

# Preventing challenging behaviour of adults with complex needs in supported accommodation



THE QUEEN'S  
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# People and organisations involved

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Tizard Centre, Dimensions, Challenging Behaviour Foundation

# Plan

- Brief presentation on relationship between challenging behaviour and quality of social care
- Groupwork
  - Examples from your experience
  - Feedback (one example per group)
- Longer presentation describing methods and findings of this research project
- Groupwork
  - Questions/comments
  - How might you use the research?

# Background

- Some people with learning disabilities display “challenging behaviour”
- Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraint
- Challenging behaviour is often seen as the person’s “problem” – needing treatment
- Providing social care support that makes challenging behaviour less likely would reduce the need for individual “treatment”

# Elements of social care support known to be related to challenging behaviour

- Providing opportunities for choice (or not)
- Supporting more independent functioning (or not)
- Creating predictable (or unpredictable) environments
- Establishing positive (or negative) social interactions
- Honouring personalised routines and activities (or not)

- More bluntly, challenging behaviour more likely when
  - there are high levels of social control and abuse
  - there are low levels of social contact
  - the environment is barren and provides low levels of stimulation
  - in regimes which rigidly control access to preferred objects or activities

# If challenging behaviour related to quality of social care...

- ...Maybe it makes at least as much sense to focus on quality of social care as on challenging behaviour
- Groupwork
  - Examples from your experience
  - Feedback (one example per group)



# This study aimed to

- Build community capacity through improving the quality of social care
- Reduce challenging behaviour through changing some of the conditions within which it develops and is maintained
- And improve quality of life for people with intellectual disabilities and the staff who support them

# Methods

- Cluster randomised controlled trial
- Baseline data collected within *Dimensions* settings
- Random allocation of settings to experimental/control groups
- Intervention in experimental settings for 9-12 months during 2013-14
- Follow up data on challenging behaviour, quality of social care and the effects of the intervention on people living in the settings and the staff supporting them

