

Preventing challenging behaviour of adults with complex needs in supported accommodation

- *This presentation is based on independent research commissioned and funded by the NIHR School for Social Care Research. The views expressed are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.*

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The problems we face

- 6000+ children and adults in out of area care/education/treatment
- Repeated scandals
- Needs of individuals and families not met
- Poor and declining quality of social care

Bubb's solutions

- Strengthening rights of individuals and families
- Better commissioning
- Institutional closure
- Holding to account
- Building community capacity

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

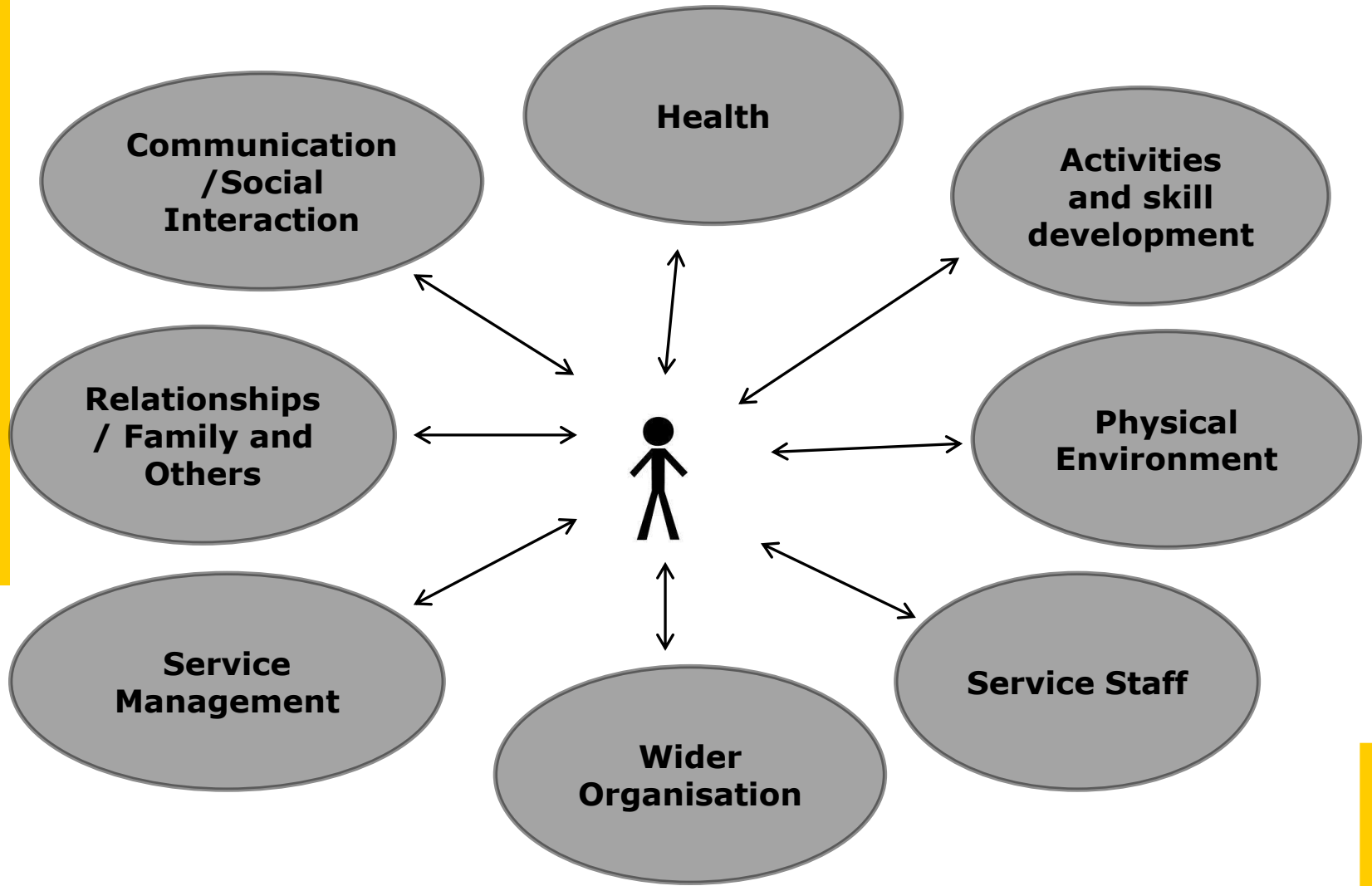
- 11 vs 13 services (mixture of residential care/supported living)
- Range of 1-8 people supported in each setting; 38 people in experimental group, 43 in control group (roughly two-thirds of whom display behaviour described as challenging)
- Approximately 140 staff in each group

