Workforce development and people whose behaviour challenges

Introduction
This review was commissioned by Skills for Care’s Workforce Innovation Programme¹ which explores how people’s care and support needs change and how the workforce has to adapt to meet, the challenges that change can present.

The key questions that the evidence review aimed to address with reference to people whose behaviour challenges and the social care workforce were:

- What are current reported practices to support workforce intelligence, planning and development?
- What works, and what does not work, in current practice to support workforce intelligence, planning and development?
- What are the key characteristics of effective practice in workforce intelligence, planning and development?
- Is there any relevant international evidence?
- What are the gaps in the evidence base?

People whose behaviour challenges was defined as including: “people whose behaviour presents a significant challenge to services, whatever the presumed cause of the problem”².

The full review is available from Skills for Care (www.skillsforcare.org.uk/research/research_reports/research_reports_introduction.aspx).

Methodology
The review followed the Civil Service rapid evidence assessment methodology³. Having formulated the questions to be addressed by the review and developed a conceptual framework, inclusions and exclusion criteria were agreed. Articles published in 2002 or later, relevant to the review questions were included. Studies were excluded if they were not relevant, for example: health focused; related to training for people with learning disabilities and challenging behaviour; concerned with children rather than adults.

A wide range of databases, websites and grey literature were searched and screened, using search terms related to people who challenge, challenging behaviour, restraint, violence and workforce, staff and training. Experts in the field were also asked to identify relevant studies. After screening of abstracts and assessment of full texts, 77 full texts were included in the synthesis for the review.

¹ The original research was conducted by the Institute of Public Care, Brookes University Oxford
² Department of Health (2007) Services for people with learning disabilities and challenging behaviour or mental health needs.
Results

Overall, the amount and the quality of the evidence on workforce and people whose behaviour challenges is disappointing. Much of the work reviewed was not primarily concerned with workforce development. Studies tended to use either small samples or large samples gathered from a diverse range of staff or settings. In a number of cases, the sampling techniques and assessment measures make strong conclusions difficult. Control groups were rarely used for comparison. Studies also differ in terms of definitions of challenging behaviour and the diverse roles of staff in different settings and service models. Most of the evidence came from the UK, although some overseas studies were included where relevant.

Seven broad themes were identified:

Prevalence and persistence

In terms of prevalence and persistence, the review found wide variations in the estimates of the prevalence of challenging behaviour, reflecting differences in definition, both for people with learning disabilities and people with dementia.

Staff attitudes and attribution

A number of studies focused on cognitive variables such as staff understanding (or attribution and beliefs about what causes cognitive behaviour, mostly in relation to people with intellectual disabilities.

There was limited evidence that:

- Feelings of sympathy towards clients are good predictors of helping behaviour by staff.
- Staff reporting of challenging behaviour in clients with learning disabilities may be explained by differences between staff; and differences according to the type of challenging behaviour.
- Older staff have a more tolerant response to aggressive behaviour.

There was insufficient evidence to support or reject that:

- Staff attributions of responsibility for challenging behaviour to an individual with learning disabilities affects their willingness to help them.

Effect of working with people whose behaviour challenges on the social care workforce

Much of the existing research is concerned with how staff’s emotional and cognitive reactions affect their behavioural responses to the behaviour of people whose behaviour challenges. There are some direct effects, for example: fear of physical assault, stress and burnout have all been explored as possible consequences for staff of working with people whose behaviour challenges.

There was limited evidence that:

- Most care staff have experience of challenging behaviour.
- Working with people with challenging behaviour increases staff stress.
- Staff attributions, emotions, coping, self-efficacy, personality and organisational issues are associated with staff stress.
There was insufficient evidence to support or reject that:

- Staff fear of assault is greater when exposed to more challenging behaviour.
- Levels of challenging behaviour in people with learning disabilities are predictive of burn-out in support staff.
- Staff well-being is affected by the level of challenging behaviour in those they care for.

**Organisational factors and challenging behaviour**

Authors of the recent CQC inspection programme of learning disability services commented that challenging behaviour is complex, and poorly organised services can pose risks to individuals and the staff providing services. A number of discussion articles emphasise the contextual and organisational issues around workforce and people whose behaviour challenges.

There was good evidence that:

- Higher costs are associated with higher levels of learning disability and more severe challenging behaviour.

There was limited evidence that:

- Placements for people with learning disabilities and challenging behaviour are more likely to be maintained where there is good management support; better written guidance; and a written intervention programme that involves positive programming, proactive and reactive management strategies.
- Placements for people with learning disabilities and challenging behaviour are more likely to be maintained where there is more external support for staff.
- Placements are more likely to break down where there are poorer quality services in terms of: staff resources and energy levels, the physical environment, and administrative systems.

**Service models**

Given the range of people whose behaviour challenges and level and type of behaviour, it is unlikely that one service model will meet the needs of all people whose behaviour challenges.

There was limited evidence that:

- People with severe challenging behaviour receive less good care in grouped settings (where 75% or more of residents had severe challenging behaviour) in terms of staff teamwork and assistance from staff.
- There is greater use of physical restraint and medication on people with severe challenging behaviour in grouped settings.
- People with learning disabilities and challenging behaviour reduce their challenging behaviour when moving from long-stay institutions to community settings.
- Access to peripatetic and specialist teams and community approaches have a range of positive outcomes.

**Care practices**

Most of the evidence reviewed on care practices in the review was concerned with positive behaviour support, also described as active support, or some variation on this practice model.
There was limited evidence that:

- Organisational factors, such as team involvement and staff training are associated with implementation of guidelines and good practice.
- Positive behaviour support/active support increase staff understanding and client engagement and reduce some aspects of challenging behaviour in the short-term.
- Managers and staff associate periodic service review with positive outcomes.
- There is greater use of physical restraint and medication in grouped settings.
- A significant proportion of services use physical intervention without a physical intervention policy in place.

There was insufficient evidence to support or reject that:

- Positive behaviour support/active support training and practice are associated with long-term positive outcomes for staff and clients.

Training

The evidence base is weak on the impact of staff training in terms of long-term changes in staff attitudes and behaviour and improved outcomes for clients. Few studies have measured observed staff behaviour after training related to preventing, treating, managing or coping with people whose behaviour challenges.

There is good evidence that:

- Careful selection of training goals such as the training format and the techniques being used to improve treatment skills of staff are important.
- A combination of in-service training and coaching on the job appears to be the most effective training strategy.

There is limited evidence that:

- Person Focused Training is an effective model for equipping staff to design effective behaviour support plans.
- A structured and sustained staff training programme may reduce behavioural disturbances and the use of restraints towards people with dementia in nursing homes.

There is insufficient evidence to support or reject that:

- Training alone improves staff performance.
- Staff qualifications or other training is linked to the quality of outcome for people with learning disabilities.

Conclusions

The evidence review identified a wide range of research studies both quantitative and qualitative but struggled to find many high quality studies. However, it was possible to identify a range of evidence about current practice, what works and what are the key characteristics of effective practice, and where the gaps in the evidence base exist. The findings have implications for future service development and improvements particularly in terms of management support and organisational factors, and indicate the need for more research into the impact and effectiveness of training for staff and clients.