UNDERSTANDING POSITIVE BEHAVIOUR SUPPORT

Introduction and guidance for level 1 support

UNDERSTANDING POSITIVE BEHAVIOUR SUPPORT

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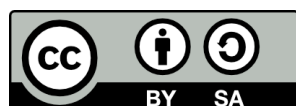
Version 1.0

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Contents

Click on the page number to go directly to that page.

How to use this book

Welcome to the 'Understanding Positive Behaviour Support' ebook. This has been designed to help you develop your knowledge and practice using Positive Behaviour Support (PBS) at level 1.

It has also been designed to enable flexible learning. This means that you can read the book 'cover to cover' or simply dip in to chapters and pages when you want to learn or refresh your knowledge about particular aspects of PBS.

Click or tap?

This book has been designed to be read and used on many different devices. You will probably get the best learning experience using an Android or iPad tablet. It will also work well using ebook readers on PCs and laptops. For this reason, when you see the instruction to click on something, if you are using a mobile device, you can tap on the link.

Please note that while you can also read this book on a mobile phone, you may find the text and images too small.

Moving around the book

Throughout this book you will see some text in green and underlined. These are page links that enable you to quickly move between pages. Clicking on the links will take you directly to that page. This is very useful if you want to go back

to something that you read earlier or to go to some of the support resources at the end of this book.

Glossary

There is a glossary at the end of this book to give you more information about some terms that are used in PBS. You will find these terms in purple text throughout the book. Clicking on the purple text will take you to the Glossary. As the terms and links may appear on more than one page, you should use the page ribbon described above to return to the page you were on.

Learning activities and open badges

You will find learning activities in each chapter. These have been designed to help you reinforce your learning of the topic covered by that chapter. They have also been designed to help you create your own reference resource.

Please keep your notes that you write for these learning activities. You will need to attach your notes created for these learning activities if you apply for the open badge linked to that chapter. If you do not attach the notes, you will not meet the badge requirements and the badge cannot be issued to you.

Please note that you can also submit your evidence for badges using audio or video recording. Just attach your audio or video files to your application.

You can find out more about open badges in the section 'How to claim your open badges'.

One of the best ways of learning is to discuss and share your experiences with others. This can help you to reflect on what you have learned and help to develop your knowledge, understanding and practice. Therefore, we encourage you to discuss with others your learning from this book. This can be your manager or colleagues if you are in a role that supports PBS. If you are not currently working in such a role, you could speak to family or friends. Please remember though that if you are applying for an open badge, the evidence for this must be your own work.

We hope you will find this book interesting and helpful in developing your knowledge and practice. If you have any suggestions about how we can improve this, please contact the Digital Learning Team at SSSC. You will find contact details at the end of this book.

Chapter 1
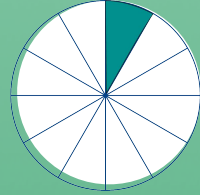
What is Positive Behaviour Support?

Main learning points

- PBS is person-centred so it will be different for each person.

- The main aim of PBS is to improve a person's quality of life.

- PBS is a framework (which means there are lots of different parts to it).

- There are different levels of PBS, and the starting point is Level One.

- Before developing a PBS plan for someone, it is important to understand what their behaviour is communicating.

- A good PBS plan should have lots of proactive and some reactive strategies.

Introduction

Chapter overview

This chapter will introduce you to Positive Behaviour Support (PBS). It will give a description of the approach and describe the different steps involved in using a PBS approach.

PBS is a framework for supporting people with learning disabilities who may display behaviours that challenge. The aim of this chapter is to help you gain a good understanding of PBS. We will look at the most current definition of PBS, before going on to think about the ways PBS can be used.

What is PBS?

PBS is an approach to supporting people with learning disabilities and complex support needs. It is a person-centred approach which provides a basis for understanding the message conveyed by behaviours that challenge.

It is a framework which guides the development of strategies to support people with behaviours that challenge. It is not a single intervention but rather a framework with a range of strategies, which are used differently, depending on what that person needs. It puts the person right at the centre, working in partnership with them and their family, to enable the right support to be provided at the right time.

PBS is based on the understanding that behaviours that challenge are a communication from the person, and that the most effective ways to respond are to listen and make changes to the person's support. This may include changing the environment to support the person better. This could be the physical environment such as lighting, sound, temperature etc. It could also be the social environment, such as the way people communicate with the person, how they structure routines and provide consistency to support the person better. It may also include teaching the person new skills or different ways of getting their needs met.

History of PBS

PBS began in the United States around 30 years ago, as an approach to support people with learning disabilities. Part of the reason it developed was as an alternative to some more negative or punishment-based approaches which had previously been used.

PBS seeks to improve support, change cultures, develop more helpful environments, and empower people. By offering less restrictive alternatives to physical restraint and psychotropic medication. PBS can play an important role in developing effective community-based support to people who currently live in hospitals or other institutional settings.

PBS is recommended

Over the years PBS has developed further and is now regarded as best practice for people with learning disabilities, particularly those at risk of behaviours that challenge. It is recommended in a number of government policy documents and good practice guidance throughout the UK and beyond. Some of these are noted below:

'The keys to life' is the Scottish Government's learning disability policy. In the most recent *keys to life* Implementation Framework (2019-2021), the Scottish Government made a ministerial commitment to support the development of PBS in Scotland.

The *Coming Home* report, published by the Scottish Government in 2018, also highlighted PBS as a well-established, internationally recognised approach. This report described its effectiveness in supporting people with complex

support needs and behaviours which are perceived as challenging.

As part of this government commitment, the Scottish Commission for People with Learning Disabilities, working on behalf of the Scottish Government, has set up a PBS Community of Practice for Scotland. More information about this group can be found here https://www.scld.org.uk/positive-behaviour-support-pbs/

PBS has also been recommended by the UK government in a range of good practice guidelines following the Winterbourne View scandal and the development of the Transforming Care agenda in England.

Key Components of PBS

PBS has been defined and described by a variety of writers over the years, and our understanding of PBS has developed and evolved over time. The most recent definition described PBS as being a combination of 12 different components in three main categories (you can read the whole article here if you wish:

Positive Behavioural Support in the UK: A State of the Nation Report
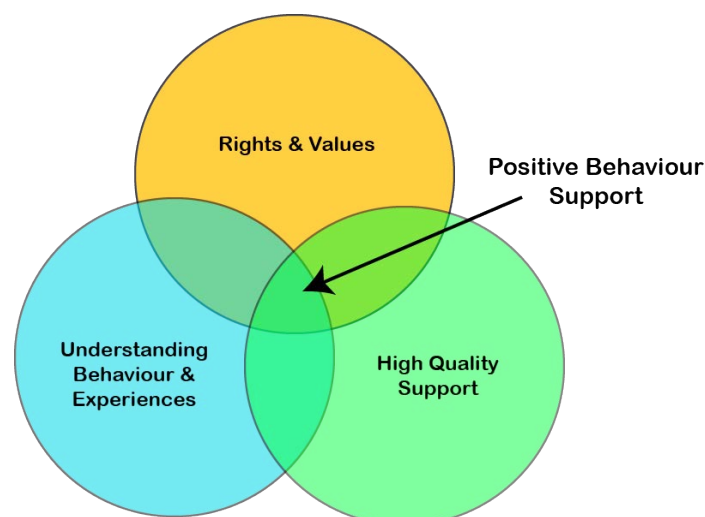
Let's look a bit more at each of these three categories.

**PBS is Focused on Rights and Values**
This means that there are a range of values which underpin PBS. These values are about social justice (access to the same health, employment, housing, and educational opportunities as everyone else) and equality, because people with learning disabilities are often treated less fairly, as if they have less worth than others in society. PBS is also based on human rights, and it is about working in partnership with the person and their family to make things better for everyone.

The starting point is that PBS is **person-centred** and puts the person at the centre of the process, trying to understand how their life feels to them, and how their support can be improved. The person should be involved in this process and their opinions should be sought by adapting communication and resources to support their participation in the process. People that are important to the person such as family, friends and direct care staff should always be involved in the development of support strategies, as they know the person best and are best placed to say what is likely to work for them.

Another important value of a PBS approach is about supporting people's **human rights**. This means working to ensure people with learning disabilities enjoy the same rights as everyone else. For example, this could mean, the right to choose where they live, who they live with, and how they spend their time. The PBS plan must be full of activities that other people without learning disabilities would enjoy doing and be considered a valued activity to that person. It must also be filled with ways of supporting the person to

Rights & Values

Positive Behaviour Support

Understanding Behaviour & Experiences

High Quality Support

express what they want and need, and ways of others understanding what the person requires.
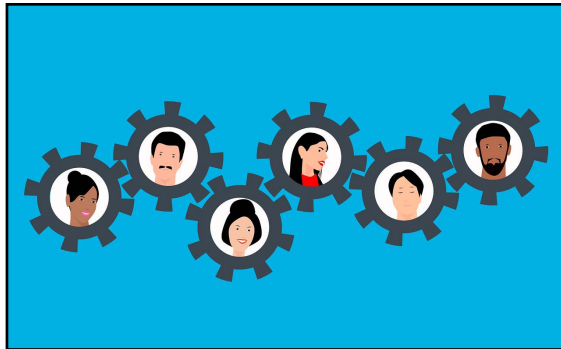
PBS also has a commitment to **partnership working** with the person receiving the service and the key people in their life. That means that family, friends and close staff members have a say in how the PBS plan is developed, and what should be in the PBS plan.

A final part of the rights and values category is that PBS has a commitment to **non-punishment-based** approaches. Any strategies which are aversive or unpleasant for the person, or that use punishment should not be considered. This means we do not take things away from the person, or cancel activities, even if the person been displaying behaviours that challenge. It also means we do not tell people off or try to make them apologise for their behaviour. The reason for this is that we understand behavioural challenges to be a communication; so it is our responsibility to work out what the person is communicating and ensure their communication is listened to.

PBS is About Providing High Quality Support

PBS takes a systematic approach to providing high quality support. This means that it is most effective and successful when it is implemented across a whole service or organisation, rather than just for an individual. We need to make systems work for the person. This may mean that staff may need training or that service structures need to change. Sometimes the culture of a service or organisation

may need to change. It also means that PBS can be implemented at different levels, depending on the needs of the person and the service.

Social and physical environments can help or hinder how well PBS works, so **high-quality environments** are important. These types of environments are likely to ensure that people receive positive social interaction from staff, that they have access to preferred activities, that they have the opportunities for choice and control, and that they maintain good physical health.

In PBS, part of providing high quality support is to ensure that we make decisions about people's support **based on evidence**. This means that we collect information to try and ensure that we understand a person's needs and opinions, so that we can offer them the best possible support.

Functional assessment is part of this process, where we attempt to take an empathic approach to understanding a person's behaviours, based on knowledge of their life experiences. This means we are not judgemental, and that we also ensure we are trauma-informed in how we understand behaviours that challenge.

The findings from functional assessments help us to develop a **personalised PBS plan**. It is important that the plan has a range of different PBS strategies within it; a good PBS plan would never just have one or two individual strategies.

