some questions that might be relevant
Positive Stories

here include: How are PBS values and strategies integrated into our organisational vision? Is the strategic direction of our organisation informed by a deep understanding of PBS?

4. Communicate Vision

Once a guiding vision has been developed it is important that this vision be communicated and employed to develop the organisation’s understanding of PBS and its definitive elements. Ideally this guiding vision should come out of an organisation’s own values audit and the process of engaging its members and stakeholders in a clear understanding of its core purpose and values. Values audits, and the activities that flow from them, can also provide a platform for communicating the PBS approach to services. The guiding coalition and other leaders across all levels of the organisation can employ many different vehicles for having conversations about a PBS vision and strategies and for modelling the kinds of practices that this approach aims for. Some questions that can be posed here include: how can we communicate our vision for PBS implementation in such a way that it reflects the core values and purposes of our organisation? How can the communication process be multidirectional and allow for bottom-up, top-down, and sideways communications channels? How can the communication of our PBS vision be part of our everyday conversations to support its incorporation in everyday practices?

5. Empower Others

The fifth phase in transformative change is the identification of, and dealing with, challenges to the change process. These challenges can be important sources of tension and confrontation within the organisation. However, there are better and worse ways of dealing with these challenges and tensions. Challenges provide information and should not be regarded as fundamental obstacles to be overcome or as resistance to be overridden. The following section on organisational tensions and paradoxes provides an introduction to dealing with such issues in a constructive and collaborative manner. Some questions that can be considered in this phase of dealing with barriers and challenges to the change process include: What can we listen to and learn from those who are expressing to change? How can we respond to their concerns in useful ways? What dilemmas are confronting the change process which provide us with new ways of thinking about the PBS implementation process?
6. Build on Small Wins

The generation and celebration of short-term successes provides momentum to the change process and also supports the building of confidence. This phase is particularly important because it identifies successful experiments and innovations and provides models for performance improvements. It is also at this point that cooperation within teams becomes particularly important because it is at the team level that innovations can be trialled and tested reasonably easily. Recognizing and rewarding employees and teams involved in these successful improvements is important for modelling success and encouraging the scaling up of PBS initiatives. Some questions that are relevant to this phase are: how are we celebrating successful PBS-based innovations? Are we setting up enabling environments for teams to produce improvements in services and innovate with creative ideas that build opportunities for service users?

7. Consolidate and expand

The seventh phase involves building on successful innovations at the local level to introduce systemic change across the organisation. This phase concentrates on scaling up of PBS interventions from more intensive and targeted approaches to universal system wide applications. This is perhaps the most difficult of all phases in the change process and, based on interviews with staff from all levels, this consolidation phase is the one that is causing organisations most difficulty in their implementation of PBS. It is at this point that the long-term, consolidated resourcing of PBS initiative becomes crucial. At this point there needs to be an ongoing reinvigoration of the change process with new scaled up projects, new staff development and training initiatives, and greater communication of the urgency and purpose of the change process from senior management. Some relevant questions here include: are we scaling up PBS initiatives from a limited term project to a more systemic and long-term culture change programme? How are we consolidating our successes so that PBS becomes routinised and embedded across the organisation in multiple practices and aspects of organisational culture?

8. Embed change

The final and eighth phase of Kotter’s transformational change model culminates in institutional adaptation to the new transformation. New values, practices and systems have been embedded into routines and organisational systems. PBS
routines are now assumed to be part of the ongoing running of organisational activities from direct service provision through to service development and design through to policy and organisational vision and mission. The connections between the new behaviours and operating practices are articulated and discussed in terms of fundamental PBS principles. A critical engagement with these ideas continues to reflect on organisational practices with the aim of continuous improvement in service quality. That change has not been embedded within routine practices is evidenced by a lack of commitment across all staff levels, the continuation of short-term resourcing, lack of management buy in and lack of confidence from operational staff in expressing their ideas for innovation and change.

Sources of tension: Risks and opportunities

In this section we discuss some sources of tension that emerged from the analysis of key themes. All organisations encounter dilemmas and apparent paradoxes as part of organisational life and workplace activity. For example, organisations respond to the needs of individual stakeholders such as employees, customers and service users but they must also respond to system requirements that may not always address the concerns of some individuals. The balancing of these kinds of paradoxical demands can pose dilemmas and be sources of workplace tension for staff at all levels. In responding to these challenges research has found that it is important to seek integrative understandings of the particular perspectives or sources of pension involved in the dilemma. Table 4 presents a number of common dilemmas that are faced in institutional settings and many of these also apply to disability service organisations and the often intense demands and complex challenges of providing quality human services.

Table 4 shows that there are three types of responses to areas of tension and paradox. Response type 1 is called a ‘constraint response’ because management and organisation choices in responding are constrained by seeing the tension as a result of opposing issues. And either/or mindset then chooses one end of this opposition over another. To take a theme that arose from the interviews, a constraint response sees PBS implementation as focused on individuals rather than as both an intensive intervention method for responding to behaviours of concern and a universal intervention dealing with service design and organisational systems. Response type 2 is called “contingency response” in that it sees the tension as a number of discrete problems that each need to be dealt with under certain contingencies or conditions. Contingency responses rely on information
management, efficient systems and strict responsibilities and role clarification in dealing with complex tensions. Response type III is called complementary response in that it sees the different elements and attention as complimentary and therefore needing to be worked with as an integrated whole. Tension is regarded as opportunity for transformation and expression of core values. Complementary response also uses traditional activities that work well and relies on evidence and information systems for making decisions but places all these elements within the context of the expression of core values in guiding key decisions and organisational responses to complex challenges.

Table 4: Organisational responses to some common areas of paradox and tension.

<table>
<thead>
<tr>
<th>Area of tension and paradox</th>
<th>Response Type 1. Constraint</th>
<th>Response Type 2. Contingency</th>
<th>Response Type 3. Complementary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solving</td>
<td>opposing problems</td>
<td>discrete problems</td>
<td>complementary problems</td>
</tr>
<tr>
<td>Management question</td>
<td>How do I drive change, overcome resistance?</td>
<td>Under what conditions is change possible?</td>
<td>How do I help people thrive in working with paradox?</td>
</tr>
<tr>
<td>Mindset</td>
<td>either/or</td>
<td>if, then</td>
<td>both/and</td>
</tr>
<tr>
<td>Thinking style</td>
<td>Simplistic</td>
<td>rational</td>
<td>complex</td>
</tr>
<tr>
<td>Response</td>
<td>Defensive</td>
<td>strategic</td>
<td>transformative</td>
</tr>
<tr>
<td>Ethics/values</td>
<td>shift responsibility onto roles/rules</td>
<td>accept responsibility, clarify roles</td>
<td>support responsibility, flexible roles</td>
</tr>
<tr>
<td>Learning culture</td>
<td>zero-single loop learning</td>
<td>double loop learning</td>
<td>triple loop learning</td>
</tr>
<tr>
<td>Decision making</td>
<td>tradition-based</td>
<td>information-based</td>
<td>values-based (including information and tradition)</td>
</tr>
<tr>
<td>Behavioural cycles</td>
<td>negative (vicious) cycles</td>
<td>positive cycles when circumstances permit</td>
<td>positive (virtuous) cycles</td>
</tr>
<tr>
<td>Duty of Care-Risk</td>
<td>never risk</td>
<td>calculated risk</td>
<td>calculated opportunity</td>
</tr>
</tbody>
</table>

With this background in mind we now explore some of the tensions that emerged from participant interviews and focus groups.

_Tension #1: Person-centred approach AND universal_1

1 A detailed discussion of the interdependencies between PBS implementation and person-centre approach to service provision can be found in Appendix 6.
PBS works at the macro level of organisational systems, mesa level of service design and delivery, and the micro level of everyday interactions between service users and other stakeholders. This multilevel operational field can create tensions between, for example, responding to behaviours of concern at the individual while also adapting innovative changes to service design and delivery. It appears that in general PBS has been focused at the individual level of response and that a complementary approach that includes the micro-meso macro levels of implementation has been underemphasised. The core value of person centred approach within PBS reinforces this micro-level understanding. However, a person-centred focus should not be seen as existing in opposition to systemic change and a complementary perspective on how individuals and systems can be included in the change process will provide the best environment for exploring opportunities and innovative solutions.

**Tension #2: Interaction/consultation AND efficient decision-making:**

PBS involves more interaction in consultation with a wider range of stakeholders. Primarily this means the service user is included in decision-making and in the area of disability services this can be a crucial process of empowerment but also time-consuming and requiring support of communication and other innovative approaches. Again, with family members, authentic interaction and consultation can be very important but also resource intensive. PBS involves innovative solutions that require direct support provision staff to be closely involved in key decision-making situations. The one hand there is the need for inclusion in consultation and on the other usual organisational demands on time, efficiency and clear pathways to effective change and systems of governance. A complementary perspective on this fundamental dilemma will see the requirement for consultation and inclusive interaction as a means for greater efficiency and better decision-making rather than as barriers to efficient management processes.

**Tension #3: Duty of Care AND dignity of risk:**

Support staff can be caught between the legal obligation of ‘duty of care’ towards their clients and granting them ‘dignity of risk’ to explore and open new opportunities for inclusion and self-determination. Deferring to duty of care arguments can be powerful rationalisations for avoiding risk and the possibility of trying something new. For example, an emphasis on safety might hinder the examination of more insidious restrictive practices and affect the opening of new opportunities through innovation.
On the other hand, organisations have an obligation to safety and in some instances funding can be closely tied to the need for safety in providing support to clients who may have substantial needs. A complementary perspective on this tension sees the obligation for care as part of the need for innovation and offering service users the dignity of trying new things and exploring new potentials. It is not either/or thinking but both and thinking that finds part of a through these kinds of dilemmas and this kind of mindset opens up the possibility for more creativity in exploring opportunities. A complementary perspective responds to tension set up by balancing duty of care and dignity of risk by seeking to empower service users to be more actively involved in decision-making and communicating their wishes.

Tension #4: Sharing information AND ensuring confidentiality:

Because PBS requires the collection storage and use of personal details, the need for capturing and sharing information can come into conflict with the need to ensure confidentiality and privacy. This can occur both within but also between different agencies who are working with the same client. Privacy of client information can discourage discussion and collaboration between disability service organisations and their staff. Following is a brief extract from one of the staff interviews which illustrates this issue:

INTERVIEWER: “Do you feel you’ve got enough opportunity to have conversations with other people about solving problems and solving some of the complex issues you’re dealing with, colleagues, anyone in the organisation?”
RESPONDENT: “Colleagues we are not allowed to do that because of the privacy of clients, when I’m talking about, for example, a client now I’m not allowed to say the name. I’m not allowed to see [a staff member] and talk about my client, it’s not allowed because of the privacy. I just should go and talk with the co-ordinator.”
RESPONDENT: “But if it’s a colleague that works with the same client I’ve found that it’s okay, you can work around it and you actually get a lot out of it because you learn things.”

Tension #5: Individualised Support AND Physical Inclusion

The general movement towards individualised support services can push the provision and design of services into a position where service users and their
support staff are physically included within community settings but are socially isolated. One staff commented:

“The thing is like I never see them anyway because it’s a one-to-one job, we actually don’t see our colleagues except for meetings and co-ordinators I see them very little as well. It’s very rare for the team meeting but in general I’m never here.”

It was even reported during some interviews that staff were known to have resigned from their jobs because of seclusion and loneliness stop if this is the case with support workers than it is most likely also the position of service users to feel isolated and excluded from community even though they are physically present and performing activities such as shopping or going to the movies in public spaces. Another staff member commented. “So there’s a huge focus on community inclusion which obviously gets harder and harder the more of our guys that go on to one to one.” The challenge then is to provide individual support services that actually connect people with their social networks and with other community members.

_Tension #6: Consultation with Stakeholders AND resolving differing opinions_

PBS works best when there is involvement from service users, their family members, carers and guardians, trust that staff members another significant people in the planning, design and delivery of supports. However, different stakeholders will have different understandings about such things as desirable goals, the level of risk to take in initiating new activities new, the removal of restrictive practices and many other issues. So a tension emerges between the need for inclusion in consultation and how to resolve and negotiate different viewpoints. Involvement of stakeholders and greater consultation opens up greater divergence in opinions and directions for the future.

_Tension #7: Interagency collaboration AND competition_

An emerging tension revolves around the need for collaboration between disability service organisations so that consistencies in expectations, practices and the quality of support provided to individuals can be maintained. However, it needs to be acknowledged that there are major changes, driven by such things as individual funding, where the commercial realities of increasing competition between the agencies is a powerful factor in a rapidly changing disability sector environment. This
tension between collaborative and competitive dynamics highlights the need for avenues where all players within the sector can exchange information and share their experiences in implementing PBS. There are several avenues through which agencies can communicate and share information currently being supported such as the sector forums and the PBS consultant community practice. Such avenues for collaboration need to be maintained and further developed. A complementary perspective on this apparent dilemma also values competition but from within a collaborative environment. This perspective focuses on improving quality of services across the sector while also recognising the unique contributions that different agencies bring in the provision of more diverse and specialised services.

**Tension #8: Staff autonomy AND Consistency of practices**

The need for consistency in practices and in implementing PBS plans and strategies also occurs at the intra-organisational level, in the way staff implement changes within the same service. There is also, however, a need for staff autonomy and innovation in decision-making so that personalised interactions can be maintained and innovative responses experimented with. One staff member commented that:

“It’s really difficult to monitor consistency as well so out of a staffing of say five or 10 staff individuals, to make sure that all 10 of them are doing the same thing, ... so we stress in our meetings that consistency is key but when you have an industry that changes so quickly and people call in sick last minute and you’re dealing on crisis by crisis it’s hard to get that consistency.”

Granting staff independence and autonomy to manage challenging behaviours can result some inconsistencies in practices. One staff reported that:

“[Our organisation] has developed very independent support workers and I think that is a really great thing in many ways but it has almost backfired on us a little bit because they have got such independence, such drive and have pushed what they believe is the right way of supporting ... it’s hard for them as really independent people ... to then be told that, no, that’s not the way we do it anymore, we need to be doing it this way. I get that.”

PBS encourages independence among support staff as long as that occurs within the context of creating opportunities for autonomy and decision-making by service users and their families. It is the focus on the needs of the service user and enabling
all the service elements that support a focus that creates consistency of practice. A complementary perspective does not see staff autonomy in opposition to consistency of practices but as an important dynamic in the goal of improving quality of life and promoting the human rights of service users.

*Tension #9: PBS as a person-centred approach AND a universal method*

The person-centred focus on PBS is well established across the sector in things like individualised planning processes and support provision. The use of PBS as a universal intervention method, however, is not as widely employed as a preventative approach to dealing with behaviours of concern. The literature on PBS places much greater emphasis on the focusing of resources and human energies on this universality aspect then on the more prevalent intensive focus on individualised supports to deal with behaviours of concern. For example, most of the literature would advise placing around 80% of resources, time and energy onto the universal prevention approach and only 5-10% on intensive individualised interventions. In dealing with the paradox between individualised and universal interventions it seems that, overall, the sector has chosen to focus on one end of this paradox and to place most of its attention on person centred aspect and neglected the more universal aspects of PBS in service design and systemic service change. One staff member summed up this dilemma in saying that:

“The only thing I would be concerned about or probably not concerned but I suppose somewhat challenged by is if you’re looking at a targeted group of people around how you’re improving things but you’re looking at it from a systemic level, do you lose some person-centreless? Are you sort of saying, ‘Well, everybody in this particular target group, we know that three out of the five if we changed this about them they had a much better day and it was all great and they were achieving better outcomes’. I think you’d just have to be careful it’s not a one shoe fits all because they’re all different.”

A complementary perspective on this tension would see intensive interventions within the context of a more systemic application of PBS across all aspects of services including their design, development and delivery.

*Tension #10: Maintaining identity AND implementing PBS as transformative change*
Transformative change requires an integration of practices that have worked in the past with the new innovations and possibilities afforded by new approaches. Proven methods are included within a new values-base that shifts mindsets and behaviours into something new. Transformation is not about “out with the old and in with the new”, it is evolutionary rather than revolutionary so there is a continuity between previous practices and organisational identities and the shift to new ways of understanding and doing things. In the face of significant change, however, there can be a tendency to side with either aspect of the change process. Some staff may wish for the security of traditional methods while others are very enthusiastic about adopting new approaches. Particularly when faced with significant environmental change, for example, with the introduction of the NDIS and new service standards and evaluation procedures, there can be an instinct to draw back into the security of known ways of operating and providing services. On the other side some staff can embrace new approaches without recognising the skills, knowledge and values that have been accumulated and established in the past and which have become standard routines. A complementary perspective on this tension between retaining the useful while embracing the new, seeks to include previous skills and knowledge within new values and practices. PBS is eminently suited to this integrative endeavour because it is based on core human values that do not go out of date and on proven scientific approaches to evidence-based decision-making. This foundation of solid values and methods make it well suited to an inclusive understanding of the change process.

