

Preventing challenging behaviour of adults with complex needs in supported accommodation



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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”

This study aims 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

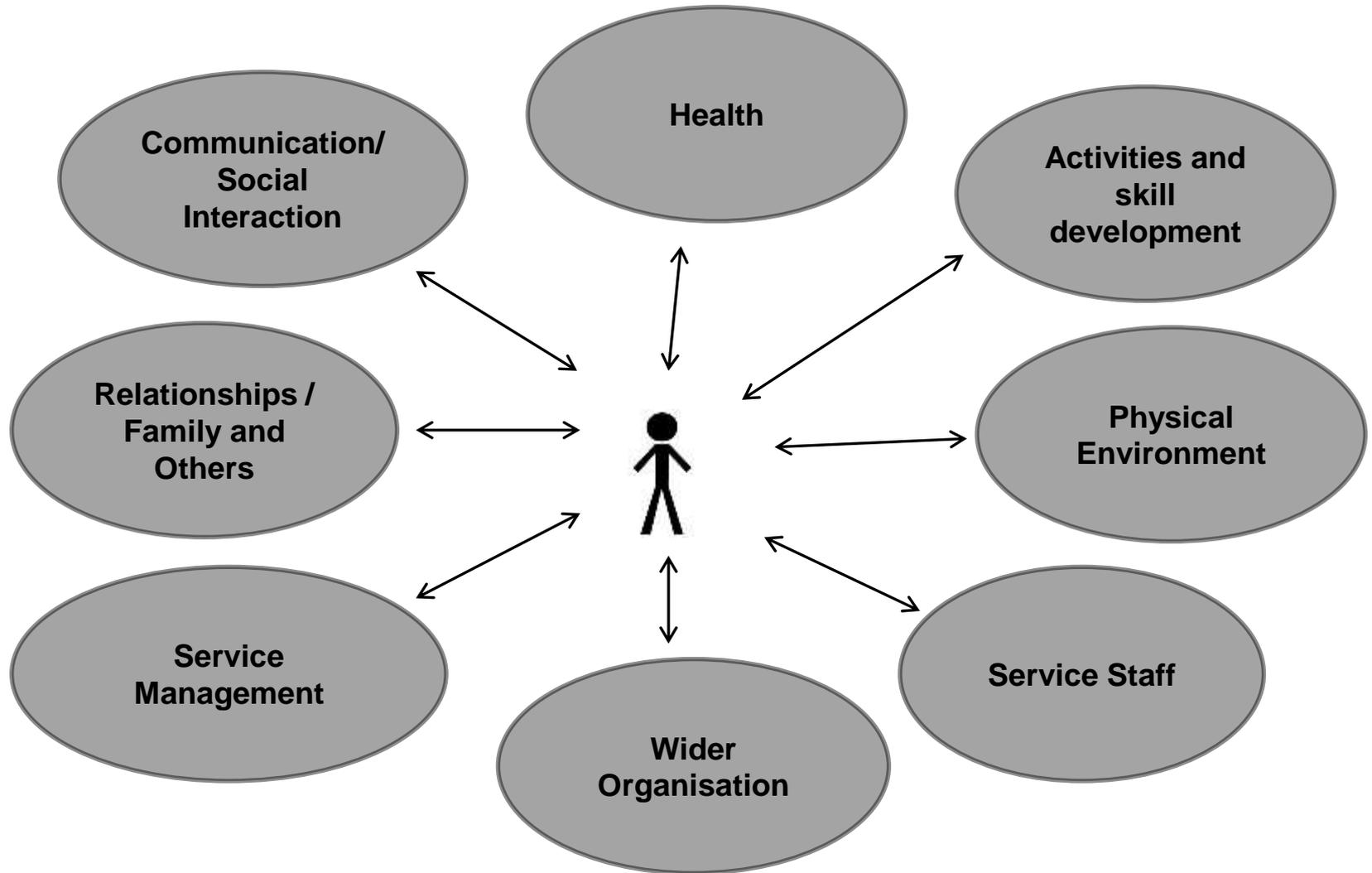
- 11 vs 13 services (mixture of residential care/supported living)
- Range of 1-8 people supported in each setting; 38 people in experimental group, 43 in control group (roughly two-thirds of whom display behaviour described as challenging)
- Approximately 140 staff in each group

