

Preventing challenging behaviour of adults with complex needs in supported accommodation

In short ...

This research tested a new approach to the prevention of challenging behaviour in residential social care settings for people with learning disabilities. The study (organised as a cluster randomised controlled trial) compared outcomes in residential settings where intervention took place with those in residential settings which were part of the control group. The study was carried out in collaboration with *Dimensions* who seconded two staff to the University of Kent to support the trial. The intervention involved setting-wide positive behaviour support in which the focus was on improving the quality of social care rather than “treating” the occurrence of challenging behaviour in individuals.

Key Findings

- It proved possible to work with all of the residential settings randomised into the experimental group to identify setting-specific standards for improving the quality of social care. While implementation was variable, an average of 80% of the standards set was achieved across settings.
- On every measure of quality of social care, experimental settings improved more than control settings. Differences were highly statistically significant with respect to Active Support Measure scores and improvements in individual planning.
- Quality of life for service users (as measured by observed engagement in meaningful activity) also improved more in experimental settings but the improvement was not significantly greater than that in the control group.
- Challenging behaviour (as measured by Aberrant Behaviour Checklist total and sub-scale scores) reduced by almost 2/3rds in the experimental group. This reduction was significantly more than in the control group.
- Staff in experimental group settings showed significant increases in job satisfaction and reductions in stress when compared with staff in control group settings.
- The intervention was greeted very positively by most staff in experimental settings, families of service users in experimental settings and professionals (e.g. CLDT members) engaged with the settings.

Background

Some people with learning disabilities living in supported accommodation display ‘challenging’ behaviour that can be aggressive, destructive or self-injurious. Social care staff find this behaviour difficult to manage and may, in response, use restrictive practices such as physically restraining the person. It is often more costly to support an individual who shows serious challenging behaviour.

Challenging behaviour can have many different causes but is often related to the support individuals receive. It may, for instance, be one way in which people with limited communication and other skills can control what happens to them. As a result, tackling challenging behaviour often requires changes in social care arrangements. If arrangements that make challenging behaviour less likely

were routinely put in place, there would be less need for individually-focused change. This project set out to test this approach.

This project

- sought to intervene directly in the organisation and provision of social care with a view to altering the factors that contribute to challenging behaviour, thus preventing its future occurrence.

It aimed to

- facilitate social care improvements for service users with learning disabilities in a number of supported accommodation settings
- intervene at the level of the supported accommodation setting, rather than the individual
- prevent challenging behaviour and enhance quality of life for residents with learning disabilities
- evaluate the intervention through a cluster randomised controlled trial to investigate whether the intervention: prevents and reduces the severity of challenging behaviour; enhances quality of life; enhances staff working life.

What we did

Researchers from the University of Kent worked in collaboration with *Dimensions*, a large provider of social care for adults with learning disabilities. We identified 24 supported accommodation settings across England where one or more people with learning disabilities lived. In every setting there was at least one person whose behaviour was described as challenging. After the collection of baseline data, we randomly allocated settings to experimental and control groups, ensuring that settings in the experimental group were spread throughout the country and the two groups were as similar as possible.

In collaboration with *Dimensions*, we developed an intervention focused around a structured model of social care.

The model was based on research identifying the relationship between challenging behaviour and each of the areas identified in the model. For example, substantial research shows the relationship between communication and challenging behaviour. When individuals understand what is going on and have effective ways of communicating their needs to the people supporting them, they are much less likely to display challenging behaviour. Similarly, and beyond immediate staff-service user interaction, aspects of the organisation within which people are supported may also impact on the occurrence of challenging behaviour. Organisational policies and practices, for example, should be informed by an understanding of the causes of challenging behaviour and should ensure that frontline staff receive the support and leadership they need to work effectively.

The model was used in each setting to identify critical areas for change and to identify goals or standards for the setting to achieve. Researchers then worked with managers and staff of each setting to help achieve standards through the provision of support, training, monitoring and feedback.

Findings

Does quality of social care improve?

Across the 11 settings in the experimental group, we agreed an average of 145 standards across the eight areas of social care. In most cases there were 2 or 3 main standards in each area together with many sub-standards – steps that needed to be taken to achieve the broader standard.