# Experimental and control groups

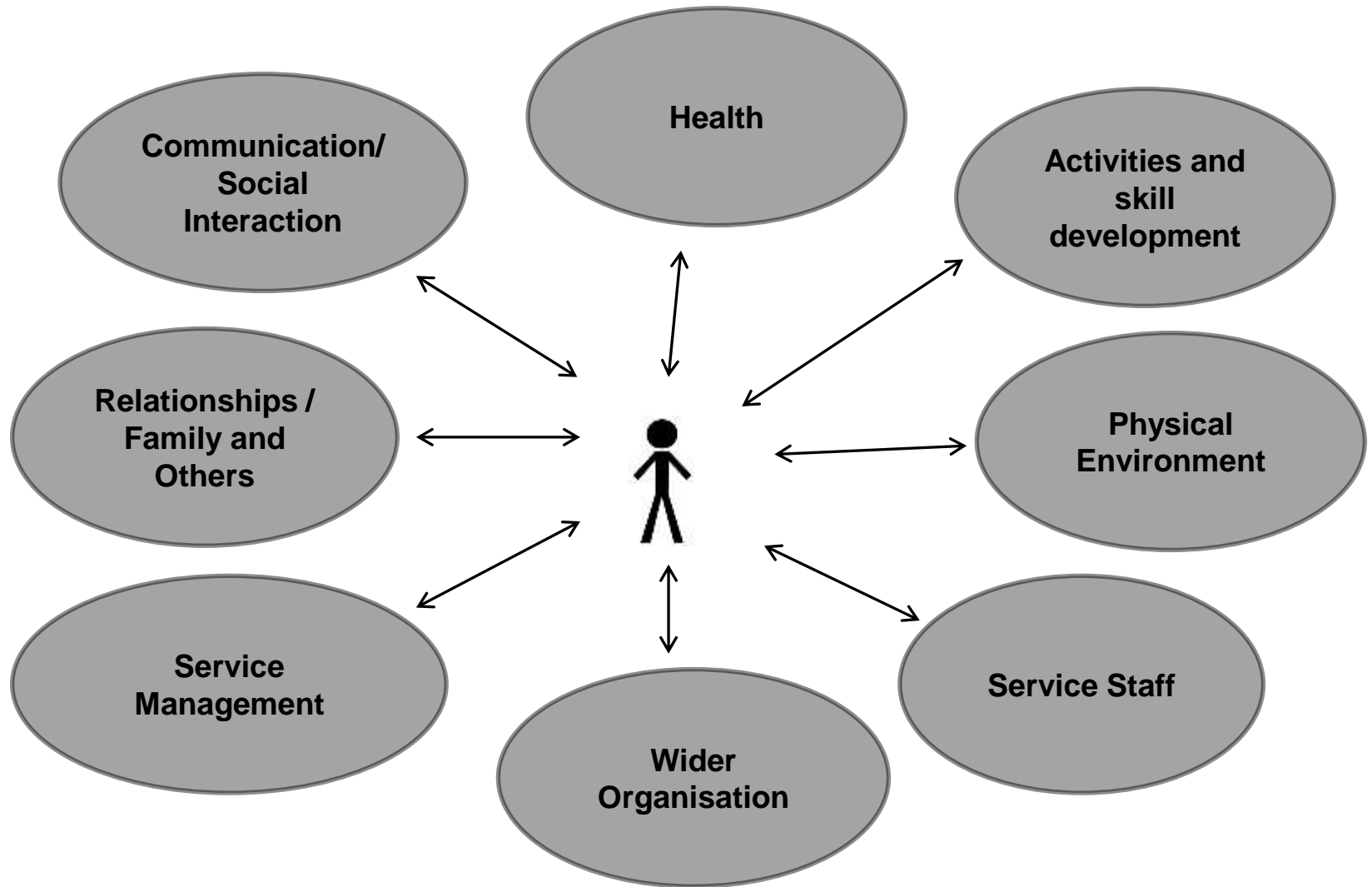
- 11 vs 13 services (mixture of residential care/supported living)
- Range of 1-8 people supported in each setting; 38 people in experimental group, 43 in control group (roughly two-thirds of whom display behaviour described as challenging)
- Approximately 140 staff in each group

# Measures

- Data on service users including
  - Aberrant behaviour checklist (primary outcome measure)
- Observations
  - Momentary time sampling of service user activity and staff support
  - Rating of quality of staff support (active support measure)
- Data on staff including
  - Ratings of impact of intervention

# Intervention

- Structured model of social care
- Agreeing goals or standards for the setting to achieve (cf. LaVigna et al, 1994)
- Support, training, monitoring and feedback with staff
- = Setting wide positive behaviour support



# Example

- Outcome
  - The people we support have access to a personalised visual schedule that enables them to understand when activities are happening and in what order
- Planning
  - Behaviour analysts review visual schedules and activity planners currently used in the setting
  - Behaviour analysts meet with the people we support and their link workers individually to discuss
    - Suitable uses for visual schedules
    - Designs that meet each individual's needs
    - How each person supported will use the schedule

- Resources

- Behaviour analysts create a template for each person's individual schedule in sufficient detail to enable staff to create the visual schedule
- Link workers create recommended schedules and spot check carried out by behaviour analyst confirms 100% match between the design and the finished schedules



- Training
  - Behaviour analysts train
    - The deputy manager and each link worker how to use the visual schedules
    - The deputy manager how to train other staff
- Maintenance
  - Behaviour analysts create a competency check form for the deputy to use when training staff
  - Deputy trains all staff and all staff achieve 100% on competency check form
  - Deputy conducts random monthly spot check on correct use of the schedule

## STEPS OF PROGRESS

### 1. The people we support have access to a personalised visual schedule that enables them to understand when activities are happening and in what order.