PBS Implementation Cycles

In the course of carrying out interviews with participants and reviewing the extensive body of literature on PBS it became apparent that there were some fundamental factors involved in deciding the success or otherwise of implementing PBS as a transformative approach to culture change. In the following sections we discuss these factors in terms of an integrative model of PBS implementation cycles where some crucial initial conditions can play a vital role in deciding whether change potential PBS benefits are realised or not. Outside of the cycles are a number of environmental issues that can impact directly on how the organisation adapts to the challenge of implanting PBS and these contingencies can also feed into which direction the organisation moves in response to the challenge of transformative change. Of course, in practical service situations it is not a black-and-white process of success or failure but a mixture of some successes and some drawbacks occurring. With this caveat in mind, we set out three models that capture some
fundamental processes in PBS implementation from the perspective of (i) CEOs and senior executives (see Figure 7), (ii) PBS consultants and direct support staff (see Figure 8) and iii) significant stakeholders (see Figure 9). It needs to be noted that these models are speculative in nature and are intended to contribute to further discussion. These conceptual models are based on interview data but are very general and theoretical in nature. They are not intended to act as specific guidelines but as stimulus material for generating ideas and discussion. We begin with the implementation model for CEOs and senior executives.

*Implementation cycles for CEOs and senior executives (see Figure 7)*

The initial step in the PBS implementation cycle for CEOs/senior executives is accepting the challenge to commit to implementing PBS and adapt it to their particular organisation and its services. Figure 7 presents two pathways of PBS implementation. On the right-hand side is the opportunity pathway where PBS potentials are developed and explored leading to a positive and virtuous cycle of change and ongoing growth. On the left-hand side is the status quo pathway where PBS potentials are thwarted by ongoing organisational barriers. The figure suggests that the initial conditions in which PBS is implemented are crucial for deciding in which direction an organisation moves. Of course, this is a simplification of the complex organisational change dynamics but this model does illustrate some core processes that are highly influential in the successful implementation of PBS.

One of the most important of these initial conditions is how PBS is defined and understood. When regarded as a trial project essentially for the management of behaviours of concern (restricted understanding), the implementation process moves in a direction which fundamentally limits the potentials PBS has for long term transformative culture change. Seeing PBS as a project for dealing with behaviours of concern starts a pathway that limits its potential and sets off a number of other changes that limit the organisations ability to implement PBS with fidelity. Restricted understanding PBS leads to a “narrowing of responsibility” in that only some dedicated staff are seen as responsible for its implementation. This in turn leads to a “limited resourcing” in that a project-based conceptualisation will limit funding to several years and to a relatively defined number of staff members.

Misconceptions about the basic purpose of PBS and how it can deal with challenging behaviours feeds into other factors such as the allocation of resources and the long-term nature of the commitment to PPS uptake. On the issue of time one CEO/senior
executive mentioned that “it's going to come down to will there be enough time for families to get [what PBS is all about] and evaluate the quality versus the dollars”. This topic of holding back from a long term commitment to PBS because of financial concerns was a central theme in some interviews. Some senior executives saw PBS as an intervention process specifically directed towards reducing restrictive practices and so were reluctant to raise the issue more generally as they thought it would unnecessarily trouble families and other stakeholder groups. When asked why a universal application of PBS was not more apparent in the service development one senior executive mentioned:

“Well, you open up a can of worms, you know, because you might only have concerns over half a dozen and you [don’t want to] raise [families] anxieties and the anxieties of staff unnecessarily”.

These kinds of limitations in understanding of PBS and funding concerns result in a fragmented implementation (see Figure 7) process where PBS is restricted to only some services and to only some clients within that service. Overall only piecemeal change will be achieved and the real benefits of PBS of an intervention system that can address universal, targeted and intensive strategies will not be gained. When regarded as a multidimensional culture change programme that can impact on the whole organisation, the implementation process moves in a direction which opens the organisation to a broader set of possibilities. Seeing PBS as a general approach to culture change means that a broad base of organisational members recognise its relevance to their work and feel themselves as responsible for its implementation. A more strategic approach to resourcing follows from this sense of organisation wide responsibility. This in turn engenders confidence that the change process is a long-term commitment and not a trial project subject to time-limited funding. Systemic change flows from these kinds of commitments and the potentials for service culture transformation becomes more possible. It is only when these systemic changes and universal applications of PBS are designed and implemented that quality improvements and financial efficiencies in service delivery becomes possible.

Implementation cycles for PBS consultants and support staff (see Figure 8)

The implementation cycle as it applies to staff rests heavily on the concept of “psychological safety”, which is a belief held by staff that they can express concerns or voice new ideas without fear of being reprimanded or rejected by their supervisors or colleagues. The concept of psychological safety:
“is meant to suggest neither a careless sense of permissiveness, nor an unrelentingly positive affect but, rather, a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up. This confidence stems from mutual respect and trust among team members” (Edmondson, 1999: 354).

Figure 8 presents two very different cycles of PBS implementation for staff members. The crucial first step is whether staff feels safe to express concerns around restrictive practices and the associated behaviours of concern. This influences whether or not they embark on a cycle of opportunity (right hand cycle) or stay with what they know in the conservatism of the status quo (left hand cycle). On this issue of which path staff choose in responding to PBS ideas, interviewees highlighted the importance of working within a safe environment. On this topic one support worker commented:

“I think we’ve created an environment where people can say to us, ‘this is the incident that happened’ and it’s OK. You’re not going to get the finger pointed at you and told off”.

When staff feels safe and supported in raising concerns, they are able to suggest new ideas and seek input from their colleagues. Interviewees emphasised the importance of creating a “safe atmosphere where people can talk about the things that maybe aren’t the best to improve someone’s quality of life”. When staff feel supported and encouraged to ask questions and to be creative (and when new staff are introduced to this way of doing things) this will in turn contribute to a climate of innovation and collaborative problem solving within the organisation. As highlighted by a staff member, the importance of working within a safe environment is clear as it enables staff to try different ways of meeting client needs – i.e., “permission to be creative and to be spontaneous because often you’re trying to introduce more flexible thinking in your clients and in the families”. Over time, as staff members are given opportunities to trial and implement new service designs, a culture of confidence emerges, leading to more systemic and embedded changes.
Figure 7. PBS Implementation cycle: Challenges and opportunities for senior management
Figure 8. PBS Implementation cycle: Challenges and opportunities for operational staff

1: Behaviours of concern
Staff encounter behaviours of concern (BoC) and respond within the frame of the dominant practices.

2. Restricted voice
Staff concerns are silenced by themselves and/or others

2. Developing voice
Staff feel safe to express concerns and ideas

3: Trusted collaboration
Staff collaborate and generate ideas and explore PBS-based innovations for support provision

4: Open Learning culture
Learning supported through training, leadership and empowerment, staff develop new skills and explore potentials

5: Culture of confidence
Staff explore opportunities for innovation and new ways of improving quality of life of service users. Cultural buy-in to PBS approach grows.

6: Cynicism towards change
Staff cynicism towards change grows, influences views on training and acts as a barrier to change; cycles of failure reinforce cynicism.

6: Adaptive systemic change
Staff implement PBS-based systemic changes, enact core values and adapt emerging cultural practices when dealing with BoC

3: Culture of risk avoidance
Culture of avoidance of risk grows for dealing with BoC and is reinforced by lack of sense of psychological safety

4: Static learning culture
Status quo culture dominates attempts to innovate; good staff leave or silence their concerns and ideas for new approaches to dealing with BoC.

2. Developing voice
Staff feel safe to express concerns and ideas

3: Trusted collaboration
Staff collaborate and generate ideas and explore PBS-based innovations for support provision

4: Open Learning culture
Learning supported through training, leadership and empowerment, staff develop new skills and explore potentials

5: Culture of confidence
Staff explore opportunities for innovation and new ways of improving quality of life of service users. Cultural buy-in to PBS approach grows.

6: Cynicism towards change
Staff cynicism towards change grows, influences views on training and acts as a barrier to change; cycles of failure reinforce cynicism.

3: Culture of risk avoidance
Culture of avoidance of risk grows for dealing with BoC and is reinforced by lack of sense of psychological safety

4: Static learning culture
Status quo culture dominates attempts to innovate; good staff leave or silence their concerns and ideas for new approaches to dealing with BoC.
In contrast to the opportunity cycle, the status quo cycle depicts an organisation environment where staff members are restricted in their capacity to voice issues around behaviours of concern. This lack of psychological safety means that collaborations and sharing of experiences are limited, and hence, cultivating a learning culture becomes difficult. A culture of favouring customary practices and establishing the status quo prevails, and as new staff are inducted into this way of operating, a culture of risk avoidance emerges. Change becomes increasingly difficult as a cycle of cynicism acts as a barrier to investigate new opportunities and experimentations with new ideas.

Implementation cycles for family and carer stakeholders (see Figure 9)

The issue of psychological safety has an impact on family stakeholders as they navigate through the complexities of working with service organisations (see Figure 9). Within a safe environment, there are opportunities to work as a team with service organisations to explore new opportunities, and to truly understand the real causes of behaviours of concern. As expressed by a staff member, it is important to “engage in that process with the parents, giving them that space to talk through what was the barrier”. The establishment of trust and safety also enables stakeholder members to explore new opportunities together with service organisation, leading to critical mindset shifts:

“My job is to really help our families see that there are other ways of doing things and giving them the space to explore, feel safe and know that we will plan out for all the eventualities of why they think it might not work.”

This crucial first step is critical in establishing the role of family stakeholders as partners in the process of guidance and support. Establishing a trusting working relationship and a long term engagement with stakeholders is often the key to successful PBS implementation, leading to positive outcomes for the clients. This is clearly emphasised as below:

“Families are a huge part of people’s lives and always will be so I guess one of the things that we talk about when we first start to provide services for people is that the family needs to be reassured that they’re a huge part of people's lives.”

On the other hand, if family stakeholders experience difficulties in voicing their concerns and there exist limited opportunities to form collaborative and trusting relationships with service organisations, they often rely on established routines and
practices which are familiar to them. If they are not encouraged by service organisations to explore new opportunities, and if they find it difficult to trust organisations and their assurances about new initiatives, stakeholders will become increasingly disengaged from the process. They become more reluctant to try PBS related strategies, and as a result, an entrenched mindset around “what has worked before” prevails, and a sense of isolation and frustration grows: “‘Sometimes things are very ingrained in families and parents can often be very, very fearful of what has gone on before so that can be really hard to switch that mentality’. They might be a bit more resistant to maybe some positive behaviour support being put in place because maybe they feel safe with what they’ve got in place, and it may be restrictive practices that are in place.”

Psychological safety and stakeholder interactions: An illustrative model of PBS dynamics and organisational attributes

Psychological safety is a key contributing factor to effective change implementation and innovation. Previous studies have shown a clear link between psychological safety and individual/team performance (Edmondson, 1999). In the context of the current study, the issue of psychological safety is central in terms of generating opportunities for change and innovation. Figure 10 depicts an integrative perspective of relationships between the community and sector levels, government bodies, disability service organisations, staff and family (and other external) stakeholders. Each interaction (as illustrated by each arrow) represents a potential relationship “fault line” where both facilitators of, and barriers to, knowledge sharing and collaboration are present. Each interaction has the potential for valuable benefits and improved outcomes, as well as challenges of fear and resistance. The critical element that turns each interaction from resistance to opportunities is the presence of psychological safety. The following discussion focuses on each of the five stages of interactions, and the role of psychological safety in mitigating the “fault lines”.

1. Organisation/management and staff members: In this initial stage, it is important that managers create a sense of psychological safety in the workplace, giving staff the opportunity to voice concerns, needs, difficulties, suggestions, and new ideas in a “blame free” environment. In such an environment, staff members feel safe to have difficult conversations, to experiment with new initiatives, and to explore new opportunities that will enhance their clients’ well-being. Interviewee highlighted the importance of allowing staff to engage in conversations on restrictive practices in a non-threatening environment, leading to greater level of understanding of what they are and how to reduce them, as illustrated by the quotes below:
Figure 9. PBS Implementation cycle: Challenges and opportunities for family and carer stakeholders
**Psychological safety and stakeholder interactions**

1: **DSO management and staff members**
The organisation/management level provides psychological safety so that staff can explore opportunities, innovate & experiment, have difficult conversations, express their values and share ideas and concerns.

2: **Staff members and families**
Staff engage stakeholders and encourage them to explore opportunities, some of which might involve risk. Staff empower clients and support them in exploring the dignity of risk to achieve positive outcomes. Staff feel enabled by their clients and other stakeholders – and are supported to initiate change within the organisation (to further align procedures to support PBS)

3: **Staff members and service recipients**
Service recipients gain confidence and trust in service provision and in their relationships with others to explore their potentials and rights and responsibilities.

4: **Staff members and the DSO**
Positive interaction between service recipients and other stakeholders such as families and carers creates a cycle of trust building and proactive exploration of new opportunities. Families feel safe and trust the organisation (and its staff) – hence they grant them the space to open up opportunities for their family members (‘giving permission to the organisation’).

---

*Figure 10. Psychological safety and stakeholder interactions*
“Well, it’s interesting because having come from outside the organisation one of the things I needed to do from the outset was to establish relationships and trust, and coming in and telling people they can’t do this is not a good way of achieving that. My goal from the outset was just to be considered to be non-threatening and to encourage people to just talk on the issues that they encounter and to try and get people to be open and frank. I am fairly confident that that has been achieved … and people’s level of awareness has improved to the point where I’m reasonably confident that they’ve got a good understanding of what restrictive practices are, without the need to refer to somebody else so the likelihood of a restrictive practice being used is reduced.”

In contrast, respondents have pointed out that a lack of psychological safety will in turn create a climate of blame and negativity, where staff members feel that they will be reprimanded and possibly face negative consequences:

“Anyway, talking through all these things, that person involved in the actual incident isn’t going to care about any of those things because all they can think about is, oh my God, what’s going to happen to me? What’s going to happen to the person? What’s going to happen to my job if this happens again and basically their confidence goes down at ground level.”

“Because they’re scared that the risk is so high … and that’s when restrictive practices come in because they’ve got instant involvement. Okay, let’s put a child lock on the door because that’s the only way I can control the situation if I’m expected to take this person out again. So it’s about building that confidence again of the staffing and also people talk as well.”

As evident from the quotes above, a lack of psychological safety can lead to a reluctance to speak up on issues relating to restrictive practices. Staff members alluded to the potential risks of speaking up or trying new things, in terms of the implications on their jobs or their clients. This reluctance extends towards trying out new initiatives that may eliminate or reduce the use of restrictive practices.

2: Staff members and families, carers and other stakeholders: When staff members feel that there is a safe environment within their organisation that allows them to try new initiatives and to explore positive opportunities with clients, this will in turn create a flow-on effect with staff’s interactions with other stakeholders. Specifically, staff will engage family stakeholders and encourage them to explore new opportunities for
their family members. Family members are given the opportunity to express their own concerns and be involved in developing ideas to facilitate the support of the client. More importantly, family members feel included as part of a team that is involved in designing and implementing services. Importantly, they can also explore solutions to barriers that impact on the well-being of the client.

“It’s just engaging in that [discussion] process for the parents, giving them that space to talk through what was the barrier. [The parent] designed her own Positive Behaviour Strategy to change the environment to meet the needs of her child so that she can still engage in her therapy and her needs. It’s beautiful. We just kind of explored what was the barrier.”

This ability to have open and honest discussions is significant, as it allows both family members and staff to form long term partnerships with the aim of achieving long term outcomes for the client, as illustrated below:

“Families are a huge part of people’s lives and always will be so I guess one of the things that we talk about when we first start to provide services for people is that the family needs to be reassured that they’re still going to be a huge part of people’s lives and we would say things to family like, “You’re going to go and visit them. You might notice things that we don’t notice. You might notice that a relationship with a certain support worker isn’t quite right”. You can’t put your finger on it but it’s just not gelling so we would be working very closely with families to try and make sure that it’s a collaborative approach. We certainly see that we’d all be in the same team basically and those positive relationships with families actually facilitate good outcomes for the person. I have several families who might still even after all these years feel occasionally that they need to call me to tell me something about what has happened and I guess the way that I like to look at that is in a positive way and even a complaint, you have to take complaints as a positive opportunity to change things so the families are encouraged and hopefully reassured.”

3: Staff members and service recipients: There are many flow-on effects to the clients when staff members feel supported in their work environment. Within a blame-free organisation culture which supports the expression of values and initiatives, staff are more likely to empower clients by allowing them the dignity of risk to achieve positive outcomes. As a result, clients’ wishes and long term goals are respected and staff are actively engaged in supporting them to achieve those goals.
This quotes demonstrates the positive outcomes that flow from supportive work cultures.

