Improving Practice

Supporting people with learning disabilities
whose behaviour is perceived as challenging

An education resource for support workers

Contents

Introduction

Welcome to **Improving Practice: supporting people with learning disabilities whose behaviour is perceived as challenging – an educational resource for support workers.**

The resource is designed to help you develop your ability to support people with learning disabilities who have behaviours perceived as challenging. It will help you improve your skills and feel more confident about the work you do.

People with learning disabilities who have behaviours perceived as challenging have rights, abilities and a rich history and experience. All of this must be recognised in the way we provide care and support. The resource will help you develop your understanding about behaviours perceived as challenging and think differently about the people you work with.

Who is the resource for?

This resource is for support workers who work with people with a learning disability who may display behaviours perceived as challenging.

Support workers have a wide range of titles and role remits in health and social care. They normally have education requirements at a range of levels, from Scottish Credit and Qualifications Framework (SCQF) levels 6 to 8 (that's Scottish Vocational Qualifications (SVQ) 2/3–5). Support workers can be defined as: "Workers who have delegated responsibility [from a registered professional] for providing care and support".

Why is the resource important?

Providing effective, efficient and equitable services for people with a learning disability who present with behaviours perceived as challenging is a major issue for service commissioners and providers.

It's important to recognise the serious consequences that may arise for people with a learning disability and behaviours perceived as challenging, including risk of placement breakdown, neglect, abuse and social deprivation, and the invaluable role staff within services play in supporting them.

The right support is key to enabling people to live meaningful and fulfilled lives. Your skills, attitudes, knowledge and confidence in supporting people are central to getting the support right.

How is the resource structured?

The resource has four units. It's important that you work through them in order, as each unit builds on the previous one.

The units are:

- **Unit 1:** an introduction to values-based care and behaviour
- **Unit 2:** Positive Behaviour Support
- **Unit 3:** building blocks to a meaningful life
- **Unit 4:** person-centred approaches to managing crisis.

The outcomes are set out below. We describe these in terms of what you will know (knowledge) and what you will be able to do (skills and competence) on completion of the learning resource.

Unit 1: an introduction to values-based care and behaviour

You will understand:

- the process of person-centred planning
- that values, attitudes and emotional responses will affect how you respond to behaviours perceived as challenging and how people respond to you
- what is meant by "behaviour" and the phrase "behaviours perceived as challenging"
- that a range of factors may impact on behaviour.

What you will know

You will be able to:

- work with people with learning disabilities and their families to set person-centred goals
- participate in person-centred planning meetings
- participate in supervision and reflection to explore how personal values, beliefs and emotions impact on care given
- work with people in a way that demonstrates respect for their unique experiences.

What you will be able to do

Unit 2: Positive Behaviour Support

What you will know

You will understand:
- what Positive Behaviour Support is
- the importance of objectively describing behaviour
- the "ABC" assessment model
- the component parts of the Multi-element Model
- positive strategies to support and address behaviours.

What you will be able to do

You will be able to:
- model best practice in promoting positive behaviour to colleagues and others
- determine when referral to a specialist team/service is required
- describe observable behaviour in an objective manner
- accurately collect data to inform a behavioural assessment
- contribute to discussions regarding assessment, formulation and evaluation of positive support plans
- contribute to the evaluation of interventions through maintaining factual, accurate and complete records of actions taken in accordance with legal and organisational requirements
- acknowledge the limitations of your competence and seek support where appropriate.

Unit 3: building blocks to a meaningful life

What you will know

You will understand:
- the importance of recognising, enhancing and supporting the strengths and abilities of people with learning disabilities
- the benefits of continued engagement in roles and relationships, and that people with learning disabilities have a right to be supported to achieve this
- the importance of participation in meaningful activities
- what Active Support means
- how to match support levels to need, consequently helping people develop new skills and make the most of new opportunities
- the nature of community mapping.

What you will be able to do

You will be able to:
- interact with people with learning disabilities in a person-centred way that recognises and utilises their unique strengths and abilities
- encourage people with learning disabilities to retain, regain or gain social networks, work, education and community connections
- support people with learning disabilities to complete tasks successfully, regardless of how little input or how much support they need
- build an Active Support plan
- support skills development
- facilitate the active participation of people with learning disabilities, their family and carers as partners in care
- use community mapping to increase networks and opportunities for people with learning disabilities.

Unit 4: person-centred approaches to managing crisis

What you will know

You will understand:

- how to respond to a person with learning disabilities when he or she is distressed
- that people with learning disabilities may be at risk of experiencing neglect, harm or physical, sexual, psychological and financial abuse
- that legislation exists to protect the rights of people with learning disabilities and safeguard them against any potential risk or harm
- what we mean by "restrictive interventions" and how to minimise their use
- the safeguards that must be in place when restrictive physical interventions are used.

What you will be able to do

You will be able to:

- recognise when a person with learning disability appears to be distressed, identify areas of concern and respond appropriately
- support people with learning disabilities when they are distressed in a way that is respectful, maintains their dignity and is in line with the support plan
- recognise when the physical or social environment could compromise the health and safety of people with learning disabilities
- complete records accurately in line with service requirements following an incident of challenging behaviour
- acknowledge the limitations of competence and seek support where appropriate
- reflect on incidents and take part in debriefs to support yourself and others, reviewing and revising approaches as appropriate
- work within the policy and legislative frameworks to always promote human-rights-based care.

How long will it take you to complete the resource and what is involved?

We want you to use this resource in the way that best suits you, your team and your organisation. The activities that appear throughout will play a key part in helping you further develop the knowledge, skills and attitudes that are central to your role.

You can use the resource for individual learning, learning as a group or team, in a facilitated learning event, or as a mixture of all these approaches. Whichever you favour, we recommend that you seek some opportunities for group discussions to help you to understand your individual experiences within a broader context and enhance your learning. There are many questions that are best answered – and points that are best discussed and expanded upon – with colleagues.

We would encourage you to keep a learning log in which you can accumulate copies of your learning activities and examples from practice that provide evidence of your learning. Each unit has a reflection activity designed to help you reflect on the knowledge and understanding you've gained and your future learning needs around the topic and a quiz to help you recap your learning.

The resource should take you approximately 16 hours over eight weeks to work through.

Recommendations to managers

Ideally, we would suggest that two or more people within the organisation (or across organisations) work together on the resource to provide peer support. This would allow a range of different learning approaches to be used by mixing independent study with facilitated workshops.

An experienced facilitator should be identified within the organisation to support individuals and facilitate the workshop sessions. It would also be useful to support participants to identify a work-based mentor who can help them on a regular basis to think about the learning from the resource and how they can apply it to their daily work. The facilitator and mentor may or may not be the same person, but ideally both will have a good understanding of Positive Behaviour Support and learning and teaching.

Enabling time and support for participants to complete the resource and reflect on its meanings for practice will enhance their learning experience.

Unit 1
An introduction to values-based care and behaviour

Introduction

This unit explores values- and human-rights-based care for people with learning disabilities. It will help you think about how you can ensure people are central to their care, decision-making and choices and how you can involve family and other carers. You will consider how your values and attitudes affect how you offer support. The unit will also introduce you to what we mean by "behaviour" and "behaviours perceived as challenging".

The headlines

- Person-centred care is more complicated than it seems but is very important to ensuring good care.
- Staff are a very important resource for supporting people with learning disabilities.
- Families and carers are an important asset and should be highly valued.
- Values, attitudes and emotional responses will affect how you respond to behaviours perceived as challenging.
- Staff supervision and support is important when working in care services.
- Behaviour is complex and is influenced by a range of factors.

Learning outcomes

You will understand:

- the process of person-centred planning
- that values, attitudes and emotional responses will affect how you respond to behaviours perceived as challenging and how people respond to you
- what is meant by "behaviour" and the phrase "behaviours perceived as challenging"
- that a range of factors may impact on behaviour.

What you will know

You will be able to:

- work with people with learning disabilities and their families to set person-centred goals
- participate in person-centred planning meetings
- participate in supervision and reflection to explore how personal values, beliefs and emotions impact on care given
- work with people in a way that demonstrates respect for their unique experiences.

What you will be able to do

1.1

Person-centred care

Person-centred care appears self-explanatory, with people leading their own planning and support. Implementation, however, requires a deep understanding and commitment to change, something that challenges individuals and services alike.

NES describes the process of person-centred planning as:

"… working alongside people to identify meaningful goals and outcomes from their perspective and, when appropriate, their families and carers."

Person-centred care

Think about your workplace. What examples of person-centred care are visible? Think in particular about how you work with people to set person-centred goals and how you facilitate the active participation of people with learning disabilities, their families and carers as partners in care. You may want to discuss this with your colleagues or mentor. Make a list below.

Activity
1.1.1

To work most effectively, person-centred planning needs to operate in person-centred organisations that:

- value workers and the people they support
- promote person-centred teams
- are person-centred in their operation and thinking.

To be truly person-centred, services need to place as equally strong an emphasis on philosophy and values as on planning systems.

Person-centred planning

Enter **http://www.youtube.com/watch?v=Na-I76N-zRk** into a search engine to hear Michael Smull talk to Helen Sanderson about person-centred planning.

Activity
1.1.2

Person-centred care

Jane lives in a specialist residential home. She has a "bad reputation": people coming into the house she shares with three others are warned, *"Watch her, she might hit you".* Her bedroom door is kept locked and she has little access to her personal belongings.

Jane loves clothes, but workers describe how in their opinion, she has learned to urinate to get a change of clothes. When she does this, workers put her in a dressing gown: she can spend most of the day in her dressing gown. Staff say things like, *"She won't win, don't worry, we're covered, it's in her care plan, she has to learn".*

Recent changes mean the service has adopted person-centred planning and a new format for records. Each individual now has a person-centred care plan, but the content remains largely unchanged.

You are new to the service but have a lot of experience in using person-centred planning and have seen the benefits it can bring. What would you do to implement person-centred planning in a more meaningful way for Jane and the other people who live with her?

To help you complete this activity, you may want to spend some time searching for more information about person-centred planning.

Note your ideas here, then take a look at ours.

Activity
1.1.3

Person-centred care

You may have suggested:

■ training the staff team in person-centred planning, following which person-centred planning meetings and action plans could be developed by the people living in the service: in Jane's situation, this would hopefully enable clearer understanding of her needs and a more positive response to her difficulties

■ developing regular supervision to increase support and opportunities to help staff reflect on their practice

■ setting up a partnership board or stakeholder group involving the people you support, their family members and staff within the service

■ ensuring all the people you support have access to an independent advocacy service to help them communicate their needs and wishes and promote their rights.

Most services will say they are person-centred, but when you look closer, it is often the case that improvements could be made to really ensure they provide person-centred care.

Key aims of services–person-centred care

Person-centred approaches developed from the underlying principles of normalisation, social role valorisation (SRV) and John O'Brien's "five service accomplishments" view people with a learning disability as valued citizens within society and set a standard for services in providing supportive environments.

Thinking about the five service accomplishments (listed below), can you think of examples of what you would need to be healthy and happy in relation to each?