Finally in this category about high quality support, PBS uses continuous **monitoring and evaluation**. This is important to make sure that the PBS plan is working well for the person and to check that the plan has been effective. Evaluation should focus on checking if the person has a better life as a result of the PBS plan. This is because the

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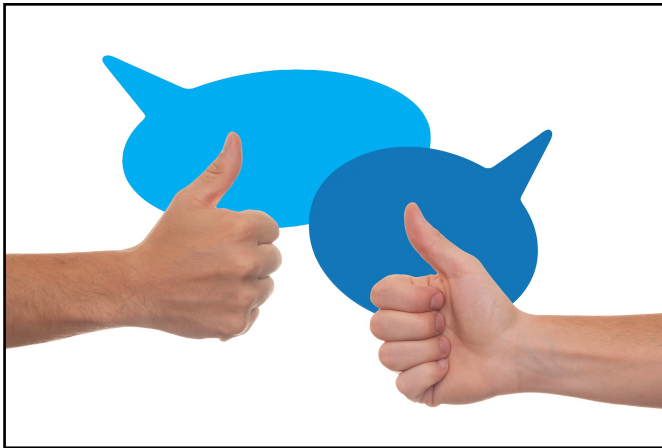
most important goal of PBS is to improve the quality of life for people with learning disabilities, particularly those who are described as displaying behaviours that challenge.

Improved quality of life includes

- Improved relationships
- Greater opportunities being available to the person and that person accessing those opportunities
- Increased community integration, such as being an active member of the community, accessing services, participating in events and engaging with others
- Greater range of choices available, and these choices being listened to

PBS is Based on Understanding Behaviour and Experiences

PBS is based on the belief that all **behaviour happens for a reason**, and that by using specific approaches we can understand where behavioural challenges come from. This will allow us to develop better support, in order to avoid these situations happening again. This means that the support provided is tailored specifically to the person's individual needs and preferences, rather than the person having to fit into situations they find difficult or distressing.

A PBS approach always starts by working to **understand the person** and what their life experiences have been. Only by getting to know the person well can we know what their

behavioural challenges mean for them. PBS uses different methods to gather information to work out what people's behaviour means for them. This includes the use of functional assessment and a PBS plan containing a range of different strategies (more details about both of these are outlined below).

The last part of the definition is that PBS is a framework which contains **a range of different approaches** to enhance a person's life. This means that PBS can draw on different methods and knowledge from other areas of learning to help ensure that people get exactly the right support that they need. This also means that colleagues from a range of different professions can contribute to a PBS plan. PBS is not owned by any one group of people – and PBS can be done by direct support staff and family carers. It's not something that is only done by specialists.

You can see a summary of these 12 components of PBS below.

Rights and values	Person-centred Human rights Partnership working Non-punishment based
High Quality Support	High quality environments Based on evidence Use of functional assessment Personalised PBS plans Use of monitoring and evaluation
Understanding Behaviour and Experiences	Behaviour happens for a reason Understanding the person Use of a range of approaches

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⚒ **Learning Activity**

Learning Activity 1

From what you have learnt so far, think about how you would describe PBS to someone who didn't know anything about it. Write a short description in your own words. Discuss your description with a colleague and note what their views were about your description.

You will need your notes from this learning activity to apply for the open badge linked to this chapter, so please keep them if you would like to apply for the badge.

Levels of PBS

PBS is sometimes described as having 3 levels. Each of these provides a different level of PBS, depending on the needs of the person receiving support.

Level One: Universal Support

Level One PBS is suitable for most people and using this will often be sufficient. All staff should be able to implement Level One PBS. This book is focused on Level One PBS.

This level includes:
  Capable environments (chapter 2)
  Relationships & rapport (chapter 3)
  Person-specific communication (chapter 4 & chapter 5)
  Active support (chapter 6)
  Understanding behaviour (chapter 7)
  Learning new skills (chapter 8)
  Using PBS plans (chapter 9)
  Knowing how to support someone in distress (chapter 10)
  Reducing restrictive practices (chapter 11)
  Carer wellbeing (chapter 12)

Level Two: Specialist Support

Some people may require Level Two PBS, which is a bit more specialist than level one. This may include a behavioural assessment to understand more about what the behaviour means. It may also include some specific behavioural strategies to give the person additional support in key areas that they find difficult.

Level Three: Intensive Support

Only a very few people require this level of intensive PBS. People requiring this level of PBS are likely to need input from a PBS specialist who will carry out a very detailed behavioural assessment and develop a full comprehensive PBS Plan. Although this will be led by the behaviour specialist, all staff should have input to the process, and help develop the PBS Plan.

Using a PBS approach

The video from Health Education England on the next below gives you more information about PBS. Double-click on the image to play it.

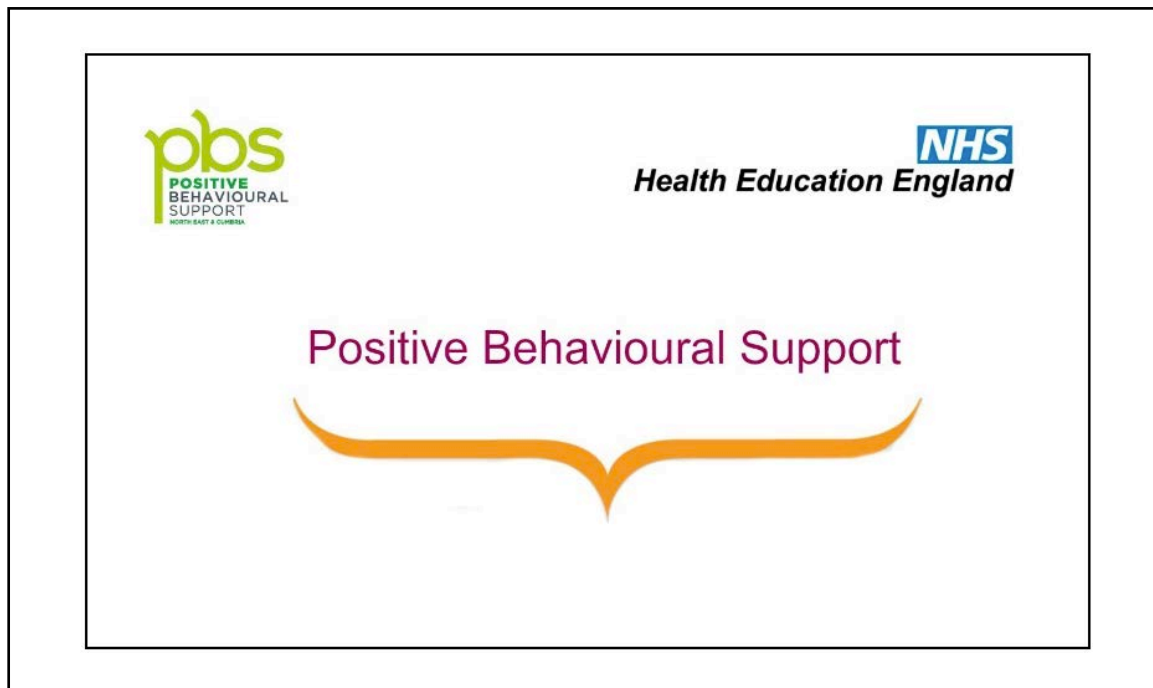The process of using PBS with people with learning disabilities and behaviours that challenge generally begins with an assessment to understand the reasons for the behaviours occurring. This is sometimes called functional assessment, as it seeks to understand what **function** or purpose the behaviour serves for the person.

Following on from the functional assessment, a PBS plan is then developed. This plan will contain a range of strategies improve the person's quality of life and to minimise the behavioural challenges.

Step one - Understanding Behaviour (see chapter 7 for more detail)

Functional assessment is at the heart of PBS and at its simplest level it means thinking about why the person is behaving they way that they are, and what they are communicating by their behaviour. An understanding of a person's history and the potential impact of trauma should also inform the assessment.

Information about behaviours that challenge is often collected via *ABC forms*. They describe the **Antecedents** (what happens before the behaviour); the **Behaviour**; the **Consequence** (what happens after the behaviour). ABC forms can help identify the function of the behaviour.

Once information about behaviour has been collected, this can be used to identify the function or message of the behaviour for the person.

It is important to remember that a person can use the same behaviour to communicate a different message in different situations. For example, a person may hit out at staff, and in one situation, this could mean "*leave me alone*", and in another situation, with different things happening in the environment around the person, this could mean "*come and talk to me*".

A person can also use several different behaviours to communicate the same message. For example, someone may scream and throw things, and at other times may hit themselves; and both behaviours could be communicating the same message.

Behaviours that challenge are usually considered to be linked to these functions:

escape/avoidance
social attention
sensory stimulation
tangible

These are described below with some information about:

the message that may be communicated by that function
situations where that function is more likely
ideas for strategies that may help for each function.

In the video below, Dr Steve Noone talks about behavioural challenges and PBS.

Dr Steve Noone
Tyne & Wear NHS Foundation Trust

🛠 **Learning Activity**

Learning Activity 2

List some examples of behaviours that you do on a day-to-day basis that might fit into the four functions described above.

For example:
I text a friend…. I am looking to get attention from another person
I go into the kitchen and make myself a sandwich…. I am accessing something tangible that I want.
I have a hot bath with nice-smelling bath oil…I am enjoying the sensory stimulation from the activity.
I leave the pub when it becomes too noisy and busy…I am escaping from an environment that I find difficult.

Now you try to list some behaviours you do that show each of the 4 functions.

You will need your notes from this learning activity to apply for the open badge linked to this chapter, so please keep them if you would like to apply for the badge.

Two – Developing PBS Plans (see **chapter 9** for more detail)

Once the communication message behind the behaviour is understood, this can be used to develop the PBS plan. The aim of the plan is to provide better support, so that

What someone might be trying to tell us through their behaviour

Function	What's the message	Situations where this may occur	Approaches that may help
Trying to **escape** from a situation or activity that the person finds difficult	*I don't understand what's happening.* *I want to get out of here.* *Make this stop.* *Leave me alone.* *This is too difficult.*	• If the environment is chaotic and disorganised • If the person finds it hard to understand verbal communication • If there is a lack of predictable routine in the person's life.	• Teach the person to say they want to leave or the activity to end • Use clear communication that is suitable for the person • Ensure the activities are structured and happen in a predictable way
Looking for **attention** or contact from staff or others	*Talk to me.* *I'm lonely.* *I'm bored.* *There's nothing happening.* *I want to have some fun.*	• If the person receives low levels of attention from staff • If the person's day is dull or repetitive • If the behaviour causes a big reaction from staff	• Teach the person to ask for attention in a different way • Ensure the person has an interesting and active day • Offer the person lots of positive interaction and friendly attention
Getting **sensory** feedback from the behaviour or enjoying how it feels	*I like how this feels.* *This calms me down.* *I like how these lights look.* *This makes me feel good.*	• If the person is in an unstimulating environment • If the person needs high or different types of sensory feedback • If the person spends long periods of time on their own	• Provide a range of activities with stimulation that is suitable for the person • Schedule time for sensory activity • Use sensory activities as a way to build interaction
Looking to access something **tangible** such as food, a toy, a favourite item	*I want that object.* *I want that food.* *That item is important to me.* *I want what you have.* *I want to eat that.*	• If the person is in a rigid or controlling environment • If restrictions are placed on the person's diet or activity • If the person has had limited opportunity or experience to choose	• Give free access to preferred items • Teach the person to get the item/food independently • Teach the person how to ask for the item in a different way

behavioural challenges are no longer necessary. The plan should help guide staff and carers for how they should be supporting the person. PBS plans include a range of different strategies, depending on what the person needs.

There are a number of different ways a PBS plan may look. However they all have in common that they will contain both proactive and reactive strategies. A good PBS plan will have more proactive strategies than reactive strategies.

Proactive Strategies
Proactive strategies are designed to improve the person's life, so that the person has access to the type of support that they need, and that over time, challenging behaviour becomes unnecessary.

They should include:
Environmental changes: these are changes to the environment to make it more suitable for the person, and so that their needs can be better met. This includes changes to the physical environment, as well as changes to the support the person receives.