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



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.

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

Initial observations

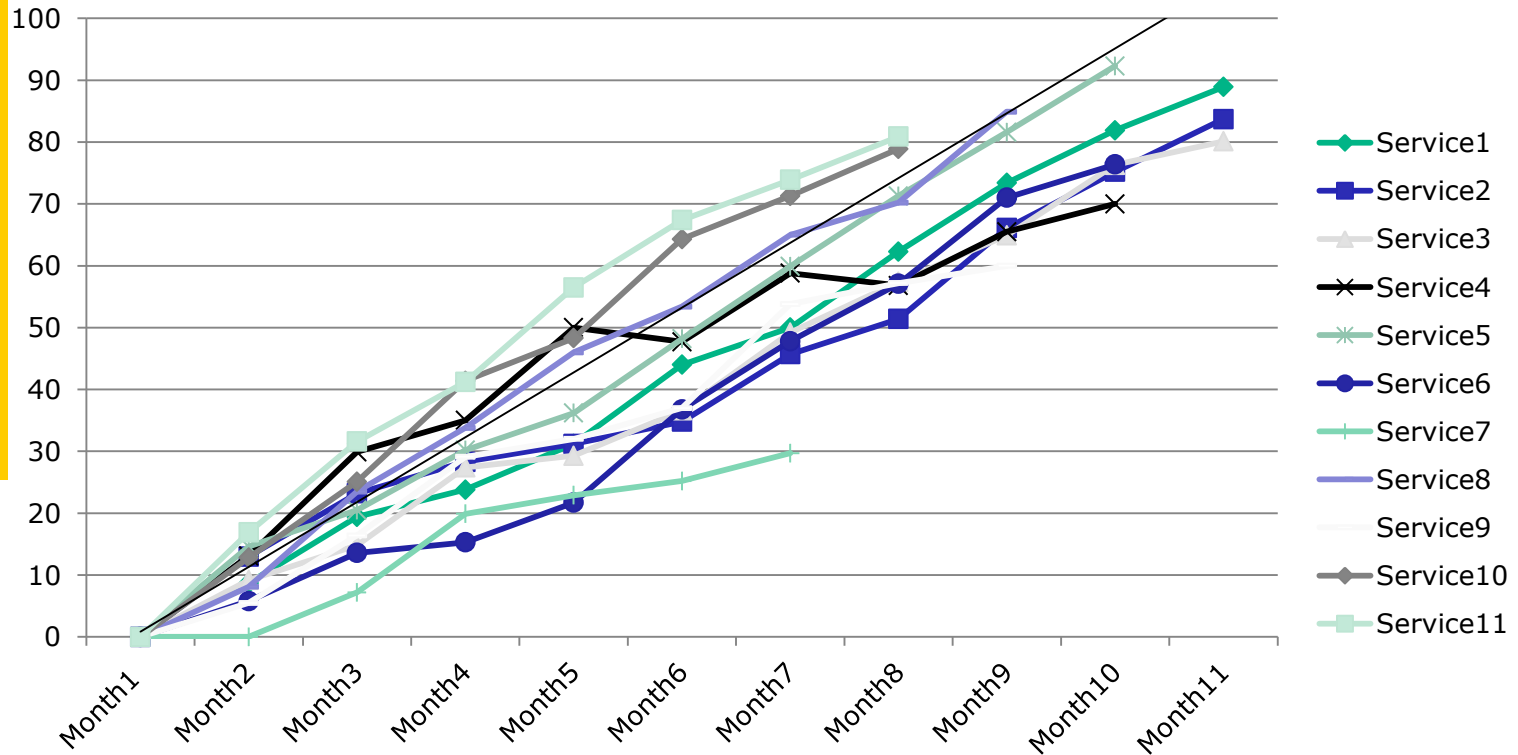
- Easy to identify areas of poor quality social care likely to contribute to challenging behaviour e.g.,
 - Health – untreated dental problems, untreated skin rash
 - Communication – absence of visual communication aids, high use of reprimands
 - Physical environment – service targeted by anti social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