Accomplishments	What I would need to be happy and healthy
Community presence – the right to take part in community life	
Choice – the right to make choices, both large and small, in one's life, including choices about where and with whom to live	
Competence – the right to learn new skills and participate in meaningful activities with necessary assistance	
Respect – the right to be valued and not treated as a second-class citizen	
Participation – the right to participate on and having support to enable participation	

You may have mentioned some of the following.

Aim	Home	Occupation	Leisure
Community presence – in a typical community	Ownership or tenancy of a typical house or flat, near shops etc.	In mainstream places of work or learning with typical people	In cafes, leisure centres, pubs etc.
Choice – making informed choices and taking control	Everyday choices, such as whether to have tea or coffee, and major choices, such as where to live	Choosing the right type of job or right subjects to study	Choosing hobbies and leisure activities and when to do them
Competence – developing skills and abilities	Learning domestic, self-care and social skills	Learning work, education and social skills	Learning social and leisure skills
Respect – human rights and a positive image	Home and appearance promotes self-esteem and public acceptability	Work/education promotes self-esteem and public acceptability	Leisure activities promote self-esteem and public acceptability
Participation – support to take part in daily life	Shopping, cooking, cleaning	Having a job that is enjoyable and meaningful and learning new things	Buying a drink in the local pub or using the local sports centre

All people with a learning disability should have opportunities to make choices. Some may only be able to make simple selections, but developing the capacity to choose should be part of the support package offered. Activities and communication tools should promote choice.

Sometimes, however, workers can use the excuse of *"it's their choice"* when they're struggling to support someone. Activity 1.1.6 highlights the complexity of supporting people to make choices.

Making choices–Laura

Laura is a 19-year-old woman who lives in supported accommodation. She attends a day service, has a wide circle of friends, a great sense of humour, loves a joke, and has Prader-Willi Syndrome.

Start by going to the Prader-Willi Association website [http://www.pwsa. co.uk/] and spend some time reading the information for people with Prader-Willi, parents and professionals.

Laura travels independently by bus to her day service. She has been getting off early and going to the bakers. Due to her condition, she never feels "full", so is always hungry. Consequently, she is significantly overweight and is beginning to have health issues related to this.

The staff team are unable to agree on the best approaches to supporting Laura. Some team members believe it is "her choice" and let her eat whenever she wants; some, for instance, buy her fish and chips regularly as this makes her happy. Others, however, try to stop her from overeating, usually resulting in Laura becoming angry: she will shout, bang doors and sometimes throw objects at workers.

What would you do in this situation? You may want to discuss this with your mentor. Note down your thoughts below.

Activity
1.1.6

Making choices is complex. People often make bad choices and would consider themselves as having the right to do so, but it's important that "it's their choice" is not used as an excuse for poor care. The person should be as fully involved as possible in exploring the issues, risks and needs and deciding on the care/support plan.

In Laura's situation, a referral was made to the community learning disability team and, following an assessment, a multi-disciplinary team meeting was set up with Laura and the staff team. A care plan was then developed.

The care plan included developing a healthy diet plan for Laura, initially aiming to maintain her weight and then, when she was managing this, to reduce her weight slowly. Extra money was sought to enable her to buy single portions of food, such as individual sachets of low-calorie hot chocolate, jam, butter and biscuits, wherever possible so she could still prepare her own food and drinks. Food shopping was done on a daily basis to reduce the amount of food left in the house. At the end of each day, Laura could choose a treat from a selection of her favourite foods.

A different route to the day centre that avoided the bakers and included greater opportunities to walk part of the way was planned, and a worker accompanied Laura to make sure the journey was fun. Her weekly activities were also reviewed and, where possible, gentle activity was built in.

Laura was still upset at times about her lack of access to food and would still occasionally manage to buy cakes. The care plan outlined how workers should respond: this included not making a fuss about any additional food she had eaten and redirecting Laura to some of her preferred activities, such as having a bath or having her nails painted or hair done.

The key elements of person-centred planning are:

- continual listening and learning
- focusing on what is important to someone now and in the future
- acting on this in alliance with his or her family and friends
- keeping the person at the centre
- reflecting the person's capacities and what is important to him or her
- specifying the support he or she requires to live a valued life
- including friends, relatives and others as full partners.

Person-centred planning upholds a shared commitment to action and the person's rights. And it requires organisations to change. A strong value-based approach such as person-centred planning is an important part of providing good services for people with a learning disability and behaviours perceived as challenging.

Further reading and resources

The Foundation for People with Learning Disabilities has some good resources to support person-centred planning in their publications section, and many are free to download. Visit: **http://www.learningdisabilities.org.uk/about-us/**

CAPA, the Choice and Partnership Approach, which you can visit at: **http://www.capa.co.uk/**

NHS Education for Scotland's *The Ten Essential Shared Capabilities: supporting person-centred approaches* learning resource is available at: **http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/publications-and-resources/publications-repository/10-essential-shared-capabilties-supporting-person-centred-approaches.aspx**

Equal Partners in Care (EPIC) education and learning resources to support workers to achieve better outcomes for carers are available at: **http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care.aspx**

The Joint Improvement Team's personal outcomes approach is available at: **http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/**

1.2

Values and beliefs

Staff are a very important resource for supporting people with a learning disability. The importance of support and training is well recognised, but equally important is the understanding of how values, perceptions and attitudes can affect how you respond to behaviour. It's important to recognise the role of your own and others' values, perceptions and attitudes and how these can influence decision-making and approaches to care.

We all have our own personal views of behaviour. This means our beliefs about what is "challenging" and why people behave in certain ways will differ from what our colleagues believe.

Personal views and beliefs

Think about your own experience of behaviours. List the five behaviours you find most challenging: rank these, with "1" being the most challenging.

1.
2.
3.
4.
5.

Now ask four of your colleagues to separately make similar lists. Transfer these onto this sheet and compare them with your own.

Colleague 1   **Colleague 2**
1.   1.
2.   2.
3.   3.
4.   4.
5.   5.

Colleague 3   **Colleague 4**
1.   1.
2.   2.
3.   3.
4.   4.
5.   5.

Activity
1.2.1

Personal views and beliefs

It is likely that your lists will show that different people have different opinions about what is challenging, depending on their experience.

How do you think the different opinions about what is challenging within your team may affect the support given to people when they are displaying behaviours perceived as challenging? Note your thoughts below.

Activity
1.2.1

How we view and respond to behaviour may be affected by our values and beliefs.

Impact of beliefs

Imagine you are at the garage putting petrol in your car. You see a young man in a baseball cap chase after another young man. The man in the baseball cap catches the other man and wrestles him to the ground, then takes the man's mobile phone from his hand. He shouts something, clearly angry but inaudible. The man who was wrestled to the ground gets to his feet and sprints away.

Why do you think the first man took the phone?

Who was displaying antisocial behaviour?

Now we will rewind. Five minutes earlier, the young man with the baseball cap was standing with his girlfriend outside a shop making a phone call. The other man, who later appears to be the victim, punched him on the side of the head, seized his phone and sprinted away. The young man with the baseball cap who chased, caught and grappled the other man to the ground is a medical student and a top-class sprinter.

Activity
1.2.2

Impact of beliefs

When the police arrive he is able to give a rationale for his behaviour and is seen as the victim/hero in this situation.

Think about the people you support. How many would be able to give a rationale for their behaviour?

Activity 1.2.2 is important in showing us not only how values and beliefs may impact on the assumptions we make about behaviour, but also how the setting and context in which the behaviour takes place are important. Shouting and swearing at a football match is acceptable (even expected), but it would not be acceptable while having a meal in a busy restaurant or sitting through a church service.

Impact of beliefs

Paul, an experienced support worker, is finding it increasingly difficult to work with Masood, a 24-year-old man with autistic spectrum disorder and severe learning disability. Masood can become distressed and agitated if his programme of activity and routines are disrupted. He will run across to usually smaller female workers or other tenants who do not usually respond aggressively and slap and hit them, sometimes causing injury. Recently, he seriously hurt Marion, a worker who is a close friend of Paul.

Paul believes that Masood is targeting vulnerable people and therefore "knows what he is doing". As a result, Paul is avoiding spending time with Masood and is being less pleasant to him. The last time Masood was aggressive towards Marion, you noticed Paul being "a little rough" with Masood when he intervened.

Can you can see how the assumptions Paul is making about Masood's behaviour are affecting his response towards him?

Can you think of a time when your assumptions, beliefs and/or values have influenced your response to someone with a learning disability? Make some notes below and discuss with your mentor.

It is important that workers are supported to explore their beliefs and values and the impact these may have on how support is given. The case study below shows how important support and clinical supervision can be in helping workers reflect and learn from the complex situations in which they work.

Supporting personal development

Pauline has been a support worker for 12 years. She currently works in a residential service supporting two young men with learning disability and behaviours perceived as challenging.

Her supervisor, Shabeen, has noticed that Pauline will try to avoid going out with James, one of the men living in the house. She asks her about this in her 1:1 session. Initially, Pauline responds by saying she does not mind going out with James but then mentions her last trip out, which she found difficult.

James has a mild learning disability. When he is out, he will shout excitedly and wave at people as he walks past; he will also walk up to strangers and try to cuddle them.

Shabeen is able to help Pauline explore how she is embarrassed by James's behaviour and how this is leading her to avoid going out with him.

The discussion helps Pauline think about who the behaviour is challenging for? It also helps Shabeen and Pauline think about the need to develop a programme that will help James develop more socially acceptable skills.

Pauline is now going to take a lead role in speaking to the community learning disability team for help to develop a skills teaching programme for James.

How are you supported within your workplace?

Do you have regular 1:1 supervision?

If not, how can you raise the importance of this within your workplace?

So far, we have explored person-centred care and how our values and beliefs can affect how we work with people. In keeping with the focus of this educational resource, we have used activities and case studies that relate to supporting people with behaviours perceived as challenging. The next section begins to explore what we mean by "behaviour" and "behaviours perceived as challenging".

1.3

What is "behaviour"?

"Behaviour" is often used in everyday language to refer to "good" or "bad" behaviour, as if our behaviour is only **part of** what we do. In behavioural terms, "behaviour" refers to **everything** we say or do. This means:

- a person is perceived as "behaving" all of the time
- activity is often thought of as being the same as behaviour
- a person is behaving even when he or she is doing nothing.

"Challenging behaviour" has become part of everyday language in the field of learning disability. Behaviour can be perceived or described as "challenging" for a variety of reasons. We've already considered how behaviour may be appropriate in one setting but not in another, and how a person's ability to give a plausible account affects perceptions of his or her behaviour. We've also considered how different workers perceive behaviour differently and can consider it "challenging" when it presents a risk to them and others or if they find it difficult to manage or understand. This is reflected in the following definition from the Royal College of Psychiatrists:

Behaviour can be described as challenging when it is of such frequency, intensity or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.

We use the term "behaviours perceived as challenging" in this resource to place an emphasis on services' ability to meet people's needs and move away from the view that the difficulties are an intrinsic part of the person.

Factors that impact on behaviour

You have already explored some of the factors that impact on behaviour. Now think about what else might cause people to behave in ways that others find challenging. Note your thoughts below.