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

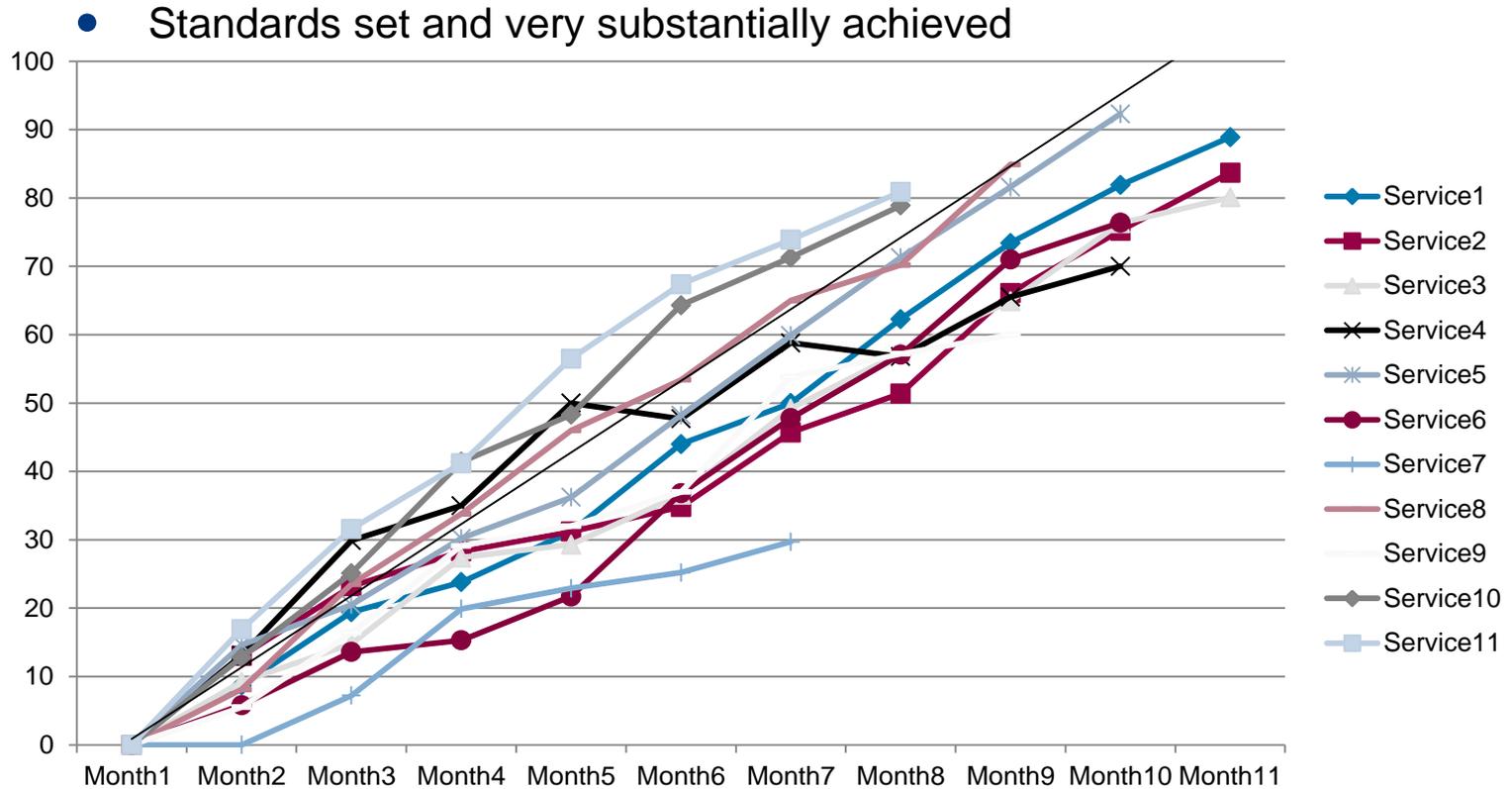
- Structured model of social care
- Agreeing goals or standards for the setting to achieve (cf. LaVigna et al, 1994)
- Support, training, monitoring and feedback with staff
- = Setting wide positive behaviour support