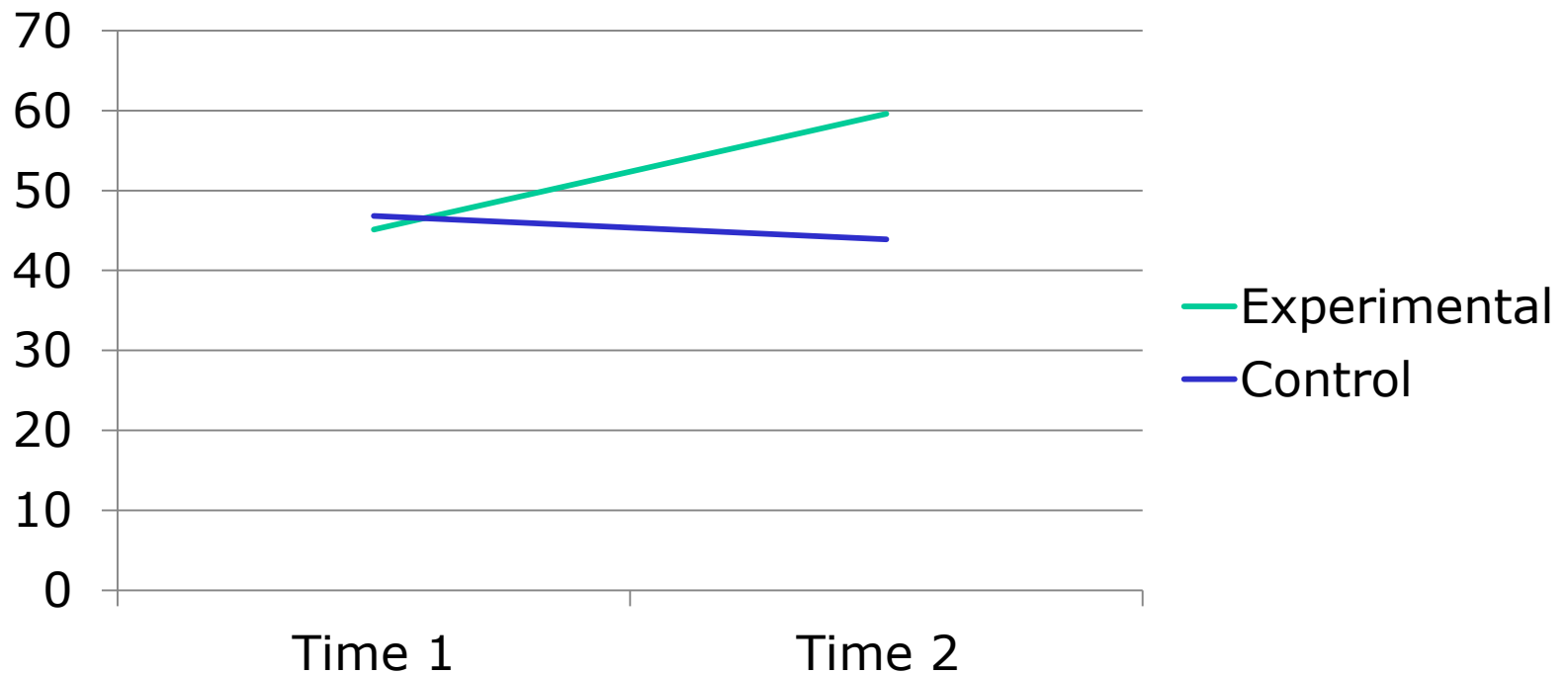
Outcomes (1)