Activity 1.3.1

Many personal and environmental factors can impact on behaviour. Personal factors include:

- **health** – physical and mental health problems can affect behaviour; think about the last time you were unwell, and imagine if you couldn't explain to others how you were feeling
- **communication** – most behaviour perceived as challenging can be viewed as having a communicative function, in that a person is trying to express a need ("I am bored/hungry/in pain")
- **personality and character** – some people are laid back and take things in their stride, while others are more anxious and easily frustrated
- **past experiences** – these can shape how we respond to current situations because we have learned what works for us: for instance, we put slippers on if we get up during the night as we've learned to do this to avoid stepping on the cold floor in bare feet.

Environmental factors include the following:

- **Choice and control** – do people have choice and control over their environment and how they spend their time? How might you behave if you had little choice or control in your life?
- **Physical environment** – is it too noisy with little personal space, or a nice, warm and pleasant place to be? Would you like to live there?
- **Social interactions** – do workers demonstrate good values and attitudes? Are interactions between people good? Is there a nice balance of activity and relaxation?
- **Communication** – do people use the right methods of communication to help the person understand them and help them to understand the person?

Understanding why a person behaves in a certain way is complex, but having an understanding of behaviour and a person's experiences can help us to provide good support.

Suit you, Sir?

Go to **http://www.paradigm-uk.org/Resources/d/2/v/suits_you.pdf** and read Tony Osgood's paper "Suit you Sir?" – Challenging Behaviour in Learning Disability Services

Write down below the three key messages you took from reading this paper.

1.

2.

3.

Discuss these with you mentor.

Quiz

The following quiz will help you recap your learning.

1. How would you describe the process of person-centred care planning to a new member of staff?

2. What might affect your decision-making and your approaches to care?

3. What is important in the workplace to help you explore and understand your values and beliefs?

4. How would you define "behaviours perceived as challenging/ challenging behaviour"?

5. List four factors that impact on behaviour.

In Unit 1, you have learned:

- the importance of person-centred and family-centred care and that this often requires a fundamental shift in culture within organisations

- how staff values, beliefs and emotional responses affect how we respond to behaviours perceived as challenging

- what behaviour is

- what we mean by "behaviours perceived as challenging"

- that personal and environmental factors can impact on behaviours.

Learning log for Unit 2: an Introduction to values-based care and behaviour

Learning log for Unit 1: an introduction to values-based care and behaviour

You can keep copies of your learning activities and examples from practice that evidence what you have learned in your learning log. Minutes of a person-centred planning meeting you were involved in or an example of skills development or an activity that you planned and carried out with someone are examples.

*Please make sure that you **anonymise** any examples in your learning log by removing all identifiable data such as names, addresses and places.*

You can also reflect on your learning and further development needs at the end of each unit in your learning log.

Reflection on Unit 1

An introduction to values-based care and behaviour

Date completed:

What knowledge and understanding have I gained from Unit 1?

What am I doing differently after working through Unit 1?

What have I learned about myself from completing Unit 1?

What has been the biggest challenge for me in completing Unit 1?

What future learning needs do I have in relation to what has been covered in Unit 1?

Please share your reflection with your mentor and develop an action plan to support further learning in this area.

Unit 2
Positive Behaviour Support

Introduction

This unit explores Positive Behaviour Support and how it can enhance quality of life and minimise behaviour challenges. It will help you think about your role in understanding and assessing behaviour. You'll learn about the Multi-element Model and what is meant by proactive and reactive strategies. You'll also consider the importance of good environments and the teaching skills and abilities of people delivering the Multi-element Support Plan.

The headlines

- Positive Behaviour Support is effective in improving quality of life and reducing behaviours perceived as challenging.

- Accurately describing behaviour and collecting data is important.

- Changes to the environment and teaching people new skills is central to Positive Behaviour Support.

- The motivation and abilities of people (workers and families) delivering the Multi-element Support Plan need to be considered.

- Monitoring of Multi-element Support Plans and outcomes is important to the success of Positive Behaviour Support.

Learning outcomes

You will understand:

- what Positive Behaviour Support is
- the importance of objectively describing behaviour
- the "ABC" assessment model
- the component parts of the Multi-element Model
- positive strategies to support and address behaviours.

You will be able to:

- model best practice in promoting positive behaviour to colleagues and others
- determine when referral to a specialist team/service is required
- describe observable behaviour in an objective manner
- accurately collect data to inform a behavioural assessment
- contribute to discussions regarding assessment, formulation and evaluation of positive support plans
- contribute to the evaluation of interventions through maintaining factual, accurate and complete records of actions taken in accordance with legal and organisational requirements
- acknowledge the limitations of your competence and seek support where appropriate.

Applied behaviour analysis is the science of understanding behaviour and assumes human behaviour can change. **Positive Behaviour Support** developed from the field of applied behaviour analysis, influenced by the **normalisation** movement and person-centred values.

Positive Behaviour Support:

- is values-led, in that the goal is to increase community presence, choice, personal competence, respect and community participation, rather than simply behavioural change in isolation

- is based on understanding why, when and how behaviours happen and what purposes they serve

- focuses on altering triggers for behaviour to reduce the likelihood that they will occur

- focuses on skill teaching, as lack of skills such as the ability to wait, take turns or say "no" in a reasonable way are important

- uses changes in quality of life as a strategy and an outcome measure

- achieves reductions in behaviour perceived as challenging through improving quality of life

- has a long-term focus – behaviours are often of a long-term nature and successful strategies therefore need to be maintained over long periods

- reflects the fact that behaviours perceived as challenging are often caused by more than one thing

- reduces or eliminates the use of restrictive practices

- includes proactive strategies for changing behaviour and reactive strategies for managing behaviour when it occurs.

Evidence shows us that Positive Behaviour Support is effective in increasing quality of life and reducing behaviours perceived as challenging. The focus is on improving quality of life: the reduction in behaviours perceived as challenging is almost a by-product.

Activity 2.1.1

What is Positive Behaviour Support?

Enter **http://www.youtube.com/watch?v=iCbNMa12YAA&feature=youtu.be**

into a search engine to hear Dr Pat Mirenda explain what Positive Behaviour Support is.

Further reading and resources

Enter **http://www.communitylivingbc.ca/about-us/policies/policy-resources/positive-behaviour-support-a-conversation-with-dr-pat-mirenda/**

into a search engine to watch a series of videos in which Dr Pat Mirenda talks about aspects of Positive Behaviour Support, including:

- predictability and choice
- addressing communication needs
- the importance of teaching new skills
- the importance of living an inclusive life
- building organisational and staff capacity.

NHS Education for Scotland (2011) *The Matrix – a guide to delivering evidence-based psychological therapies in Scotland* is available at: **http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/matrix.aspx**

2.2

Assessing behaviour

It's important to be able to define and describe the **target behaviour** (the behaviour we want to change), as this can help us identify changes in the pattern of the behaviour in relation to its duration (how long the behaviour lasts) or frequency (how often the behaviour happens).

One way to do this is to complete "ABC" (**a**ntecedents, **b**ehaviour, **c**onsequences) charts.

Describing behaviour

Access the **Absolutely Fabulous Tantrum Clip** by putting **http://www.youtube.com/watch?v=RhMD2-CRj1o** into a search engine to watch Eddie from Absolutely Fabulous having a tantrum.

Now use this clip to complete the following ABC.

Antecedents – what could be observed to have happened before the behaviour occurred?

Behaviour – what happened? Try to write objectively exactly what you saw.

Consequences – what could be observed to happen after the behaviour occurred?

The clip is a fun way to think about recording behaviour.

It's important that the description of the behaviour is objective and observable rather than opinion-based. Remember to:

1 give objective information – fact, not opinion

2 describe the behaviour as accurately as you can

3 avoid writing what you think the person is feeling or thinking (unless they have told you)

4 use language that is non-discriminatory, free from jargon or abbreviations

5 sign and date the record

6 complete it legibly.

Support workers are often the people working most closely with people with a learning disability (and often families) and as such have an essential role in the assessment process. You'll have a wealth of knowledge and understanding about individuals and will be in a position to provide important information.

Contributing to assessing behaviour

Think about your role in contributing to discussions on people's care and how information is shared either formally as part of a review meeting or informally as part of your everyday discussions with the staff team.

Are you clear about the information that needs to be shared, when it should be shared and with whom?

Are you clear about how decisions are made and the reasons for them?

Do you understand the different roles and responsibilities of the team involved in supporting the person (inside and outside the service)?

Spend some time reflecting on your role and try to identify one aspect for further development – for instance, you may feel you need to find out more about the different members of the wider team supporting the person. Discuss this with your mentor.

The goal of assessment is to provide good-quality information to allow an **impression of meaning**, which includes a clear description of the behaviour, what leads to it (settings/antecedents) and what keeps it going (consequences/functions). A **Multi-element Support Plan** is then developed, informed by the assessment. This provides a baseline against which you can measure success (or not) of strategies and detail approaches and interventions.

Assessments can include a wide range of information-gathering methods, including:

- records review

- direct observations

- direct testing with the individual

- seeking the views of others, including the individual, workers, family and professionals (structured interviews).

This aim is to discover information in a range of areas, which may include:

- background information, including the person's views, needs, likes/dislikes and environmental factors

- the person's health needs and any unmet health needs, including medication review (health assessment may include specific standalone assessments such as mental health, dementia or autism)

- the communication needs of a person (speech and language assessment may be indicated)

- what having a learning disability means for the person (assessment of learning disability)

- how the person makes decisions and what is needed when he or she is not able to do so (assessment of capacity)

- any risks to the person or others (this could involve the use of the care programme approach (CPA) risk assessment or others)

- if there are any support and protection issues (assessment of the need for adult support and protection or child protection procedures)