Communication: this is about ensuring the person has ways to communicate their needs and to say what is important to them. This might be using symbols or signs or visual communication, particularly if the person has limited verbal communication.

Active Support: this is about ensuring the person has meaningful and enjoyable things to do in their day. It is also about ensuring that they are supported to participate in a way that works for them.

Focused strategies: these are person-specific strategies focused on the person, based on avoiding what you know makes the person anxious or upset. It also involves ensuring we provide the type of support that will help them manage unavoidable situations that can be distressing.

Developing new skills: these are new skills or behaviours that the person can be taught so that they can do more things they find fun, become more independent, and communicate their wants and needs without use of behaviours that challenge.

Reactive Strategies
These are in place to support staff/carers' ability to manage situations where behavioural challenges occur. The emphasis on these strategies is to minimise risk and as far as possible to keep people safe. These may include:

De-escalation: these are techniques that might help staff/carers and the person calm the situation down, e.g. giving the person some space, changing the environment, giving the person what they need, using humour, taking a low arousal approach These tend to be very person-specific, so it is a good idea to know what helps someone when they are in a distressing situation.

Distraction: this is distracting the person from what may be upsetting them, perhaps by offering an alternative activity, or by changing the stimulation in the room, or by changing the conversation.

Active Listening: this is asking the person if they can tell you what's wrong, then listening carefully to what they say, perhaps reflecting back what you think they are saying (to check you have got it right), and always using a calm tone when talking to the person.

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Learning Activity

Learning Activity 3

Link the PBS strategies on the left in the table below with what type of proactive strategy they are on the right: pick which one you think each relates to.

PBS strategy	Type of strategy
Teaching Tom to shower independently.	Active support
Avoid walking through the park as lots of people walk their dogs there and Jean is scared of dogs.	Environmental strategies
Supporting Tony to take part in fun board games with his housemates.	Developing new skills
Helping Bernadette to use a visual timetable with Boardmaker symbols.	Focused strategies
Turning off the TV or radio when Joe comes home as we know he doesn't like too much noise in his living room.	Communication strategy

Step Three – Checking the PBS Plan is Working

An important part of PBS is evaluating the impact of the support we provide. The final stage in using PBS is therefore to evaluate whether the strategies put in place have been successful. A good quality, well-implemented PBS plan should show changes both in the person's quality of life and in the behaviour that challenges.

These can be evaluated in different ways, including:

- Talking to the person, or their family, or their staff, to ask them if things feel better than before. The person may be able to say if they feel happier and if their support is working better for them. Carers are also often a good source of evaluation, as they will know whether the situation feels improved and if they are experiencing less behavioural challenges.
- Comparing a week in the person's life before and after the PBS plan was introduced. This could tell us if the person is participating in more activities and if they have more valued activities.
- Using ABC forms to check whether the behaviour is happening less often than before the PBS plan was put in place. These could also be used to check if behavioural incidents are shorter, when they do occur.

Summary

PBS is	PBS is not
✓ Focused on quality of life, not on reducing behavioural challenges.	✗ Just reactive strategies or things that are done to manage behaviours.
✓ Focused on changing the environment, not the person.	✗ A quick fix, or a specific set of interventions.
✓ Person-centred, and it involves people that matter to the person	✗ Doing things to people that they haven't agreed to.
✓ A framework that can include different types of support, whatever works best for the person.	✗ An approach that uses punishment or negative consequences for the person.
✓ Part of the person's overall support, and can be provided by their day-to-day carers.	✗ Only an approach to be used by behavioural specialists.

'The presence of challenging behaviour often means that someone is experiencing a challenging life.'

Open Badge

This open badge will help you to show what you have learned about Positive Behaviour Support from this chapter. To apply for this badge, write a reflective account using what you have learned from this chapter to answer the questions below, then click on this link {to be inserted} and attach your reflective account.

Think about someone you support who displays behaviours that challenge.

Write a reflective account of between 200 and 300 words using what you have learned from this chapter to answer the questions below.

1. What message do you think their behaviour is communicating, and how can you help them to communicate this in a different way?

2. What changes could be made to improve their environments, including their daily routines and explain why these are important?

3. What else could improve their quality of life?

Discuss what you have written with someone and write a note of their feedback and ideas.

Submit this along with learning activities 1-3 from this chapter to apply for the open badge for this chapter.

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.
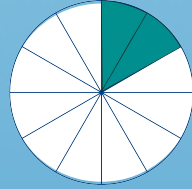
Positive Behaviour Support Badge 1: What is PBS?

Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

Chapter 2

Capable environments

Main learning points

- A capable environment is one that suits the person well

- There are 12 features of a capable environment

- It is important to check that the person's environment is suitable for them, that it is a capable environment

- There is a Capable Environments Checklist that you can use to assess the person's environment

- There may be actions you need to take to help ensure that the person's environment is a capable environment

Chapter Overview

This chapter will discuss the importance of getting the environment right for the person. We call environments that support the person well, **capable environments**. That means they work well for the person and suit them. Capable environments are linked to an improvement in quality of life and a reduction in behaviours which challenge.

The aim of this chapter is to help you understand the importance of creating the right environment for the person. This will ensure that they are supported to live their life in a way which is meaningful to them, which makes sense to them, and over which they have control.

Before we look at what a capable environment means in PBS, let's think a bit about our own experience.

⚒ **Learning Activity**

Learning activity 4

Think of a time when you have been on a well-deserved holiday. You picked somewhere which really suited you, and it is exactly what you wanted. What is it about the holiday which really suits you? It might be:
- The weather is not too hot for you
- You have friends that stay nearby
- You speak the language, or the resort staff speak your language
- The locals are very friendly and will stop to talk
- The local restaurants have the kind of food you like
- You have plenty of space in your accommodation
- You have everything you need

Now, imagine that you haven't been able to pick any of the things above and:
- The weather is far too hot
- You don't speak the local language
- Locals are unwilling to stop and talk
- You don't like the local food
- The accommodation is poorly equipped and doesn't have the things you need
- The staff have been very rude and unhelpful
- You can't work out how to use the shower and you're only able to get cold water

You've found yourself in an environment which really doesn't suit you.

Please think about the following, make a note of your thoughts and keep this for evidence if you want to apply for the open badge:
- How would being in this unsuitable environment make you feel?
- What might you do to change this environment?

A capable environment is one in which we can 'be ourselves'- basically, we're able to

- Do the things we prefer doing and which give our lives enjoyment and meaning
- Do these things the way we want to do them
- Do things with the kind of people around us we prefer
- Do them in a place and at a time which suits us

Thinking about our own life – you've probably been able to develop a home life which is exactly how you like it to be.

This could be things like:

- Who you choose to live with (your partner, your flatmate, parents, children, pets)
- The language used in the house you live, including dialect, jargon, colloquial/informal language and slang

- When you talk to family and when you don't want to. For example, you can go to your room for privacy, and you can access other people easily when you do want to chat. Or you can tell others you are busy and don't want to talk
- When the cleaning gets done and who does it. Sometimes there might be a routine around this that helps ensure the chores are completed
- Who you have visiting you in your home
- Having things in the house that make things work for you, for example, a microwave if you aren't keen on cooking, or a dishwasher if you don't like to wash dishes
- Your lighting – maybe having a preference for low lighting
- The heating – this being set to what makes you comfortable and easily changeable when you want
- Your furniture
- The layout of your rooms etc.

We all usually have control over our own personal environment and are able to change it if it doesn't suit us. We have been able to get things set up the way we want them to be. Things the way they suit *us*.

An important research paper called 'Capable Environments' (McGill-et-al-Capable-environments.pdf (kcl.ac.uk)) looked at the evidence which shows that, for some people, behaviour which challenges can reduce significantly when a capable environment is developed. When we create and maintain a capable environment, the benefits we see are:

- Substantial quality of life improvements for people
- Better work environments for those providing support

- More people remaining in their homes and maintaining their tenancies

What are the Main Features of Capable Environments?

Sometimes services and environments develop in ways which are suited to those providing the service, rather than the person receiving support. A capable environment is one which is developed and maintained from a person-centred and evidence-based understanding of what works best for the person we support. It is also an environment which helps (and does not hinder) the person we support to live a life rich in purpose and meaning.

> Capable environments:
>
> *produce* positive outcomes for people such as enhanced quality of life
>
> *prevent* many instances of behavioural challenges

Capable Environments are made up of 12 areas which help to create an environment that is right for the person. These 12 areas, which we will look at in more detail below, have been identified as being linked to increased quality of life and decreases in behaviours that challenge.

The following are the main features of capable environments and why they are important:

1. **Positive social interactions**
If a person has access to social interaction without having to do anything to get this, they are less likely to engage in behaviours that challenge. When people are supported by staff/carers who they have a good relationship with, they are more likely to be willing to do activities with them, even less preferred tasks. We all need positive relationships and experiences in our lives.

2. **Support for communication**
People are less likely to engage in behaviours that challenge when they are able to communicate their needs and those around them understand what they are communicating. We all want to engage with the people around us.

3. **Support for participation in meaningful activity**
When people are engaged in tasks and activities that are meaningful to them, they are less likely to engage in behaviours that challenge. Everyone wants to be doing things and have a full life.

4. **Provision of consistent and predictable environments based on personalised routines and activities**
People are less likely to engage in behaviours that challenge when they are supported in a consistent and predictable

manner. Everyone needs to feel confident in what is expected of them.

5. Support to establish and/or maintain relationships with family and friends
Positive relationships are important, and people are less likely to engage in behaviours which challenge when they spend time with family, friends, and loved ones. Family and friends are important for everyone.

6. Provision of opportunities for choice
When people make choices and do the things they choose to do, with the people they choose to do them with, they are less likely to engage in behaviours that challenge. Making your own decisions is important to everyone.

7. Encouragement of more independent functioning
People who have more control over their own lives are less likely to engage in behaviours that challenge. Having more control can be achieved through increased independence in all aspects of a person's life (personal care, managing a home, etc.) and learning new skills. Independence is highly desired by most people.

8. Personal care and health support
Pain and discomfort can increase the likelihood of behavioural challenges. Comfort during personal care is important and people's rights to dignity and privacy should be respected. Being healthy, and receiving any necessary personal care in a respectful way, are desired outcomes for most people.

9. Provision of acceptable physical environment
A person's physical environment can have an impact on behavioural challenges. Everyone wants to live in a place that feels safe, comfortable, and they can relax in.

10. Mindful, skilled carers
When staff/carers understand behavioural challenges and know that behaviours are not aimed at them personally, these behaviours are less likely to happen.
Everyone wants to have people around them that know and understand them and their needs.

11. Effective management and support
When staff/carers are supported well by their mangers, there is less likelihood behavioural challenges will

occur. People feel more confident in those who support them when staff/carers have the resources needed to take on their supporting role.

12. Effective organisational context
When organisational and family cultures are based around the PBS framework, we are less likely to see behavioural challenges. People want to be supported in an environment that promotes person-centred values and is based on evidence of what works best for people with learning disabilities.

This can look like quite a lot at first glance, so let's look at what each of these means in practice. You'll see that these are concerned with those people who support the person, those who manage the service and your organisation itself – everyone has a part to play. As well as the social environment, the physical environment itself should also be considered.

Capable Environment Checklist

The Capable Environment Checklist provides a framework for assessing what supports might be needed and what could be done to facilitate that change.

As you're reading through the Capable Environments Checklist standards below, make a note of any of these features which you feel could be *improved* for the person you support. Imagine you are walking through the person's home on an average day, think honestly about what you would see and how often these standards would be occurring.