- Standards set and very substantially achieved



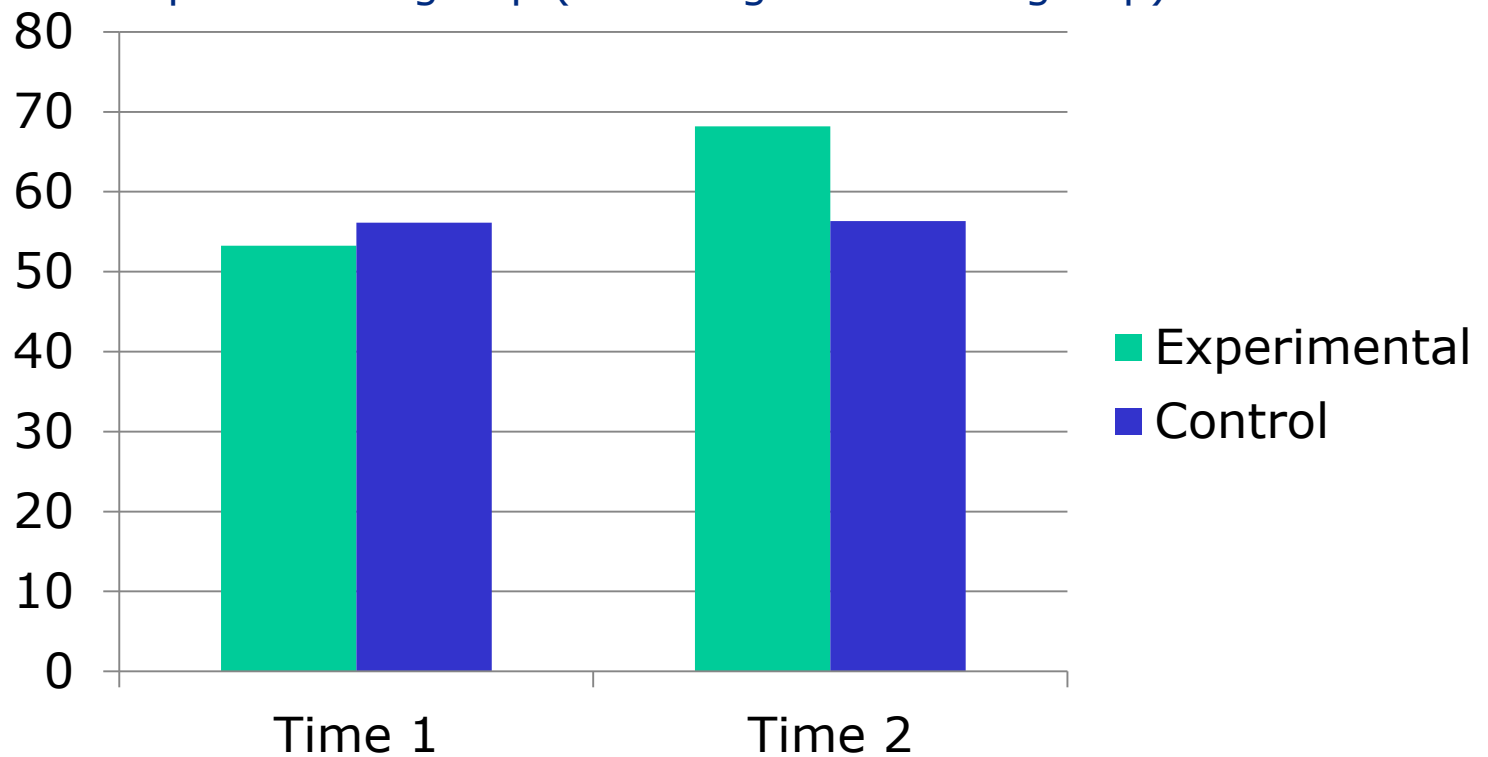
Outcomes (2)