- a. Behaviour Analysts review current visual schedules and activity planners currently used in the service
- b. Behaviour Analysts meet with the people we support and their Link workers individually to discuss:
  - i. Suitable uses for visual schedules.
  - ii. Designs for visual schedules that meet each individual's needs.
  - iii. Instructions how each person we support will use the schedule.
- c. The Behaviour Analysts create a template, or design, for each person's we support individual schedule which is of sufficient detail to enable staff members to create the visual schedule.
- d. The Link worker's for each person we support create the recommended visual schedules and a spot check carried out by the Behaviour Analyst confirms that there is a 100 % match between the template or design and the construction of the finished schedules.
- e. The Behaviour Analysts train:
  - i. The deputy manager and each person we support's Link worker on how to use the visual schedules.
  - ii. The deputy manager on how to train other staff on how to use the visual schedule.
- f. The Behaviour Analysts create a competency check form for the deputy manager to use when training staff how to use the visual schedule.
- g. The Deputy Manager trains each staff member on using the visual schedule and each staff member achieves a 100 % pass rate on the competency check form when assessed using it in practice.
- h. The Deputy Manager conducts a random monthly spot check on one member of staff using the visual schedule in which the staff member they observe supports the person we support to use the visual schedule correctly, and scores 100 % on the competency check list during the observation.

### Planning

These standards are about taking *stock* by listening to the key stakeholders and taking in to consideration the existing communication skill level of staff and people supported in order to identify where work is needed to develop further

### Training

These standards are about imparting the knowledge and skills to use the communication system

### Resources

These standards are about the processes needed to get the physical materials required into shape, in this case – having a working visual schedule system that can be used by staff and people supported

### Maintenance

These standards help the service monitor its success in achieving the improvement in communication support.