Capable Environment Checklist

Positive social interaction	Staff like the person and interact (speak, sign, physically, etc.) frequently with them in ways which the person enjoys and understands.
Support for communication	Staff communicate in ways the person understands and are able to notice, interpret and respond to the person's own communications whether indicated by speech, sign, gesture, behaviour or other. This support for communication is seen across all areas of the person's life and people are supported in ways which make sense to them.
Support for participation in meaningful activity	Staff help the person to engage meaningfully in preferred domestic, leisure, work activities and social interactions. Staff use speech, manual signs, symbols or objects of reference as appropriate.
Provision of consistent and predictable environments based on personalised routines and activities	Staff support the person consistently so that the person's experience is similar no matter who is providing the support. Staff use a range of communication and other approaches tailored to the person (e.g., visual timetables, regular routines) to make sure that the person understands as much as possible about what is happening and about to happen.
Support to establish and/or maintain relationships with family and friends	Staff understand the lifelong importance to most people of their family, and the significance of relationships with others (partners, friends, acquaintances etc). Staff actively support all such relationships where they exist, while being aware of the risks that sometimes arise in close or intimate relationships.

Encouragement of developing skills	Staff support the person to learn new skills and to try new experiences.
Personal care and health support	Staff prioritise and support the person's personal and healthcare needs, identifying any pain/discomfort, enabling access to professional healthcare support where necessary and supporting the person with healthcare to keep healthy and well. This includes keeping mentally well.
Provision of a good environmental fit	Staff support the person to develop and maintain an environment which meets their needs and preferences in respect of space, design (including sensory preferences), noise, lighting, state of repair and safety.
Mindful, skilled, support staff	Staff understand, in general, why behavioural challenges occur and that these behaviours are less likely when we understand the causes. Staff draw on the expert knowledge of the person's family and friends to improve their understanding. They reflect on, and adjust, their own support and attitudes to prevent and/or quickly identify circumstances which may trigger or provoke behaviours that challenge.
Effective management and support	Staff are supported by leaders with practice-based skills and by managers who recognise that behavioural challenges are less likely when staff are well-managed, and well-supported.
Effective organisational context	Support provided by staff is delivered and arranged within a broader understanding of behaviour which recognises (among other things) the need to ensure safety and quality of care for both individuals and carers.

Learning Activity

Learning Activity 5

Think about all of these characteristics. Which of these could be improved for someone you support (or supported in the past)?

For example, you might have thought about characteristic **3 Support for participation in meaningful activity** and identified that there are more or different activities which you might want to try with the person you support. You might have some new ideas of something they would really enjoy. However, you will need to speak to your line manager as you will need to buy some arts and crafts materials.

Use the form on **page 162** to record any of your thoughts. You should consider all areas, but you may not identify areas to be changed in all of them; that is ok.

Remember there are many features of a capable environment that we can address as individuals supporting a person. However, some aspects might require change in the wider system. We can speak with colleagues, managers and others in the person's life about working together to ensure a capable environment.

Quality of Life

As you read previously, PBS is about providing high quality environments and supporting quality of life. So it is really important that any capable environment is supported by all staff.

Let's say, for example, that the person you support really loves to sit down to work on a specific jigsaw puzzle. They usually like to do this in the evenings (just after 7pm) and,

although they like your company when working on it, prefer to complete the jigsaw on their own without any conversation. If we decide to chat away to the person (rather than what we know that person prefers), then our role in the person's environment may contribute to it becoming a cause of distress and perhaps lead to a behavioural challenge.

One of the ways in which we can find out what a capable environment looks like, sounds like and feels like, is to use a tool to assess quality of life.

The **Subjective Quality of Life Tool** is easy to use, and you can download it at the link below.

Subjective-Quality-of-Life-Tool-Indoors-March2020.pdf (bild.org.uk)

The purpose of the tool is to help us understand what the person prefers and loves to do. It also helps us to make sure that we are helping them via Active Support (see chapter 6) to do as much of these activities as they wish.

Completing this tool aims to help staff and carers improve quality of life by finding out:

- The value and frequency of activities the person is currently involved in

- Where the frequency of high value activities can be increased

- Activities which may promote health which can be increased

- High financial or resource cost activities that are not highly valued and which can be removed or reduced

- Activities the person isn't currently doing but which they may like

The tool is about identifying what people want to do, rather than what they need to do as part of everyday life, so cleaning, cooking and exercise are included in the tool because some people actively enjoy them. Supporting people with activities of daily living is also important but here we're focussing on life enrichment / enhancement activities and experiences that improve quality of life

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⚒ **Learning Activity**

Learning Activity 6

Look over the tool and answer the following questions. Please keep a note of your answers to use as part of your evidence if you want to apply for the MyLearning badges for this chapter.

1. How might you use the tool to improve the quality of life of the person you support?

2. In what ways do you think this tool might help you develop or improve a capable environment for the person you support?

Summary

- We all have our own preferred ways of living our lives and of how we like to spend our time, and who with.

- In order to be truly person-centred, we need to find out what this means for the person we support and help to develop, support and maintain this way of living for the person

- There is a direct connection between improvement in quality of life and a reduction in behaviours which challenge.

- We can use quality of life tools to find out how to improve someone's quality of life and to make their environment more capable.

- There are 12 general features of a capable environment. Knowing how to provide and maintain these features for the person we support is critical.

- If we find that we don't have the resources, the time, the knowledge or skills to help make the environment more capable, we should seek help from those who can support us with this

Open Badge

This open badge will help you to show what you have learned about Capable Environments from this chapter.

Think about someone you support who displays behaviours that challenge, and who may not have a capable environment in place.

Write a short reflective statement of between 200 and 300 words using what you have learned in this chapter to answer the questions below.

1. Which of the 12 capable environment characteristics do you think are working well for the person? Explain why.

2. Which of the capable environment features might need changes to ensure they are met? Explain why.

3. What changes can you make as an individual, and what changes to the environment or system could be made to achieve a capable environment?

4. Discuss your ideas with a colleague and write a note of your conversation

 Submit this along with learning activities 4-6 from this chapter to apply for the open badge for this chapter.

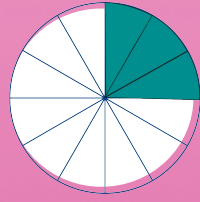**PBS**
Community of Practice Scotland

Positive Behaviour Support #2
Capable environments

Click on the link below to go to the badge page:

Positive Behaviour Support Badge 2: Capable Environments

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

Chapter 3

Relationships and rapport

Main learning points

- Rapport is an important starting point to any good relationship

- Rapport is an essential part of using PBS

- We can build rapport through how we talk to the person, using positive language and being respectful

- We can build rapport by doing activities together that we both enjoy

- Where good rapport is present, behavioural challenges are less likely to occur

Chapter Overview

This chapter will introduce the importance of building and maintaining good relationships between ourselves and the people we support. These relationships must be built on connection with people we support and should demonstrate respect and equality. This is a fundamental aspect of PBS and is the building block for all the other parts of a PBS framework.

The aim of the chapter is for you to learn about the importance of rapport and to consider some practical ways to build rapport with people.

What do we Mean by Rapport?

Rapport can be defined as a good, trusting relationship based on common understanding. It is the basis of meaningful and close relationships between people. Rapport is the sense of connection that you get when you meet

30

someone you like and trust, and whose point of view you understand. We have a good rapport with someone when we have:

- **Mutual attentiveness** (both people focused on what the other is saying and doing)

- **Positivity** (both people are friendly and show care and concern for each other)

- **Co-ordination** (both people are 'in sync', tone and body language are similar)
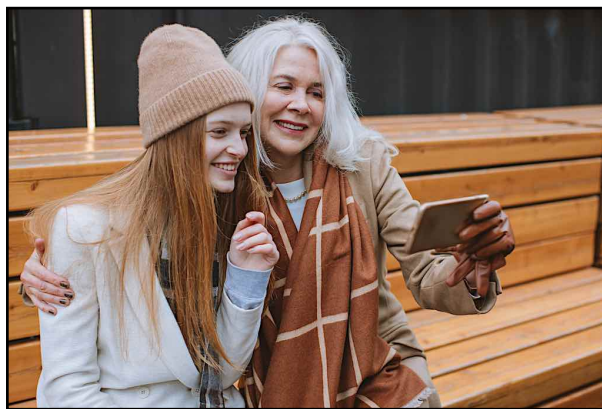
Rapport is a bond that forms when you discover that you share another person's values, priorities, and interests. Think about someone in your own personal life or work life with whom you don't particularly enjoy spending time: you might not like something about the person or you might not like the way they speak to you. You might not share their values or interests, or they might just 'rub you up the wrong way'. You will probably not, for one reason or another, have a great deal of rapport with them.

Think now about someone you enjoy spending time with: you may have a similar sense of humour or similar interests. You have a good rapport with this person and enjoy spending time with them.

But what if you had no choice about who you could and couldn't spend time with? If you had to spend time with someone you disliked simply because they were supporting you at that particular time. How might you feel?

A recent article[1] for staff supporting people for the first time gave advice about building and maintaining good rapport with people:

"Get to know each person you support by spending time with them, really be present with them so that you get to know that person's unique interests, personality, and preferences. Do fun activities together that they enjoy whether that be baking cookies, going for a walk, or doing crafts. Although reading 'the file' may be a part of your orientation and can provide important information, it does not tell you who this person is."

Imagine you are reading an ABC recording of an incident of behavioural challenge – how often has there been a reflection on whether the behaviour occurred because the staff member didn't have a good rapport with the person they support? And yet we know that poor rapport is linked to behavioural challenges occurring. So this is something we need to consider – how to ensure that we have good rapport with the people we support.

So how do we develop good rapport?

Good rapport is founded on a two-way connection between people. It occurs when we develop mutual trust, friendship and affinity with someone. For this to happen, we need good, clear and respectful communication.

To build rapport, we have to get to know *people as people* – what matters to the person, how does the person prefer to be addressed, what makes the person laugh and what gives them delight and joy?

There are a few things you can do to begin to develop rapport:

1. Find common ground – do you have any shared interests or passions? If not, how can you become more knowledgeable about the person's interests?

2. Create shared experiences – you both have an interest in steam trains or in arts and crafts – why not do them together?

3. Use empathy – how is this person feeling today? Are they likely to enjoy this planned activity or should we think about something different? How do I feel when I'm asked to do an activity I'm bored with and would like to change?

What are the features of good and bad rapport?

Researchers have explored the features of both good and bad rapport and how good rapport can be a significant feature in reducing incidences of behavioural challenges. When we develop mutually respectful relationships with the people we support and maintain these relationships, incidences of behavioural challenges reduce. This benefits everyone. We need to encourage and support our colleagues to develop good rapport too.

Positive relationships are a key aspect of Trauma Informed Practice, which you will learn more about in chapter 7 Understanding Behaviour

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Learning Activity

Learning Activity 7

Think about a manager or teacher with whom you felt you had a **good rapport**. This may have been because you felt they were:
- Fair
- Respectful to you
- Helpful to you
- Genuinely interested in helping you.

Make a note of what they said and did which made you feel that you had a good rapport with them.

Now, think about someone with whom you felt that you didn't have a good rapport. This may have been because you felt they were:
- Unreasonable
- Disrespectful
- Unhelpful
- Not really that interested in helping you.

Make a note of what they said and did which made you feel that you **didn't have a good rapport** with them.

Now imagine that the person in the second box is about to support you for the next 12 hours on a 1:1 shift. How would this make you feel and what might you do?