- 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)



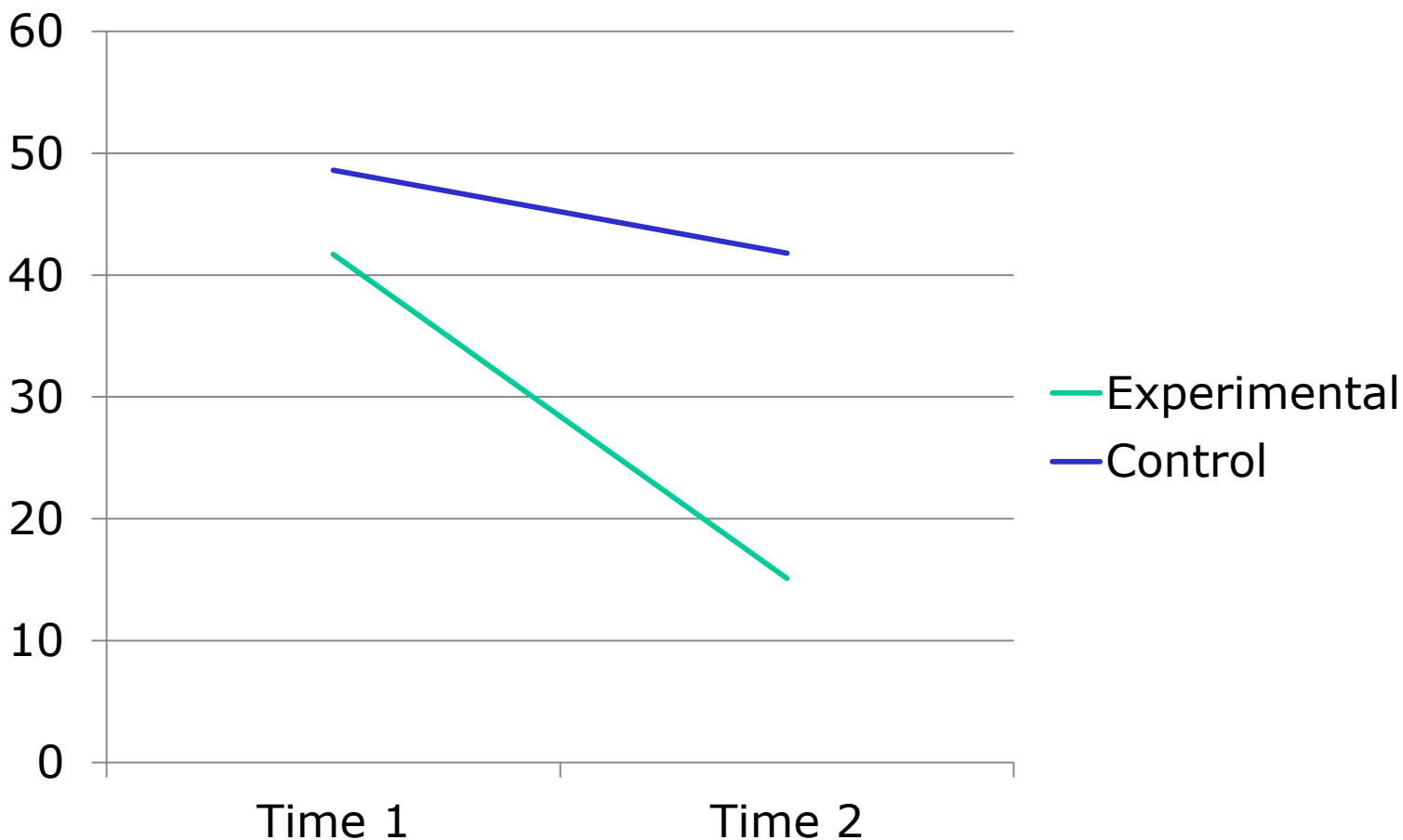
Outcomes (4)