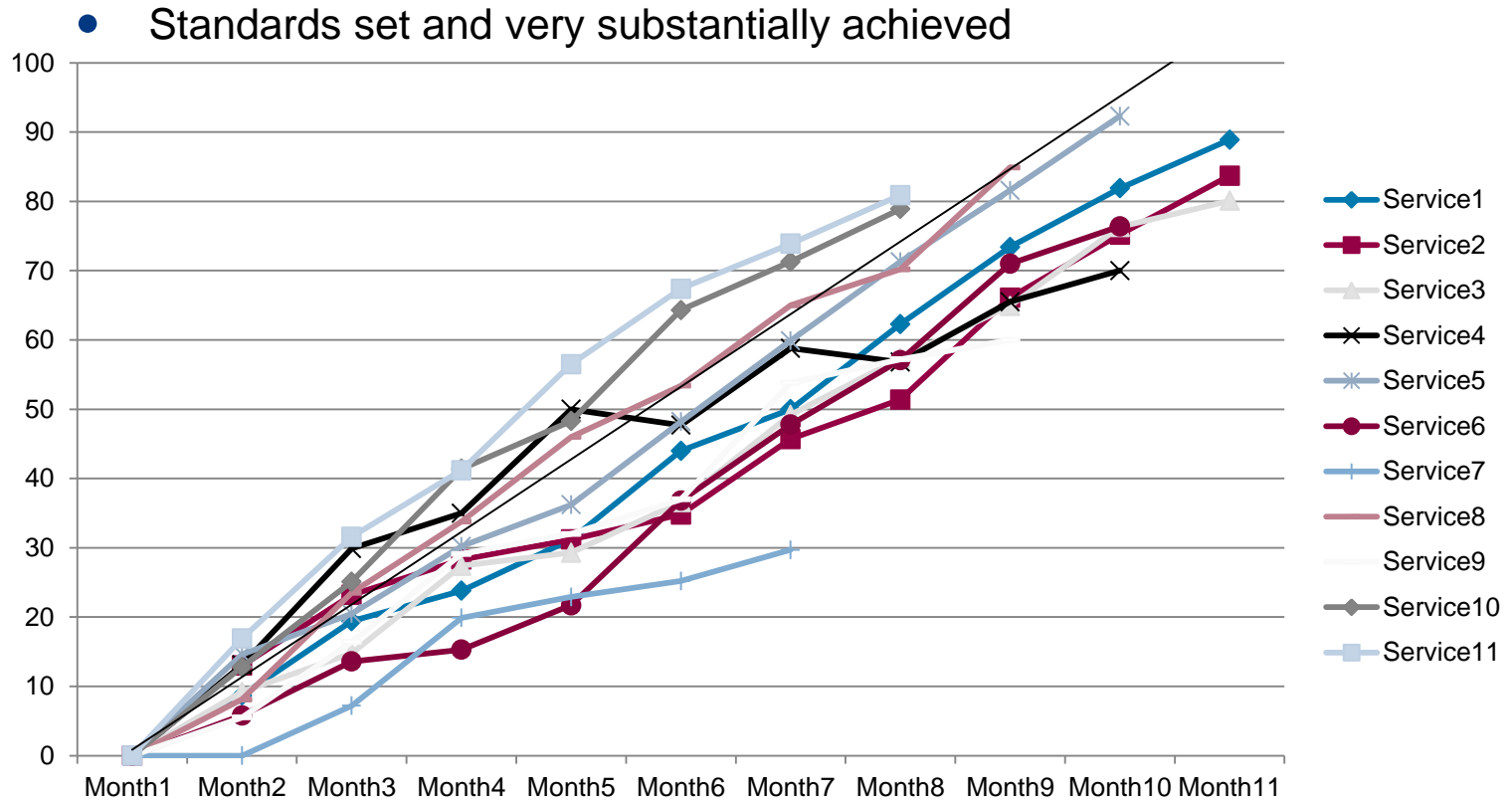
# Initial observations

- Easy to identify areas of poor quality social care likely to contribute to challenging behaviour e.g.,
  - Health – untreated dental problems, untreated skin rash
  - Communication – absence of visual communication aids, high use of reprimands
  - Physical environment – service targeted by anti social behaviour, unhygienic facilities

# Theory of change

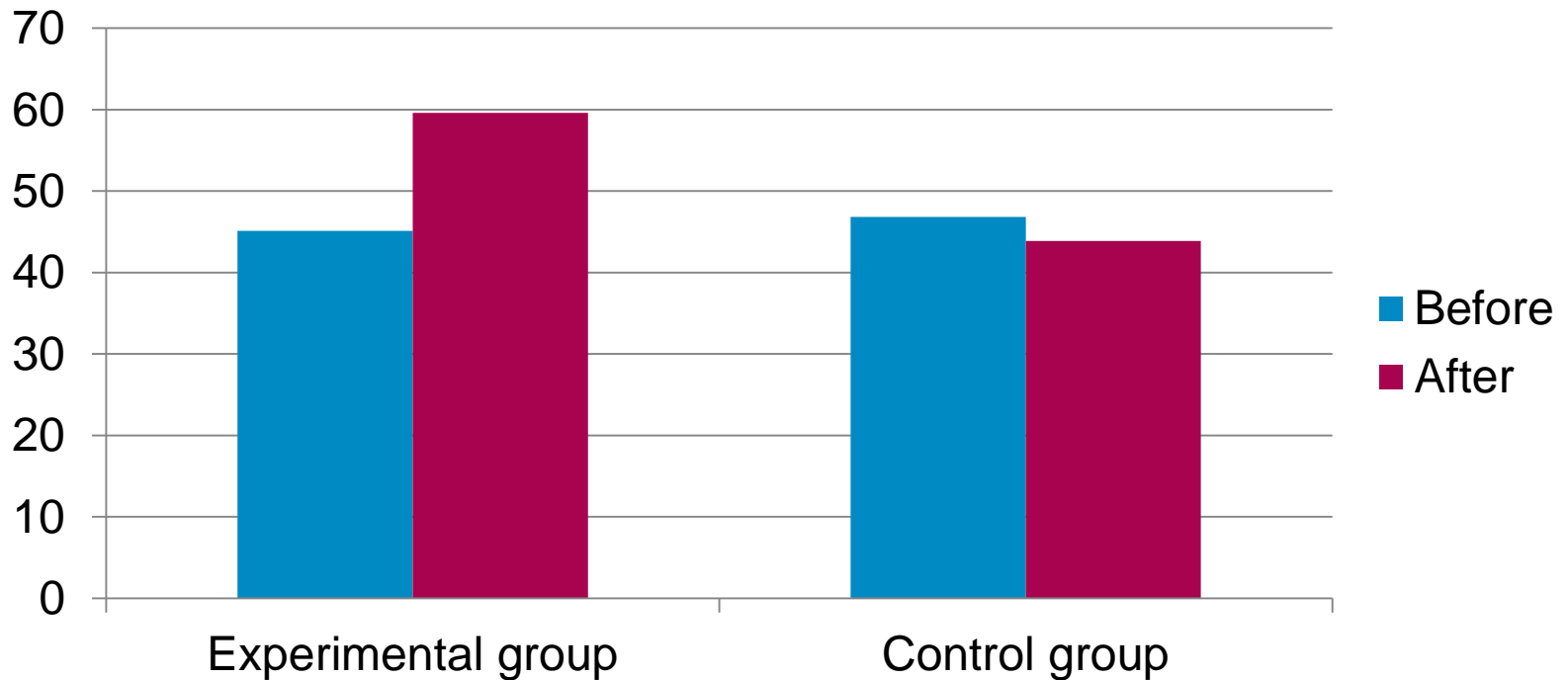
- Achieve standards in each house that have individual or general impact
- By achieving the standards we
  - Increase/improve the resources available
  - Improve the organisation of the setting
  - Change the way staff work
- Consequently
  - Better lives for the people supported
  - Better lives for supporters
- And less challenging behaviour

