People whose behaviour challenges

Case study summary

The Skills for Care ‘Behaviour that Challenges’ case studies highlight some of the best practices that individuals, care organisations and families across England are using to respond to challenging behaviour by people in need of care and support. The case studies reveal common threads for some people, as well as those care providers and staff that work to support them. The key themes arising from the case studies are documented here.

Common themes

One fundamental theme across the case studies is about creating a trusting, supportive and positive environment for people and enabling them to live their lives to the full. It is about reframing challenging behaviour as a form of communication: possibly of underlying distress and a shift towards psychological understanding.

The core objective across the case studies is primarily about reducing the anxiety and fear of the individuals and providing a sophisticated model of care that is closely tailored to their individual needs. Ongoing monitoring is critical to ensuring support is adjusted, dependent on behavioural changes by service users who may only express their feelings and anxiety through challenging behaviour. Evidence suggests that this approach reduces the intensity and/or frequency of challenging behaviour.

Effective service design

In these case studies, the value of supporting the individual’s needs through careful service design is highlighted. Taking a holistic approach and building trusting relationships with family members, friends and the community is also significant. Starting with a shared set of values is important.

Effective service design is based on the core values of considering a person’s psychological, emotional, social, environmental, physical and physiological needs. For example, thinking about the role of food in triggering behavioural responses, the lack of stimulation or maintaining consistent routines, are just as important as focusing on social needs. In these case studies, family members and staff listen to and observe individuals and ensure that care is shaped accordingly. It is evident that those in a caring, supportive role, play a fundamental part in reducing challenging behaviour. This is based on core ingredients including:

- giving time to build a relationship with the person being supported
- enabling a sense of emotional and physical safety and self-determination
- using humour and emotional sensitivity, as appropriate, to enable skilled, positive communication.
**Staff development**

The recruitment of staff with the right values towards supportive care is highlighted as being absolutely imperative, whether they are employed independently by the individual and their family or by a large care provider. Psychological approaches are used during recruitment processes for employees, which are followed through to the induction period and beyond.

Investment in staff training regarding emotional awareness and behavioural capabilities has been successful in many of these examples. Skills have been enhanced through training. For example, investing heavily in psychological tools and frameworks is central to the strategy of several of the providers described in these case studies. There is subsequent evidence of reduced incidents of challenging behaviour and the enhanced capability of staff that has led to positive cultural change.

**Psychological tools**

Across the case studies, there are a number of psychological tools in use by care providers, including PIE (psychologically informed environments) that builds on the five key principles of Trust, Confidence, Support, Appreciation and Challenges. Also in use are similar models of ‘Positive Behaviour Support’ (PBS): a psychological approach to responding to challenging behaviour.

**Collaborative working**

The case studies show great examples of how collaboration has been essential for managing behaviour that challenges. Individuals have helped each other and collaborated with family members to change their lives for the better. Staff have worked together and with people who have formerly used services to make sense of complex challenging behaviour and improve their way of working, particularly through reflective practice.

Enlightened leadership, whether this is a parent advocating on behalf of their son or daughter, or a chief executive of a large organisation, plays a critical role in ensuring services are value-led and driven by the needs of the individuals using the service.

**Creating a positive culture**

Having a positive learning and person-centred culture to manage behaviour that challenges, is an underlying theme across the case studies. The way providers demonstrate care towards individuals from correct body language to positive communication through conversation and tone all matters. Meaningful and effective policies are therefore important across those organisations that provide care services, as they provide an enabling framework to equally support people using and working in the service.

**Specialist knowledge**

Behaviour that challenges is evident across different sectors and care organisation settings, but the reasons behind the behaviour often differ and need to be understood through specialist knowledge and expertise. As the case studies demonstrate, a person with dementia or epilepsy is likely to display different challenging behaviour to a young person with recreational drug or alcohol issues. Whatever the circumstances, care providers are conscious that care plans need to be tailored around the specific needs of the individual. This usually includes careful observation and listening, assessment and analysis of the function of the behaviour and the production, implementation and monitoring of proactive and reactive plans.
Key Themes

1. It is always helpful to reframe challenging behaviour as a sign of underlying distress, pain, confusion or a method of communication. Shift towards understanding the function of the behaviour for the person being supported and approaching the situation using positive psychology and understanding.

2. We must support the whole person’s needs through service design. Relationship and emotional work are fundamental; systems theory is helpful as is the role of family to support individuals’ psychological/social emotional, environmental, physical and physiological needs.

3. The role of staff is crucial including their behaviour, sensitivity, humour, values and active listening.

4. Workforce development includes workforce and job design, staff selection, development, culture, morale, managing and monitoring as well as learning and training.

5. Tools such as PIE (psychologically informed environments: Trust, Confidence, Support, Appreciation, Challenges) and PBS support the management of behaviour that challenges.

6. The role of peers in debriefing, ongoing supervision, reflective and reflexive practice for workers / family members and people who need care or support is important.

7. Good support needs enlightened leadership, which plays a critical role in ensuring services are value-led and driven by the needs of the individuals concerned.

8. Positive communication is vital with every transaction counting with individuals, families, staff, commissioners etc.

9. Some behavioural issues are sector-specific and require expertise from providers. For example, the use of drugs in dementia, dementia mapping, and sensory issues for people with autism all require specialist knowledge.

10. We need the ability to help each other and collaborate, for example multi-disciplinary working including parents and community.

11. Professionals and budget holders need to really listen and be responsive.

12. There is a need for evaluation of the longer-term impact of models. However, it seems obvious that it is more efficient to get things right straight away than to try to put them right when they have gone wrong.