Theory of change

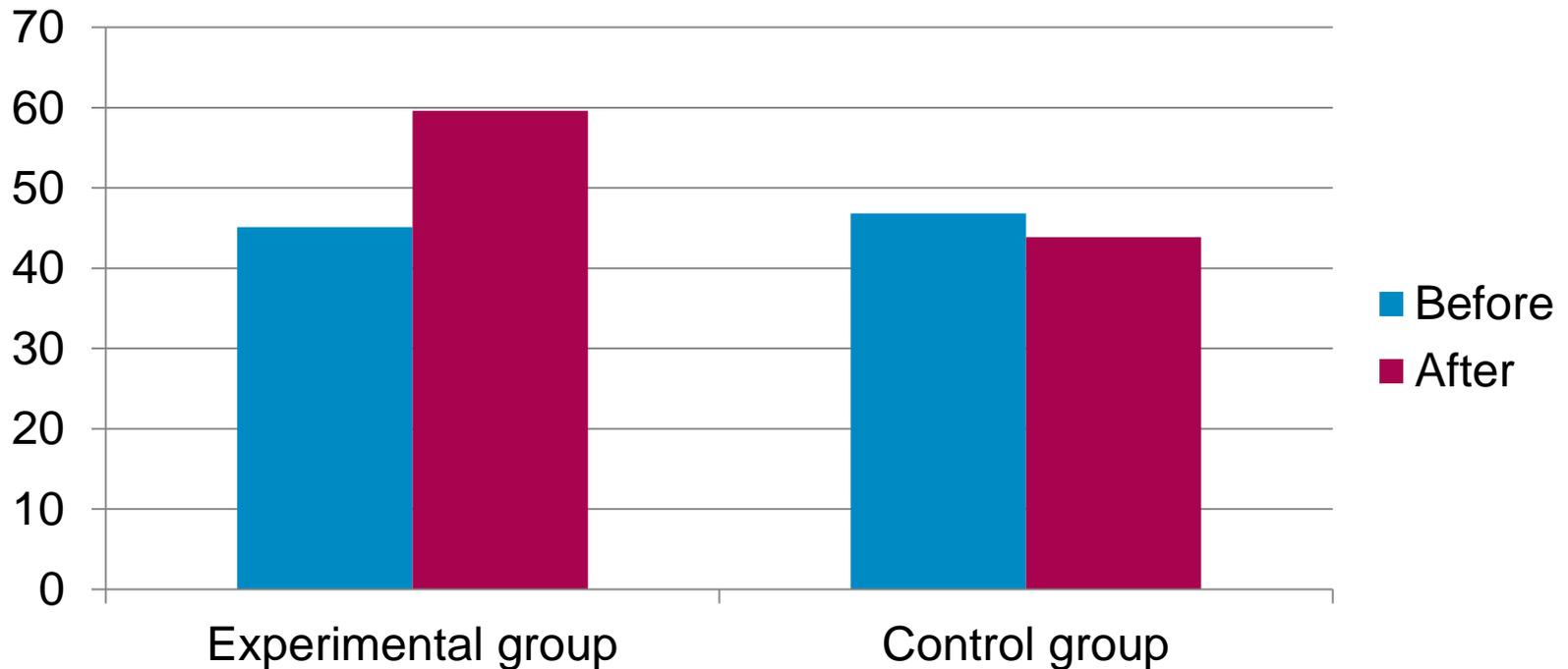
- Achieve standards in each house that have individual or general impact
- By achieving the standards we
 - Increase/improve the resources available
 - Improve the organisation of the setting
 - Change the way staff work
- Consequently
 - Better lives for the people supported
 - Better lives for supporters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