# Outcomes (1)



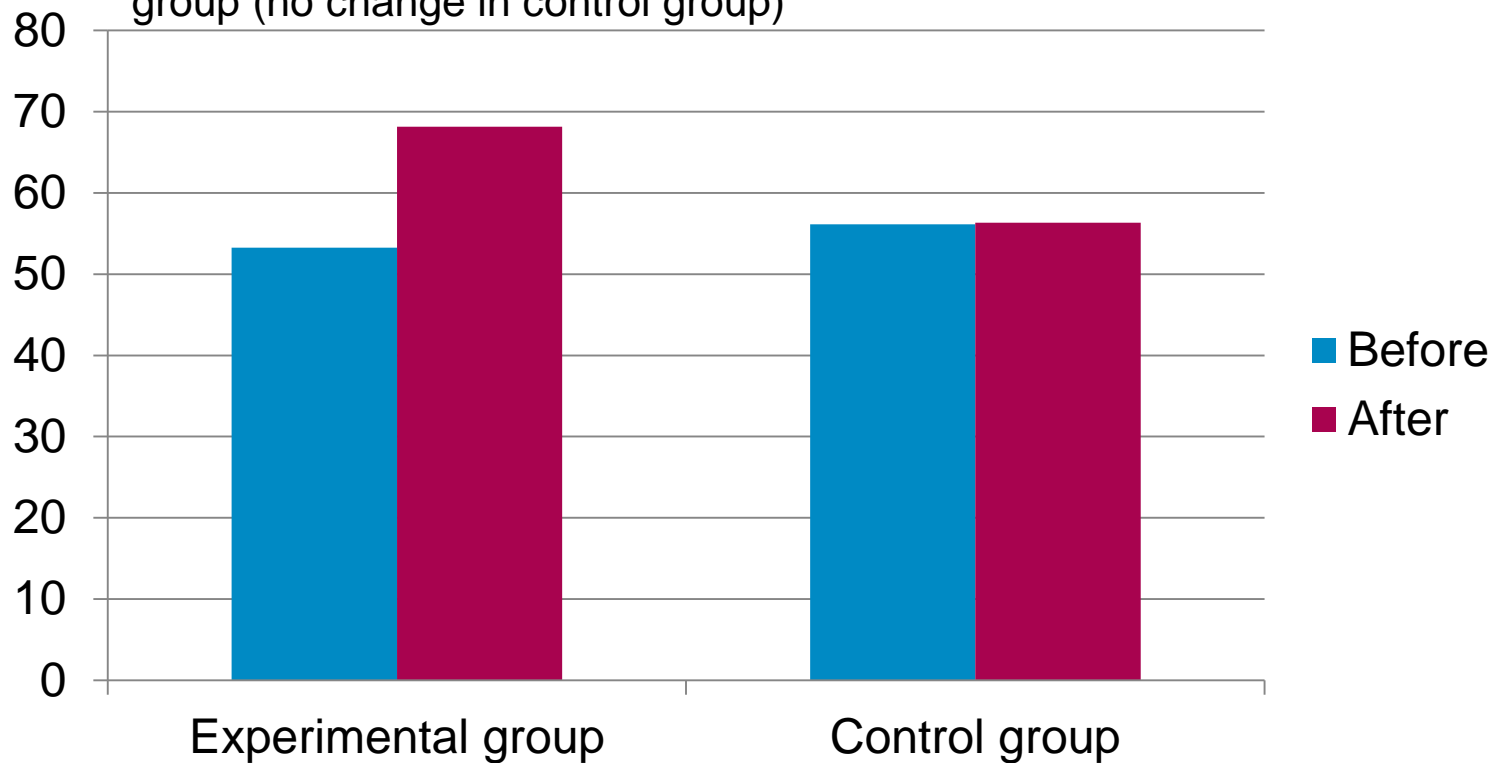
## Outcomes (2)