Make a note of your thoughts about how this would make you feel and what you might do.

Remember to keep your notes so you can attach these as evidence for the MyLearning badge.

Emotional Bank Accounts and Rapport

Emotional Bank Accounts are a useful concept in considering rapport.

We all have 'Emotional Bank Accounts': through their interactions with us, people with whom we have good rapport and good relationships 'pay in' to this bank account. We feel good when they are around and enjoy their company. We look forward to seeing them. We have a surplus of good feelings and good memories. These are the people who:

- Treat us with respect

- Are helpful to us

- Have a genuine interest in our wellbeing and our future

- Use positive language

- Say thank you and mean it when they say it

Other people, however, through their interactions with us, 'withdraw' from our bank account through:

- Being disrespectful

- Using critical or hurtful language

- Being negative towards us

Think about the exercise you've just done in terms of Emotional Bank Accounts. With the second person you thought, your Emotional Bank Account has gone into overdraft. The first person, however, is someone who has paid into your Emotional Bank Account.

Learning Activity

Learning Activity 8

Make a note of the names of people in your life who 'pay in' to your Emotional Bank Account (e.g., friends, family, co-workers etc)

Do the same for someone you support. Are there as many names in this list as there is in yours?

Remember to keep your notes for evidence if you want to apply for the MyLearning badge relating to this chapter.

Who can 'pay in' to the person you support's Emotional Bank Account?

If the box for the person you support doesn't have a lot of names in it, perhaps we need to consider whether there are people who could be 'paying in' to the account who are currently pushing the person into an overdrawn account. These people may need to switch to 'paying in' through building better rapport with the person, by changing what they do and say when they are with them.

So, how do we 'pay in' and build better rapport?

First of all, we need to pay attention to how we are when we're with the person – are we, through our actions and deeds, being that good manager or teacher? Or are we being the manager or teacher with whom we had poor rapport and a poor relationship? We need to reflect on our practice and, if necessary, change it.
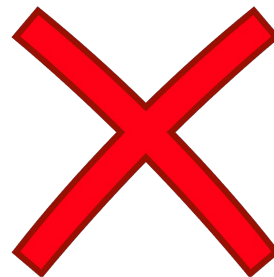
We can use phrases like:

- I've really enjoyed doing the dishes with you today

- How do you fancy a quick cup of coffee with me?

- You really suit that shirt

We can avoid phrases like:

- I'm fed up with you behaving like that

- I've had it with all of this

- I'm so tired of all of this

At the end of this chapter is an example of a self-rating form for rapport[2]. It can be used to help you reflect on the quality of your rapport with a particular person. It can be used to consider what you might need to do to improve your rapport with that person. How can you change your approach so that your score can be closer to 5?

Intensive Interaction

Intensive Interaction is an approach designed to help build relationships and rapport with people who may have more severe or profound learning disabilites. It is a way of communicating by being open to, and responding to, the interactions of others. It works on the basis of early interaction abilities, such as, how to enjoy being with other people, and it can help support with the fundamentals of communication which are listed below. It can therefore

support the building of good rapport, particularly with people who don't use verbal communication.

The Fundamentals of Communication can be characterised as things like:

- Learning to give brief attention to another person

- To share attention with another person

- Learning to extend those attentions, learning to concentrate on another person

- Developing shared attention into 'activities'

- Taking turns in exchanges of behaviour

- To have fun, to play

- Using and understanding eye contacts

- Using and understanding facial expressions

- Using and understanding of non-verbal communication such as gestures and body language

- Learning and understanding of physical contacts

- Learning and understanding of vocalisations, having your vocalisations become more varied and extensive, then gradually more precise and meaningful.

Click on the video below to find out more about Intensive Interaction:

In the video below, click the image to see how Phoebe Caldwell, one of the originators of Intensive Interaction communicates with a young autistic man with a learning disability.

You can also click on this link for more information about Intensive Interaction: https://www.intensiveinteraction.org/

How Do We Know We Have Good Rapport?

If we have built good rapport with the person, then we should be able to see this through how the person is behaving when they are with us. If we have built up good rapport, then the person may:

- Smile and laugh

- Seem calm and contented

- Be excited and happy

- Look as if they are enjoying our company

If we haven't built up good rapport with the person we support, then the person may:

- Try to avoid spending time with us

- Look for someone else to interact with

- Seem unhappy

- Look as if they don't really want to spend some time with us

Learning Activity

Learning Activity 9

Think about someone you support, where you would say you have good rapport with them. What things do you see the other person doing and/or saying, which lets you know you probably have a good rapport with them?

Please make a note of the following:

- What this person does - body language etc

- What this person says or their tone when speaking

Please keep this note to use as part of your evidence for the open badge relating to this chapter.

Summary

- Building rapport means ensuring that

- We get to know the person we support and the things which make them happy

- We create shared opportunities to share in the things which make people happy

- Creating rapport means having Mutual Attentiveness, Positivity and Co-ordination

- We can create good rapport by 'paying in' to the person's Emotional Bank Account

- We can avoid 'withdrawing' from that Emotional Bank Account by reflecting on how we support the person and refrain from being disrespectful or disempowering

- Intensive Interaction can help build rapport with people who have more severe learning disabilities

Open Badge

This open badge will help you to show what you have learned about relationships and rapport from this chapter. To apply for this badge, you must complete the following tasks:

Complete the rapport self-rating form about a person you support and attach a copy to your badge application.

Write or record a short reflective account of between 200 and 300 words using what you have learned in this chapter to answer the questions below.

1. What should someone supporting the person do and say to develop and maintain a good rapport?

2. What do you feel may be barriers to creating rapport with the person?

3. What would you advise all staff to do and/or say in order to remove these barriers (refer to how people speak to the person, how they work with the person etc)?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 7-9 from this chapter** to apply for the open badge for this chapter.

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Positive Behaviour Support #3
Relationships and rapport

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Badge 3: Relationships and rapport

Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

Rapport self-rating

Your name:

Date:

Please circle the number that best represents the overall quality of the relationship between you and _____ as of today.

0 —— **1** —— **2** —— **3** —— **4** —— **5**

The majority of my interactions with this person are awkward, unpleasant, and stressful. I do not feel particularly close to this person and oftentimes, it is difficult for us to find any "common ground."

(Score 0 or 1, depending on the extent to which you find the relationship unsatisfying)

The majority of my interactions with this person are neutral, that is, not particularly good or bad. While I like this person, I don't feel particularly close or "connected" to this person in any meaningful way.

(Score 2 or 3 depending on perceived level of connectedness.)

The majority of my interactions with this person are enjoyable, satisfying and interesting. Together we share a warm, open, balanced relationship.
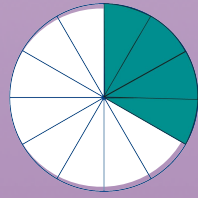
I find that we have a lot in common and enjoy each other's company.

(Score 4 or 5, depending on the extent to which you find the relationship satisfying.)

References:

[1] volume_9_3_en.pdf (vitacls.org)

[2] From: McLaughlin, D. M. and E. G. Carr (2005). "Quality of rapport as a setting event for problem behavior." Journal of Positive Behavior Interventions 7(2): 68-91.

Chapter 4

Good communication

Main learning points

- Communication is about understanding others and also about expressing yourself

- Being able to communicate is important for all of us

- Many people with learning disabilities have communication difficulties

- Good communication is particularly important for people with learning disabilities who may be at risk of behaviours that challenge

- Guidance has been developed around 'Five Good Communication Standards'

- Communication is an essential part of using PBS

Chapter Overview

This chapter introduces the importance of good communication when providing support to people with learning disabilities. It will give a description of what communication is and then describe the standards for good communication.

The aim of the chapter is that you learn about the principles of good communication and are able to think about how to use this in practice with people you support.

Overview of Communication

What is communication?

Communication is the giving and receiving of messages in a variety of different ways. Communication happens between two or more people. It can

involve spoken words or signed communication. It can involve body language, facial expression and eye gaze.

We communicate constantly even without speaking. Tone, pitch, body language, facial expression and gesture are all ways of communicating non-verbally. People also use objects, pictures, symbols and writing as ways of communicating. Communication is important to all people in all aspects of life.

All communications can be brought back to a quite simple process:

> **Receiving** messages is known as **understanding** communication
>
> **Giving** messages is known as **expressing** communication

It is important to separate these two aspects of communication, as some people can understand more than they can express; and other people can express more than they understand. This is sometimes called the person's Communication Profile, and this will be considered in more detail in the next chapter.

Why is Communication Important?

Communication is important for all of us. It is the means through which we control our environment and experience, express our feelings, thoughts and emotions, and it is part of the way we make sense of the world around us. It is also linked to feelings of self-esteem, success and self-worth.

Good communication is an essential element of good support and of positive everyday relationships. Without good communication, people struggle to build relationships, to

participate in day-to-day life, to make choices, and to have control over their lives.

Reasons to Communicate

It is important to make sure that people can make their basic needs and wants met, for example, to signal when they are in pain. But it is also important to think of all the other things a person may want to communicate and find a way that they can do this.

We need to look closely at what people would want to communicate and make sure they have a means to do so. Some behavioural challenges can be due to an inability to communicate effectively, for example, a person may hit out at others to communicate that they are overwhelmed and want an activity to stop, rather than being able to sign 'break' or use a stop card.

Communication and People with Learning Disabilities

It is estimated that up to 90% of people with learning disabilities have communication difficulties. Around half have significant difficulties with both expressing themselves and also with understanding what others say. As communication difficulties increase, behaviours that are considered challenging typically increase in:

- frequency (how often they happen)
- intensity (how serious they are)
- duration (how long they last)

When people have very limited communication skills, we might have to work much harder to interpret the communication that they do use, for example, gestures, sounds, facial expression, or behavioural challenges. Sometimes we might have to make a best guess about what the person wants or what they are feeling. And then we need to check our interpretations by seeing how the person responds.

Providing good communication support is no different from providing good support in other areas. It starts with spending time with the person and getting to know them, being willing to take the time to really listen, and to understand that everyone has something to say, and have the right to have it heard. It is about working hard to understand whatever communication the person is already using. Fundamentally, it is about building good relationships and rapport. The importance of rapport is covered in more detail in Chapter 3.

Failure to provide the right communication support means people with learning disabilities are vulnerable to being misunderstood, being excluded from events and activities, having reduced opportunities to form positive and meaningful personal relationships, having less opportunity to build independence, and having less participation in community life.

Good communication support reduces these risks. It enables inclusive relationships, supporting people to have choice, control, greater independence and improved health outcomes. The most successful way of achieving good communication environments for people with learning disabilities is through the staff that support them. This means that **you** are an essential part of good communication!

 Learning Activity

Learning Activity 10

Here is a short video by Professor Julie Beadle-Brown from

the Tizard Centre with examples of good communication Once you have watched the video, list all the different types of communication you saw being used with the people in the video. Now think about a person you support; which of these might be helpful to use with them? Write this list down and keep both to include in your evidence for the open badge linked to this chapter.

Good Communication Standards

There are five standards recognised as important indicators for good communication[1]. As a result of these standards all staff should be able to know:

- · What good communication looks like
- · Whether good communication is happening
- · Where to access useful resources to promote good communication

We will look at each of these standards in turn and consider what you can do to ensure that the standard is met.

> **Standard 1: There is a detailed description of how best to communicate with each person.**

This may be a Communication Passport, profile or guidelines for the person. It should include information on how the person best understands communication and also how they express communication. It should have been developed with input from the person's family, friends, familiar staff and, if the person has one, their Speech and Language Therapist.