- description of the behaviour, including antecedents and consequences

- the motivation and ability to change of the person (if direct work is indicated) or workers or family (if indirect work is indicated).
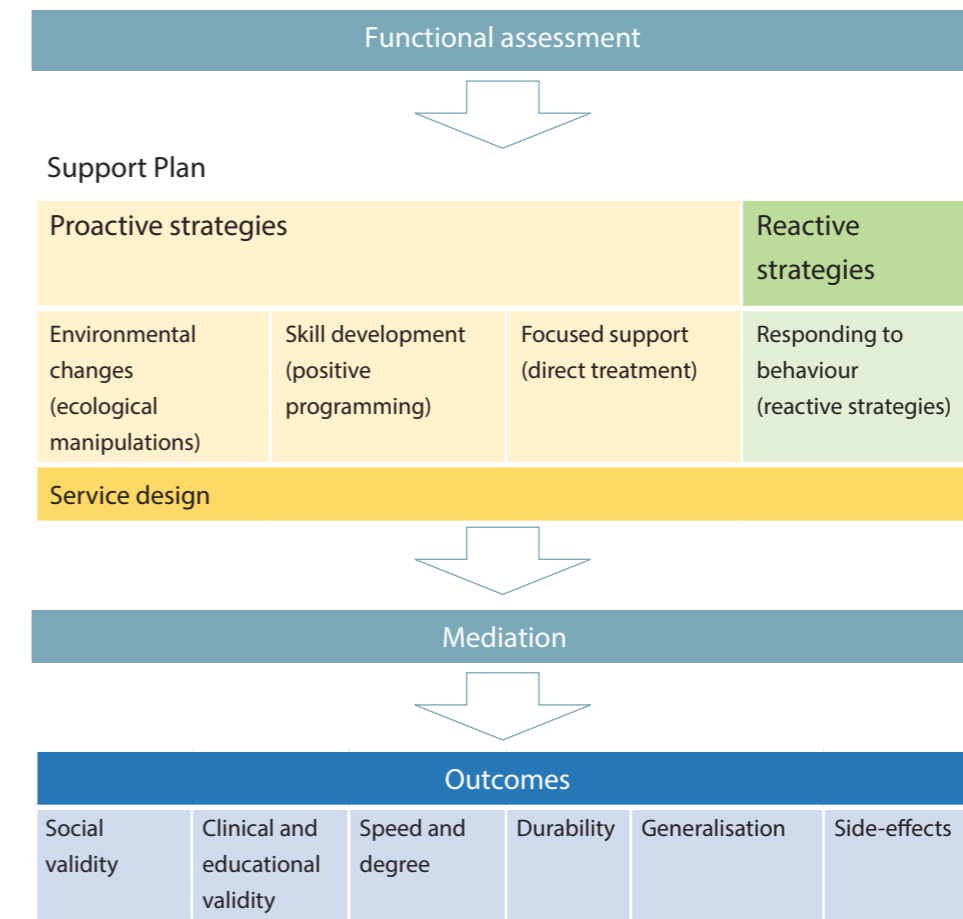
The Multi-element Model diagram shown below outlines how all the elements of Positive Behaviour Support fit together. The Multi-element Support Plan consists of a range of proactive and reactive strategies.
Multi-element Model (adapted from LaVigna and Willis)

Functional assessment			

Support Plan

Proactive strategies			Reactive strategies
Environmental changes (ecological manipulations)	Skill development (positive programming)	Focused support (direct treatment)	Responding to behaviour (reactive strategies)

Service design

Mediation					

Outcomes					
Social validity	Clinical and educational validity	Speed and degree	Durability	Generalisation	Side-effects

To see the original LaVigna and Willis article, access:
http://www.iba.com/article.htm Copyright (1995), the Institute for Applied Behaviour Analysis

Proactive strategies are what you do on an ongoing basis to improve the person's quality of life and reduce the occurrence of the behaviour perceived as challenging.

Reactive strategies are how you deal with behaviour at the time it occurs.

Introducing Bobby

Bobby has a severe learning disability. He lives in supported accommodation with two other men.

He has recently lost his day placement as his behaviour was too challenging for the staff team, so is now spending most of his time in his home. This has meant that staff have had to work extra shifts to support him and are struggling to manage his behaviour, which includes self-injury, aggression and destruction of property.

Bobby does not like noise or lots of people around him. He cannot communicate verbally and no augmentative communication system (a system used to supplement or replace speech using, for example, symbols instead of words) is in place. The team have appeared to lose confidence in their ability to support Bobby and at times avoid doing anything other than helping him to meet his basic care needs.

Following an urgent referral, the clinical psychologist and community learning disability nurse have been leading an assessment. This has concluded that the primary (main) function of Bobby's behaviour is to escape from situations that he finds confusing and which cause him anxiety.

What are you initial thoughts about what could be put in place to improve things for Bobby?

2.3.1 Proactive strategies

Proactive strategies include **environmental changes**, **skill development** and **focused support**.

Environmental changes involves changing the things that increase the likelihood of a behaviour occurring. The assessment should identify what environmental changes should be made for a person. This can include things like the number of people in a setting, activity levels, space, light and décor and factors such as a person's health needs and the skills and competence of workers.

Environmental changes

Look back at your initial thoughts about what could be put in place to improve things for Bobby. Did you note down any possible environmental changes that could be made? If so, what were they?

The environmental changes that were made as part of Bobby's Multi-element Support Plan included the following.

Daily routines were changed. Bobby now has a lie-in that is slightly longer than his housemates, who have to go to work/day service. Bobby now gets a cup of tea in bed and can get up when the house is quieter; this avoids too many people being in the kitchen at breakfast time, a difficult time for Bobby.

Just before 3.30pm, when staff handover occurs and the other two men return to the house, Bobby is now supported to walk to the shop to buy a newspaper. By the time he returns, the busy time of everyone coming home and handover is finished.

A range of visual aids has been developed and the team have been trained in their use, including a Boardmaker visual daily planner and a Picture Exchange Communication System (PECS) folder to encourage choice around activities, and an activity board that allows workers to break down activities into steps has been supplied.

Active Support training was provided for the team – we'll look at Active Support in Unit 3.

Finally, the structure of team meetings was changed to include a training and support element around the Multi-element Support Plan for Bobby and to help workers talk about their thoughts and feelings about how best to support him.

Most NHS Board areas in Scotland will have a community learning disability team that will include **speech and language therapists** who can advise on the full range of communication needs, including **augmentative communication**. Contact your local team to find out more.

Skills development

Skills development is a proactive strategy. Many people with learning disabilities do not have critical skills such as the ability to say "no", wait or take turns, or meet their own needs by, for example, putting on a favourite music CD.

What skills could help Bobby?

Bobby was taught to use individualised signs from his PECS folder to indicate when he wanted an activity to end, workers to leave him alone, or when he wanted to leave a room as it was too noisy. This meant he had more control and did not have to use challenging behaviour to escape.

Using the PECS to help Bobby make more choices also helped him develop skills.

Relaxation sessions were built into his week to help him learn more positive approaches to coping with stress.

The teaching of **general skills** that do not directly relate to the behaviour perceived as challenging but increase the person's repertoire of skills and typically enhance independence and self-esteem is an important element of Positive Behaviour Support. Teaching **coping and tolerance skills**, such as relaxation or learning to wait, can help people deal better with difficult events, and **functionally equivalent skills**, such as teaching a person to ask for a break to match the function of

Reflection

Think about your own practice and someone you support, then answer the following questions.

1 What assessments has the person had?

2 How would you describe his or her behaviour in terms of "ABC"?

3 What changes to the environment do you think could improve the person's quality of life?

4 How does the person make choices?

5 What skills development would improve the person's quality of life?

Discuss your thoughts and answers to the questions with your mentor.

escape, help people develop other ways to attain what the behaviour perceived as challenging currently achieves.

Focused support includes strategies such as detailed distraction techniques, reinforcement schedules, communication passports and meaningful occupation. Appropriate strategies should be developed by suitably qualified professionals in response to the assessment and be detailed in the support plan, with training and support in place to help

> One of the challenges of understanding Positive Behaviour Support is that the language used to describe it can be complex. As you can see with "focused support", there is sometimes more than one term used for the same thing.
>
> Something to think about...

Thought was given to Bobby's daily activities as part of his Multi-element Support Plan, focusing on the range of activities offered and ensuring the introduction of a mix of high-demand and preferred activities (sometimes called a **neutralising routine**).

This meant that activities Bobby found stressful, such as sharing a coffee with others in the house (to help him develop tolerance), would be kept very short and would quickly be followed by an activity he enjoyed, like going for a walk by the river.

workers deliver them appropriately.

Focused support is sometimes called **direct treatment**.

2.4

Mediators

2.3.2 Reactive strategies

Reactive strategies or, in particular, person-centred approaches to managing crises, are covered in detail in Unit 4.

We mentioned earlier that we may consider the motivation to change of the person being assessed and/or workers and family members as part of an assessment. Considering the motivation and abilities of workers and family members (or anyone working with the person) is important: this is often called **mediator analysis**.

Mediator analysis recognises the important role family and support staff have in the success (or not) of a Positive Behaviour Support plan. A **mediator** is the term we use for individuals who are expected to carry out the support plan.

Mediator analysis is about asking these questions:

- Are the mediators motivated to implement the support plan?

- Are they likely to cooperate?

- Do they have the resources to carry out the plan?

For instance, a mother who is asked to follow a structured daily planner, employ a reinforcement schedule and use a communication system for her child who has a learning disability may fully understand and agree with the plan. But implementing it consistently at **this point in time**

Mediators

Identify someone you have worked with who lived with, or had regular contact with, a carer. Briefly describe the situation.

Now reflect on the questions below (you may find it helpful to have a discussion with your mentor around this). Explore your answers in detail rather than just answering "yes" or "no".

Are the mediators motivated to implement the support plan?

Are they likely to cooperate?

Do they have the resources to carry out the plan?

Now think about your role as a mediator and the team you work in. What do you and your team need to ensure you are motivated, likely to cooperate and have the resources to carry out a plan?

Activity 2.4.1

Evaluating outcomes

may be outwith her ability if she has two other children, a part-time job and an elderly mother has just returned home from hospital following a stroke. You may need to prioritise or adapt the Positive Behaviour Support plan, or wait until appropriate support is in place or the mother's circumstances have changed.

Multi-element Support Plans aim not just to reduce behaviours perceived as challenging, but also to improve quality of life. Here are six areas to think about when you look at outcomes.

- Does the plan have **social validity** – are the strategies acceptable to the person receiving them, his or her family, support staff and the community? Would you be happy for yourself or your loved ones to be supported in this way?

- Does the plan have **clinical and educational validity** – do the effects of the support plan improve the person's quality of life, increase independence and competence, community presence and participation, choice, relationships and support networks?

- What is the expected **speed and degree** of change – does the support plan quickly improve the situation for the person and others and is the degree of effect acceptable?

- Does the plan have **durability** – is the support plan one that can be sustained over time and do the positive outcomes persist?

- Will the plan have **generalisation** – can the strategies be used over all settings such as home, day service, school and work, and are the positive outcomes occurring over all settings?

- Will the plan have **side-effects**?

Monitoring the Multi-element Support Plan includes measuring how well workers or family carers are implementing the plan.

The community learning disability nurse initially worked with the team supporting Bobby to role-model the support required and to provide support and feedback to the workers as they delivered the Multi-element Support Plan. This included using video to help workers reflect on their own performance.

A system called Periodic Service Review (PSR) was used to measure levels of implementation. Information on Bobby's levels of target behaviour and participation in activities was collected.

The monitoring showed that the levels of aggression, self-harm and destruction of property decreased markedly, and that participation in activities increased.

Workers reported increased confidence in supporting Bobby, and Bobby was reported as appearing happier and more content.

The ability to measure outcomes of interventions is important to help us recognise if what we are doing is working or not. A number of outcome measures can be used to help with this. It's important to build into the Multi-element Support Plan a system for monitoring outcomes, like the PSR developed by the Institute for Applied Behaviour Analysis.

The British Psychological Society [**http://www.bps.org.uk/**] looked at outcome measures for interventions for behaviours perceived as challenging and have recommended the following outcome measures:

- Behaviour Problems Inventory

- Challenging Behaviour Interview

- Health of the Nation Outcomes Scales – learning disability

- The Maslow Assessment of Needs Scales – learning disabilities.