- The way staff worked changed substantially
  - Provided more choice, more activities, presented demands more carefully etc (percentage active support scores increased while control group scores went down)



## Outcomes (3)

- Better lives for the people supported
  - Meaningful activity increased from 53% to 68% in experimental group (no change in control group)



# Outcomes (4)

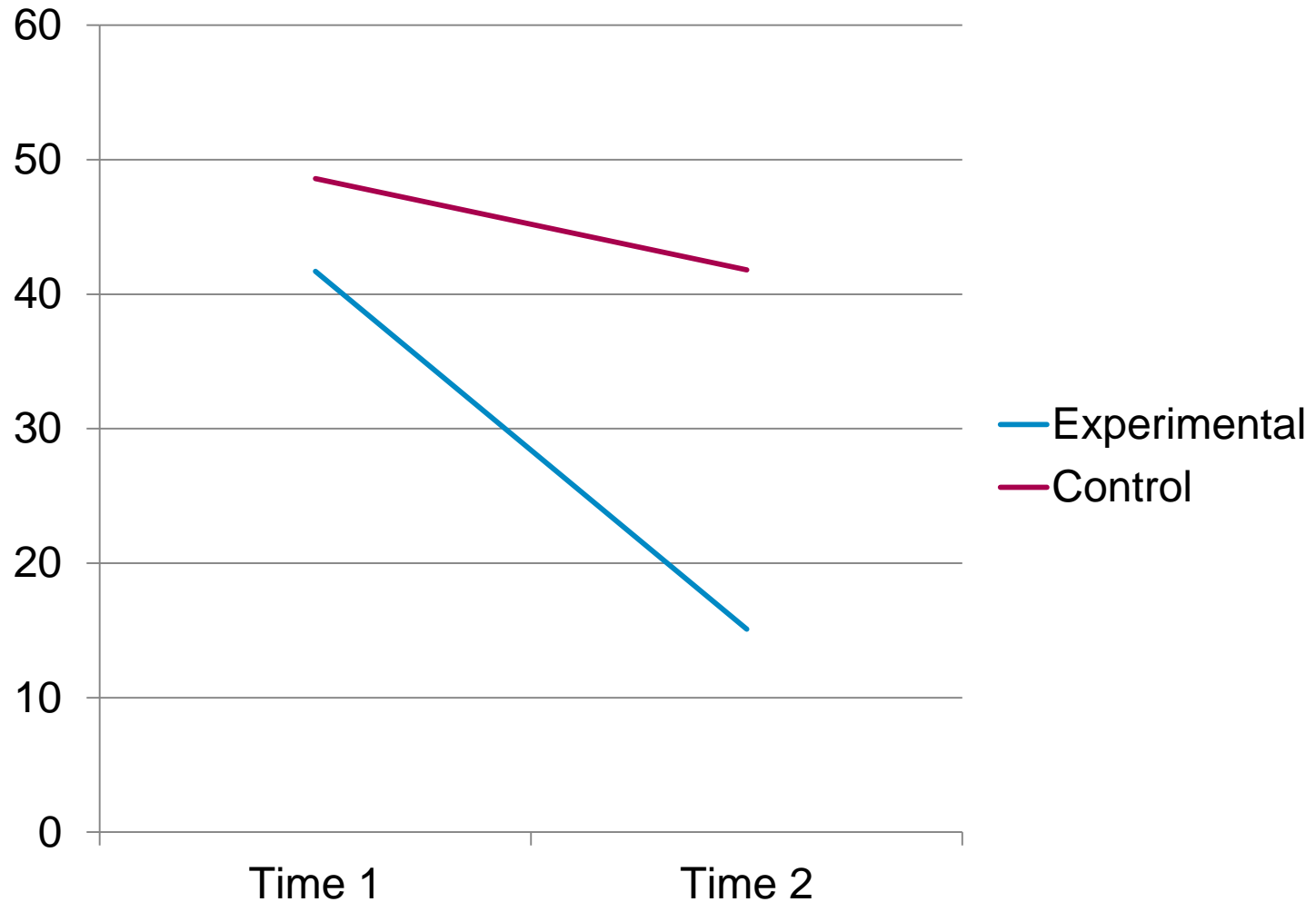
- Better lives for supporters
  - 62% of staff reported better working quality (29% no change, 8% worse), 74% reported enjoyable, 72% that had gained skills