- 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)

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

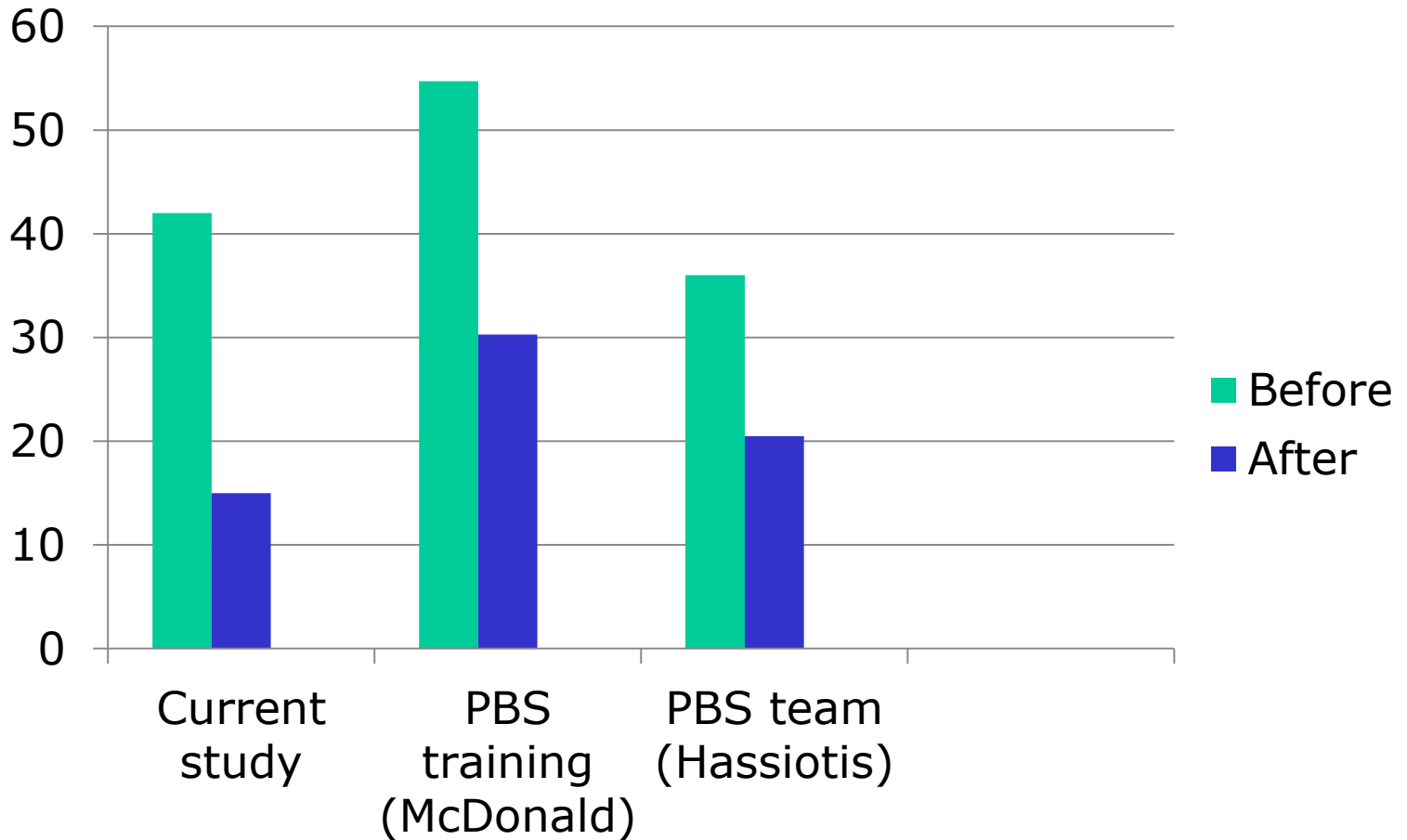
Outcomes (7)