We also have the Health Equalities Framework, launched in 2013, which provides an outcome measurement tool designed for people with learning disabilities. Details of how to access this are in the further reading and resources section.

The Challenging Behaviour Foundation
[**http://www.challengingbehaviour.org.uk/**]
Founded by Viv Cooper, the parent of a son with severe learning disabilities, the Challenging Behaviour Foundation supports families, professionals and other stakeholders through education, information, research and partnership-working. It works strategically to influence national policy and practice on behalf of individuals who challenge and their families.

The Institute for Applied Behaviour Analysis
[**http://www.iaba.com/iaba_dw_website/index2.html**]

Skills for Care Workforce Guidance on People who Challenge
[**http://www.ndti.org.uk/publications/other-publications/skills-for-care-workforce-guidance-on-people-who-challenge/**]
This guidance, developed in partnership with people, families, employers and commissioners to help with decision-making around workforce development in the context of people who may challenge, focuses on supporting people with a broad range of support needs, including people with mental health needs and people with a learning disability.

Augmentative Communication in Scotland
[**http://www.acipscotland.org.uk/index.html**]
This organisation supports people who use augmentative and alternative communication.

Paley, S. (2012) *Promoting Positive Behaviour when supporting people with a learning disability and people with autism*. BILD: Kidderminster.

BILD [**http://www.bild.org.uk/**]
BILD helps develop the organisations that provide services and the people who give support. The website provides a wide range of Positive Behaviour Support resources.

Health Equalities Framework
This is available at: **http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide**1

The British Psychological Society
Available at: http://www.bps.org.uk/

2.6

Quiz to recap learning

Quiz

The following quiz will help you recap your learning.

1 How would you describe Positive Behaviour Support to a new worker?

2 What does "ABC" stand for?

3 Give three examples of a proactive strategy.

4 What are we trying to find out about through mediator analysis?

5 Name the six outcomes areas.

Activity 2.6.1

2.7

Summary of learning

In Unit 2, you have learned:

- that Positive Behaviour Support improves quality of life and reduces behaviours perceived as challenging

- that clear and objective descriptions of behaviour are important

- the core components of a Multi-element Support Plan

- the importance of considering the abilities of the people delivering the Multi-element Support Plan

- that the implementation of the Multi-element Support Plan should be monitored, along with the outcomes.

2.8

Learning log for Unit 2: Positive Behaviour Support

You can keep copies of your learning activities and examples from practice that evidence what you have learned in your learning log. Copies of an ABC assessment or Multi-element Support Plan or how you have used a communication system such as PECs are examples.

*Please make sure that you **anonymise** any examples in your learning log by removing all identifiable data such as names, addresses and places.*

You can also reflect on your learning and further development needs at the end of each unit in your learning log.

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Reflection on Unit 2

Positive Behaviour Support

Date completed:

What knowledge and understanding have I gained from Unit 2?

What am I doing differently after working through Unit 2?

What have I learned about myself from completing Unit 2?

What has been the biggest challenge for me in completing Unit 2?

What future learning needs do I have in relation to Positive Behaviour Support?

Please share your reflection with your mentor and develop an action plan to meet any further learning identified.

</div>

Unit 3
Building blocks to a meaningful life

Introduction

This unit introduces you to Active Support, a model to help people with learning disabilities lead socially valued lives. You'll explore ways to enable people to be fully involved in their lives and access the right range and level of support. You'll learn how to support people to create activity programmes that are meaningful and build on the person's strengths, and will consider a range of approaches you can use to help people participate and learn new skills.

We have referred to a resource developed in Wales, *Active Support: a handbook for supporting people with learning disabilities* **to lead full lives**, to create some of the text and examples in this section. When you've finished the unit, you'll find it helpful to access this document and read about Active Support in greater detail – you can perhaps also discuss your findings with your mentor. You can access it at: [***http:// arcuk.org.uk/publications/files/2011/03/Active-Support-Handbook. pdf***]

The headlines

- The right support is important to enable people to take part in life **now**.

- People with learning disabilities, like everyone else, have strengths and resources for their own empowerment.

- Relationships and meaningful activities are important in everyone's life and helping people connect in their communities can enable them to find real friendships.

- Support to undertake a task or activity should be matched to a person's need.

- Skills teaching can help people learn new skills and improve their quality of life.

Learning outcomes

You will understand:

- the importance of recognising, enhancing and supporting the strengths and abilities of people with learning disabilities

- the benefits of continued engagement in roles and relationships, and that people with learning disabilities have a right to be supported to achieve this

- the importance of participation in meaningful activities

- what Active Support means

- how to match support levels to need, consequently helping people develop new skills and make the most of new opportunities

- the nature of community mapping.

What you will know

You will be able to:

- interact with people with learning disabilities in a person-centred way that recognises and utilises their unique strengths and abilities

- encourage people with learning disabilities to retain, regain or gain social networks, work, education and community connections

- support people with learning disabilities to complete tasks successfully, regardless of how little input or how much support they need

- build an Active Support plan

- support skills development

- facilitate the active participation of people with learning disabilities, their family and carers as partners in care

- use community mapping to increase networks and opportunities for people with learning disabilities.

What you will be able to do

3.1

Introduction to Active Support

Evidence suggests that many people with learning disabilities spend lots of time doing little or nothing and can be considered to be "spectators" in their own life. There can be an issue with how support is provided, with workers doing "for" rather than "with" people. This can be especially apparent when people with learning disabilities show behaviours perceived as challenging, increasing the likelihood that they will experience social isolation and have difficulty accessing activities that are meaningful.

Active Support focuses on enabling people to take part in life **now**. There is no expectation that the person will become more skilled or independent (although he or she may do so); rather, the focus is on what workers do to support participation in meaningful activity.

Active Support is:

- a system for planning activity, including household tasks, personal care, hobbies, social arrangements and other activities that people need and want to do each day

- about training workers to give the right level of assistance so the person can participate in a wide range of activities

- about monitoring the level of participation on a daily basis to make improvements.

> **Further reading and resources**
>
> The Association for Real Change can be accessed at: **http://arcuk.org.uk/activesupport/**

3.2

Building on people's strengths

A strengths-based approach operates on the assumption that people have strengths and resources for their own empowerment. The focus is on the individual and his or her strengths and abilities, not disabilities (meaning it fits well with person-centred care). Strengths-based approaches do not ignore problems, but shift the frame of reference.

Key elements of a strengths-based approach are that it:

- focuses on strengths, not weaknesses, problems or deficits

- places the person in charge, with nothing being done without his or her approval

- sees the community as a resource, not an obstacle

- encourages people to continue to learn, grow and change no matter the nature of their disability.

Building on people's strengths

Katie likes to flick through shopping catalogues and watch birds in the garden. She has two sisters who visit occasionally and she enjoys a cup of tea, particularly with cake.

How could you use these strengths to help Katie develop some activities within her week?

You might have thought that as Katie likes cakes, you could help her do some baking. You could also:

- help arrange for Katie to have a phone conversation with her sisters each week, or send a postcard or letter
- spend time with Katie choosing clothes from the catalogue she likes and help her to purchase them
- find out if Katie also likes magazines or newspapers and, if so, acquire some and talk with her about content
- help her to buy a magazine about birds
- make sure the bird table is easily seen from where Katie likes to sit, enabling you to talk to her about the birds as they feed
- encourage her to go out to the garden to feed the birds
- go out to the café with Katie for a cup of tea.

You can see how a couple of sentences that gave only small pieces of information about Katie can be used to identify a range of different activities that she might enjoy.

Think about a person with learning disabilities you work with and identify five strengths he or she has.

_____likes

1.

2.

3.

4.

5.

Now think about how you could use these strengths to build more meaningful activities into this person's week. Keep this information in your learning log.

Meaningful activity – encouraging participation

Katie becomes anxious around other people and when demands are placed on her. She spends long periods of time in her room and will avoid interacting with others. When she is anxious, she will scratch the hands and face of workers and other people around her, usually resulting in her returning to her room.

Katie will come through to the kitchen for a short time when it is quiet. Workers encourage this and, sometimes, will be ready with a bowl, flour and water to involve Katie in baking. With encouragement she will stir the flour and water and put the mixture onto a baking tray. She will watch as you place the baking tray into the oven and tidy up. At this point, she is usually ready to go back to her room and is given lots of praise for coming into the kitchen and doing some baking.

Workers make sure they have some readymade shortbread at hand and after a brief interval will take this through to share with Katie, along with a cup of tea. As they share the tea and shortbread, the workers will make sure they tell Katie how good the shortbread that she baked tastes.

In this example, the focus is on encouraging Katie to share space and interact with others in the kitchen. The skills teaching is not about enabling her to make perfect shortbread, but about encouraging her participation and understanding of the value of positive interaction with others. As Katie becomes more comfortable, you may be able to increase the steps so that she is also developing baking skills, but it does not really matter if she never makes "eatable" shortbread. It is the process of the interaction that is important, rather than the quality of the baking.

The Inventory of Favourite Things by McLean and Gray (2007) is a useful tool for identifying preferred activities, strengths and interests to develop a range of meaningful activities for a person.

Inventory of favourite things (McClean & Gray 2007)

The items in this questionnaire refer to things that might give a person pleasure or satisfaction. Please rate how much the person enjoys each of the following by placing a number (1 to 5) in the appropriate space.

1 = Not at all   2 = A little   3 = A fair amount   4 = Much   5 = Very much

	Table tennis		*Academic*		Feeding animals
Snacks	Going to a match		Reading		Listening to stories
What kind?	Visit to a stadium		Writing		Compiling music tape
a.	Painting		Magazines		Decorating own room
b.	Pottery		Being read to		Choosing own bedtime
	Playing snooker		Science		Sleeping late
Meals	Playing pool		Social studies		Chairing a meeting
What kind?	Card games		Physical education		Magazine subscription
a.	Other?		Maths		Being centre of attention
b.	a.		School		Leave work early
	b.		Leave class early		Choose type of work
Drinks	c.		Free time		
What kind?			Doing responsible job		*Tokens*
a.	*Music*		Video after class		Stars on chart
b.	Playing an instrument				Special badges
	Singing		*Domestic activities*		Certificates
Preparing food	Dancing		Setting the table		Points
	Buying CDs		Making the bed		Money
Possessions	Listening to music		Baking		Note home
Jewellery			Repairing		
Clothes	*Excursions*		Working outside		*Other*
Magazines	Ride in a car		Going on messages		a.
Computer games	Visiting relatives		Cooking		b.
Skate board	Visiting friends		Washing car		c.
Diary	Going to beach		Sewing		d.
Bicycle	Having picnic		Shopping		e.
Other possessions?	Going out to dinner		Exempt from chores		
a.	Going for a walk				
b.	Visiting the zoo		*Personal appearance*		
c.	Shopping for clothes		Getting new clothes		
d.	Going to the library		Putting on make-up		
	Going on the train		Getting a haircut		
Entertainment	Bus trip		Manicure		
Watching TV	Other		Massage		
Cinema	a.		Visit to beautician		
Pub	b.		Perfume or aftershave		
Renting video	c.		Wearing jewellery		
Concert or show			Having picture taken		
	Social interaction				
Sport	Playing with children		*Other events*		
Playing soccer	Playing with adults		Staying past bedtime		
Playing hurling	Hugs, kisses		Earning money		
Playing football	Sleepovers		Free time		
Swimming	Coffee with others		Having a pet		
Riding a bike	Party with friends		Taking a bath		
Skating	Other		Jacuzzi		
Bowling	a.		Multi-sensory room		
Horse-riding	b.		Steam room		
Fishing	c.		Aromatherapy		

> **Active Support to enrich social and emotional lives**
>
> Put the following information into a search engine to hear Keith McVilly talk about relationships in Active Support: **http://vimeo.com/23022510**

3.3

Promoting networks and relationships

Friendships add to everyone's quality of life, yet many people with learning disabilities lead lonely lives. Services should aim to link people into the network of community services and support the development of friendships. Helping people connect in their communities can help them to find real friendships and have a sense of belonging.