Things to check:

- Is there a Communication Passport, profile or guidelines for the person?

- Do you use it in your day-to-day support?

- Is it kept up-to-date and changed as required?

- Is it discussed regularly in team meetings or supervision?

> **Standard 2: Individuals with communication difficulties are supported to be involved in decisions about their support.**

This means that staff know the person well and know how they communicate their views. It also means that staff understand how to use visual or other communication if it is needed to support people making decisions.

Things to check:

- Do you know how the person communicates their views and choices? For example, how they say:
  - yes/no
  - like/don't like
  - I am ok/I am not ok

- Is that information used to support the person to make choices and decisions?

- Is there regular discussion in team meetings about how best to support the person to make decisions about their support?

-

This means that staff know what communication supports are appropriate for each person, and they recognise the need to adapt communication support for different individuals.

Standard 3: Staff know how to use the best approaches to communicate with each individual.

Things to check:

- Do you know what communication support each person needs in addition to verbal communication? For example, does the person benefit from the use of any of the following? (See the next chapter for details about all of these.)
    - Objects of reference
    - Photos
    - Symbols such as BoardMaker
    - Signing systems such as Makaton
    - Gestures to point or mime an action?

- Are you confident in using whatever communication system the person needs?

- Has a Speech & Language Therapy assessment been done, and if so, have you read it?

- Is the person's communication support discussed regularly in team meetings, with specific reference to the types of communication support they need?

Learning Activity

Learning Activity 11

Think about someone with a learning disability that you support. Work through each of the first three of the Five Good Communication Standards above and note your answers to the 'things to check' questions under each standard.

Standard 4: Staff ensure that they offer lots of opportunities for people to communicate.

This includes developing positive relationships which are based on spending time together and listening to what people have to say. This also includes developing positive support environments that make people more likely to communicate.

Things to check:

- What can you do to try and ensure that the environment where the person lives is supportive, friendly and positive for the person?

- Are there lots of communication supports available in the environment? For example:

    - Is there a visual communication board to tell people what is happening each day?

    - Are there staff photo rotas available so people know who is supporting them

    - Are Talking Mats used to encourage people to make choices and express their views?

    - Are social stories used to help people understand a new situation or experience?

    - Is Intensive Interaction used for those who may benefit from it, particularly those who are non-verbal?

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- Do you know how to confidently use all of these communication supports listed above?

- Are there regular opportunities for staff to practice and develop their skills in using these communication supports, for example via training or in team meetings?

Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.

This means that staff can tell if someone is unwell or in pain and are able to support the person to communicate if they are unwell.

Things to check:

- Do you know where the information about each person's health is kept and are you familiar with it?

- Do you know the signs which may indicate a person is ill or in pain?

- Do you know how to support the person to communicate about their health?

- Is this discussed regularly in team meetings or supervision?
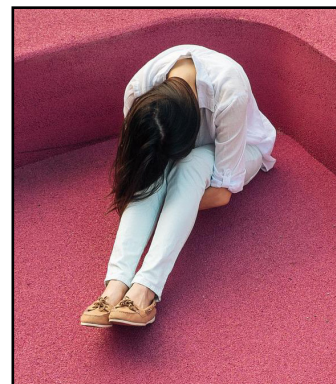
Learning Activity

Learning Activity 12

Think about someone with a learning disability that you support (you may wish to pick someone different this time). Work through the remaining two of the Five Good Communication Standards above and note your answers to the 'things to check' questions under each standard.

Why is Good Communication Important in PBS?

Many people with learning disabilities find it difficult to communicate when things are difficult for them. This may include if people:

- Are unsure about what is happening next, or struggle with transition from one activity to another

- Want to leave an environment, for example if it's too noisy or busy

- Don't understand what is being asked of them or are confused about a situation

- Want to take a break from an activity, or find a task too hard

- Want someone to spend time with them

- Find it difficult to share staff attention with others

- Feel bored or under stimulated

- Want to get access to something they find very desirable, for example, food items or a favourite toy or object, or high priority items such as a mobile phone

- Are in pain or feel unwell

If people with learning disabilities are unable to communicate their needs and their feelings in these types of situations, then it is common to use behaviours that challenge as a way of getting their needs meet. For example:

- Someone may punch themselves in the head as a way of telling staff they can't cope with what is being asked of them, and to get staff to take the task away

- Someone else may begin to shout loudly as a way of gaining staff attention

- Or somebody may grab out at staff as a way of telling them that they want an item that they can't have

- And some people might bang their head off hard surfaces to communicate that they are in pain, or to help ease the pain

Hopefully you can see that these behaviours which might be described as challenging, are actually all communication. They are a way for the person to tell us that something is not right. This could be either in their overall support, or just that they need something different from what we are providing at that point.

Using behavioural challenges to communicate is not specific to people with learning disabilities; we all use our behaviour to get our needs met. And given the right circumstances, we would also all use behaviours that challenge, if we had no other option to communicate our needs.

Remember, that often behaviours that challenge may be the person's only way of communicating effectively. And they may have learned over the years that it can be an effective way to get their needs met. However, it is important that we do not perceive behaviour, even if does have a communicative function, as displayed to intentionally affect others.

Put simply, the person's behaviour is their communication method. But if this behaviour is distressing for the person, or harmful to themselves or others, or puts them at risk of social exclusion, then we need to help them learn different ways of communicating and alternative ways of getting their needs met. This is what PBS does.

Here are examples of communication-based PBS approaches:

- Teaching an 8-year-old girl to ask for a break from class using a 'break card' rather than screaming and biting her hand.

- Using a 'now & next' board to help a 22-year-old man with severe learning disabilities to understand what is happening next, so that he doesn't become anxious during transitions.

- Teaching a sociable man with mild learning disabilities how to start a friendly conversation with people he meets at the local shop, so that he doesn't grab out at strangers when going round the shop.
- Using a choice key ring with visual symbols to help a young autistic woman with learning disabilities to choose an activity to calm her when she is beginning to get distressed and agitated in a noisy environment.

Summary

- Communication is an essential part of good support and of living a full and happy life.

- Communication is person-specific, and we need to understand how each person communicates best.

- Most people with learning disabilities have communication difficulties.

- It is likely that everyone you support will need some additional communication supports, rather than just verbal communication.

- There are a range of different communication supports, including the use of objects, gestures, signs, symbols and written communication.

- Whatever communication supports work best for the person, these must be used consistently by all staff.

Open Badge

This open badge will help you to show what you have learned about good communication from this chapter. To apply for this badge, think about someone you support who displays behaviours that challenge, and consider your answers to the previous learning activities in relation to the 5 communication standards.

Write a short reflective statement of between 200 and 300 words using what you have learned in this chapter to answer the questions below.

1. What is important to know about this person's communication? Why?

2. How could you improve how you support the person with their communication? Try to think of at least 3 specific things that you and others supporting the person could do differently.

3. How might better communication impact on any behaviours that challenge?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 10-12** from this chapter to apply for the open badge for this chapter.

PBS
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Positive Behaviour Support #4
Good communication

Click/tap on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Badge 4: Good Communication

Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

[1] Royal College of Speech and Language Therapists (2013). Five Good Communication Standards https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/good-comm-standards.pdf
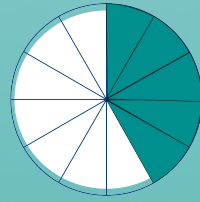
Chapter 5

Communication tools and approaches

Main learning points

- It is important to know what people's verbal understanding is, and how many 'key words' they can use and/or understand

- There are simple ways that someone's key word understanding can be assessed

- It is important to know what visual methods of communication work best for a person

- There are a range of visual communication tools which can support communication

- A PBS-specific Communication Passport has been developed and is a very useful tool for providing PBS and good support for communication

Chapter Overview

This chapter builds on the previous chapter which focused on communication. The previous chapter explored what communication is and why good communication is important within a PBS approach. This chapter will consider communication in more detail and will look at specific tools and approaches that can help build good communication for people with learning disabilities.

The aim of this chapter is to help you learn about specific supports to communication, in particular visual supports.

Key Word Understanding

Key word understanding is the number of key words the person can understand in a sentence. You may also hear this referred to as "information carrying words".

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It is important to know the key word understanding for the person you support. This helps you think about how long your sentences should be, and how best to use words to communicate. In the sentences below, there are examples of one, two and three key word understanding.

One key word – get the **cup**

Two key word understanding – put the **cup** on the **table**

Three key word understanding – put the **cup** and the **spoon** on the **table**

Here is a short video by Dr Jill Bradshaw, from the Tizard Centre, talking about the importance of not over-estimating the person's ability to understand verbal communication.

She explains how we all tend to overuse verbal communication, and that sometimes it is the context that helps people understand key words, rather than the spoken language.

Assessing Key Word Understanding

It is best to have a qualified Speech and Language Therapist assess someone's communication skills. However, there are also things you can do to try and have a better understanding about someone's communication abilities, and some of these are very simple – so why not have a go!

Here is a link to a tool for assessing someone's key word understanding: https://www.talkingmats.com/wp-content/uploads/2013/09/SUST2013.pdf

The **Stirling Understanding Screening Tool** is a good way to work out what kind of key word understanding a person has. It is used with the person to check if they understand words for some specific objects. It might be helpful to print it off now before you go any further. (Note you should focus on pages 2&3).

Directions for using the Tool:
A range of simple objects are placed in front of the person, for example, comb, key, phone, and then you ask, "where's the comb?" You can pause and let the person have a look, and you can repeat the instruction. If the person is able to select the comb, then the first column (YES) is ticked.

If you need to add in a sign or gesture, for example miming combing your hair, then the second column (WITH SIGN) is ticked. This helps you work out if the person needs a sign or gesture as well as the word.

And if the person isn't able to respond, then the third column (NO) is ticked. If the person fails to respond three times in a row, then you stop.

If the person is able to identify all three objects in the one key word row, then you would move on to the next row, with two key words, for example "show me the key and the book". And just repeat the process. This is done up to four key word level.

This helps you decide what level of understanding the person has, and whether they understand words, or also need gestures and signs.

Remember someone's understanding and their expressive communication levels could be different. So both should be assessed and considered when putting tools in place for either understanding or for expression.

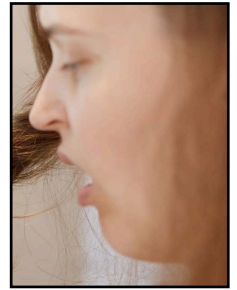## Learning Activity 13

Carry out the Stirling Understanding Screening Tool with someone you support. Discuss your findings with a colleague and note their views; did they agree with your findings? Were they surprised at anything you discovered?

Case Example: Why Key Word Understanding Matters

Jenny has a severe learning disability and understands at a 2 key word level. She can get very confused and anxious when she doesn't understand what has been said, or what is happening next.

She is collected by the bus every day to go to a day centre. On Tuesday, staff told Jenny her bus was coming and helped her get her coat on. However once she went outside, the bus wasn't there, and staff realised it hadn't arrived yet. Staff tried to explain and said, "*No Jenny, your bus isn't here yet, you need to go back inside and wait for a while. It will be here soon*". They then tried to escort her back into the house and started taking her coat off.

Jenny got very confused, and she became very anxious. She began to scream and hit her face, which is what often happens when Jenny is upset.

A more helpful verbal communication to Jenny (based on the fact she only understands two key word sentences) would have been. "Wait. Bus soon. Wait."

A pause between each sentence would have given Jenny time to process the information.

Here's Jill Bradshaw again with some guidance on good communication. She gives some guidance about how best to use language and how to make this as simple as possible. She asks the important question – *do people understand what we are asking them to do?* Using the environment can help the person understand, for example by gesturing towards an item or activity.