“Another good example is we supported one woman [who] needed some intensive support in terms of skill development and becoming more independent and so forth. But it got to a point where it was a little bit rocky so we made a decision, “Look, maybe she doesn’t need 24/7 support”. So we do sometimes think that maybe challenging behaviour isn’t about the person, maybe it’s about the way we’re providing services. And so we’re willing to take a few risks and say, “Right, maybe we need to step back”. And you know what, she has absolutely blossomed, but we did that with safeguards. We did it gradually, we had a transition plan, there were neighbours involved for emergency back-up. It was done safely. I like that about this organisation; we can say, ‘Look, maybe her behaviour isn’t anything to do with her, maybe it’s about us’”.

4: Staff members and the DSO: As staff members are granted permission to explore new opportunities for their clients and gain confidence over time, they are likely to bring in innovation and new practices into their respective organisations. Supported by their organisation’s management as well as their clients and family stakeholders, staff members implement changes within their organisation to further align procedures to support PBS principles.

An important element in this stage is the collaborative approach adopted by staff to explore new opportunities in responding to the needs of clients and family stakeholders. The success arising from these new opportunities has led to further changes within the organisation in relation to how they provide support or open further new opportunities for other clients. Initial success from the trial of new initiatives has led staff members to introduce systemic changes in the organisation which will subsequently benefit other service recipients. The example below is an illustration of this:

“We have a young man in a group home and a number of years ago he was in more institutional care ... He ended up in institutional care and was very, very distressed and [his father] would go up every morning to this place and he would ask “What kind of night did he have?” And the staff would say, “Oh, I don’t know mate I’ve just come on shift”. Then [his father] would come back around lunch-time and he’d ask, “Oh did he have a good breakfast?”, and the
staff would say “Oh, I don’t know mate I think somebody else did that for him”. So basically what you had all these different shifts and different people ... no-one had ownership, no-one knew.”

“There was a lack of routine ... so we designed a roster, people work for 2½ days and they have the rest off. They work for 2½ days and then they go home. The people love it. We have our lowest turnover in residential services, people absolutely love it because you work for 2½ days ... so one week you’ll work Monday morning to Wednesday lunch-time and off until next week. Now that does a really interesting thing. First of all, it really forges relationships, you’re living with a person. So when that person gets up in the morning and says, ‘I don’t want cornflakes, I want eggs’, you don’t think ‘well, I’m going off shift in an hour’s time so you’re getting cornflakes’. You would say ‘I’m here for the rest of the day. So if I’m here for the rest of the day you’re getting eggs’.”

These two quotes illustrate a common dynamic found during the interviews. Initially, problems arise due to inflexibilities and non-person centred aspects of service provision. When PBS approaches are then adopted innovations are suggested that increase the level of flexibility and which focus on person centred solutions to the problem. The resulting positive outcomes not only provide for greater recognition of service user choice and opportunities but also result in better working conditions and greater levels of satisfaction among staff members.

5: Families, carers and other stakeholders and the DSO: Family members and other stakeholders, having established a partnership with staff members over time, feel safe and trust the organisation (and its staff) to continue to open up opportunities for their family members. In this stage, the key element is the “granting of permission” by family members to the service organisation to open up new opportunities, allowing for dignity of risk to be respected. As illustrated by the example below, trust from family members is a critical element in achieving positive outcomes through adopting PBS principles:

“We had a parent who was pro-restrictive practice when she came into our service. She said that there will be no way we won’t be using [this restrictive practice]. ... So she is very pro-restricted practice, and I invited her to attend our last restricted practice meeting. I asked her for some input on her child’s restricted practice and just some more information for her. Being in that environment and seeing how much thought goes into what we do, by the end of
the meeting she agreed to a less restrictive option for the least amount of time. [Now the restrictive practice is never used] That was a parent that changed.”

In contrast, the excerpt below describe what happens when family stakeholders resist change, and do not grant staff permission to remove restrictive practices or explore new opportunities for their charges.

“We work closely with the family and the people around that person. So we try very hard to keep everyone on the same page and, you know, that common goal, what is the reason behind this behaviour and as a group how can we support that person. I think that is really, really challenging, even for us as an organisation, because sometimes things are very ingrained in families and parents can often be very, very fearful of what has gone on before so that can be really hard to switch that mentality.”

CONCLUSION TO QUALITATIVE STUDY

In conclusion, the findings of the qualitative study indicate that the focus of PBS implementation has been at the individual level as a response to challenging behaviours. At this level DSOs have been responding with innovative ideas and introducing creative approaches to service improvements. This intensive, tertiary level of implementation was the most commonly identified understanding and application of PBS. However, the systematic implementation of PBS goes well beyond this level. In interviews and focus groups it was clear that PBS was not generally viewed in the context of service design or more systemic, primary or even secondary level areas of implementation. The successful implementation of PBS will need to include these additional levels of institutional change that focus more on vulnerable groups and whole client populations. It is at this more universal level of application that the risk of challenging behaviours occurring is reduced across the whole range of service users.

The qualitative study also found that the need for supportive cultures and learning environments were important in creating the kind of organisational climates where staff could exercise their competencies and potentials to the full. Innovation and shifting mindsets are core aspects of PBS and these will only emerge and impact on routines, practices and service quality if staff are encouraged to express their ideas and concerns openly and to see those ideas acted on and implemented to improve the lives of the people they work with.
QUALITATIVE COMPARATIVE ANALYSIS

In addition to the Qualitative Study, a Qualitative Comparative Analysis (fsQCA) was performed to analyse the relationships between key organisational attributes and service performance outcomes. The following section of the report presents this fsQCA study.

AIMS AND RESEARCH QUESTION

One of the key aims of the research project is to analyse and explore the relationship between various organisational attributes such as stakeholder engagement, senior management commitment, organisational learning and the implementation of PBS. Assessing this relationship was performed through adopting a configurational approach. Organisations are usefully seen as bundles of discrete competencies and capacities that are employed to achieve certain outcomes. Certain configurations of these bundles of competencies will lead to positive outcomes and other configurations will lead to negative outcomes. Finding a configuration of organisational attributes that bring about a desired outcome is practical and useful way for exploring complex social activity, such as the implementation of PBS. Hence, we adopted an analytical method for evaluating the implementation of PBS that employs precisely this kind of configurational approach. This approach, known as fuzzy set Qualitative Comparative Analysis (fsQCA), is eminently suited to the task of identifying complex combinations of core organisational attributes associated with outcomes of interest. Furthermore, fsQCA is an appropriate form of analysis for this project because: i) it holistically analyses various cases as variations of logically possible configurations of relevant attributes and provides explanatory and causal accounts of why certain outcomes are achieved or not, ii) cases can be any logical unit of social agency/structure and so can inherently span multiple levels, iii) It can provide meaningful analysis of small to medium sized samples, and finally vi) its set-theoretic approach to analysis facilitates building theory and providing explanations that generate new theoretical perspectives. Because of the small number of participants in the study and the complexity of evaluating a multidimensional service philosophy, design and delivery method such as PBS, this evaluation strategy of using fsQCA is to be regarded as a preliminary trial that provides some direction for building sector capacity in establishing more reliable and valid evaluation approaches.
The key research question for our fsQCA analysis focuses on the relationship between some basic organisational attributes of disability service organisations and their implementation of PBS? The organisational attributes (which, from a traditional experimental or quasi-experimental view can be roughly considered as independent variables) include aspects of organisations that have been found to play a fundamental role in the implementation of major change programs. Examples of these organisational attributes include stakeholder engagement and customer focus (or, in this present study, person-centred service provision), senior management commitment and organisational learning culture. The outcome variable(s) (which can be roughly considered as the dependent variable(s)) are a measure of the quality of service outcomes as they relate to PBS implementation.

FsQCA is a technique that can investigate the relationship between various configurations of these organisational attributes and the outcome of PBS implementation. FsQCA can investigate how PBS outcomes are the result of combinations of conditions because, in complex social systems, it is the causal effects of social attributes in combination with other conditions that produce desired outcomes. Causes are complex and to understand social causation we need to develop explanations that can account for the systemic and multiple interactions between attributes. One aspect of that complexity is that different combinations of attributes may provide different pathways to successful implementation of PBS and it is hoped that the findings will provide some clear direction for organisations in how they can focus on the capacities that are integral to successful PBS implementation. The ability of QC a two identify different pathways to the same outcome, called equifinality, is useful in the present study in that it can explain for how different organisations can achieve positive outcomes in implementing PBS under different circumstances and with different organisational capacities.

There are two forms of fsQCA that are commonly applied in social science research. Crisp set to CA is used when attributes are dichotomous and there is a qualitative distinction between a case having that certain attribute or not. The most appropriate form of analysis for the current study is called fuzzy set qualitative comparative analysis or fsQCA. fsQCA is used when set membership is more graded. Because organisations are complex social units the possession of particular characteristic is most frequently not a distinct matter. The next section sets out basic steps involved in performing fsQCA.
BASIC STEPS IN FSQCA

Because of its capacity to deal with complexity and the non-dichotomous nature of the relevant attributes, we used fuzzy-set qualitative comparative analysis (fsQCA) to investigate the relationship between the organisational attributes and the performance outcomes. fsQCA analysis considers all logical combination of organisational qualities and how they bring about the desired outcome (Fiss, 2010).

The following sets out the analytical steps involved in running an fsQCA.

Step 1: Identify cases and the outcome of interest
Step 2: Identify the organisation attributes of interest.
Step 3: Identify and/or develop measure of the attributes and outcomes
Step 4: Identify data sources, collect data and build the dataset
Step 5: Analyse the dataset and derive configurational models
Step 6: Describe the solution models/configurations
Step 7: Present, explain and discuss results

The following gives a detailed presentation of these sections except for Step 8 which will be presently separately as the Results and Discussion sections.

Selection and definition of cases and outcomes of interest

The cases were 18 different community–based disability service organisations (DSO) in country and metropolitan areas. All of these DSO’s had voluntarily entered into the positive behaviour framework strategy of implementing PBS for its service users. All data was gathered at service administration/co-ordination sites. Common aspects of cases are that they all: i) are disability service organisations, ii) provide direct service provision, iii) work with the people with disabilities and their families and carers, iv) have responsibilities for co-ordinating all aspects of their services, v) are evaluated by an independent standards monitoring group. It needs to be noted from the outset that there is no single source of consistent outcomes data on the implementation of PBS available across the sector. The primary outcome aimed for in PBS is the improvement of individual service users’ quality of life. This study was not intended to look at the outcomes for individual service users but to analyse and assess participating DSOs at organisational level outcomes. However, as no consistent outcomes data is collected on PBS across the sector we chose to use the independently assessed performance of display service organisations on the National Disability Standards.
The process by which this performance is assessed is called the Quality Management Framework (QMF) report. The QMF report is compiled for each DSO by an independent panel of contracted evaluators and they report on the performance of the DSO according to nine National Disability Standards (these standards have been recently revised down to six national standards). Permission was obtained from each DSO to allow the research team to analyse these QMF reports. These standards closely reflect key PBS aspects of human rights, social participation and quality service outcomes and so it was considered that the QMF could act as an independently gathered source of outcomes data for the fsQCA analysis. Table 5 gives a description of these standards and categorises them under each of the three PBS areas.

Table 5: Correspondence between QMF assessed standards and PBS principles

<table>
<thead>
<tr>
<th>Service Quality Domain</th>
<th>QMF evaluated National Disability Standard</th>
<th>Corresponding PBS principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human rights:</td>
<td>Standard 3: Decision making &amp; choice:</td>
<td>Comprehensive Lifestyle</td>
</tr>
<tr>
<td></td>
<td>Standard 4: Privacy, dignity and</td>
<td>Change and Quality of Life:</td>
</tr>
<tr>
<td></td>
<td>confidentiality.</td>
<td>The promotion of positive</td>
</tr>
<tr>
<td></td>
<td>Standard 6: Valued status: valuing each</td>
<td>opportunities, human rights</td>
</tr>
<tr>
<td></td>
<td>person.</td>
<td>and minimising constraints</td>
</tr>
<tr>
<td></td>
<td>Standard 9: Protection of human rights</td>
<td>and eliminating restrictive</td>
</tr>
<tr>
<td></td>
<td>and freedom from abuse and neglect</td>
<td>practices.</td>
</tr>
<tr>
<td>2. Participation and</td>
<td>Standard 1: Service access: Each person</td>
<td>2. Lifespan Perspective</td>
</tr>
<tr>
<td>Inclusion:</td>
<td>can access services on a needs basis and</td>
<td>4. Stakeholder Validity</td>
</tr>
<tr>
<td></td>
<td>available resources.</td>
<td>5. Social Validity</td>
</tr>
<tr>
<td></td>
<td>Standard 5: Participation and integration.</td>
<td>This outcome is associated</td>
</tr>
<tr>
<td></td>
<td>Each person is encouraged to participate in</td>
<td>with the PBS focus on inclusion</td>
</tr>
<tr>
<td></td>
<td>the life of the community.</td>
<td>and opening up opportunities.</td>
</tr>
<tr>
<td>3. Quality Service</td>
<td>Standard 2: Individual needs: Each person</td>
<td>This outcome is associated</td>
</tr>
<tr>
<td>Outcomes:</td>
<td>with a disability receives a service which</td>
<td>with the PBS focus on providing</td>
</tr>
<tr>
<td></td>
<td>is designed to meet, in the least restrictive</td>
<td>supports that achieve valid,</td>
</tr>
<tr>
<td></td>
<td>way, individual needs and personal goals.</td>
<td>long-term, quality of life goals.</td>
</tr>
<tr>
<td></td>
<td>Standard 7: Complaints and disputes. Each</td>
<td>3. Ecological Validity</td>
</tr>
<tr>
<td></td>
<td>consumer is free to raise and have</td>
<td>6. Emphasis on Prevention:</td>
</tr>
<tr>
<td></td>
<td>resolved any disputes regarding the</td>
<td>7. Multiple Perspectives</td>
</tr>
<tr>
<td></td>
<td>service provider or the service.</td>
<td>8. Systems Change and</td>
</tr>
<tr>
<td></td>
<td>Standard 8: Service management. Each</td>
<td>Multicomponent Intervention</td>
</tr>
<tr>
<td></td>
<td>service provider adopts sound</td>
<td>9. Flexibility with Respect</td>
</tr>
<tr>
<td></td>
<td>management practices for good outcomes.</td>
<td>to Scientific Practices</td>
</tr>
</tbody>
</table>
The QMF reports on these standards were in the form of qualitative comments. Using NVivo software we analysed these comments in two ways. First, we assessed the reports in terms of the positive and/or negative sentiment of the comments in the report for each particular standard to derive a score for each organisation. Second, we considered the volume or coverage of words written in each of these positive or negative categories of comments and derived a score for each organisation. The rationales for these two approaches were first that the positive or negative sentiment indicates how well a particular standard is met. The coverage indicates the strength of that sentiment in that the more words spent in describing how an organisation performed on a particular standard will indicate the strength of that association. For example, a lengthy positive comment is more likely to more indicative of positive performance than a shorter positive comment.

**Selection and measurement of organisational attributes**

A major challenge to selecting organisational attributes is the large number of possible conditions to choose from. We dealt with this issue by: i) identifying key conditions that were mentioned in the organisational literature, ii) by carrying out pilot interviews with PBS consultants and senior executives of DSOs, iii) reducing the number of conditions in the analysis by identifying more encompassing composite conditions that embraced a range of smaller elements, iv) observations made during attendance to several committee and CoP groups also provided opportunity for reviewing and verifying the importance of the factors identified from the literature review, and v) a preliminary round of eight pilot interviews with four different DSOs.

The attributes selected on the basis of these efforts included:

i) **Learning culture:** The most important tasks for services to develop and maintain a learning and culture change mindset are preparing for change, enabling the change process and embedding it within core service features.

ii) **Person-centred approach:** The capacity for the organisation to adopt a fundamental ethic of individual service provision was mentioned many times.

iii) **Stakeholder engagement:** The complex nature of disability, especially where challenging behaviours are concerned, means that services are often provided by multiple agencies and so input from key stakeholders is essential for high quality supports to be provided.
iv) Innovation: For problems to be solved and new ideas for developing opportunities to be created a strong capacity for innovation is required. We found that this organisational characteristic was also associated with the level of interaction and communication of ideas.

v) Senior executive commitment: Demonstrated commitment among senior executives and particularly the CEO is a crucial factor in the success of a transformative change that addresses core service values and work practices.

vi) Resourcing: provision of internal and external training opportunities and the allocation of organisational resources to PBS related operations and activities.

vii) Information and data management: The capacity for the organisation to store and utilise information and data is a key aspect of PBS so it’s likely that this attribute will be a key indicator for its successful implementation.