Outcomes (1)



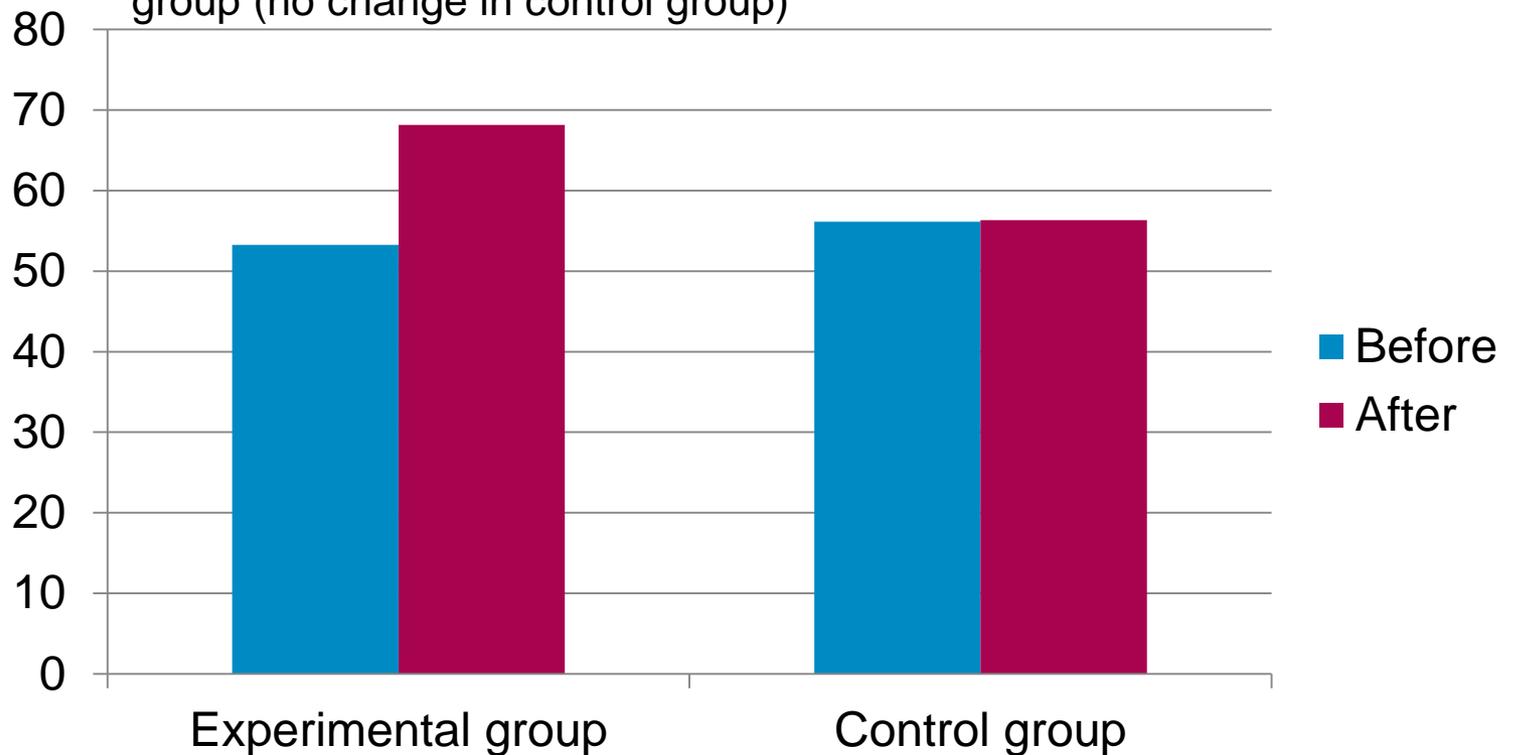
Outcomes (2)