The diagram overleaf shows the idea of "Relationship Circles". This offers a useful way to identify:

- who a person knows, and how they know them

- who knows whom

- how these networks can be developed.

Relationship circle

Me

Most important people in my life

Important people in my life

Other people in my life
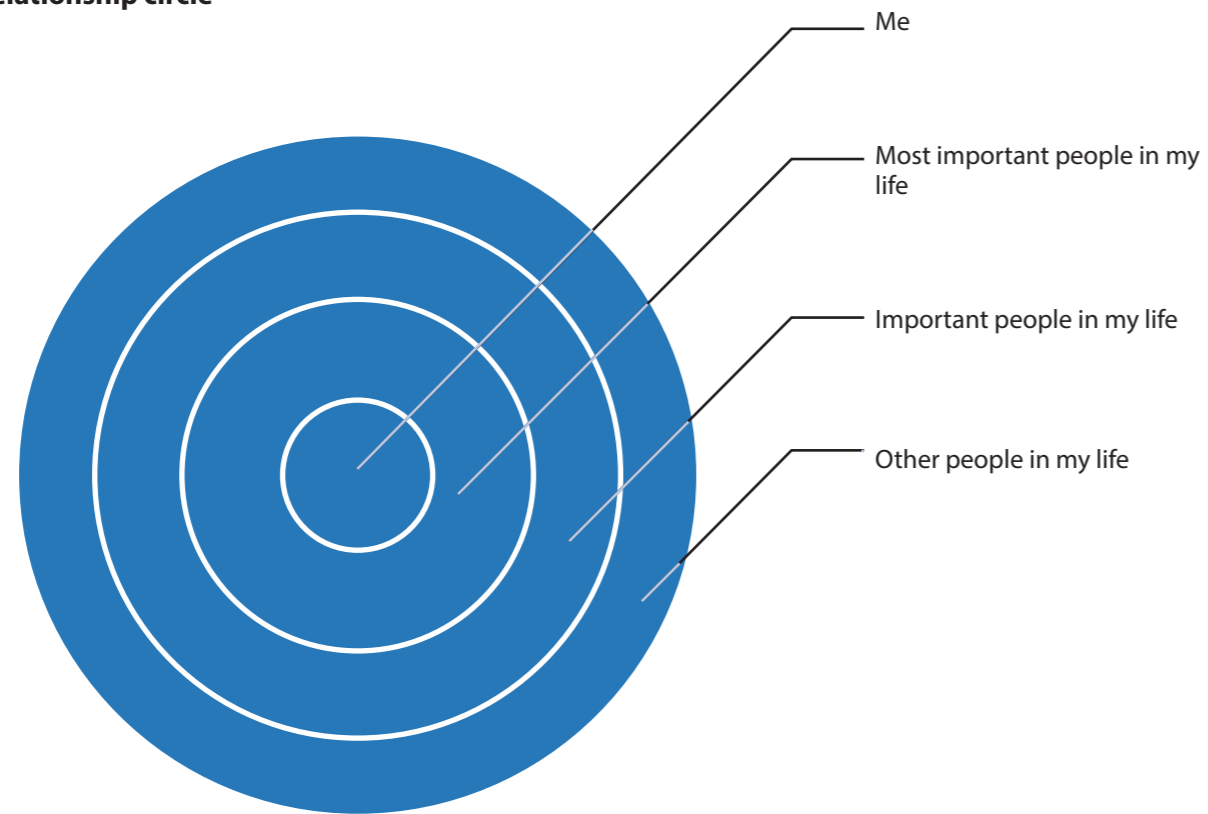
Relationship circles

Working with a person with learning disabilities, draw out on a large piece of paper a circle like the one in the diagram.

Place a picture of the person In the centre. Then identify and put the name (and a picture if you can) of the following people:

- people in the closest ring would be people the person loves

- the second ring would be people the person likes

- the third ring would be people the person knows

- and the final ring would be people who are paid to be in that person's life, like support staff, hairdressers or GPs.

Completing the circle can help you think about whether there is any support the person may need in keeping and developing these relationships. It can also show if there are other people with whom the person could share ideas, support or resources.

If people find that their relationship circle is not as full as they would like, then it can become a focus for action by asking: "What would it take to increase the number and depth of your relationships?"

It can also be a useful exercise to complete a relationship circle for yourself and to compare this with the person you're supporting.

Activity 3.3.1

Developing networks and relationships

Community mapping is a way to foster networks and relationships. This activity can be done with someone you support or as part of a workshop or group activity.

Begin by mapping the assets within your community – you can write these down or do it pictorially by drawing pictures or taking photographs.

Think about:

1. individual people – their skills, knowledge, networks, time, interests and passions

2. associations, including formal organisations, voluntary groups and informal networks, and ways people come together, such as through football teams, allotment associations and pub quiz nights

3. organisations' assets, such as parks, community centres and faith buildings, that could be put to the use of a community to improve its well-being

4. the physical assets of an area – green space, street markets and transport, for instance

5. the economic assets of an area, including skills and talents that could be used in the local community

6. the cultural assets of an area – everyday life is full of creativity and opportunities for music, drama and art.

Activity 3.3.2

Building a programme of activity

Although it can be done individually, this activity is best completed as a whole-service endeavour, involving all the people who live in the service and the full support team. You may need to complete it over a number of sessions and might require support to ensure the activity is accessible for anyone with a communication difficulty.

Map out a basic weekly timetable that covers all regular activities:

- all of the domestic, gardening and DIY activities that need to be done to maintain household standards

- each person's personal and self-care activities

- each person's leisure, vocational and social activities and appointments.

Keep your work safe as we will come back to this later.

Activity 3.4.1

Active Support is more than just an approach to training or service delivery. Culture and values are also important. Success depends on a well thought-through organisational approach with leadership commitment - this is the same for person-centred planning and Positive Behaviour Support.

McVilly, K. Gelman, S. Leighton, D. O'Nell, S. (2011). *Active Support*: *organisational preparation and implementation*. Melbourne, Australia: Jewish Care. Available at: http://www.dhs.vic.gov.au/__data/assets/ pdf_file/0006/729717/McVilly,-Gelman,-Leighton-and-ONell-2011-Active-Support.pdf.

Further reading and resources

Building a programme of activity

Begin by gathering all the information you developed when mapping out a basic weekly timetable (what you did in Activity 3.4.1), identifying the strengths of a person you support and mapping your community.

By using (or adapting) the example of a daily support plan (see below) and involving everyone as much as possible, complete the following:

1. review your previous list of all the self-care, household, leisure, social and other activity that occurs over the course of a week

2. note how frequently each activity happens over a week – for instance, how often rooms are cleaned

3. map the basic routine for each day (onto the daily support plan template)

4. check the overall impression of the programme – is everything included, does the balance of activity look right, are the times given for each activity realistic?

Put a copy of your work in your learning log.

1 Bread Street

Tues am				Date:		
Workers				Working from		
1. Jane W				7am – 2pm		
2. Pauline B				7am – 3.30pm		
3. John T				10am – 6pm		

Time	Mhairi	W	Jemima	W	Household	Options
0700	Get up Shower Get dressed	JW	Breakfast	PB	Load dishwasher	Sort mail
0800	Breakfast and discuss planner	JW	Medication Get dressed	PB	Wipe kitchen surfaces Bins out	Water plants
0900	Blow-dry hair and make-up on	JW		PB	Buy bread and milk	
1000	Catch bus to college class	JT	Ironing	JW		
1100	College					
1200			Walk to shops	JT		

Comments
Jemima never got her ironing done as Millie from next door popped in for a cup of tea.

Ideally, you will have worked with the people for whom the plan is being created to develop the activity programme, but if that has not been possible, now is the time to check out what you propose with them and/ or families and advocates.

Activity programmes should be made as accessible as possible for the people who will use them. How will you make sure your activity programme is accessible to the people you support?

Implementing activity programmes

What factors will help you implement activity programmes on a daily basis?

Activity programmes are more likely to be implemented if you:

- schedule regular meetings throughout the day to discuss the plan for the next section of the day

- discuss and decide who will do the household tasks

- decide which worker(s) is(are) supporting which people

- agree any changes to the support plan (flexibility is a good thing) – for instance, someone may want to add optional activities

- communicate effectively any changes due to unexpected events

- complete each person's participation record (see Activity 3.4.4).

Keeping track

Recording and monitoring of the activity programme is an important part of Active Support. This allows us to look at what worked and what did not work over a period of time. Paperwork is used to help inform us about the quality of support – it's not just a tick-box exercise.

Develop a participation record for someone you support and complete this together, preferably on a daily basis, for one week.

Examples can be found in the **Active Support Handbook** by putting the following information into a search engine: **http://arcuk.org.uk/publications/active-support-handbook/**

After completing your participation record over one week, look at the completed record with your mentor and ask the following questions.

- What has worked well?

- What can you learn from the records?

- How can the activity programme be further revised?

Support worker view

When I started working here three years ago, I thought I was a really good support worker. I would always be positive and enthusiastic about my job and helping the person. A usual shift was getting people up to go to their day centre then making sure the housework was done and paperwork filled in before the end of the shift. People would come back from the centre at 3pm and have some free time while we got the dinner ready.

Then Nadia moved in about a year ago. She would cry a lot and push anyone away who came near her. While we were waiting for a behaviour assessment, our manager heard about Active Support training and arranged for him and five support workers to attend. From our training, we realised we were denying people the opportunity to be involved in their lives. People were spending most of their time waiting for us to be finished being busy before they got to be involved.

It was really hard initially to think about how you could involve people in activities, but we had a mentor who would work with us on shift to guide us and provide feedback. The first few times I tried to involve Nadia in vacuum cleaning the floor she would just push me away. Then we changed how we asked her. We put some powder on the carpet so Nadia could see what needed to be cleaned. I know it seems like such a small thing, but for me it was great to be able to do something with Nadia and have a good time together while we were doing it.

One key thought that has stayed with me since our training is how I set things up so they are a success, rather than thinking, "how do we get that task done right?"

Case Study

Levels of support

The level of support given to each person should be matched to their individual need. A model described in the handbook from Wales – the Ask–Instruct–Prompt–Show–Guide model – outlines how people can be supported to engage in a wide range of activities.