Developing instruments, collecting data and building dataset

Data on the organisational attributes was collected through interviews using semi-structured interview schedules with CEOs and positive behaviour consultants and focus groups with direct service staff. The interview schedules were piloted with two researchers present and they each filled out the assessment instrument for each interview independently from one another. This enabled cross-checking: i) that the attributes identified in the review process were relevant, ii) that attributes could be assessed through the structured interview process, iii) that the items used to indicate the presence or absence of attributes and outcomes were applicable, iii) on inter-rater reliability between researchers. As mentioned several new attributes were identified in the piloting process. The pilot interviews also confirmed the utility of the identifying indicators for assessing organisational attributes. This confirmation process occurred through several means: i) Relevance: Interviewee found the questions to be relevant and answerable and none reported difficulties in responding to the questionnaire items on the basis of relevance of the questions asked. ii) Ease of providing illustrative examples: Interviewees could provide examples where they existed of the kinds of activities that exemplified the presence of an attribute. For example, the use of individual plans was confirmed as a key indicator for the person-centred nature of the organisation’s services.

With two researchers carrying out the piloting round of interviews cross-scorer reliability checks could be performed. After the initial round of piloting and checks on
inter-scorer reliability we were satisfied that independent scoring could be performed for the gathering of data in the main round of data collection. There were also several indicators identified for each attribute so that the assessment of an attribute was not reliant on one single indicator.

The instruments used in the study included two variations of a structured questionnaire. The two variations were made to accommodate a one-on-one interview setting and a focus group setting. Both of these were developed from the literature review results and the initial pilot interviews. Given that a fsQCA analysis was to be performed, the rationale underlying the development and structure of the interview schedule was to gather data that made judgements about the cases as regards their membership, or not, of the attributes of interest. To this end we the study instruments comprised of items that related to each of the organisational attributes. There were three sections to each interview: i) demographic data, ii) structured section on organisational attributes, iii) unstructured section to make note of any interviewee comments.

The instruments helped the researchers to question interviewees to assess the level of membership of the case/organisation for a number of attributes and outcome areas. A series of eight pilot or first-round interviews were carried out with four different DSOs to further develop the assessment instrument. Indicators were developed to assess most of the attributes. These indicators were observable aspects of organisational activities that would be readily visible to almost all staff. For example, an indicator for “Person Centred approach” would be that individual support plans be in use and that these be used for all or only some service users. This indicator is overt, easily observable, known to all levels of staff and readily assessable as “in use”, “mostly in use”, “mostly not in use” or “not in use”. The scoring and calibration was done immediately during the interview using the fuzzy set scale of: Fully in: 1.0, Mostly in: 0.7, Mostly out: 0.3, Fully Out: 0.0.

Most indicators for each of the attributes were of this kind. However, other measurement approaches were adopted for some attributes. For two attributes, Learning culture and Leadership, it was decided to use established scales for their assessment. The primary reason for this was that both these organisational qualities are intangible and not readily observable or assessable by staff at different levels on the basis of overt indicators. They were assessed by established psychological scales. Stakeholder engagement was also scored separately using the DSO corporate website as a proxy for the degree of stakeholder engagement. Websites
are a fundamental means for organisations communicating to their core stakeholders and the general public and so they can be regarded as indicators of the degree of corporate interest and activity in stakeholder engagement (Bonsón & Ratkai, 2013). Stakeholder engagement by corporate websites were assessed on several criteria including: i) number of documents on the website, ii) number of webpages, iii) availability of QMF, iv) information on corporate board members, v) availability of stakeholder feedback method, vi) contact details, vii) availability of core documents such as policy statements, strategic documents and annual reports, viii) news/events page, ix) level of personalisation (availability of choice and options) x) links to other sites, xi) pages related to community and education on topics of interest. All these items were aggregated by adding item scores together and then deriving a single score for each case.

**Participants, instrument development, data collection building the dataset**

Participants were direct support staff, PBS consultants and CEOs and senior executives from the participating DSOs. Table 6 presents some demographic information on the participants. A total of 95 participants took part in the interviews and focus groups. Females were in the majority for all participant groups and this reflected the representation of women in human service industries such as disability services. There was a wide range of experience amongst participants in having worked in the disability sector with a significant proportion having worked more than 10 years in the field. As would be expected, CEOs and senior executives had a particularly significant level of experience in working with people disabilities with the majority having worked more than 10 years in the field.

<table>
<thead>
<tr>
<th>Data Source</th>
<th>No. of Participants</th>
<th>Gender</th>
<th>Disability sector work experience (yrs)</th>
<th>Current work role experience (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBS Consultants</td>
<td>19</td>
<td>16 female</td>
<td>1-5 years</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 male</td>
<td>6-10 years</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;10 years</td>
<td>6</td>
</tr>
<tr>
<td>CEOs or Senior Executives</td>
<td>11</td>
<td>7 female</td>
<td>1-5 years</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 male</td>
<td>6-10 years</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;10 years</td>
<td>8</td>
</tr>
<tr>
<td>Focus Groups (FGs)</td>
<td>65 (12 groups)</td>
<td>9/12 FGs had both male and female</td>
<td>11/12 FGs had participants across all levels</td>
<td>All 12 FGs had participants across all levels</td>
</tr>
<tr>
<td>TOTAL</td>
<td>95</td>
<td>23 female</td>
<td>15 years (mean for all participants)</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 male (individual interviews)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participants came from three distinct organisational levels - a senior management and CEO levels, the professional employee level of PBS consultants and the direct support level represented by staff focus groups. This stratified sampling strategy provided a broad picture of the current state of PBS implementation. The intention in choosing these three levels was to tap into structural changes at the macro level of the organisation, through senior executive and CEO participation critical organisational change initiatives at the mesa level through PBS consultant participation.

In building the data set (see Tables 7 and 8), aggregation was performed to derive a single score for each case for each attribute and outcome. For each case there were three sources of information for each attribute - CEO/Senior Executives, Positive Behaviour Consultants and Support Worker focus groups data. Before aggregation the scores were checked for internal consistency. The high correlation between the three data sources indicates that they can be aggregated to derive a single score for each case for each attribute and each outcome variable. Aggregation was done by adopting the majority score of the three data sources if there was only one step in scoring, for example, if there were score of .7, .7 and .3 the majority score of .7 (mostly on “) was allocated for that attribute for that particular case. Where there was no majority, or where one score differed by at least two steps, for example, if CEO and focus group responses both resulted in a score of 1.0 (“fully in”) for the innovation attribute but only .3 (“mostly out”) for the PBS consultant responses, then the mean was taken of all three scores and then the relevant set score was allocation. For example, for Case 5 the following scores were recorded for the innovation attribute.

<table>
<thead>
<tr>
<th>Data source</th>
<th>Item (a)</th>
<th>Item (b)</th>
<th>Item (c)</th>
<th>Item (d)</th>
<th>Item (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO (Chief Executive)</td>
<td>0.7</td>
<td>0.7</td>
<td>1.0</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>PBC (consultant)</td>
<td>0.7</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>FG (focus group)</td>
<td>0.3</td>
<td>0.7</td>
<td>0.7</td>
<td>1.0</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Taking the majority of the three data source gives the following means for each item under the innovation attribute.

<table>
<thead>
<tr>
<th>Data source</th>
<th>Item (a)</th>
<th>Item (b)</th>
<th>Item (c)</th>
<th>Item (d)</th>
<th>Item (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate score</td>
<td>0.7</td>
<td>0.7</td>
<td>1.0</td>
<td>1.0</td>
<td>0.7</td>
</tr>
</tbody>
</table>
We also aggregated the outcome items. The content of the QMF reports were analysed thematically in terms of positive and negative comments for each standard as well as the word length of those comments as a proportion of the QMF report as a whole. The cases were ranked for each of these outcome variables and those ranked scores were then aggregated by using their mean to derive a single score for each case.

**Analyse dataset and derive configurational models for the outcome variable**

**Descriptive Statistics**

Stakeholder engagement, innovative working environment, organisational learning culture, senior executive commitment and the resourcing of PBS implementation were the most important attributes of organisations in bringing about high QMF scores. Table 9 presents the case frequencies for the organisational attributes that were found to be associated with high QMF scores.

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Fully out the set (0.0)</th>
<th>Mostly out of the set (.3)</th>
<th>Mostly in the set (.0.7)</th>
<th>Fully in the set (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Centred Approach</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Stakeholder Engagement</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Innovative working environment</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Learning culture</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Senior executive commitment</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Resourcing of PBS implementation</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Information and data management</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

No DSO’s were found to be fully out of the set for any of these salient attributes. As might be expected, no organisations were rated as having no stakeholder engagement, working environment that did not support innovative work, no organisational learning culture, no senior executive commitment and no resourcing of PBS implementation. On the other hand, the majority of all DSO’s were found to
be fully in the set of these attributes. The only exception to this was information and data management where half of all cases were found to be mostly out the set. The rest of the cases were spread between being mostly out of the set and mostly in the set of these attributes.

**Solution Models/Configurations**

After running several tests of the data it was found that five organisational attributes contributed to PBS implementation in a consistent way. These were Innovation, Learning Culture, Stakeholder Engagement, Senior Executive Commitment and Resourcing (see above for descriptions of these attributes). The attributes of ‘Person-Centred Approach’ and ‘Information and Data Management’ were not found in the solution models.

There may be several explanations for this. First and foremost, this study was a pilot and, as such, the results are not to be taken as indicative of a general pattern across the sector. Second, that these attributes were not found in the models does not mean that they are not important for achieving success in PBS implementation. It may be that in conjunction with other attributes that were not included in this study person-centre approaches and information and data management would have been seminal in successful PBS implementation. Third, it could mean that our methods and instruments for assessing these attribute was not accurate enough. As with some of the other attributes, the capacity of the DSO to take a person-centred approach was measured by asking a series of questions of participants in an interview setting. It is not clear if these questions could be improved or if another method is need to accurately assess this very complex quality of a human service organisation. Perhaps a more extensive naturalistic observation of the prevalent types of person-centred activities would have led to a different result.

Truth tables are used in fsQCA to list all the possible permutations of attributes that lead to a particular outcome (only those with a consistency score > .8 are typically included in the truth table). As Table 10 shows, the truth table for PBS implementation suggested five possible configurations of attributes with consistency values greater than acceptable threshold of 80% of cases (Ragin, 2009). In each row, the 1 indicates the presence of the attribute and the 0 score the absence of a condition. The truth table suggests that CEO commitment is the most commonly associated attribute with successful PBS implementation as all 5 paths include full

---

2 See the Appendix “QCA glossary” for explanations of fsQCA terms.
membership of CEO commitment. This is followed by Stakeholder engagement which is present in all but one of the solutions.

Table 10: Truth Table for PBS implementation

<table>
<thead>
<tr>
<th>Organisational Attributes</th>
<th>Number of cases</th>
<th>Outcome: PBS implementation</th>
<th>Raw consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior executive commitment</td>
<td>Stakeholder engagement</td>
<td>Innovative culture</td>
<td>PBS Resourcing</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

The next step in the fsQCA process is to minimise the number of logically possible configurations that lead to the outcome. Table 9 presents this minimised solution and it shows that there are three configurations of attributes that reach the required levels of consistency and coverage to be included in the minimised solution. These are:

Path 1: commit*~learning*~innovate*stakeholders: This configuration tells us that high levels of commitment and stakeholder engagement in combination with low levels of learning and innovation lead to successful PBS implementation.

Path 2: resource*commit*innovate*stakeholders: This second configuration means that the combination of high levels of resourcing, CEO commitment, innovation and stakeholder engagement are the key attributes in successful implementation of PBS.

Table 11: Solution pathways for fsQCA analysis of PBS Implementation

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Raw coverage</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Path 1: resource<em>commit</em>innovate*stakeholders</td>
<td>0.438928</td>
<td>0.826168</td>
</tr>
<tr>
<td>Path 2: commit<em>~learning</em>~innovate*stakeholders</td>
<td>0.292949</td>
<td>0.852601</td>
</tr>
<tr>
<td>Path 3: ~resource<em>commit</em>learning<em>innovate</em>~stakeholders</td>
<td>0.263158</td>
<td>0.825545</td>
</tr>
<tr>
<td>solution coverage: 0.714995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>solution consistency: 0.803571</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Path 3: ~resource*commit*learning*innovate*~stakeholders: This third configuration means that high levels of CEO commitment, organisational learning and innovation culture and low levels of resourcing and stakeholder engagement lead to successful PBS implementation.

The attribute that is common to all these three solutions (see Table 11) is once again senior executive and CEO commitment demonstrating the importance of senior executive buy in to the process of successful PBS implementation. For each of the three in my solutions we include scatterplots (see Figures 11, 12 and 13) which plot the particular configuration against the outcome to show which cases lie in the desired range of successful pathways.

Figure 11: Scatter plot for path 1: commit*~learning*~innovate*stakeholders

Cases that appear above the line in the top right quadrant of the scatterplot are cases with sufficient levels of consistency and coverage that result in successful PBS implementation. Path 1 has two such cases, path 2 has four of five cases with the configuration meeting the desired levels and path 3 has again two cases that meet the confidence levels.
Figure 12: Scatter plot for path 2: resource*commit*innovate*stakeholders

Figure 13: Scatter plot for path 3: resource*commit*learning*innovate*~stakeholders
Discussion of fsQCA results

The path that appears to be the most important of the three solutions is Path 2. Path 2 includes the most number of cases and has the highest levels of consistency, meaning that the combination of high levels of resourcing, CEO commitment, innovation culture and stakeholder engagement results more consistently than other configurations in high levels of PBS implementation. However, before discussing path 2, paths 1 and 3 will be considered in further detail.

Both path 1 and path 3 include in their solution the absence of particular organisational attributes. This appears to be a strange result in that why would configurations that include the absence of some important organisational attributes such as resourcing or stakeholder engagement result in higher levels of PBS commitment. One advantage of fsQCA analysis is that it permits a more detailed analysis of solutions at the case level to understand the dynamics of particular solutions. Looking further at path 1 we find that, of the two cases that had this configuration, one of them had their outcome variable assessed differently to all other cases. This DSO had not been able to provide a QMF report for analysis and so an alternative method for measuring PBS implementation had been developed based on participant surveys and interviews. This method had several shortcomings in that it was not an objective measure of PBS-related standards, it was derived from interview information and included no direct observation of organisational activities nor did it provide a direct measure of several PBS principles. There are grounds, therefore, for not including this case in the overall result.

Moving to path 3, which combines the absence of resourcing and stakeholder engagement with the presence of innovation, senior executive commitment and learning culture, we see that both cases in this solution were from regional DSOs. The absence of resourcing and stakeholder engagement regional DSOs deserves more detailed investigation. The resourcing attribute focused in particular on the capacity of organisations to provide internal training opportunities as well as access external training. It was a feature of feedback from regional DSO is that they felt there was a lack of PBS-related training opportunities. It is interesting to note that, out of the 18 cases, these two regional DSOs were included in the bottom three scores for the resourcing attribute. Stakeholder engagement might also have differed in a consistent way between regional and metropolitan DSOs. As described above, this attribute was measured by a detailed analysis of DSO websites. While highly relevant for metropolitan area it appears that a more personalised approach to
stakeholder engagement was adopted in regional areas. Once again we find that, out of the 18 cases, these two regional DSOs were included in the bottom three scores for the stakeholder engagement attribute and this may reflect this different approach to communicating through organisational websites, with a greater focus being placed on personal engagement and connection. So the absence of resourcing and stakeholder engagement in path three in combination with the presence of other important attributes may be explained by the particular situations faced by regional DSOs.

This brings us to a discussion of the most powerful solution - Path 2. This solution tells us that high levels of resourcing, senior executive and CEO commitment, innovation culture and stakeholder engagement will result in high levels of PBS implementation. As mentioned previously, senior executive and CEO commitment was the only attribute that was present for all three solutions and it is one of the most important attributes that organisations possess for ensuring high levels of PBS implementation. This might also explain the importance of resourcing implications in this configuration. Resourcing is clearly reliant upon senior management decision making and if commitment exists at those senior levels than the adequate resourcing of PBS implementation will also most likely be a result of that commitment. In addition to the importance of leadership commitment, this path also finds that attributes related to organisational culture are clearly important in understanding why some organisations are better than others at implementing PBS. Innovation culture and stakeholder engagement are much more likely to be associated with an organisation’s cultural environment and ethos. Innovation in PBS works very much from the bottom up as well as from the top down and so requires multilevel buy in and the presence of psychological safety in suggesting new ideas, promoting alternative solutions to problems and in trialling new routines and practices. Stakeholder engagement also functions at all levels with direct support staff being in contact with family members and neighbours and other stakeholders at the operations level and management staff being involved with stakeholders more at the decision making, policy and fundraising. All this highlights the importance of the entire culture of the organisation from executive level to direct support and operations level.