- 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)



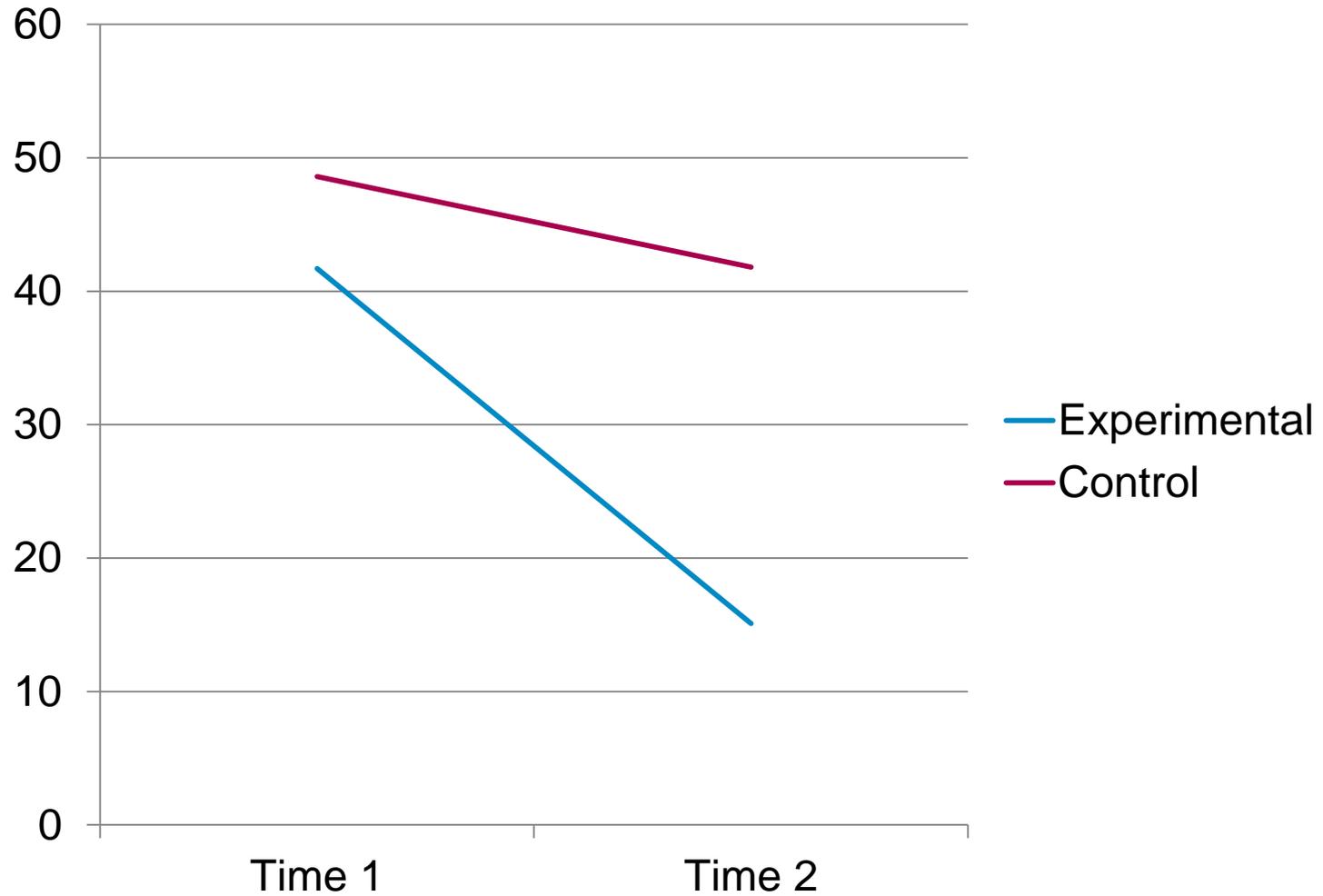
Outcomes (4)