Please click on the image below to play the video.

Visual Communication

To support someone to understand our words, we can use some visual supports for communication. This section will discuss a range of different visual supports for communication. These range from those that are simplest to understand, (that we understand at an earlier developmental stage), and those that are more complex, (which we understand at a later developmental stage).

It's important to remember that we all use visual communication supports at times throughout our lives. It is not specific to people with a learning disability. Here's some examples of when you might have used visual communication:

- On a menu, particularly when eating abroad

- In the safety guidance leaflet on an aeroplane

Learning Activity 14

Natalie has a severe learning disability and understands at one key word level. Staff often describe her as *stubborn and non-compliant* as she doesn't do what they ask and won't get involved in activities when invited.

When staff want Natalie to help come and set the table for dinner, this is what they say:

"Up you get Natalie, it's time to set the table, come on through to the kitchen and we'll get the cutlery. Come on Natalie, come and help me please."

How do you think staff could use language differently to help Natalie get involved in the task? Think about key word understanding and note down your ideas how staff could improve their communication in this situation. Discuss your ideas with a colleague.

- Signs on the door of public toilets

- In public health information (e.g. about washing your hands)

Here's a link to Dr Jill Bradshaw talking about visual communication. She talks about why visual communication might be needed, and how we all use visual communication, for example, to help us plan our time and to know what is happening each day/week.

The video also shows examples of different kinds of visual communication.

Visual communication

On the next two pages, you will see a table that shows the different types of visual communication that you can use to support people to communicate.

Please click on the image below to play the video.

This column has been left blank intentionally.

Please remember that a person's expressive communication may sit at a different level to their understanding. It is important the person has the right tools based on their level of needs and that these may differ depending on whether the tool is for helping them understand or helping them to express.

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Types of visual communication

Type of visual	Useful for	How to check	Suggested visuals
Objects (these are the real objects used within a task)	People with 0-1 key word understanding. People who understand concrete concepts, based on the here and now, and what they can see. These are the easiest visuals for people to understand.	Can the person make choices using objects? Can they select one object from another? Do they show anticipation linked to an object, e.g. I go to the bathroom when staff show me my bubble bath?	Use "Objects of Reference", which means each activity has an object that indicates it, e.g. a spoon for dinner time, a swimsuit for swimming. These should be person specific. Objects can also be combined with spoken word and gestures.
Gestures (e.g. pointing)	People at a 0-2 key word understanding, but also useful for others in specific situations.	Can the person understand when you point to an object? Can the person point or gesture to items to indicate they want something? Can they move closer to an item to indicate they want this? Can they use Makaton signs to indicate they want something? Can the person understand some Makaton signs?	Makaton or natural gestures such as pointing, or miming the action, e.g. pointing to the person's coat, while also saying "coat" and miming putting your coat on.

Table continued on next page.

Type of visual	Useful for	How to check	Suggested visuals
Photos	People with 1-2 key word understanding. People who understand concrete concepts, based on the here and now.	Can the person find or select choices from a range of symbols? If they can this can be useful for a visual communication aid.	Photos must be clear without background distractions in the photo. Use photos to indicate activities happening next, or for the staff rota, or to breakdown activities into parts, e.g. recipes
Symbols	Basic symbols such as 'now & next' can be used with people with 1-2 key word understanding. People with 3-4 key word understanding may understand simple sequences, e.g. a daily timetable	Can the person find or select choices from a range of symbols? If they can, this can be useful for a visual communication aid.	Choice boards using symbols. Symbol timetables or visual schedules. Activities broken down into symbols.
Written words HELP	People with 4+ key word understanding. Only a small proportion of people with a learning disability are likely to understand written words.	Can the person read some key words? Are they more likely to be able to read if the words are used in context? Can the person write down words or sentences?	Written diaries Calendars Social stories These can be combined with pictures. 'Easy-read' written documents can help.

Symbol-based Communication

Symbol-based communication can be used in lots of ways.

- To offer choices visually, for example for food or drink or activities

- To express feelings, for example having different feelings expressed through pictures and using this to express how something has made the person feel

- To express pain, for example having pictures of different body parts to express where the pain is

- To share information visually, for example, for daily timetables or staff rotas, or menu planning

- To help explain difficult concepts

- To give clear instructions

Here are some examples of symbol-based communication.

Example: To help George get on better with his neighbours

George lives at Elm Court Road.
This is good.

George lives with neighbours.
George's neighbours are nice.
This is good.

Sometimes neighbours make noise.
This is ok. George can wear ear defenders.

George's neighbours don't mean to upset him, they want to be friends

Social Stories/Scripts

Social stories™ or social scripts support the sharing of meaningful information in a person-centred way. They follow a defined process for how they are developed, gathering information and developing personalised text and illustrations.

Read more about social stories here https://carolgraysocialstories.com/social-stories/what-is-it/

Sometimes, flat 6 is busy. This means Ahmed has to wait to use the computer.

This is ok. There are other things that Ahmed can do until the computer is free.

Staff know that Ahmed likes using the computer. They will do fun things with Ahmed first.

Then it will be time for Ahmed to use the computer. Thanks for waiting Ahmed.

Visual Choices Boards

These can be used to help ensure people with learning disabilities understand the choices that are being offered to them. Often verbal communication can be confusing, especially when choice is being offered; some people with learning disabilities may just repeat the last word they heard, or the last choice that was offered. This means their actual choices and preferences may be missed. Using visual choice boards can help ensure that people are able to make more genuine choices and are able to express their wants, needs, and concerns.

It's important for everyone around the person keep using visual communication supports, even when you think the person is understanding your verbal communication. Sometimes it can seem that the person isn't using or relying on visual supports as much, and the people around them may stop using them, or use them less often. But visual communication supports are key for everyone, particularly people with communication difficulties.

Here is Jill Bradshaw explaining the importance of keeping using visual communication.

Example: To help Paul tell us what he wants, or if he is in pain.

Paul's Communication Book

Things I like to eat

- Drink
- snack
- cake
- biscuits
- ice cream
- peanut butter & jam
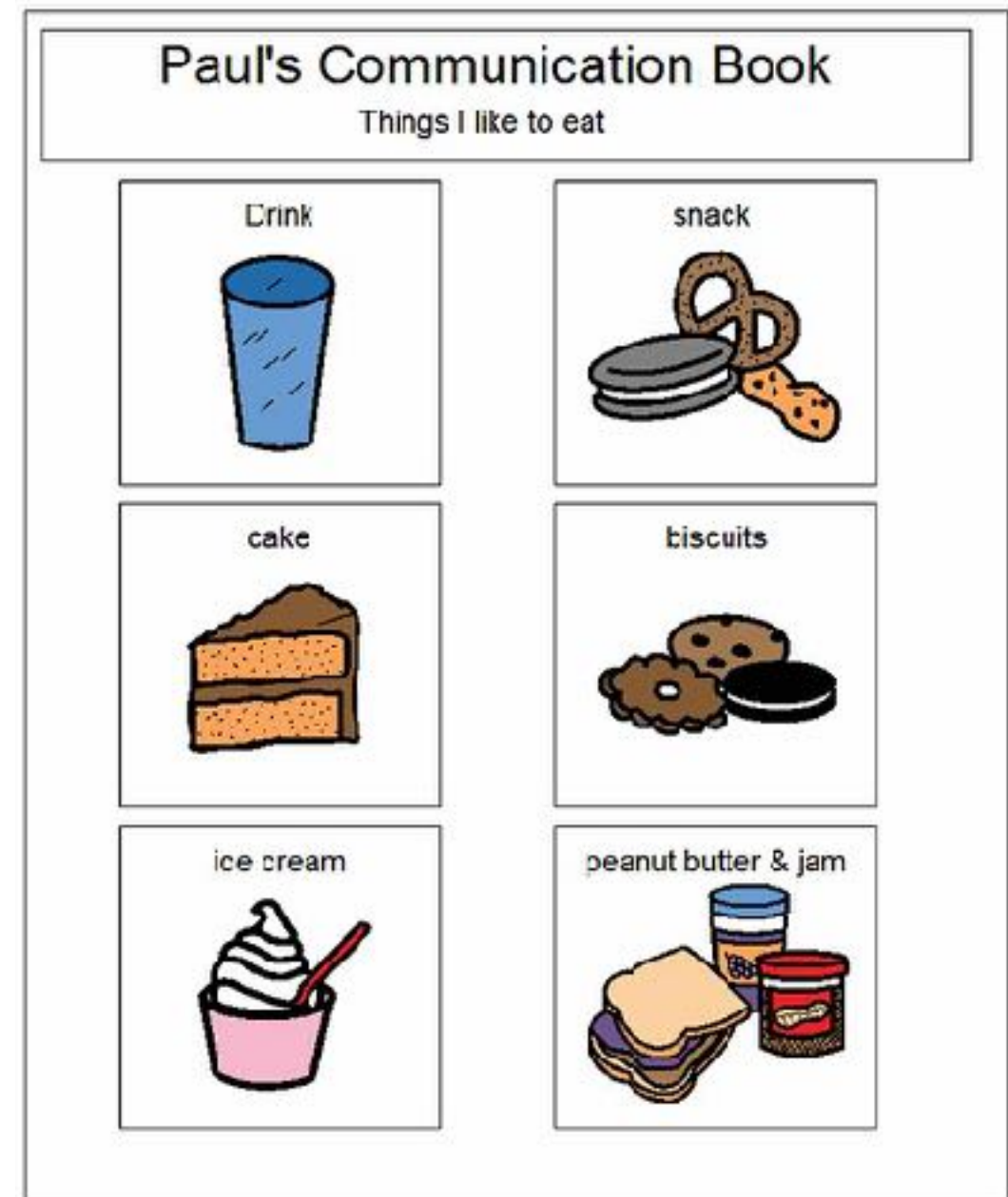
Click on the image above to see a short video showing two pages from Paul's communication book.