Achievement of the standards set was monitored on a monthly basis with a summary of findings being fed back to managers and staff of each setting. The percentage of standards achieved rose

gradually over the 9-12 months of intervention. While there was some variation across settings, ten of the eleven settings achieved at least 60% of the standards set. Achievement of these standards represented substantial improvements in quality of social care. These improvements were validated by observations made by observers blind to group membership. Staff in the experimental group provided more choice, more activities, more social interaction, more assistance and presented demands more carefully than they had prior to the intervention. Most of these differences were significant when compared with the control group of settings that had not received the intervention.

Does challenging behaviour reduce and quality of life improve?

Challenging behaviour, as measured by staff ratings reduced markedly in experimental group settings. Scores on the measure used averaged a 65% reduction over time and this was significantly greater than the much smaller change (16%) found in the control group. Quality of life, as measured by observations of engagement in meaningful activity also improved in the experimental group though the difference between groups was not significant. An example of some of the changes found in one setting is described below. Names and other details have been changed to protect confidentiality.

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.

What did staff, families and professionals say?

Staff in the experimental group significantly increased their job satisfaction and reported lower levels of stress. In feedback questionnaires on the intervention, most staff reported better quality of working life with 74% saying they had enjoyed the experience. Family and professional views were similarly positive. As an additional indication of social validity, four services within the experimental group received awards during the project.

Concluding comments

1. The findings of this study are promising and strongly suggest that future research on challenging behaviour should continue to investigate its prevention through intervention in the system of supports surrounding individuals at risk of developing or continuing to display challenging behaviour.
2. Social care providers should consider the scope for directing some of their behaviour support resources at systemic, preventative intervention in the same way as schools have invested in school-wide positive behaviour support.
3. The current research might be enhanced further by:
 - a. A follow up of experimental and control group settings approximately 12-18 months after the end of intervention to allow exploration of the maintenance of the changes found.
 - b. Work by the research team to develop a “manual” of the intervention to allow both its more accurate description and its more consistent replication in future research.

The promising findings suggest that further studies should be carried out. Ideally, these studies would be larger, involve multiple providers, allow investigation of costs as well as outcomes and contribute to analysis of the factors responsible for positive outcomes.

About the study

The study took place between April 2012 and April 2014 and was based at the Tizard Centre, University of Kent. Professor Peter McGill was Principal Investigator. The study was carried out in collaboration with *Dimensions*, with Lisa Hopkins and Nick Barratt providing invaluable support and cooperation. *Dimensions* also seconded two of their staff, Will Clover and Emmett Smyth, to work on the project part-time. The intervention was developed and implemented by Leah Vanono, Will and Emmett working with Peter McGill. Leah, Will and Emmett also contributed to the identification of participants, the obtaining of consent and the collection of baseline data. Other research staff included Christopher Joyce, Kate Henderson, Susy Davis and Roy Deveau. The study was also supported by the Challenging Behaviour Foundation whose chief executive, Vivien Cooper OBE, chaired an independent advisory group including Sarah Jane Absolom, Beverley Ashman, Eddy Hyde, Sue Kirkman, Lucinda Lindsay, Jo Poynter, Balwinder Sandhu and Naomi Sills.

24 supported accommodation settings were recruited through Dimensions. Following obtaining consent and the collection of baseline data, settings were randomised to experimental (11 settings) and control (13 settings) groups using minimisation, an approach to randomisation that seeks to minimise the differences between groups. 38 adults with learning disabilities lived in experimental settings, 43 in control settings. About 2/3rds of the adults in each group were reported to display behaviour described as challenging. While the abilities of adults varied widely, all settings were staffed 24 hours a day.

Data were gathered before and after intervention using observations, questionnaires about the adults supported and questionnaires about staff experience. Follow up observations (including completion of the Active Support Measure) were conducted blind to group allocation by Athene Kok, Lisa Richardson, Gina Skourti and Hiromi Umizawa. Questionnaires included standardised measures of adaptive behaviour (Adaptive Behaviour Scale), challenging behaviour (Aberrant Behaviour Checklist) and staff experience (Staff Experiences and Satisfaction Questionnaire).

For more information, contact Peter McGill (P.McGill@kent.ac.uk). A presentation of the research findings is available at <http://www.kent.ac.uk/tizard/resources/index.html>

Ethical approval for the study was obtained from the Social Care Research Ethics Committee.