- 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)

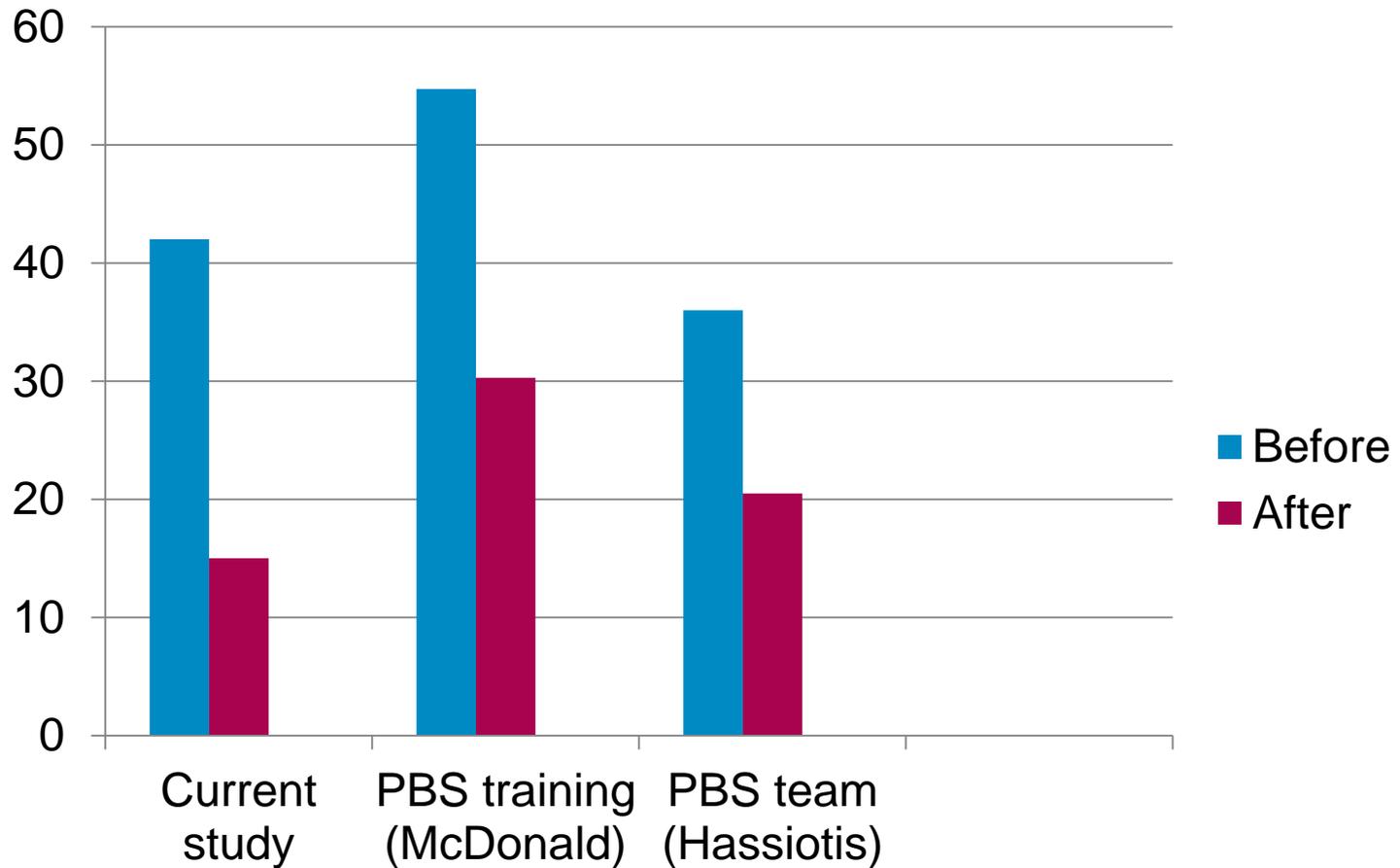
Aberrant Behaviour Checklist scores

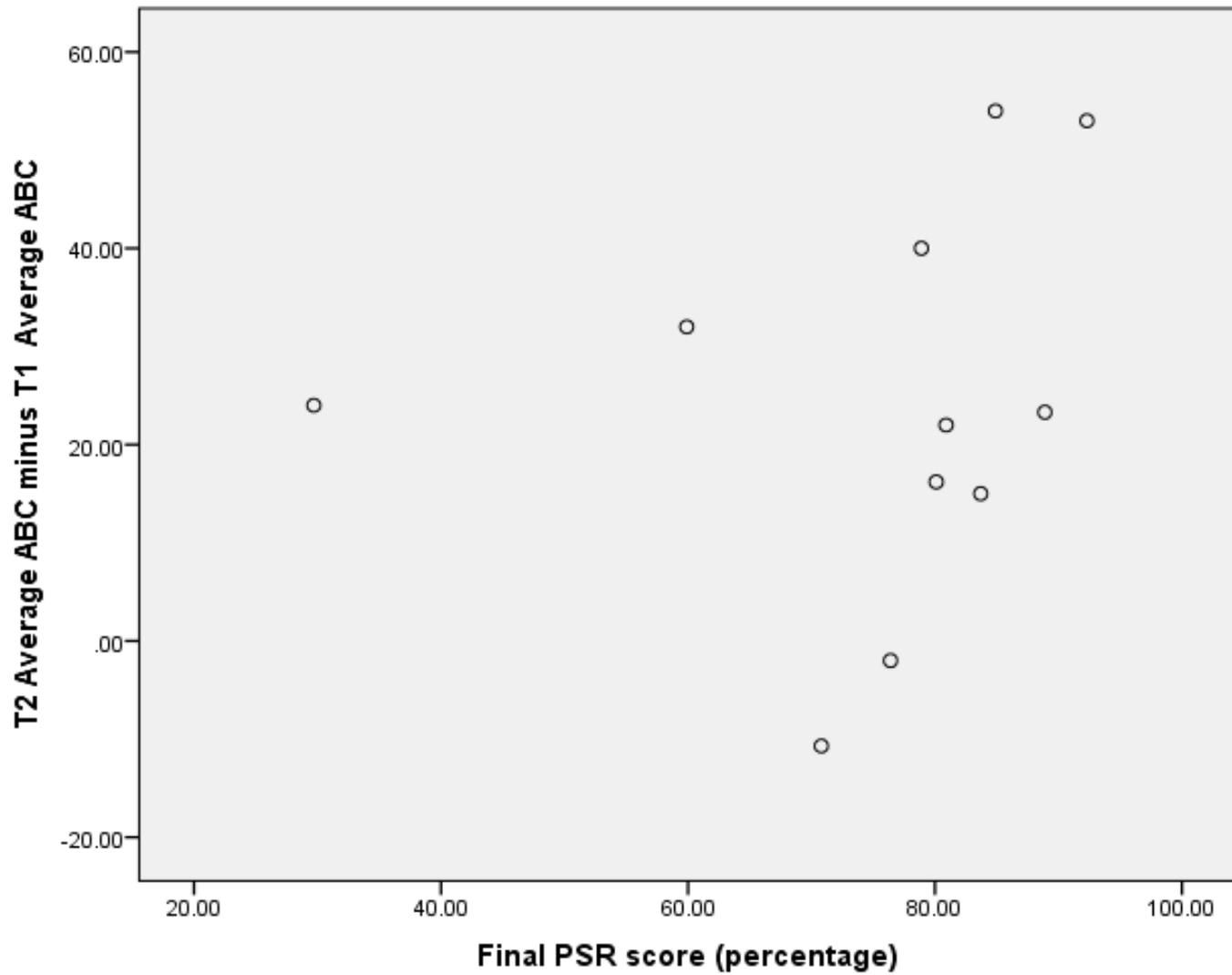


Summary

- 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

“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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