In conclusion, this fsQCA study has found that the presence of high levels of PBS resourcing, senior executive and CEO commitment, innovation culture and stakeholder engagement will result in high levels of PBS implementation. In addition, there appear to be two key areas that account for much of the success that we see
across the sector - the presence of active CEO and senior executives support and expressed commitment and the development of a rich and innovative organisational culture that supports expression of values ideas and engagement with key stakeholders. This finding comes with several caveats. First, this was very much a pilot study and so the results need to be further explored and confirmed with further research. Second, the validity, reliability and utility of measures used here for assessing each of the organisational attributes, and particularly the complex characteristic of PBS implementation, need to be further considered and developed. The interview approach taken to data collection, while it did include three tiers of the organisation, direct support, professional staff and senior executive and CEO levels, might also be augmented by direct observation and analysis of documentation. This of course means that a more consistent documentation of important organisational attributes needs to be implemented. In particular, the outcome measure of assessing QMF reports might well be flawed in important ways and the development of measures of PBS implementation will be improved through much more attention being given to how organisations perform on PBS related indicators. Finally, in attempting to evaluate PBS implementation, DSOs, peak body groups and public agencies will all benefit from the development of both internal and external auditing systems that are more closely tied to the core principles and object of PBS change initiatives.

**Most successful configuration**

The configuration that was most successful was the combination of resourcing, CEO commitment, innovative culture and stakeholder engagement. This solution tells us that high levels of resourcing, strong senior executive and CEO commitment, the creation and maintenance of an innovative organisation culture and the development of strong stakeholder engagement will foster high levels of PBS implementation.

**Senior executive and CEO Commitment**

Senior executive and CEO commitment was the only attribute that was present for all three solutions and it is one of the most important attributes that organisations possess for ensuring high levels of PBS implementation. This might also explain the importance of resourcing implications in this configuration. Resourcing is clearly reliant upon senior management decision making and if commitment exists at those senior levels than the adequate resourcing of PBS implementation will also most likely be a result of that commitment.

**Organisational culture**

In addition to the importance of leadership commitment, the fsQCA also found that attributes related to organisational culture are clearly important in understanding why
some organisations are better than others at implementing PBS. Innovation culture and stakeholder engagement are much more likely to be associated with an organisation’s cultural environment and ethos. Innovation in PBS works very much from the bottom up as well as from the top down and so requires multilevel buy in and the presence of psychological safety in suggesting new ideas, promoting alternative solutions to problems and in trialling new routines and practices. Stakeholder engagement also functions at all levels with direct support staff being in contact with family members and neighbours and other stakeholders at the operations level and management staff being involved with stakeholders more at the decision making, policy and fundraising. All this highlights the importance of the entire culture of the organisation from executive level to direct support and operations level.

OVERALL CONCLUSIONS

This project has found that the presence of high levels of PBS resourcing, senior executive and CEO commitment, innovation culture and stakeholder engagement will result in high levels of PBS implementation. In addition, there appear to be two key areas that account for much of the success that we see across the sector - the presence of active CEO and senior executives support and expressed commitment and the development of a rich and innovative organisational culture that supports expression of values ideas and engagement with key stakeholders. This finding comes with several caveats. First, this was very much a pilot study and so the results need to be further explored and confirmed with further research. Second, the validity, reliability and utility of measures used here for assessing each of the organisational attributes, and particularly the complex characteristic of PBS implementation, need to be further considered and developed. The interview approach taken to data collection, while it did include three tiers of the organisation, direct support, professional staff and senior executive and CEO levels, might also be augmented by direct observation and analysis of documentation. This of course means that a more consistent documentation of important organisational attributes needs to be implemented. In particular, the outcome measure of assessing QMF reports might well be flawed in important ways and the development of measures of PBS implementation will be improved through much more attention being given to how organisations perform on PBS related indicators. Finally, in attempting to evaluate PBS implementation, DSOs, peak body groups and public agencies will all benefit from the development of both internal and external auditing systems that are more closely tied to the core principles and object of PBS change initiatives.

Person-centredness is a core element in PBS, however, and it needs to be complemented by planning for universal interventions at the level of systemic change
and comprehensive service design. While some services were moving towards this, most DSOs had not fully implemented PBS and many did not have a comprehensive understanding of all the PBS principles. For example, many services still regarded PBS within the context of intensive supports for people who had displayed behaviour of concern at some time. Individual planning processes and the removal of restrictive practices are excellent first steps in opening up the potential benefits of PBS but they are largely targeted towards the intensive end of the intervention process which accounts for only a small proportion of the full implementation of PBS principles.

The need for bottom-up innovation and learning needs to be complemented by management approaches that create supportive working environments where employees can voice their concerns and ideas freely. Not only is the free expression of ideas and concerns needed but that they be listened to and acted upon to create responsive workplace environments where the active support of learning and innovation at all levels of the organisation are fundamental parts of corporate culture.

One of the core findings of the qualitative comparative analysis was that CEO and senior executive commitment are essential elements in any organisational mix of attributes and capacities that aims for a successful implementation of PBS. When considered in the context of the need for adequate resourcing and the creation of supportive workplace climates that encourage innovation and learning, the picture of the kind of organisation required to implement PBS successfully begins to emerge. Clearly core values and the quality of interpersonal relationships will lie at the heart of this innovative and open organisational culture. Further research is needed to explore how shifts in PBS-related values might be facilitated so that they emerge internally from the organisation and its community of stakeholders.

It will not come as a surprise to many organisations that the issue of staff turnover is closely related to many of the issues raised in implementing PBS. Staff turnover impacts directly on such issues as person centred approach, innovative solutions to client needs and training and staff development capacities. This issue of staff turnover needs to be considered in greater detail by the sector and further research may shed some light on the factors that lead to this problem and how to ameliorate it to enable more effective PBS implementation.

The fsQCA pilot study showed that the evaluation of the implementation of PBS through this method is feasible. However, the study also found that the availability of
good data, particularly outcomes-based data, is problematic. A more systematic, cross sector approach to considering the validity, consistency and uniformity in the type of PBS-related data to be collected and how it can be recorded and maintained efficiently needs to be considered. The following figure presents PBS implementation and evaluation matrix that looks at different organisational attributes all aspects of PBS and domains in which they can be implemented and evaluated (see Figure 14). The matrix presents a stylised overview of some outcomes-based data that could be used to evaluate PBS more accurately. These kinds of tools could also be used internally by organisations to assess their own progress in the adoption of PBS principles and practices.

Figure 14: PBS Implementation and Evaluation Matrix

<table>
<thead>
<tr>
<th>Organisational Attributes and/or Aspects of PBS</th>
<th>Implementation and Evaluation Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance policies</td>
<td>Domain of implementation</td>
</tr>
<tr>
<td>Prevention focus</td>
<td>Degree of implementation</td>
</tr>
<tr>
<td>Staff development in PBS</td>
<td>Depth of implementation</td>
</tr>
<tr>
<td>Behavioural expectations</td>
<td>Fidelity of implementation</td>
</tr>
<tr>
<td>Restrictive practices panels</td>
<td>Type of Outcome</td>
</tr>
<tr>
<td>Supports and resourcing</td>
<td></td>
</tr>
<tr>
<td>Behaviour assessments</td>
<td></td>
</tr>
<tr>
<td>Evidence-based decision making</td>
<td></td>
</tr>
<tr>
<td>Stakeholder engagement</td>
<td></td>
</tr>
<tr>
<td>Person-centred planning</td>
<td></td>
</tr>
<tr>
<td>Data management procedures</td>
<td></td>
</tr>
</tbody>
</table>

Another issue related to the fsQCA evaluation concerns the organisational attributes that were selected to assess an organisation’s capacity to implement PBS successfully. In the course of doing the research, it became apparent that a number of other attributes might be important for an organisation to successfully adopt a major change program like PBS. These additional attributes included the organisation’s preparedness for change, the alignment between organisational values, staff values and PBS-related values, and staff attributions in the context of behaviour is of concern. DSOs are achieving good results in implementing PBS at the individual level especially when PBS is regarded and resourced as a long-term values-based change program that is supported by senior management and by innovation and stakeholder engagement at the operational levels. The more targeted
and universal applications are yet to be consistently undertaken and further monitoring will be needed to evaluate these aspects of PBS.

The successful implementation of PBS in a disability service organisation is dependent on two key factors. These are: i) top-down senior leadership commitment to set the direction for, and enactment of, organisational and service goals and the subsequent allocation of resources and ii) the bottom-up creation and maintenance of service cultures that support innovative solutions to complex issues and engagement with key stakeholders. As the implementation cycle figures indicate above, PBS implementation and culture change are interdependent and iterative processes. From the PBS side, there are a number of key factors that are required for PBS to be a driver of cultural change in DSOs. These include: i) an understanding that PBS is primarily a values-based approach for universal intervention to improve people’s quality of life, ii) the capacity of services to innovate when faced with opportunities and challenges, and iii) the long-term perspective on developing person-centred and values-based service cultures.

This research has found that DSOs are achieving good results in implementing PBS at the individual level where the person-centred focus of PBS is most clearly seen in such activities as developing personal plans and supporting individuals who display challenging behaviours. However, the targeted and universal levels of PBS implementation have not received as much attention and the beneficial outcomes these more systemic applications aim for are not likely to emerge without that investment. The whole-of-system organisational application of PBS will be an important and ongoing task for DSOs into the future and further evaluations would be needed to examine how DSOs perform in this regard.
REFERENCES


APPENDIX 1: CONSENT FORM FOR RESEARCH PARTICIPATION

Research Project: Evaluating the Implementation of the Positive Behaviour Framework

I have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time without reason and without prejudice. I understand that my participation is voluntary.

I understand that all information provided is treated as strictly confidential and will not be released by the investigator. The only exception to this principle of confidentiality is if a court subpoenas documentation. I have been advised as to what data is being collected, what the purpose is, and what will be done with the data upon completion of the research.

________________________________ __________________________
Participant's name                          Date          Participant’s signature

PLEASE RETURN THIS CONSENT FORM.

(Please retain the information sheet for your own information)

Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures (reference number:RA416216). Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing to hreo-research@uwa.edu.au
All research participants are entitled to retain a copy of any Participant Information Form relating to this research project.
PARTICIPANT INFORMATION SHEET

Dear Participant

Re: Positive Behaviour Framework research project:

We are researchers from the Business School at the University of Western Australia and we are studying the implementation of the Positive Behaviour Support (PBS) by disability service organisations in Western Australia. The basic aim of the research project is to see how organisations are working to implement the PBS and achieve the desired outcomes of improved services for their service users. We want to tap into the knowledge and experience that is being built up by agencies participating in this exciting new approach, develop a closer understanding of what works and what doesn’t and to share that knowledge with other audiences. This project is supported by a grant from the Disability Services Commission of Western Australia and is coordinated by a steering group made up of representatives from the University, the Commission and the peak body National Disability Services.

The project will be gathering information from the staff members of disability service organisations on their experiences of implementing the different aspects of the Positive Behaviour Framework. Rather than a problem-based focus, the research will take a positive perspective towards the implementation process. We will be gathering information through staff interviews, staff focus groups and documents such as official reports relating to the implementation of the “Voluntary Code for the Elimination of Restrictive Practices”.

We invite you to take part in this research project. If you consent, we will ask about your knowledge, understanding and attitude towards the Positive Behaviour Framework and its implementation. Your reflections and answers will contribute to the development of deeper understanding of this process and how it can be communicated, improved and extended.

The interview/focus group will take 45 minutes to 1 hour and, with your permission, the discussion will be recorded to facilitate accurate data collection. All audio recordings and transcripts will be kept in a secure and locked place. We do not expect that you will find the questions difficult or confronting in any way. However, if you find that the discussions make you uncomfortable, you may decide at any time to withdraw your consent without reason and without any disadvantage to you. The
interviewer will answer any questions that you have about the research at any time before, during, or after the interview. Your participation in this study does not prejudice any right to compensation which you might have under statute or common law.

If you are willing to participate in this study, please complete the consent form. If you have any queries regarding this project, you may contact me at any time.

Yours Sincerely

Dr Mark Edwards, Dr Christine Soo, Dr Jose van den Akker
Business School
University of Western Australia

Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures (reference number:RA416216). Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing to hreo-research@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form relating to this research project.
APPENDIX 2: POSITIVE STORIES QUESTIONNAIRE

“Positive Stories:
Exploring the implementation of the
Positive Behaviour Framework in Western Australia”

Interview Guidelines on the Implementation of Positive Behaviour Support

Mark Edwards
Christine Soo
Jose van den Akker

University of Western Australia
October, 2014
ID#:…………………………………………Organisation:

Metropolitan or Country site:

Demographics
1. Job title:
2. How long have you worked for this organization:
3. How long have you worked in your current role:
4. How long have you worked in the disability sector:
5. What are your duties and responsibilities:

These questions are about the person-centred approaches you use here.
1. Does your organisation have any policies related to person-centred service provision?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
2. Are there individual planning process in place?  Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
3. Are personal profiles (one-page profile) used? Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
4. Do Behaviour Support Plans focus on positive experience and opportunities? Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
5. Do the plans include a long-term, life course perspective as well as identifying short-term objectives?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
6. Do staff receive any training in how to develop person-centred relationships you’re your service users?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

These questions are about the inclusion of external stakeholders (family, friends, neighbours, community members) in your organisation’s activities.
1. Does your organisation have a policy on inclusion of family, friends, carers?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
2. Are there any external stakeholders on your board?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
3. Are there any external stakeholders on other decision making bodies (committees, evaluation, auditing groups):
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
4. Are external stakeholders involved in providing staff training/development?  
   Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

5. Are there regular opportunities for contact and communication between stakeholders and staff from all parts of the organisation?  Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

6. Are key stakeholders involved in developing plans (e.g. family, close friends)?  
   Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

These questions are about your organisation’s support for interaction and innovation.

1. Are regular times and places made available where staff can suggest their ideas, innovation and problem solving suggestions for improving the quality of services? Please give a brief example.  
   Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

2. Does your organisation encourage staff to engage in collaborative problem solving? Please give an example. Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

3. Does your organisation encourage staff to engage in creative thinking, brainstorming new ideas, thinking outside the box? Please give a brief example. Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

4. Does your organisation provide opportunities to experiment with new ways of doing things?  
   Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

5. Is there regular contact with staff from government (DSC) and other disability agencies where networking occurs and support and ideas exchanged? Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

Organisational Learning and Leadership (see separate survey page provided)

Commitment to change

1. Why did your organisation volunteer to implement PBS and adopt the Code for the Elimination of RP? Fully in (internal driven from the top) ☐ Mostly in (internal driven from the middle) ☐ Mostly out (external driven by stakeholders) ☐ Fully Out (external driven by gov. or industry pressures) ☐

2. Have special roles, positions, staff resources been created to support the implementation of PBS? Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐

3. Has the implementation of PBS changed the way you think about your work? Fully in ☐  Mostly in ☐  Mostly out ☐   Fully Out ☐
**Resourcing and Training**

1. How many staff does your organisation employ?
2. Does your organisation provide opportunities to staff to attend training run externally? Fully in □ Mostly in□ Mostly out □ Fully Out □
3. Does your organisation provide opportunities to all staff to attend training run by internal staff? Fully in □ Mostly in□ Mostly out □ Fully Out □
4. Is your organisation’s adoption of PBS supported by sufficient resources? Fully in □ Mostly in□ Mostly out □ Fully Out □

**Data and Information Systems**

1. Does your organisation gather information about behaviours of concern (challenging behaviours)? Fully in □ Mostly in□ Mostly out □ Fully Out □
2. Does your organisation gather information about restrictive practices? Fully in □ Mostly in□ Mostly out □ Fully Out □
3. Does your organisation use the information its collects about its service users to improve its services? Fully in □ Mostly in□ Mostly out □ Fully Out □

**Service/Case Outcomes** (Please give the interviewee the intervention pyramid diagram for this section.)

1. **Universal focus to providing positive opportunities**
   
   1. Do you have PBS policies that refer to positive opportunities and quality of life goals for all service users? Fully in □ Mostly in□ Mostly out □ Fully Out □
   
   2. Do you have any service objectives that aim to improve the well-being of all your service users? Fully in □ Mostly in□ Mostly out □ Fully Out □

2. **Targeted focus to providing positive opportunities**

   1. Have you identified any at risk or vulnerable/high needs individuals or groups of your service users? Fully in □ Mostly in□ Mostly out □ Fully Out □
   
   2. Do you have any services or supports that provide positive opportunities for these vulnerable groups? Fully in □ Mostly in□ Mostly out □ Fully Out □
3. **Intensive focus to providing positive opportunities**

Have you identified (through challenging behaviours or critical incidents) particular individuals who need intensive and/specialised supports? Fully in □ Mostly in □ Mostly out □ Fully Out □

Do you have intensive supports for particular individuals aimed at providing great opportunities for them to experience and explore? Fully in □ Mostly in □ Mostly out □ Fully Out □

Is your individual planning process based on the Positive Behaviour Support Plan? Fully in □ Mostly in □ Mostly out □ Fully Out □

4. **Universal removal of constraints**

Do you have policies that specifically refer to the removal of constraints/restrictive practices for all your service users? Fully in □ Mostly in □ Mostly out □ Fully Out □

Do you have any service objectives that are aimed at the removal of constraints/restrictive practices at improving the well-being of all your service users? Fully in □ Mostly in □ Mostly out □ Fully Out □

Have you done a restrictive practices audit across all your services? Fully in □ Mostly in □ Mostly out □ Fully Out □

5. **Targeted removal of constraints**

1. Have you identified any at risk or vulnerable/high needs individuals or groups of your service users? Fully in □ Mostly in □ Mostly out □ Fully Out □

2. Do you have any projects, services or supports that focus on the removal of constraints/restrictive practices especially for these vulnerable groups? Fully in □ Mostly in □ Mostly out □ Fully Out □

6. **Intensive removal of constraints**

1. Have you identified (through challenging behaviours or critical incidents) particular individuals where the removal of restrictive practices needs special focus? Fully in □ Mostly in □ Mostly out □ Fully Out □

2. Have you done anything to assess and/or remove restrictive practices for these particular individuals? Fully in □ Mostly in □ Mostly out □ Fully Out □

3. Do you have an active Restrictive Practice Panel in place? Fully in □ Mostly in □ Mostly out □ Fully Out □
7. **Uptake**

PBS can be considered as a total approach to service delivery. It provides positive opportunities and removes unnecessary constraints to optimise the quality of life experiences of services users. Could you please list the different services (eg, accommodation, respite) your agency provides an estimate the uptake of PBS practices for each service (please estimate in percentages for each service if possible)

---

8. **Focus**

Using the intervention pyramid diagram, indicate where the focus has been for your organisation in its implementation of Positive Behaviour Support.

