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

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| Journal:         | <i>Tizard Learning Disability Review</i>   |
| Manuscript ID    | TLDR-05-2019-0019  |
| Manuscript Type: | Commentary on Service and Research Feature   |
| Keywords:        | Culture, Person-centred approaches, Active support, Intervention, Implementation, Whole systems approach |
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Commentary on “Consumer behaviour analysis and non-adoption of behavioural interventions. Implications for managerial action”

## Introduction

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

## What is needed for change?

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

- 1) dissatisfaction with the current situation - if people think that nothing needs changing then persuading them to do something different will be much harder.
- 2) a vision for how things could be better – people need a clear picture of what the (better) future would look like.
- 3) clear and concrete first steps towards the vision that appear manageable for those involved. The whole process does not need to be mapped out in advance (in fact an incremental approach to change is usually considered better for commitment and long term implementation) but at least a way to start moving is needed. These first steps are likely to require attention to three core areas – 1) the resources currently available and what else will be needed 2) the skills those implementing the change need and 3) the factors motivating people to do what is needed to bring about the change.

## What factors influence outcomes?

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

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

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

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18 Bigby *et al.*, (2012) identified five dimensions of culture from poorly performing services in Australia  
19 which were supported by a second study in better performing services (Bigby *et al.*, 2016):  
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- 21 • Alignment of power-holders values - whether the values of those who hold the  
22 power in a staff team or service are aligned with the espoused values of the  
23 organisation
- 24 • Regard for residents – whether staff see those they support as individuals who are  
25 like them (and respected, perceived warmly) or whether there is a sense of  
26 “otherness” – they are “not like us”
- 27 • Perceived Purpose – do staff see their role as an enabling and empowering one – i.e.  
28 doing *with* people OR do they see their role as caring for people - doing *for* people?  
29
- 30 • Working practices – whether staff work in a person-centred or staff-centred way.  
31 Do they enable and empower people to make the most of the opportunities  
32 available or do they care for and control the people they support?  
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- 34 • Orientation to change and new ideas – are staff open to new ideas or is there  
35 resistance to change?  
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40 From new research yet to be published, it is becoming clear that it may not be possible to separate  
41 the culture of a service from the implementation of person-centred approaches such as active  
42 support and how staff are trained, supported and motivated. We will attempt to map how the  
43 concepts overlap and are to some extent interconnected and in particular how these work in  
44 combination to maintain change over time (or not).  
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## 47 What comes first? The chicken or the egg (or does one depend on the other 48 for success?) 49 50

51  
52 Figure 1 'Culture and the Implementation of Active Support' about here  
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56 We will illustrate how this process might work, using the implementation of person-centred active  
57 support as an example. Mansell and Beadle-Brown (2012) describe active support as an enabling  
58 relationship by which staff and other carers provide graded assistance to ensure successful  
59 engagement in activities and relationships that improve quality of life. This assistance is tailored to  
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3 the needs, pace and preferences of the individual, is delivered in a person-centred, warm and  
4 respectful way and makes the most of all the opportunities available at home, in school/college, in  
5 the community, at work.  
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7 In order to start the process of implementing any change in practice, there needs to be at least some  
8 openness to new ideas, at least for a core group of staff (or one or two very influential members of  
9 staff) who can start to model and show what the change would mean in practice. However, with the  
10 introduction of person-centred approaches, staff learn to be more open and creative, with skills to  
11 initiate new ideas not just follow those of others. As a result, the culture should develop more  
12 strongly in the direction of openness to change and new ideas.  
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15 As outlined earlier (and in Mansell and Beadle-Brown, 2012), staff need both the skills and the  
16 motivation to change how they work and in particular to implement models such as person-centred  
17 active support. In terms of motivation, staff need to hold personal values that are consistent with  
18 active support. For example, they need to have positive regard for the people they support, to put  
19 these people at the centre of how they work and to see their role as supporting the person to live a  
20 good life, hence to work in a person-centred not staff-centred way. However, training in person-  
21 centred active support can help people to develop these attitudes providing people are at least open  
22 to new ideas.  
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25 The other element of motivation that is particularly important for long –term implementation is how  
26 staff perceive the values of their managers. If staff think that their managers at all levels value,  
27 above everything else, support focused on improving quality of life outcomes then staff are more  
28 likely to pay attention to this. Conversely, if staff feel managers put more emphasis on health and  
29 safety, cleanliness and paperwork then those are the areas they will be more likely to prioritise. If  
30 messages from different managers are inconsistent or conflicting then staff are likely to be confused.  
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33 When implementing person-centred active support, the whole environment focus and the  
34 involvement of senior management is designed to increase alignment not only of power holders'  
35 values but also of policy, procedures, and systems within the organisation. The other element of  
36 power holder values is whether the power holder sits within formal management structures.  
37 Implementing person-centred approaches and its associated systems such as practice leadership,  
38 generally helps to establish clear lines of responsibility and support.  
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41 Finally, working practices will very much reflect not only the motivation of staff but also the skills  
42 they have. Training in active support can help to change working practices from doing for/to to  
43 doing with.  
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46 So in summary, whilst some elements of culture are clearly important in order to start the process of  
47 change, other elements will change as an intervention is introduced and embedded. If the culture is  
48 too resistant, then it is less likely that it will change to be consistent with and supportive of the  
49 intervention and widespread or long-term implementation is less likely.  
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