ASK – INSTRUCT – PROMPT – SHOW – GUIDE

Matching support to need

Level	What this means	Examples	Comments
ASK	Verbal prompt letting someone know what is to be done	It's time to set the table Let's set the table now	If someone is competent at the task, this may be all that is needed
INSTRUCT	A series of verbal prompts guiding the person through the task one step at a time	Fill the kettle with water Push the button down Put the tea bag in the mug	Simple clear instructions; works well if person can physically complete the task but needs reminded of sequence
PROMPT	Clear gesture or sign or picture telling the person what to do next	Pointing to the toothbrush and miming putting toothpaste on the brush	Works well when a person can interpret gesture or sign; can be used with instruction
SHOW	Demonstrating what needs to be done	Putting a towel in the washing machine and handing the next towel to the person and pointing to the washing machine	Works well when a person does not know what to do but can imitate; can be combined with prompt or instruction
GUIDE	Giving direct physical assistance to do something	Guiding a person's hand to spread butter on some toast	You may only need to guide at the beginning of a task or throughout; can be combined with prompt or instruction and may follow demonstration; works well when a person needs lots of support

Matching support to need

Access the handbook from Wales [**http://arcuk.org.uk/publications/ files/2011/03/Active-Support-Handbook.pdf**] – you'll find a good description of the Ask–Instruct–Prompt–Show–Guide model in part two of the document.

Think about someone you support and identify two tasks he or she undertakes on a regular basis that require support, such as getting dressed or shaving.

For each task, ask yourself:

- what level of support does the person require (Ask–Instruct–Prompt–Show–Guide)?

- is this the right place to start?

Activity 3.5.1

Teaching skills

The Ask–Instruct–Prompt–Show–Guide model outlined above is one approach to teaching skills. Others include **shaping** and **chaining**.

Shaping involves encouraging and reinforcing behaviour that is close to the desired behaviour. Any attempt (**approximations)**, not just an accurate attempt, is rewarded. For example, if you are supporting someone to make a cup of tea and he almost gets the sugar in the cup, you would praise this. You might then increase the support by guiding his hand, before fading the support out as he becomes more able.

It's important to identify individual reinforcers, such as praise, preferred activity or a favourite item, and recognise which behaviours to reinforce and which to ignore.

One way of doing **task analysis** is by **chaining**. This is basically a list of the steps a person must perform in sequence for the skill or task to be completed successfully. Chaining includes splitting tasks into subtasks, ordering them and identifying when they should be performed.

Breaking down tasks

List below the different subtasks you perform when making a cup of tea.

To get you started:

- check if there is sufficient water in the kettle

- fill the kettle

- turn the switch on at the plug.

Once you have your list, go and make yourself a cup of tea – you deserve one!

While doing this, check if you have missed any subtasks. If you have, add them to your list.

Now order your tasks as you would complete them – for instance, you would not pour the water into your teapot before the kettle has boiled!

Some tips for breaking down tasks:

- state the steps in terms of observable behaviour ("pour milk into mug", for example)

- personalise – how one person makes a cup of tea can be very different from another person (mug or cup, tea bag or leaves, milk in first or last, etc.)

- each step should result in a visible change in the task or process

- write enough detail, but describe only one behaviour per step

- write steps in a way that they give you the verbal cues ("**get** the mug", "**pour** the water" etc.)

- try out the task to check your list against the actual act.

The steps are then taught one at a time. As each step is learned, the next is taught. You can chain either backwards or forwards.

Self-help skills like tying shoelaces are often taught using chaining. The task has many different steps that need to be thought about and written down. If you are forward-chaining, you start with the first step, which may be holding each end of the lace in your hands. The next step may be pulling the lace to tighten it, and so on. If you are using backward-chaining, you teach the other way around and start with the last step, working backwards in small steps until the entire task has been learned.

The hardest part of chaining is working out the steps involved and then deciding on whether you will teach them in order going forward or backward. Can you think about why you might choose backward- or forward-chaining?

Backward-chaining can be helpful if you want success quickly. So, for instance, pouring the milk onto the cereal and then eating the cereal may be the first step taught, then you work back until the person is able to get the cereal box from the cupboard and complete the whole task.

You may choose forward-chaining if the activity begins with simpler tasks or the logic of the activity suggests forward-chaining – you would teach someone to spell before they wrote an essay, for instance.

The good thing about chaining is that the task is broken down into steps that relate to the individual's ability to learn. This means you are less likely to overwhelm the person as you work through one step at a time until the whole task has been learned. Success builds on success as each step is mastered.

3.7

Quiz to recap learning

Activity 3.7.1

Quiz

The following quiz will help you recap your learning.

1. How would you describe Active Support to a new worker?

2. What are the three areas of activities you would map onto a basic weekly timetable?

3. Why is it important to record participation in activities?

4. What is the term used for the level of support that is a series of verbal prompts guiding the person through the task one step at a time?

5. Can you name four of the six tips for breaking down tasks?

3.8

Summary of learning

In Unit 3, you have learned:

- the importance of meaningful activity for people with learning disabilities and your role in providing support

- what Active Support is and how to build an Active Support plan

- how to map the assets within the community and use these to help build connections

- how to match levels of support to need

- how shaping and chaining can be used to help skills development.

3.9

Learning log for Unit 3: Active Support

You can keep copies of your learning activities and examples from practice that evidence what you have learned in your learning log. Copies of your community map, daily support plan or a task analysis that you have carried out are examples.

*Please make sure that you **anonymise** any examples in your learning log by removing all identifiable data such as names, addresses and places.*

You can also reflect on your learning and further development needs at the end of each unit in your learning log.

Reflection on Unit 3

Active Support

Date completed:

What knowledge and understanding have I gained from Unit 3?

What am I doing differently after working through Unit 3?

What have I learned about myself from completing Unit 3?

What has been the biggest challenge for me in completing Unit 3?

What future learning needs do I have in relation to Active Support?

Please share your reflection with your mentor and develop an action plan to meet any learning needs identified.

Unit 4

Person-centred approaches
to managing crisis

Introduction

This unit explores how you react when a behaviour perceived as challenging occurs and includes approaches that promote safe responses to the behaviour when prevention is no longer possible – crisis and risk-minimising approaches. We will explore a number of approaches, such as distraction, diffusion and active listening.

Later, you'll explore what are called restrictive practices and the legal and ethical issues surrounding their use. The evidence suggests that some reactive strategies may not prevent escalating behaviour and a restrictive procedure may be needed to keep people safe as a last resort.

You'll also explore how you support people with learning disabilities when they are distressed in a way that is respectful, maintains their dignity and is in line with the support plan.

The headlines

- Good person-centred and values-based care is not only essential to providing good everyday support, but must also be evident when support is being offered in a crisis situation.

- Positive crisis management strategies are more effective and more ethically acceptable than restrictive practices for gaining rapid and safe control of a crisis situation.

- Knowing the person well and responding in a way that is individualised and based on your knowledge of, and relationship with, him or her is important to successfully resolving crises and managing risk.

- Restrictive approaches may be needed to keep people safe but should be used as a last resort.

Learning outcomes

You will understand:

- how to respond to a person with learning disabilities when he or she is distressed

- that people with learning disabilities may be at risk of experiencing neglect, harm or physical, sexual, psychological and financial abuse

- that legislation exists to protect the rights of people with learning disabilities and safeguard them against any potential risk or harm

- what we mean by "restrictive interventions" and how to minimise their use

- the safeguards that must be in place when restrictive physical interventions are used.

What you will know

You will be able to:

- recognise when a person with learning disability appears to be distressed, identify areas of concern and respond appropriately

- support people with learning disabilities when they are distressed in a way that is respectful, maintains their dignity and is in line with the support plan

- recognise when the physical or social environment could compromise the health and safety of people with learning disabilities

- complete records accurately in line with service requirements following an incident of challenging behaviour

- acknowledge the limitations of competence and seek support where appropriate

- reflect on incidents and take part in debriefs to support yourself and others, reviewing and revising approaches as appropriate

- work within the policy and legislative frameworks to always promote human-rights-based care.

What you will be able to do

4.1

In Unit 2, Positive Behaviour Support, we learned that proactive strategies are those put in place on an ongoing basis to improve the person's quality of life and reduce the occurrence of the behaviour perceived as challenging. These are **primary prevention strategies** and should be the main focus of supporting someone with behaviours perceived as challenging.

Reactive strategies are what you do in response to a crisis situation to reduce risk. They are not intended to achieve long-term behaviour change but to allow the behaviour to be safely responded to in a way that is respectful, maintains the dignity and safety of the person(s) involved and quickly resolves the crisis.

Responding to behaviour perceived as challenging

Think about the last time you behaved in a way that could be perceived as challenging. For instance, you may have had a tantrum during an argument with your partner, experienced road rage and shouted and swore at a fellow driver or stormed off in the huff banging the door as you went (of course, none of you have ever done that!).

How would you feel if, every time you raised your voice, shouted or behaved in a way that could be perceived as physically threatening, you were told to go to your room, be physically restrained or have things that were important to you taken away? How would you feel if this happened to your children, partner or parents? Spend a few minutes thinking about this and note down your thoughts.

Activity 4.1.1

Reactive strategies

Think about your own experiences of supporting people during times of crisis and list below the ways in which you have responded.

Which of these responses helped resolve the situation?

Activity 4.1.2

Reactive strategies should be lawful, appropriate, reasonable and proportionate, with the least-restrictive option available being chosen after assessment of what is in the person's best interests. This unit aims to promote reactive strategies that are **not** restrictive as an alternative to restrictive practices. The term **restrictive practices** means any practice that significantly restricts or controls a person's behaviour or freedom of movement or invades his or her privacy.

4.2

Person-centred approaches to managing crisis

How we react during a crisis is partially determined by what we know about the person and what we interpret as the reason for the behaviour. Crisis management is not prescriptive. The same procedures may not be applicable from one person to another or across settings. In other words, what we do needs to be **individualised**.

Below are some examples of strategies that may assist in the *resolution* of the crisis.

Some ideas for responding to crisis situations (adapted from La Vigna & Willis 1997)

Avoid	**Natural consequences – for instance, becoming angry or upset at someone who is shouting** ■ Individuals can find natural consequences aversive and therefore have the potential to escalate the crisis. Remember this is not the time to try to teach the individual about their behaviour (we do that in proactive strategies): our focus is to resolve the crisis. **Ignoring the behaviour** ■ If the person's behaviour is an attempt to communicate something and you ignore it, escalation is likely.
Try	**Redirection** ■ "Let's go play a game of scrabble." **Distraction** ■ Put the person's favourite CD on. **Humour** ■ Be careful that you do not come across as making light of how the person may be feeling – humour should be used with caution as someone who is distressed may misinterpret your meaning, but even a smile can be effective as a way of making a person feel he or she is being heard. **Break the chain** ■ Respond quickly before the behaviour escalates; this may include giving the person what he or she wants.