9. **PBS Implementation**

Has PBS implementation resulted in (concrete examples needed):

a. **Creation of new positions:**
   
   - Fully in [ ]
   - Mostly in [ ]
   - Mostly out [ ]
   - Fully Out [ ]
b. Creation of new committees, advisory grps etc,
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

c. New policies:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

d. Changes in service design:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

e. Changes in work practices/procedures:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

f. Support staff being formally included in decision making bodies, committees:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

g. Changes in rewards, incentives, recognition for PBS-related duties/achievements
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

h. New approaches to staff training:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐
i. New approaches to evaluating individual plans:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

10. Individual support plans
Has PBS impacted on your individual support plans in:

a. The types of goals being set.
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

b. The achievement of these goals.
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

11. Behaviours of Concern and Restrictive practices
Has the implementation of PBS impacted on:

a. Behaviours of concern/Challenging behaviours:
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

b. Do you have a restrictive practices panel?
   Fully in ☐  Mostly in ☐  Mostly out ☐  Fully Out ☐

12. My organization was originally founded in:.................................

13. PBS has been applied in my organisation for the past …… years

14. Issues
What issues would you like to mention regarding the implementation of Positive Behaviour Support.
Appendix 3: fsQCA GLOSSARY

Configurations (paths, models, solutions): Configurations (also called paths models, or solutions) are the combination of attributes that bring about the outcome. The end result of performing an fsQCA is the identification of configurations that will bring about a desired outcome, in this case a good performance in reaching national disability standards highly associated with Positive Behaviour Support. Configurations are also called i) ‘paths’, because they describe the causal pathway that brings about the outcome, ii) ‘models’, because they explain how an outcome is achieved by a system of attribute and iii) ‘solutions’, because they are the end result of an analytical process that solves the puzzle of finding what attributes combine in what ways to bring about the outcome.

Coverage and consistency: These two terms refer to ways of evaluating the relative importance or significant of different configurations in explaining the outcome.

Coverage: Coverage is a measure of how much of the set of outcome scores is ‘covered’ by the set of attribute scores. The coverage score for a configuration or path is the percentage of cases with the desired outcome that it explains.

Consistency: Consistency is the extent to which a configuration is always associated with a given outcome.

Necessity and sufficiency: These are the two types of logical causal relationships between a case attribute and the outcome of interest.

Sufficiency: Sufficiency is the notion that an attribute is sufficient in itself to bring about the outcome. In set theory terms, sufficiency means that the outcome is a subset of the attribute.

Necessity: Necessity if the notion that an attribute needs to be in combination with other attributes, this is the necessity relationship. In set theory terms, necessity means that the attribute is a subset of the outcome.

Boolean (set logic) operations: * means “AND” ; ~ means “NOT” ; + means “OR”
APPENDIX 4: LEXIMANCER MAPS

Figure 1. Leximancer concept map for all participant groups

Figure 2. Leximancer concept map for all CEOs
Figure 3. Leximancer concept map for Positive Behaviour Support

Figure 4. Leximancer concept map for focus groups of direct support staff
APPENDIX 5: INTERDEPENDENCIES IN PBS IMPLEMENTATION

This appendix presents an illustrative case of the interdependencies between three important factors in the implementation of PBS - person-centredness, consistency of application and information management.

The qualitative analysis of the interview data uncovered a set of meaningful and informative themes and their inter-relationships. How various core dimensions of PBS implementation relate to each other has significant implications for organisations planning to introduce and embed PBS within its services. These interdependencies mean that core issues cannot be tackled separately and an overall basis of culture and values is needed to manage that complexity. In this appendix three core areas of PBS implementation, Person-Centred Approach; Consistency of Application; Information and Knowledge: Capture and Use, will be outlined and their inter-relationships discussed and illustrated. The inter-relationships between these dimensions illustrate how PBS can be embedded and sustained within a DSO. These associations are illustrated in Figure 1.

In the following discussion many quotes are provided from the interviews to illustrate how these interdependencies play out in real situations.

1. Person-centred approach

A person-centred approach to service provision is a crucial component in an organisation’s efforts to implement PBS. A person-centred approach helps
organisations provide accessible, responsive and flexible services that meet the
diverse needs and preferences of their clients. The approach also requires service
providers to get to know their clients as real people. The person-centred approach
does not stand alone but relies on other aspects of organisational cultures and
capacity to function well. Drawing on interview material we highlight some of the key
themes related to the person-centredness of services and the implementation of
PBS.

i) Staff expectations and mindsets:

Staff attributions and expectations impact on their willingness to involve service
recipients and their support network (e.g. family members and other caregivers) in
the planning of services and supports. Staff need to have a mindset of engagement
and of professional responsibility in that engagement so that they help their clients to
explore new opportunities. This issue is illustrated below in a quote from a staff
member:

“for whatever reason a lot of people just thought that working in this sector was
a nice cushy job because they heard about little kids with Down Syndrome and
they get taken bowling all the time so they probably thought it was a babysitting
job and that’s what we’ve really got to challenge. No, you have to actively
engage with that person.”

Occasionally, as with the story below, staff may overlook the progress that their
clients make and this lack of acknowledging achievements can impact on their moral
and drive to persevere with person-centred planning:

“[Staff] put so much effort into making suggestions and trying new things,
courage the client to do stuff but only through these meetings and others
outside of them that we as Coordinators can go, “Well wait a minute, you were
able to get him out to play basketball. He would have never done that six
months ago and that’s a major achievement” and sometimes they overlook that
accomplishment.”

If staff members hold personal values that are inconsistent with the mission of
Positive Behaviour Support and how the organisation puts that service philosophy
into practice, their uptake of person-centred planning is affected:
“You can teach skills but you can’t always teach the values and attitude and sometimes positive behaviour support is not that easy for people to embrace … the support plans are geared the other way so sometimes people will join the organisation and find that their own personal beliefs don’t align with how we work as an organisation.”

Likewise, the way staff think about their work influence how they execute an approach to support planning that is centred on the needs, abilities and preferences of their client. Firstly, if support staff have a mindset that sees ability instead of disability and attempts to look beyond challenging behaviours to understand that their clients are attempting to communicate their difficulties or frustrations, they are likely to go beyond focusing on what their clients can’t do in order to explore what is possible. This mindset is embodied by a quote from a support worker:

“so the ‘can’ts’ - I think we just tend to study that and go how can we turn it around into a ‘can’ and if something cannot be done there’s something around their passions that we focus on and like we were talking about earlier, set those outcomes.”

A mindset that focuses on potential helps staff to appreciate that positive outcomes can take various forms. This in turn supports staff to seek out novel opportunities for change. This notion is illustrated in the story below where a support worker realises that something that seems small and inconsequential can be a significant achievement for their client. During the interviews we collected many stories that highlighted the changes that can flow from small changes in people’s lives (Chen, Edwards, & Soo, 2016). Another mindset that assists person-centred planning is one that is empowers and encourages support workers to push the boundaries and take controlled risks. One support worker exemplified this mindset in the following: “this [initiative] is a little bit risky but I’m confident that I’ll be able to pull it off. If I don’t I can be prepared for what happens.”

Confidence in their own ability to explore new opportunities leads staff members to experiment and try different things to expose their client to new and beneficial life experiences:

“You try little things and if you think you can see they did well we think, oh okay it’s a new experience they’ve cooked very well. So you just go a bit further, you
might repeat it for a while and just go a little bit further, it’s always trying to push them but it’s always experimenting with different things.”

In all, when staff perceive that their work involves creatively and trialling various opportunities, while providing the necessary supports and safeguards, clients’ expression of their autonomy is enabled and are encouraged to pursue and achieve the goals that they have set out. A third mindset that can aid support workers’ implementation of a person-centred approach focuses on thinking about the bigger picture and developing a sense of self-awareness about themselves and the service environment that they and their clients are involved with. The following extract exemplifies this mindset:

“Hang on, what am I doing right now?” so it’s that self-awareness and I guess that’s what you need to work on that staff – just having that ability to look at yourself every time your acting and say, “Hang on, am I acting for this person or am I acting for me?” because more often than not if you’re acting for you and it’s not for that person.”

This particular work attitude includes a degree of self-reflection about the impact that their actions and the wider environment can have on their clients. It also leads staff to think flexibly about the role in providing support, where they begin to perceive that they are not just a carer for the client but also a facilitator for their clients’ participation in their own interpretation of a meaningful life. Acknowledgement of the influence they have on the lives of their clients’ prompt support staff to purposefully design person-centred plans that are based in environments that tailor to the needs and nuances of those who receive services from them. Taken together, staff expectations about their clients as well as their mindsets at work can either facilitate or hinder their ability to adopt a person-centred approach in their planning and design of services.

ii) Understanding and applying PBS:

Another factor that facilitates an organisation’s efforts to implement a person-centred approach is a shared understanding amongst its staff of the philosophy behind PBS as well as how it would be carried out in practice to guide service design and delivery. The core mission of PBS is to improve the quality of life of people with disabilities, who may at times exhibit challenging behaviours. However, these individuals are not regarded as being the source of the challenge. Rather, inflexible
service structures and institutionalised environments are seen, not only as ineffective for meeting the unique needs of these individuals, but as triggers for behavioural problems. In contrast, viewing service user behaviours through a PBS lens enables challenging behaviours to be seen as means for individuals to signal their emotion, to convey discomfort and to communicate their frustration over basic needs not being met. The PBS approach acknowledges the impact that environments have on behaviour and potentially lead to innovations for systemic changes in service environments instead of reducing problems to individual people.

As part of implementing person-centred planning, DSOs focus on changing environments and systems service live and function. It is important that staff interpret challenging behaviours as the person’s attempt to communicate their needs. As illustrated by the story below, understanding that challenging behaviours have a communicative purpose shifts the blame away from the service user and towards the service environment:

“I was called out to a critical incident that had occurred in the community where one of our service-users had actually assaulted a support worker ... The support worker, who was a young woman who had worked with this service-user for quite some time, when I got there she was quite distressed. I was trying to do some debriefing with her and her response when I said, ‘Well, how did this happen?’ was ‘I must have missed something. I obviously have not been aware. I think I did something that contributed to this.’ ‘Yes. So it wasn’t, you know, “That rotten person just gave me a whack in the head’, it was ‘How could I have missed the signs?’ ... There was no blame.’

Support staff are encouraged to examine and understand the cause of the behaviour exhibited by their client. One approach to understanding the clients’ needs involves introducing assistive communication strategies. The results of these efforts lead to the redesign of services that are truly centred on the expressed needs of clients. This is well illustrated in the following statement by a support worker:

“A prime example was when [the client] [seriously hurt someone during an activity]. We could analyse [the situation] because of all the other information we’d developed as part of his behavioural support that he couldn’t move on, because [the client] has difficulty moving and transitioning from one activity to another … it was that and the fact that he was anticipating another student coming in … and they weren’t there that day … [that caused the trouble]. Now
we’ve got a timer that [the client] can visually see because he doesn’t understand the concept of passing time. He can see when that activity has ended so it’s made us introduce other tools which are going to support him as well.

Facilitating client communication can also play a proactive role in person-centred planning. By allowing clients to communicate through their behaviours, staff are able to create opportunities where these individuals can exercise their choice:

“The young girl that I work with is non-verbal and she’s very tangible. Objects is what she communicates with. We’ve actually with the positive behaviour support, we’ve been able to set up in the spare room, like she has her swimming bag there and her going out bag and foot spa/massage thing and that’s for her to be able to go into now to choose from that shelf.”

When staff consider the message behind the actions of their clients and seek to engage and accommodate these forms of communication, clients’ preferences are respected and the agency of determining and designing services shifts from the staff to their clients. This approach to service provision gives rise to services that are tailored to the unique needs of each client.

PBS also involves intervening at the level of systems and environments to improve quality of life. These systemic changes are driven by the protection fundamental human rights and shared core values. There is an emphasis on creating opportunities for meaningful inclusion and participation in the wider community. Safeguarding the rights and autonomy of clients is necessary for exploring new opportunities for clients and for considering possibilities.

Conversely, staff also need to recognize that some support practices may be restrictive in nature and thus deny the person with disabilities of certain rights. Failure to acknowledge and identify these ‘invisible’ restrictive practices may lead to reductions in the opportunities available for clients, as noted by the following excerpt:

“I think it’s probably ignorance of that actually entails, that people need to know what a restrictive practice is to be empowered to be able to then not put that restriction … they don’t realise that that’s actually a restriction, you know, not exposing someone to new activities, to new opportunities - they haven’t gotten that understanding.”
An accurate conceptualization of PBS facilitates the implementation of person-centred support that create opportunities and reduce restrictions for clients, so that they can experience an improved quality of life. This shared understanding of PBS helps to shape conducive mindsets that support staff have about their work, which in turn maintains their commitment to incorporating PBS in the services they administer.

iii) Relationship with client:

“I think they’ve built a relationship so once they trust you then they open up. So once they open up to that staff member it was very easy.”

This quote illustrates the importance of establishing a close and trusted relationship with each service user for the purpose of providing person-centred services. The relationship between the service recipient and their support staff functions as the platform from which knowledge about the client is built up and successful PBS-based strategies are developed. If the client trusts the support staff, it provides a foundation from which staff can actively explore and open new opportunities for them.

“the whole basis of all this is you have to know the person; you just have to. And to know a person, it’s not sitting down for three meetings, it’s about living, going through their tragedies with them, going through their good states and it takes time and it takes lots of time, and nothing will work unless you know.”

As exemplified by the excerpt above, strong relationships with clients require substantial amounts of time and effort to be established. This exercise literally involves ‘doing’ life with the person and getting to know them personally. Once such a relationship has been built between support worker and the service recipient, the client is more likely to share their difficulties and needs with their carer. The staff member can then actively consider these preferences when developing their support plan. As a result, clients are granted a degree of control over the support they receive. This process is embodied in the story below:

“We had one person recently who was suicidal ideation and self-harm, so we actually sat down with him, went through “why are you doing this? What makes you want to do this?” So it came out from conversations with him, he was becoming anxious and that was what was underpinning it. So we talked about
what sort of things make you feel anxious, what can you do to help yourself, what can we do, so he came up with ideas as to how to manage that.”