# Outcomes (5)

- Substantial reduction in challenging behaviour
  - ABC score reduced significantly (42 to 15 vs 49 to 42)
  - Observed challenging behaviour reduced from 25% to 10% (vs 26 to 19% in control group)

# Aberrant Behaviour Checklist scores



## Outcomes (6)

Steve and Richard lived in a staffed group home with two other men. At baseline, both men were reported to display frequent challenging behaviour including physical aggression. Neither took part in community based activities. Intervention covered all eight areas of social care. Health input with Steve was organised to better manage his allergies and to deal with incontinence. A greenhouse and summerhouse were added to the previously little-used garden- Richard greatly enjoyed pottering about outside. Staff morale had been poor following problems getting overtime pay and disputes over rotas. Payment problems were investigated and sorted, managers were supported to develop fair rotas. Staff had also been concerned about being regularly woken at night so a meeting with care managers was organised to discuss the possibility of waking night cover. Outcomes for both men, and the setting as a whole, were very positive. Serious incidents of challenging behaviour now only happened every couple of months rather than every week. There was daily use of community settings and positive feedback from Steve's family. Night-time problems had been resolved and staff were no longer needing to get up at night so discussion of waking night cover was no longer required.

## Outcomes (7)

- Not systematically measured or intended but number of settings have been awarded prizes for “outstanding support delivery”, “beacon for positive support” etc.