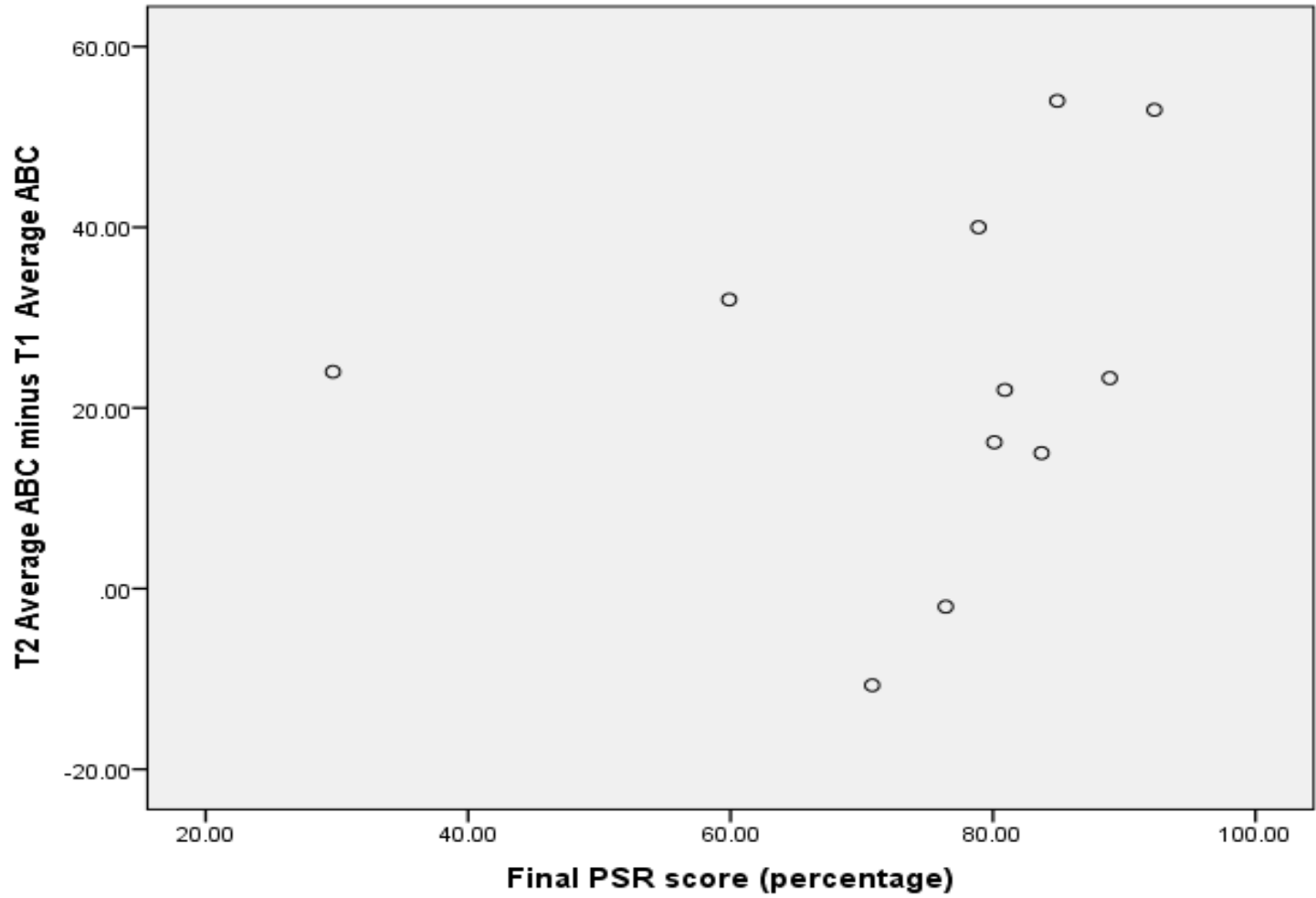
- Organisational sign-up
 - “We're now working on how to roll the programme out as the way we run all services as part of our new strategy development”

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

“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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