An established relationship between service staff and their clients not only supports clients' interaction with staff but also the confidence that staff have in their own abilities. Confidence is supported through knowing a client’s inclinations and preferences and having an awareness of what to expect in their interactions. Fostering a positive working relationship with the service recipient is as important as knowing about their individual preferences and goals administering person-centred support. One staff commented that: “I mean they can read documentation and go, “Okay” but if they don’t have the confidence to actually deliver those strategies, the paperwork means nothing because it’s about building that relationship”. Trusted relationships are a vital element in PBS and the structuring of work roles and the designing of services to support the building of trust are important foundations in the successful implementation of PBS.

iv) Knowledge about client:

Knowledge about what is important to the individual; their goals and aspirations; their interests and preferences; their background and vulnerabilities are crucial when planning supports that are centred on who the clients are as a person. The following quote provides an example of how these types of information are captured and used to develop person-centred support plans:

“it’s about using person-centred tools…for telling us how a person is in the world and how they want to be and what’s important to them and how we get that … People are using those tools to tell them what needs to go in a Support Plan.”

Such information gives staff members the confidence to safely trial activities and opportunities that are based on the client’s own distinct preferences and are respectful of their disability. As demonstrated by the extract below, support workers may have to develop ingenious ways to encourage service users to express their preferences, with the intent of adhering to their clients’ choice:

“With one client I made him a photo journal with all different activities that he had done and then he put a sticker on the photos of things he liked so that’s the way of being able to ascertain what’s important to that person and still be able
Knowledge about the service user’s inclinations helps disability service workers to tailor the supports they offer to their clients, as illustrated by the experiences of one of our interviewees:

“I find that the best way to support him sometimes, if he gets stressed or something, is just to pull back. That’s the best thing you can do, that’s helping, he needs his space or it’s like he doesn’t want to be talked to, he doesn’t want to be approached or anything … When he’s starting to make certain noises or something I go, oh he’s stressed. He stresses pretty regularly … If he wants to talk he’ll start a conversation, but if not, I know to stand back.”

Similarly, knowledge about the nature of each client’s disability helps introduce support strategies that are suited to the individual and does not set them up for a fall. More importantly, the need for flexibility and recognising individual choice and importance of individuals’ rights in exercising their freedom underpins knowledge of personal preferences. Person centred approaches need to be founded on the recognition of universal rights dignity is. This point is exemplified by a story about an incident involving a young person who expressed their choice which went unrecognised by support staff:

“[The client and the support staff] had been out shopping, it was really rushed and they’d said to him beforehand we’re not going to get chips because he always has chips … they got to the shops and that’s all that he wanted and they felt they had to stand their ground … four security guards had to be called to try and help calm the situation … They were used to having the chips and you’re saying, no you can’t have the chips … they had this massive great incident.”

To summarise, these examples indicate that not only knowledge about the client is needed for the practice of a person-centred approach to service provision but that this approach needs to founded on the general sense of human rights and universal values. A fragmented inconsistent application PBS can result in implementation of one without the other.

v) Skills to support PBS:
Finally, in order to adopt a person-centred approach to service planning, an organisation has to ensure that its staff are equipped with the skills needed to effectively implement PBS in their support services. Developing services that support a service user’s efforts to reach the goals they have set is one of the main features of a person-centred approach. As illustrated in the excerpt below, an important emergent theme from the qualitative study is that support staff may not have the know-how to set up realistic short-term goals for clients to follow to achieve their desired outcome:

“So we've talked about getting some training around smart goals ... how to articulate goals in a sort of more measureable way ... I mean, I think our plans are good, but we've got a mixture of people sort of mixing up short term goals and objectives with longer term so.”

Confusion over short-term and long-term goals may lead to staff creating plans that do not take into consideration what their client’s capabilities are, thus setting up the service recipient for failure. Staff need to be able to break down larger goals into smaller steps that clients are able to achieve and gradually work towards the overall outcome:

“for a person with a disability we have to break it down a little bit smaller and take smaller steps to get there so it’s just helping them to achieve what they want but recognising that it might take them a bit longer and helping them to do it.”

Staff also need to be able to identify and facilitate instances where their clients can participate in the wider community or achieve a personal goal. To help their clients make full use of these opportunities, staff have to be competent at teaching and modelling the skills that are needed in order to function effectively within those situations. These skills may not come naturally to support staff and at times there is a need to ‘train the trainer’, as epitomized in the story below:

“these people really needed more social contact, more out and about, more community ... and so [Staff's Name] was encouraging the support workers to actually think about that, think about how they could encourage that ... the support workers didn’t have the skills around how to encourage social interaction and community involvement.”
Moreover, while there are numerous skills that are useful to a support worker’s practice of PBS, these have to be trained in a manner that helps them to apply the concepts that they have learnt in the context of the environment where they provide support services. It is not just the content of training that is important but also the way in which these skills are trained and how the work environment is set up such that staff get the opportunity to apply what they have learnt, as elaborated on by the following quote:

“It’s about transferring of that knowledge and understanding but it’s not just a technical thing. Yes, you can read a whole heap of this, you can get the reasoning and you can get maybe processes, but then there is a practical application and for us that is in terms of learning you have the technical component but then you’ve actually got to put it into practice.”

Support staff require adequate support, modelling and coaching to ensure that learning is reinforced and generalized across all instances in which they are required to deliver support. Taken together, these five conditions help to bolster an organisation’s ability to centre support plans on the needs and preferences of the clients.

2. Consistency of application

For PBS to have a lasting impact on the overall quality of life of service recipients, it needs to be practiced consistently across different social settings so that self-determination and the opportunity to pursue personal preferences is supported. PBS principles and practices guide support systems and service environments to align more closely so that they are conducive to the clients’ exercise of autonomy and choice. Therefore, for PBS to be embedded as the philosophy that underpins a DSO’s operations, it has to be consistently adopted across clients, circumstances, sites and services. It also has to be actively taken up by key stakeholders involved in support provision such as family members, community stakeholders and other relevant service providers. The findings of the qualitative study suggest that several factors affect an organisation’s attempts to apply PBS consistently. These issues relate to staff turnover, organisational practices and stakeholder engagement.

i) Staff turnover:
The primary point of contact between a DSO and its service users is through its frontline support staff. These staff members play a key role in developing and
implementing support plans that are consistent with the principles of PBS. With an accurate understanding of PBS, knowledge of their clients’ preferences and a trusted working relationship with their client, support staff can help to establish PBS as a legitimate approach for designing person-centred services and achieving lasting improvements in quality of life. As the following quote suggests, turnover of these support staff affects how well PBS is embedded within the services of an organisation, “We’ve had turnover of staff and turnover of team leaders and so it hasn’t embedded as well.”

The upheaval caused by the departure of experienced support workers and entry of new staff disrupts the progression of person-centred plans. This revolving door of staff leads to activities and opportunities for clients not being actioned and clients’ progress not being monitored. These hindrances, in turn, result in delays or desertions in a service user’s attempts to achieve their intended goals. As these objectives are based on what they feel would make their lives meaningful, any long-term improvements in the quality of life of service users will be hampered by the turnover of staff.

“I’ve seen a client doing one activity with one client doing it with one staff member until the staff member went away and you could see the outcome, which was gradually getting into it and the positive aspects about it and when the staff member left everything went down. So you’re starting again from scratch.”

Continuity in relationships is central to the successful implementation of PBS. Staff turnover cuts across this and dramatically interrupts the continuity of support and can often suspend many outcomes that have been reached. When a good staff member leaves a DSO, they take with them all kinds of client related knowledge and core skills and the investments made into their occupational development through such things as training and supervision. PBS trained staff are particularly missed as these appear often to be the most experience and enthusiastic staff members. If turnover is frequent, an organisation’s capacity to consistently apply PBS for all of its clients is gradually depleted as they have less personnel to fully reinforce the principles of PBS in the services offered:

“I think that the training went across the organisation. However, depending on whether the house has retained the staff…It can be lost along the way and it’s hard to keep the consistency.”
Besides the loss of trained knowledge, turnover of experienced support staff also results in the loss of importance information about clients’ needs, preferences, aspirations and vulnerabilities. Such knowledge is vital for person-centred planning. Its loss represents a setback in an organisation’s efforts to implement PBS as invaluable time and effort have to be expended to rebuild this body of knowledge.

As mentioned, the relationship between the support worker and the service recipient is the platform from which knowledge about the client is accumulated and PBS interventions are launched. However, that relationship is lost when the support worker, who has gained the trust of the client, leaves the organisation. Any new staff hired has to re-establish the relationship with the client before attempting to engage them in the exploration of new opportunities:

“as soon as a new person comes on board in a service area, in a house for example they have to get to know that person and build that relationship with the client again.”

It also takes time for an incoming support staff to get to know the client and build up their confidence to work with the client:

“it’s about building that relationship and building their confidence to work with that person first and getting the person to know them and then they can actually implement those strategies otherwise it’s scary.”

Staff turnover has considerable consequences for service arrangements that involve one-to-one support, where knowledge and relationships are crucial for facilitating the provision of specialised support:

“when that staff member is sick or does leave the company and because of the one to one and they are doing very individualised service it is hard to train another staff member up to do certain things with them.”

In all, the loss of invaluable knowledge and relationships contribute to delays in the implementation and embedding of PBS within an organisation’s support services. Turnover of staff has been attributed to the stresses that staff face when providing support for people with disabilities who at times exhibit challenging behaviours. The following extract exemplifies the difficulties that staff encounter when in their work:
“if you’ve got somebody that’s displaying really challenging behaviours, staff don’t want to support that person because they’ve been there too long and they’ve had enough and they get burnt out … so that’s where you see it in the support staff is because there’s no other staff so they end up doing more and more.”

When staff feel that they do not have adequate support for coping with the challenging behaviours of clients, they are more likely to burn out and leave their jobs. Their departure from the DSO further exacerbates the difficulties faced by the support workers who remain as they are end up with a greater workload. Therefore, in the process of incorporating PBS in its services, an organisation should also provide staff with sufficient assistance to take on the new service approach. To relieve the challenges that existing staff face, an organisation should purposefully assess the causes of these stressors and make appropriate changes to make work more fulfilling for staff. Likewise, for incoming support workers, adequate and timely training and support should be provided to maintain the continuity of plans.

ii) Organisational practices:

The practices of an organisation can either reinforce or undermine the consistency in which it applies and embeds PBS with its services. The core mechanisms of an organisation, such as its internal structures, the ways in which work is organised, recruitment procedures, administrative functions, performance management processes and communication policies, can influence the regularity in which PBS is put into practice through its effect on employees’ actions and relations at work. For example, the caseload and supervision given to each support worker impacts on their ability to focus on delivering quality service to their clients:

“team leader is only supervising three to four people…and then you’ve got your service coordinators working with approximately 10 to 11 consumers. So there’s a real ability and supervision to tease out what are the issues for each consumer.”

The manner in which work is organised or designed aids the application of PBS as support staff can devote sufficient attention and effort to working with each of their clients. They aren’t over-burdened with excessive workloads and are provided with enough supervision for any challenges they may face in their work with service
users. Moreover, as illustrated by the following excerpt, the structure of work shifts creates conditions that help staff to perform to the best of their abilities when supporting their clients:

“so we’ve cut the shifts to half; four hour shifts instead of eight hour shifts... not allowing anyone to do, as a master roster, more than 15 hours a week through the day, so that people are coming in fresh with energy so that they’re not fatigued.”

A shift structure that maintains the energy of staff indirectly facilitates the consistent application of PBS by staff as they are adequately supported to fully incorporate the principles of PBS in the support they provide to all of their clients. Likewise, the way in which staff are rostered can promote the person-centred approaches to service provision:

“So we designed a roster, people work for 21/2 days. So they work for 21/2 days and they have the rest off ... all it really forges relationships, you’re living with a person. So when that person gets up in the morning and says, “I don’t want cornflakes, I want eggs” ... I’m here for the rest of day. So if I’m here for the rest of the day you’re getting eggs.”

Appropriate internal practices may help staff to provide support that is centred on the service users’ preferences and needs by reducing potential operational barriers. Staff are then able to focus fully on building strong relationships as well as engaging their clients. However, certain mechanisms can also undermine an organisation’s efforts to implement PBS in the services rendered to all of their clients.

“The plans themselves I’m finding that some of the plans they’ve tied them right down to wording exactly what staff member, exactly what day, exactly what time which means it’s then no longer flexible to shift it to another day if they need to … It revolves around funding … It is restricting group activities.”

The preceding extract demonstrates that stringent bookkeeping of finances means that a degree of predictability has to be built into the support plans that clients receive. However, this uniformity creates inflexibility when staff are planning supports, which in turn stifles the exploration of new opportunities for clients. As a result, the service user is restricted to activities that are determined by the organisation and not necessarily by their own choice. This internal practice
potentially hinders the incorporation of PBS in the designing of services for individuals with disabilities.

In conclusion, the results of the qualitative study suggest that the organisational practices of a DSO can either support or obstruct their attempts to embed PBS within its services. To successfully facilitate the implementation of PBS and bring about positive outcomes for service users, these systems have to be aligned with the principles of PBS.

**iii) Stakeholder engagement:**

To consistently incorporate PBS into all support arrangements, regardless of situations, sites and services, a DSO has to actively engage family members, schools, community and other agencies that the person with the disability is in close contact with. Involving these stakeholders in support provision helps to ensure that the principles of PBS are further reinforced their interactions with the service user.

For PBS to have an enduring impact on the lives of service users, autonomy and inclusion in the life of the community are to be encouraged. Achieving these objectives requires DSOs to enlist the support of all stakeholders. More often than not, clients receive multiple services from different agencies. Parties who are outside of an organisation can contribute to the consistent implementation of PBS through the manner in which they attend to and interact with the individual with the disability. If PBS is not adopted by other stakeholders, any positive changes experienced by the client are confined to specific support environments that an organisation generates:

“at respite you often either don't get the kids for long enough to teach them, or the gaps between are too big and the inappropriate behaviour is being reinforced in all the other settings. So basically even if you have had success here with say a kid for a week or something, the next time they come back they've probably got the thing back again because it's just been reinforced for nine weeks somewhere else.”

Without the involvement of an extended circle of stakeholders, service recipients will continue to be denied full participation in community life. Engagement of stakeholders implies that, in addition to support staff, there other advocates within
the community who understand the needs of the individual with a disability and know the appropriate methods to support their participation in society:

“We have people who go to the swimming pool and people we talk to and they’re in discussion with us, so the pool attendants, the managers of the pool, ... they’re [all] part of that whole process and we know that even though we’ve got the support worker there, actually it’s more than just the support worker ... There are others within that environment who know the individual, who know their quirks … why they do it, and then what to do, how to interact, support the person.”

Consistency in how challenging behaviours are managed and new opportunities are explored for each service is achieved with the cooperation of significant families, carers and other stakeholders. Stakeholders help facilitate environments that meets the needs of the client and reduces their use of challenging behaviours to communicate that certain needs have been denied. In all, purposeful stakeholder engagement can assist a DSO’s attempts to replicate PBS-based support in environments outside of the organisation.

Involving broad networks of stakeholders in implementing PBS helps to raise awareness about the quality of life enjoyed by people with disabilities. In the long term, communities can see the value of PBS and that people with disabilities can contribute to, and participate effectively, within their communities.

“We’re taking them out into places like schools, universities … The nice thing is when we have the school kids; when they come for a term, and when they first of all come in they don’t know how to handle it and by the end of it they’ve made good contact and actually made a bit of a friendship with them.”

This perception creates a foundation from which PBS-based values can connect with more sectors in society, and perhaps even acknowledging and adopting PBS as a viable approach to supporting other vulnerable populations in the community. Finally, the inclusion of other agencies and professions in support planning establishes consistency in the adoption of PBS across services and organisations. Through partnering with other services from the same organisation or other organisations disability service functions can share information and knowledge about person-centred planning which in turn helps the other providers align their own plans:
“And they’ve got their service psychologists and all that kind of stuff and they have their framework that way. So particularly with autism we’re very keen to find out what their implementation is what the person’s PBS plan might be for autism because we want to align that as much as possible, as well as have that information sharing.”

If the plans of the disability service provider have incorporated PBS principles successfully, aligning the design of their services with such plans would mean that other service providers have also introduced aspects of PBS into the support services they offer. Consequently, these processes assist in the consistent application of PBS in all of the support services that an individual with a disability may engage, regardless of whether it is provided from the same organisation.

3. Information and knowledge: capture and use

The final connection we wish to consider here is the association between the DSO’s ability to collect and utilise information and then to design services that align with the mission of PBS. One of the main characteristics of PBS involves the application of an evidence-based approach. To be able to put into practice such an approach, an organisation needs to be able to store, interpret and use information that has been collected from all parties involved in service provision, whether it be the frontline support worker, family members who contract the organisation or the service user themselves.