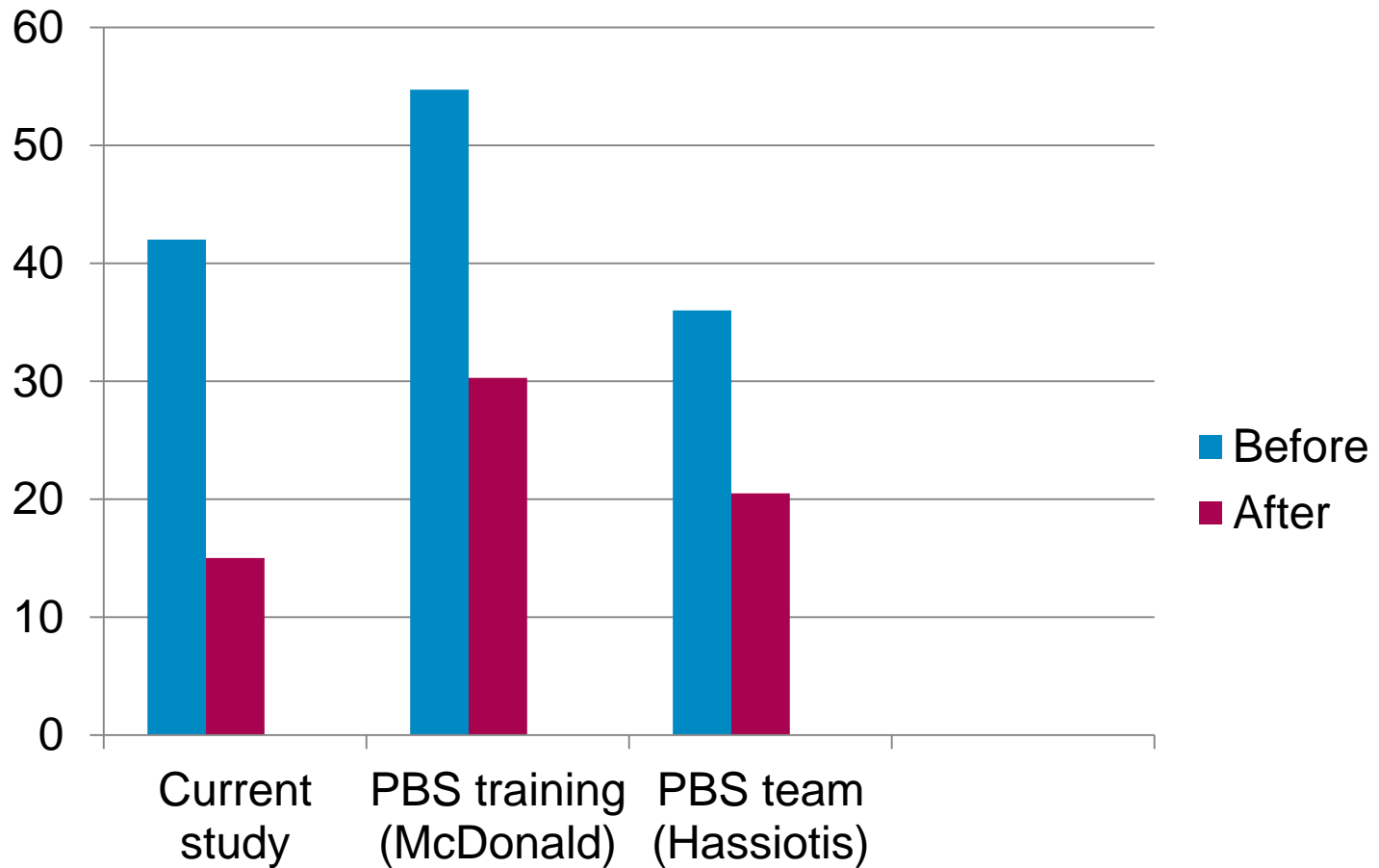
# Outcomes (8)

- Organisational sign-up
  - “We're now working on how to roll the programme out as the way we run all services as part of our new strategy development”

# Summary

- Basic premise (social care related to challenging behaviour) supported
- The intervention model is generally acceptable, often greeted with enthusiasm and seems to be capable of producing change at least comparable with other approaches
- Not a replacement for individually focused positive behaviour support but may (next steps) produce more sustainable and systemic change that affects more people

# Comparative outcomes on Aberrant Behaviour Checklist



# Limitations

- Small trial, scope for bias, sensitive to churn within the social care system
- No follow up data yet
- Relatively intensive intervention, important to evaluate costs as well
- Intervention highly dependent on skills of action researchers
- Complexity of intervention makes it difficult to identify most significant components



- Groupwork
  - Discuss the project and identify one question/comment you want to make
  - Identify one way in which you could use knowledge of this project
  - Feedback

“People have the right to supports and services that create capable environments. These should be developed on the principles of positive behavioural support and other evidence based approaches. They should also draw from additional specialist input as needed and respond to all the needs of the individual.”

(Quoted on p40 of the Bubb Report on Transforming Care and Commissioning, 26 Nov 2014)

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