Source: Lavigna, G. W. Willis, T. J. (1997) Challenging behaviour: reactive strategies and emergency management with a non-aversive framework. *Positive Practice* 2:2.

Some more person-centred and values-based examples to help you explore ways you can respond to crises are shown in the table below.

Person-centred and values-based examples

Facilitating resolution	Examples
Pay attention and assistance	The worker stops tidying up and sits next to Sally at the lunch table, helping her to cut up her food.
Injecting humour	Paul loves slapstick humour so the worker pretends to walk into the door, making Paul laugh.
Utilise space	The worker hands Paul his coat and walks into the garden with him.
Facilitate relaxation	When Sally shows signs of becoming upset, the worker suggests she has a bath or listens to her relaxation tape.
Distraction	Sally is beginning to bite her arm, so the worker hands her the sheets and encourages her to help her change the bed.
Surprise tactics	Paul is trying to open the front door and run outside, but as he grasps the handle, the worker throws some coins across the floor; Paul stops to collect the coins.
Stimulus change	When Sally is moving towards you in a threatening way, another worker closes the curtains in the room; this causes Sally to stop and move to open the curtains.
Divert to preferred activities	Paul is beginning to raise his voice, so the worker suggests he walks with him to post a letter as this is something he likes to do.
Increase and maintain high level of preferred activities	Sally likes to help in the kitchen, so the worker asks her to help with some baking.
Strategic capitulation	The worker suggested Paul should not have another biscuit just before tea, but as he becomes more upset, the worker offers him a biscuit.

Unit 1 explored person-centred and values-based care. It's important to recognise that having good person-centred and values-based care is not only essential to providing good everyday support, but must also be evident when support is being offered in a crisis situation.

It can be very difficult to "think on your feet" when you're faced with someone who is upset and has a history of behaving in ways that are challenging. It's useful to spend time as a team thinking about all the ways you could respond that are not restrictive so that you have a "bag of tricks" for the next time a situation arises. Having discussions around this can also help the team explore some of the barriers that are likely to come up, including comments such as "Doing that will reinforce the behaviour" or "They need to be told that the behaviour is bad".

The priority is to resolve the crisis; this is not the time to help people change or understand their behaviours.

Person-centred approaches to crisis management

Think about a person you support and think about how you could use:

Redirection:

Distraction:

Humour:

Discuss your ideas with your mentor with a view to developing these further or adding to them following your discussion.

4.3

Following a crisis

It's important to recognise the emotional effect a crisis can have on the person and other people who may have seen or heard the incident, including workers. We need to check that other people are OK. It's essential to discuss a crisis as a team as part of a debriefing process.

It's also important to complete records (such as incident forms) in a timely way as part of this process, updating support plans or risk assessments accordingly.

Post-crisis support

What happens in your service after a crisis?

An incident debriefing meeting can assist people to overcome the effects of the incident and share their understanding of:

- the sequence of events leading up to, during and after the incident
- the causes of the incident
- the effects of the incident on all the people involved, including the person who was displaying challenging behaviour
- other work-related issues that had an impact on the incident
- previous incidents that occurred
- the way each person has reacted to the incident
- the external professional assistance that can be accessed, if required.

Individual supervision also has a place in providing further one-to-one opportunities to explore incidents and support needs.

4.4

Restrictive practices

… the use of restraint, without the consent of the individual concerned, should only be considered where the person has a significant degree of diminished capacity to understand the risk that he or she is putting themselves or others in … In addition the risk must be of a degree that justifies such a major intervention in that person's life.

(Mental Welfare Commission, 2013)

Restrictive practices

List below any practices you can think of that may fit under the term "restrictive".

Read the Mental Welfare Commission's *Good Practice Guide: rights, risks and limits to freedom* [**http://www.mwcscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf**].

Would you add anything further to your list after reading this?

Activity 4.4.1

Some restrictive practices are very subtle, such as the use of social or material sanctions (or a verbal threat to impose such sanctions) to attempt to moderate a person's behaviour. This can include withholding a valued item or activity from the person in response to a specific behaviour or limiting his or her access to items, activities or experiences with the intention of manipulating a particular behaviour or managing risk – telling someone he will not go out to the shops if he does not behave or locking a cupboard where food is kept, for instance.

Research suggests that the use of restrictive practices is more common that we would like to think. There is **no** evidence to suggest that restrictive practices are more successful than person-centred approaches for managing and quickly resolving crisis situations.

4.5

Ethical and legal issues

Individuals' rights to be treated with dignity and respect and be free from harm are affirmed in charters such as the United Nation's Declaration on the Rights of Disabled Persons (1975). In Scotland, we have:

- The Adults with Incapacity (Scotland) Act 2000, designed to safeguard the welfare and finances of people who lack capacity

- The Mental Health (Care and Treatment) Scotland Act 2003, which provides guidance on the use of force

- *Rights, Risks and Limits to Freedom*, published by the Mental Welfare Commission for Scotland in 2006, setting out principles for practice when considering the use of restrictive practices

- The Adult Support and Protection (Scotland) Act 2007, which protects people at risk of harm.

The other countries of the United Kingdom have similar legislation and policy frameworks underpinned by human rights legislation.

In addition, we have a **duty of care** in common law that allows for people and organisations to be held responsible if their actions do not meet an acceptable standard of care. Restrictive practices may be used to protect the person or others from harm in emergency situations.

A duty of care may be breached if a person or organisation behaves unreasonably, either by action or inaction.

Evidence tells us that people with a learning disability are at a higher risk of abuse. We have seen in recent years a number of horrific abuse and neglect cases involving people employed to provide support. We also know there are common factors that increase the risks associated with restrictive practices such as restraint and that these may be more likely to be found in people with learning disabilities. They include, for instance:

- psychological trauma, including post-traumatic stress disorder
- structural problems with the chest wall (scoliosis)
- musculoskeletal problems (arthritis, pain)
- atlantoaxial instability (which affects up to 30% of people with Down syndrome and is characterised by excessive movement in the neck vertebrae)
- cardiovascular and cardiac disorders
- chronic chest disease
- neurological disorders (epilepsy).

Restrictive practices

Given what you have read and thought about so far, and the ethical and legal frameworks that suggest a need to try wherever possible to avoid restrictive practices, why do you think a reliance on restrictive practices appears to persist?

Activity 4.5.1

Responses to managing crises are often restrictive. This may be due to workers lacking positive alternatives through insufficient knowledge, skills and leadership. Lack of alternatives may lead to workers developing beliefs, emotions and behaviours that include ideas such as:

- "the more dangerous the situation, the more necessary and justifiable it is to mount a severe and punitive response to control it"
- "people who do bad things do not deserve to get nice things"
- "we should respond the way we did the last time we faced a similar crisis"
- "we should respond in a manner based on our own personal experiences, reflecting, for instance, how we were parented".

In addition to legal and ethical reasons to avoid restrictive practices, Matthew Spicer, a psychologist, and Nicola Crates, a speech and language therapist, each working for Anglicare Tasmania in Australia, have demonstrated that positive crisis management strategies (or non-aversive reactive strategies (NARS), as they call them) are more effective than restrictive strategies for de-escalating and resolving crisis situations.

Supporting appropriate responses

What do you think needs to be in place to help workers respond skilfully and appropriately to a crisis?

You may have mentioned the following:

- a Multi-element Support Plan that details proactive strategies setting out what to do and how to support the person during a crisis

- a culture that supports workers through training and supervision to understand behaviour and Positive Behaviour Support

- good leadership

- an understanding of the person being supported and that he or she will be feeling emotionally upset, anxious, confused or angry during a crisis

- an environment in which it is recognised that supporting someone in crisis can make you feel emotionally upset, anxious, confused or angry and in which this is openly explored and supported rather than ignored

- clear safeguards and policies for when restrictive physical interventions are used.

Policies and safeguards

Spend some time finding out what policies are in place in your organisation that relate to:

- behaviour support

- capacity

- support and protection

- restrictive practices

- involving people with learning disabilities and their families in their care

- advocacy

- crisis management

- staff supervision

- debriefing.

Discuss the policies with your mentor, focusing your discussion on the following question.

Are they consistent with the organisation's philosophy and values, best practice and legislation, or is further action needed?

You can find out more about Matthew Spicer and Nicola Crates' work on NARS and person-centred crisis support from an online presentation you can access by keying **http://asid.asn.au/LinkClick. aspx?fileticket=VxKFRAUvvlQ%3D&tabid=151** into a search engine.

Paley-Wakefield, S. (2013) *Framework for Reducing Restrictive Practices*. BILD: Kidderminster.

Paley, S. (2012) *Promoting Positive Behaviour when Supporting People with a Learning Disability and People with Autism*. BILD: Kidderminster.

Mental Welfare Commission for Scotland (2013) *Good Practice Guide: rights, risks and limits to freedom*. MWC: Edinburgh.

Challenging Behaviour: a unified approach is available at: **http://www. rcpsych.ac.uk/files/pdfversion/cr144.pdf**

4.6

Quiz to recap learning

Quiz

The following quiz will help you recap your learning.

1. What does the term "primary prevention strategies" mean?

2. Name two responses to crisis that should be avoided.

3. Give three examples of strategies you could have in your "bag of tricks".

4. What should happen after a crisis?

5. Give an example of "distraction".

4.7

Summary of learning

In Unit 4, you have learned:

- what we mean by the terms reactive strategies, restrictive practice and positive crisis management strategies

- that there is legislation to protect people with learning disabilities from harm

- that individualised ways to support someone in a crisis should be discussed and identified as a team to help you develop a "bag of tricks"

- positive crisis management strategies are more effective than reactive strategies for resolving crisis situations.

4.8

Learning log for Unit 4: positive crisis management strategies

You can keep copies of your learning activities and examples from practice that evidence what you have learned in your learning log. Copies of a crisis management plan, debrief or a copy of your supervision record detailing discussions around your role in positive crisis management are examples.

*Please make sure that you **anonymise** any examples in your learning log by removing all identifiable data such as names, addresses and places.*

You can also reflect on your learning and further development needs at the end of each unit in your learning log.

Positive crisis management strategies

Date completed:

What knowledge and understanding have I gained from Unit 4?

What am I doing differently after working through Unit 4?

What have I learned about myself from completing Unit 4?

What has been the biggest challenge for me in completing Unit 4?

What future learning needs do I have in relation to positive crisis management strategies?

Please share your reflection with your mentor and develop an action plan to help meet any additional learning identified.

Reflection on Unit 4

Reflection

on your learning

Date completed

Well done! You've now completed the resource … almost.
Your final activity is to think about your overall learning and your continuing development needs, then discuss them with your mentor.

What knowledge and understanding have I gained from completing this resource?

What am I doing differently after working through this resource?

What have I learned about myself from completing this resource?

What has been the biggest challenge for me in completing this resource?

What future learning needs do I have in relation to supporting people with learning disabilities and behaviours perceived as challenging?

Please share your reflections with your mentor and develop an action plan to help meet any additional learning identified.

Improving Practice

Supporting people with learning disabilities
whose behaviour is perceived as challenging

An education resource for support workers

NHS
Education
for
Scotland

Designed and typeset by the NES Design Team.