The results of the qualitative study provide an indication of the extent in which the participating DSOs have used data management systems. These observations relate to: 1. The nature of information collected; 2. How might data be used to inform the planning of supports; 3. How might data be used to improve services; 4. How data management systems facilitate the retention of knowledge; 5. How might an organisation develop the capacity to collect and use information

i) Nature of information collected:

Firstly, the interviews and focus groups have revealed that a considerable proportion of the organisations studied have some form of incident reporting in place. These reports tend to be filed when an event involving challenging behaviours has occurred. As demonstrated by the following excerpt, these reports may contain information on the events leading up to the incident and potential trigger factors:
“Every time there’s an incident then there’s a feedback within 24 hours, so it’s registered ... Then there is a process for working out what happened, if anything could have been changed, does the practice have to be changed out of that. Did anything that the therapist did evoke the client to hit them or do the challenging behaviour.”

The data collected on these incidents may in turn lead to a review of current support plans, with either changes being made to prevent the occurrence of similar incidents in the future or safeguards being introduced to support both client and staff:

“then there’s a plan put in place to ensure that the child doesn’t feel that they have to engage in that behaviour again or the therapist doesn’t do anything to provoke that particular behaviour or they know what to do in case that incident happens again.”

As part of the process involved in implementing PBS, organisations may have conducted audits of restrictive practices within the services that they provide. Data accumulated on restrictive practices help to increase the awareness on the presence of such restrictions and encourage staff to actively consider and avoid implementing them in support plans. Some organisations also actively tracked both the routines and outcomes of their clients’ support plans:

“So definitely, we log how long it takes for us to achieve that goal and then we share the resources to say how it was done and then once we can get that that was not just a fluke, but it was actually good consistent practice and good PBS then we will share that ... keep the information spiralling, moving forward to help other people do things.”

Information on a clients’ daily activities as well as their progress on achieving self-determined goals can have a significant impact on the design of support and services. The methods and strategies used to support one client to reach their goals may be generalised to assist other service users. It is important to note that such information is only useful if it is coherently recorded and shared within the organisation.

Lastly, several organisations have set up different avenues for their customers to provide feedback on the services they receive:
“what we still are yet to do is to have a general annual survey, ‘Are you happy with the service … just that general kind of “How are we going, is everything all right?’ just to get that sort of feel for what people feel about the organisation.”

Customer perceptions of satisfaction can provide invaluable information that a DSO can use to improve the quality of its services. Hence, organisations have to purposefully encourage and engage the voice of its service users and their family members to obtain such information. These examples suggest that there is an abundance of useful information that a DSO can collect to inform the design and development of its services. While, the results of the qualitative suggest that organisations may have a gamut of data collection procedures, the knowledge accumulated from these processes will have minimal influence on service development if they are collected for the sake of auditing purposes or keeping records.

“In terms of activities and day-to-day routine, no, not at all. It goes into a folder, it gets archived and its only purpose is to be there in case we get audited to show that we’re doing the right thing.”

As demonstrated by the quote above, organisations may not fully utilise the data that they have collected to bring about change in the way they provide services. The data obtained are often not formally collated or aggregated to give actionable insights or identify important trends. In short, there is an opportunity for organisations to develop systems that make information both readily accessible and easily digestible for any support staff who are planning and delivering services.

**ii) Using data to inform the planning of support:**

Evidence from the qualitative study suggest that data on service recipients can be used to inform the planning of support. Considering that knowledge about the client is an important contributor to an organisation’s ability to centre support on personal needs and preferences, having systems to capture this information will further facilitate the planning of supports. Information on clients’ challenges, preferences, needs and successes can help staff to make timely and impactful decisions about support arrangements. The excerpt below details an experience where an interviewee used data to decide on the suitability of various support options for their client.
“I remember when he was going through a crisis and he was getting quite aggressive, someone from the office had the idea that maybe it is safer for him to stay at home … going back to where the team has shared with each other and with me and with the co-ordinator, he hadn’t had any incidents in the public, it was only with support workers at home, so there was no recent evidence to say that he wasn’t safe in the community or the community wasn’t safe with him.”

In this example, prior knowledge about the client’s behavioural inclinations helped staff to decide on a support plan that helped to open opportunities for the client to participate in the wider community. This knowledge could only be built up by purposeful documentation and review of past incidents involving challenging behaviours. Therefore, data plays an important role in determining whether certain opportunities or activities are suitable for clients. Also, through evidence-based decision-making, staff gain the confidence needed to take calculated risks and expose their clients to various opportunities, which in turn, grant dignity of risk to their charges.

Access to data on: what makes a particular client uncomfortable; what their needs are; what is the nature of their disability; what is their history; which positive behavioural support strategies are effective, also enables the sharing of insights, successes and struggles amongst staff belonging to the same service team as well as between staff from different services. This point is illustrated by the following quote:

“I get called to someone in a respite house; where they’re saying, “He’s bad, he’s out of control” and I’ll say I’m sure I’ve seen that client in a different service, and I’ll call them and say, “Any problem with so and so” and they’ll say, “Oh, we don’t have any problem, we do this and this and that”. Thank you – I take that back to Respite, “This is what they’re doing; you might want to do the same.”

More often than not, frontline support staff are best placed to provide and collect these essential pieces of information about a client. It is important that organisations attempt to engage these staff members in building a body of knowledge that can be utilised to plan services that are based on the nuances of the individual service
Positive Stories

recipient: “You get what you know but the rest is, you’ve got to work with the staff that knows them well that they would impart their knowledge and wisdom.”

iii) Using data to improve existing services:

Besides its role in directing the planning of support, relevant and informative data can potentially be used to improve existing services and bring about systemic change within the organisation. Data on the outcomes of support arrangements can give an indication of deficiencies in service provision and pinpoint the areas with an organisation where PBS is not adequately reinforced. Effective use of incident reports can lead to the review of existing supports and guide pro-active redesign of operational environments. However, as describe in the excerpt below, such reports need to be documented and vigorously evaluated to identify possible trends that can be addressed to improve the way services are administered:

“they have to record an incident if something has happened, and we will follow it up if there seems to be a pattern either with the same therapist or the same client ... The team leaders get the information and I get the information and we collate it all so we will be able, over time, to have a look and see whether this is changing.”

The capacity to identify trends in data can create also the impetus needed to adapt services for certain groups of clients that are vulnerable and require specific support. Specifically, collection and analysis of data on client needs supports the identification of vulnerable groups and enables the development of targeted interventions:

“One of the things that we’re really having to work on at the moment ... is really around meeting the needs of people who are aging ... we’re talking about staff training, we’re talking about environmental design, we’re talking about accessibility, we’re talking about interface with health systems, we’re talking about every aspect of that. So that data is crystal clear.”

The utilisation of comprehensive and efficient data management systems can support the implementation of PBS through guiding the improvement of existing systems. In turn, these adjustments help to bring about a greater quality of life for service users.

iv) Facilitating knowledge retention:
Next, well-established data collection systems can help an organisation tackle the issue of knowledge loss. As illustrated by the quote below, valuable background information on clients may not be stored or captured well by support staff: “because at the moment a lot of it, a lot of the background and the little quirks that people have and things like that is by word of mouth.” The consequence of such practices is that knowledge accumulated about a particular client as well as any knowledge that has been accrued from training may be loss when a staff leaves. Staff turnover has a negative impact on the consistency of service delivery as a result of losing valuable information about the client. To retain knowledge about clients and service outcomes, DSOs can utilise suitable methods or systems to capture and store vital information. As depicted in the following story, such methods may be developed from innovations that staff:

“we have the scrapbooks so every individual in the house will have a very nice scrapbook with their story…if you walk into my house and you don’t know any people that are living there, just looking through that book gives you enough information just to understand the person and just to know that what they have been through in their life and then when you move towards the positive behaviour support plans and things like that it actually gives staff vision that if the person is behaving in a certain way, why?”

Details about a client’s mannerisms, history, needs, preferences and aspirations remain within an organisation via such safeguards. Hence, these mechanisms ensure that a person-centred approach is applied consistently in the support a client receives, regardless of the support worker involved in providing those services. As such the quality of services delivered is maintained even when key staff turnover. The implementation of well-developed support plans is not hindered when a particular staff member leaves the organisation because the ingredients needed to put these plans into action are not lost.

In all, systems that capture relevant information and knowledge furnish organisations with a formidable tool for successfully implementing and embedding PBS in the services it offers through retaining important knowledge.

v) Developing an organisation’s capacity to collect and use information:
Certain issues have to be examined before an organisation is able to establish a data management system that can record relevant information and use it to derive actionable insights. The results of the qualitative story have identified several barriers that impact on a DSO’s ability to capture and utilise data. As the quote below highlights, the manner in which staff are assigned to support arrangements affects whether reliable data is collected:

“The reality is that different people will be looking after this kid on different shifts but if you want reliable data you’re going to have get the same person to look after and to get the data, but you're not getting any measure of how it happens with different people.”

Support arrangements may involve more than a single staff member across different shifts. As a result, there is no guarantee that information about the client has been consistently compiled by all staff members. The issue is compounded further when a client contracts different service providers. Therefore, organisations have to improve how their staff collate and share information in order for data to have any positive influence of its services.

Another obstruction to an organisation’s attempts to utilise informative data relates to resourcing to support staff to accurately and consistently record their observations. Any form of data is only useful for making judgments about service provision if it is of decent quality. However, as this following quote suggests, the manner in which data is collected affects its quality:

“one of the first things that pinned my interest when I arrived at the organisation is there seemed to be very lax protocols about what gets written in an incident, what constitutes an incident; how we speak about clients and things like that.”

Inaccurate data on clients and incidents can be attributed to a lack of expertise on rigorous data collection practices, as exemplified by the excerpt below:

“I think the education about actually recording the data that is a little bit lax … my concern about the entire process is the accuracy of the actual data because of the staff filling it out.”

Therefore, training on how to efficiently collect data and standardising organisational protocols on documentation will aid the collection of informative and accurate data.
The challenging work environment of disability support staff creates demands that impede on their ability to be involved in collecting information. Staff often do not have time in their support schedule to collate and report important information, as demonstrated by the following quote:

“Like I said, the resources of the time to collate all that information, the time expected on staff to report that information. Like our staff could support between four and six people alone. To then collate that information on all of them in that one day, as well as provide a quality support. It’s like what’s more important, your support or your administration?”

From the staff member’s perspective, resources are not allocated for them to participate in accumulating data:

“[Staff] would like an hour a day, or an hour a week that they can just do administration but we can’t afford to pay that because that’s a lot. We don’t have in our resources or our budget to be able to provide staff that administration time.”

Time, skill and supportive work and job design are all important factors in the use and maintenance of good information management processes. Providing adequate time, training and work conditions can support the collection of relevant information that can serve as a guide for service design. These incentives also serve the purpose of helping staff view that observing their clients and accurately documenting events is part of their job as a support provider.

“It’s probably the format we need to look at. I think it’s hard for support workers because they’re busy being support workers but then they’ve got to document everything and we’ve got to look at some ways to simplify that process for people.”

As noted, the format in which staff record their observations may not be conducive for their time-constrained work environment. Therefore, there is an opportunity for organisations to investigate easier ways of collating data that staff members can follow without compromising on the attention they give to their clients.

Finally, staff attitudes toward reporting incidents can impact on the quantity of data that an organisation obtains about the outcomes of its services. In particular, as the
quote below suggests, if staff have the mindset that ‘quiet house is a good house’, they are less likely to be willing to contribute to the build-up of information:

“there’s still a cohort of staff … they think it’s better for them in the long run not to give you the information … If you’re still under the model of a quiet house is a good house, then you don’t and you keep [the information to yourself].”

This mindset may be a consequence of fear of being blamed or held liable for incidents. To enable staff to express their ideas and concerns organisations must create environments that are psychologically safe for staff to voice the issues and difficulties they are having without the fear of being admonished. Such a culture will indirectly facilitate the building of a body of knowledge that can be used to further the implementation of PBS within the organisation. By considering these barriers, an organisation’s capacity to learn is enhanced through collecting quality data to inform the design of services that emphasize the values of PBS.

4. Relationships between key elements of implementation

The aforementioned elements of a person-centred approach, consistency of application as well as information and knowledge management give an account of the capacities an organisation needs for implementing PBS. The following discusses in detail the relationship between these three elements of organisational activity in some detail. We do this to illustrate the interdependencies that are inherent in human services. These kinds of interrelated connections cannot be reduced to a simple financial impact model of service delivery. The efficiencies that flow from quality services cannot be evaluated without recognising the fundamental role of values and the long term commitment of services to quality service provision.

i) Person-centred approach – Consistency of application

An understanding of what a person-centred approach encompasses and how it can be applied in practice is reinforced by an accurate conceptualisation of PBS. Understanding the three-tiered model of primary, secondary and tertiary applications of PBS situates the person-centred focus of service provision within a more systemic vision of service design and development. For example, when PBS is consistently applied across situations, services and scenarios it can help to contextualise person-centred planning with universal interventions that are designed for improving the way any service responds to the needs of a person with behaviours of concern. It is not
likely that consistency in service provision will be delivered if services respond arbitrarily to individual needs. It is possible for PBS to not be consistently applied if those who are involved in its implementation have misunderstood or misinterpreted how a person-centred approach is used to uphold the mission of PBS.

Consistency of application is then associated with the degree of fidelity in implementing the core principles of PBS to design and modify the environments in which service users receive support. In striving for consistency, prior perceptions of how to execute person-centred support may change in order to adapt to the differing conditions of these setting. Such changes support the “ecological validity” of interventions and supports because they take their lead from community standards, human rights and generally accepted behavioural expectations. Person-centred approaches support autonomy and choice and design interventions accordingly. Support strategies and systems are adjusted to ensure that they are viable for implementation while emphasizing the values of PBS. The focus on opening opportunities and reducing restrictions to bring about a greater quality of life for people with disability is maintained through aligning systems and environments to promote a consistent application of PBS. Person-centred approaches are likely to be more successful when PBS is applied consistently across the different service environments they experience.

ii) Person-centred approach – Information and knowledge

The capture and utilisation of information and knowledge serves the purpose of informing how staff and services use of a person-centred approach to design and deliver services. Through informing the planning of supports and guiding the exploration of new opportunities, an organisation’s knowledge about each client helps to base any support that they offer on the unique needs, preferences, challenges and aspirations of each individual. Hence, the knowledge gained through purposeful capture and retention of relevant information helps to build an organisation’s capacity to provide services that are centred on the person. The collection of data on client and service outcomes also provides organisations with evidence from which they can base strategic decisions on. Such information can be used to improve and redesign existing support arrangements to ensure that they continue to support each client’s exercise of choice and facilitate the opening of new opportunities. In all, evidence-based decision making can help an organisation to align its operational systems and practices to the tenets of a person-centred
approach. This alignment, in turn, helps to further embed PBS as the philosophy that the respective DSO adheres to when supporting people with disabilities.

On the other hand, the elements of a person-centred approach determine the types of information that an organisation should collect to build a body of knowledge about their efforts at implementing PBS. The emphasis that a person-centred approach places on the needs, goals and preferences of an individual should drive a DSO to collect such information from its service users. Compilation of relevant information about the client and their experiences with the support they receive ultimately provides organisations with a body of knowledge from which they can utilize to improve its services. In addition, a person-centred approach to service provision also facilitates the elicitation of information from clients and stakeholders. As the essence of a person-centred approach is in its focus on the person as an individual, disability support staff who adhere this approach are more likely to be driven to establish working relationship with service users and their families. This emphasis on engaging with the individual places the respective organisation in a position to engage and partner with the client once a trusted relationship is established. If the client and their families trust the respective DSO, they are more likely to engage and participate in the planning of support. Putting into practice a person-centred approach, an organisation is able to obtain the information it needs to create services that incorporate PBS.

**ii) Information and knowledge – Consistency of application**

A consistent application of PBS across environments is enabled through the retention and sharing of knowledge about such things as how behaviours of concern emerge, how they are responded to, what works and what doesn’t. Before knowledge can be shared, it first needs to be captured by the organisation. Through developing its capacity to capture and store data, an organisation can ensure that vital information is retained in spite of events such as staff turnover. The application of PBS through person-centred approaches is not disrupted as information that is needed to inform these practices is not lost. Information sharing between disability service staff and other relevant support providers helps to ensure PBS-based support strategies are applied consistently. These external stakeholders are aware of the service recipient’s tendencies and know how to interact with them because such information has been collated and relayed to them by the organisation. Lastly, data collected from the outcomes of PBS-based support arrangements in various settings help organisations determine which strategies are best suited to each
environment. These, service providers are able to then decide on the systems and arrangements that are ecologically valid for a particular setting, and subsequently implement or adapt those to ensure that they have consistently incorporated the values of PBS in the design of their services.

Service providers are supported in their informed decision making when they have timely access to good quality data. Information gathering is a complex process and can be easily corrupted when it is not underpinned by core values and ethical guidelines that ensure human rights are protected and that organisational responsibilities are maintained. PBs provides this kind of values-based foundation for information and knowledge management.