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Example: For Paul to tell us what activity he wants to do)

Paul's Communication Book
Things I like to do - outside

walk   car

park   walk dog

shopping   wheelbarrow
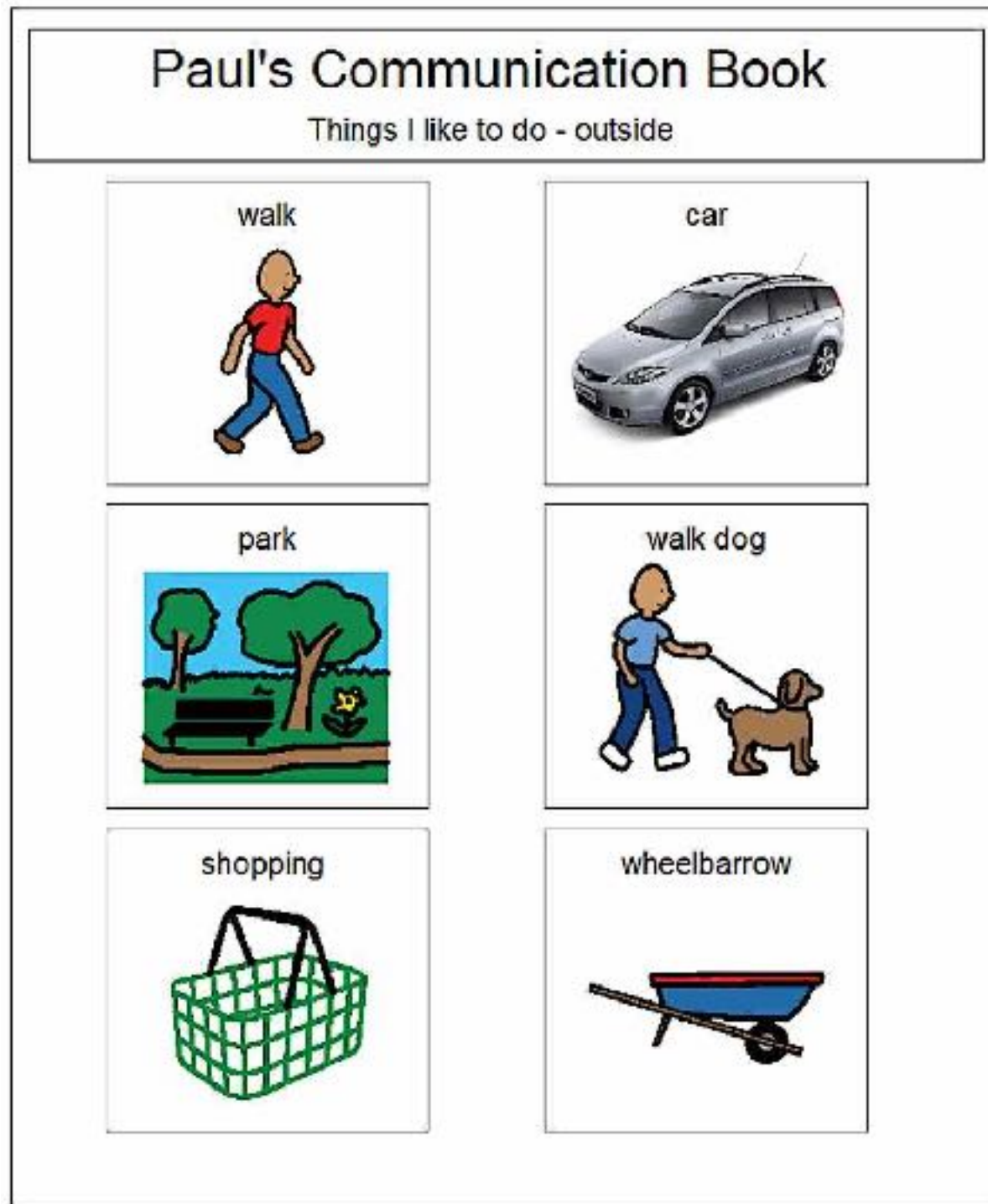
Click on the image above to see a short video showing pages from Paul's Communication book

Talking Mats

Talking Mats™ is a low-tech visual communication tool which uses a doormat with pictures attached, to support people to have better conversations. There is also a digital version available, which can even be used remotely when a 'Thinker' and 'Listener' cannot be together in person.

Used with permission from Talking Mats™

Communication is a fundamental human right, yet we know that the people we serve can struggle to be heard by others. Talking Mats not only facilitates a person who has difficulties with communication to structure a conversation, but has also been described as a 'listening space'.

The fact that a Mat engages verbal, visual and tactile routes of communication together is much more powerful than the verbal alone in supporting someone to express themselves; it makes topics more concrete and understandable, supports concentration, thinking and reflection and, because participants are focussed on the Mat in front of them, it reduces the pressures of a face to face conversation.

We often gain a remarkable amount of information in a short timeframe using this format, but using Talking Mats may well teach us more about our *own* communication skills too! In the role of the 'Listener' we are encouraged to really pay attention to our non-verbal cues, body language and tone of voice, and how they might inadvertently influence people with support needs who may tend to want to please us and tell us what they think we want to hear. In the caring professions, we can also focus too much on how to 'fix' a person's problems, or are too busy thinking of what we want to say in response to properly hear them. Talking Mats gives busy support staff 'permission' to sit down with the person they support and *really* listen.

We all sometimes just want to 'get things off our chest', yet when people with support needs 'vent' they are in danger of being labelled as 'challenging' in their behaviour! Talking Mats can create a safe space to share feelings; using Talking Mats to 'check in' regularly with a person being supported can help us deal with small issues before they become big issues for the individual.

Talking Mats Research Associate, Dr Jill Bradshaw, has looked at using Talking Mats as part of functional analysis in PBS. Traditionally, this has been done without directly asking the person being supported for their view, partly because they may well have communication challenges. Yet communication issues are often at the root of difficult behaviours and our focus in PBS is often on improving communication and mutual understanding. Bradshaw found that, through using Talking Mats, people are more able to give their views about what is important to them, about their behaviour of concern and why it occurs, what constitutes 'a bad day' for them, and what helps to make things better.

For more information about Talking Mats and to access training to use it, please visit www.talkingmats.com.

Watch the video about Talking Mats on the right. This shows a Talking Mat being used in practice.

Communication Profiles

It is worth noting that people may have different abilities in relation to expressive communication and understanding communication.

Brian: Both understanding and expressive communication are below 1 key word, so may not even understand or express single words. This is sometimes described as pre-verbal.

Sue: Good understanding at 4 key words, but can't express herself very well, only has 1 key word expressive communication. We may underestimate what Sue can understand as we don't hear her use longer sentences.

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John: Good expressive communication and can put 4+ words together in a sentence. John may seem very verbally fluent, but we can overestimate what he can actually understand as understanding is only at 2 key words.

Learning Activity

Learning Activity 15

Think about someone you support and consider the different types of symbol-based communication described above. Identify which ones are already used and how they help. For those not being used currently, how might these be useful and what could you do to support their use?

Communication tool	Is this used?	How could it be used to help communication?
Simple symbols		
Social stories		
Visual choices board		
Talking Mats		

Communication Passports

Communication Passport were created as a practical and person-centred way of supporting children, young people and adults who cannot easily speak for themselves. Since their first creation, a specific PBS Communication Cassport has been developed; this describes how to use a PBS approach for people who have communication difficulties.

It is recommended that you study this PBS Communication Passport in more detail as it will be useful to help you work in a PBS-informed way.

The PBS Communication Passport is written in the person's own voice. This allows their needs to be expressed in a way that reminds everyone they are dealing with a person who is trying to communicate with them in ways that they might not have otherwise recognised.

Find out more about the PBS Communication Passport here https://mycommpass.com/

Here is a video of Kate Sanger, family carer and co-creator of mycompass.com talking about the use of PBS Communication Passports:

Summary

- Key word understanding is the number of key words the person can understand in a sentence

- It is important to know about key word understanding for the person you support as this helps you think about how long your sentences should be

- People may have different abilities in relation to expressive communication and understanding communication

- Visual communication support is often beneficial to support communication for someone with a learning disability

- Symbol-based communication can be useful for some people, e.g. to offer choices visually, or to share information visually

- A PBS Communication Passport has been created and is very useful for use with people who engage in behaviours that challenge

Open Badge

This open badge will help you to show what you have learned about how to use communication tools from this chapter. To apply for this badge, you must complete the following tasks:

Download the Communication Passport template MyCommPass template (pptx). Consider someone you support, and complete slides 7-11 regarding their communication.

1. Think about someone you support who displays behaviours that challenge, and complete slides 7-11 regarding their communication.   Use the prompt questions to complete as much information as you can – there may be bits you don't know the answer to.

2. Did completing the template help you learn anything new about the person's communication?

3. Which communication strategies and tools may be useful?

4. Discuss your ideas with a colleague and write a short summary of your conversation

Submit this **along with learning activities 13-15** from this chapter to apply for the open badge for this chapter.

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**Positive Behaviour Support #5
Communication tools
and approaches**

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 5: Communication tools and approaches

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.
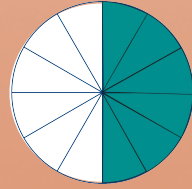
Chapter 6

Active Support

Main learning points

- **Engagement and participation are important for everyone**

- **Active Support is focused on increasing participation and engagement**

- **Participation is taking part in everyday tasks and activities like everyone else**

- **Engagement is about improving quality of life by being involved**

- **There are four core principles of Active Support**

- **Active Support is more successful when staff receive coaching and mentoring**

Chapter Overview

This chapter will introduce you to the importance of Active Support as a key part of PBS. It will describe the benefits of Active Support for people with learning disabilities and how it can increase participation and engagement in activities.

The aim of this chapter is to explain the four core principles of Active Support, and to help you think about how you can use Active Support in your practice.

Overview of Active Support

Active Support is an approach focused on supporting people, irrespective of disability, to participate in meaningful activities and to develop relationships through that participation. The aim is to increase the person's independence and provide them with more control within their lives, ensuring active participation in their community. Doing activities together helps develop

relationships and builds opportunities for shared enjoyment and engagement.

This is achieved by ensuring people receiving support are the focus of staff's attention and activity. It involves a change of staff's roles from being **carers** to being **enablers** with a focus on supporting engagement in meaningful activities.

At the heart of Active Support is the belief that everyone, with the right support, can contribute, be involved, make choices, and influence their environment.

The virtuous circle of Active Support[1] helps demonstrate how support staff can become **enablers** by using Active Support within their practice. The diagram below is based on the one from Mansell J et al (2004) 'Person-centred active
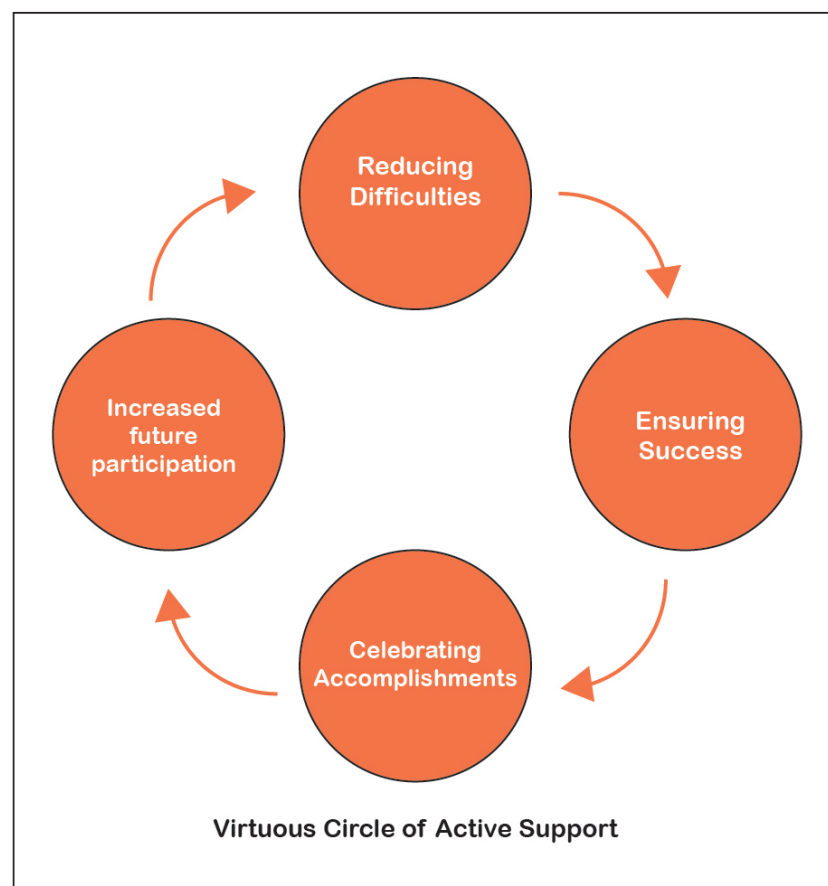
support: A multi-media training resource for staff to enable participation, inclusion and choice for people with learning disabilities'

Here is an explanation of things you should consider for each of the circles in the diagram.

Reducing difficulties

Ensuring that support is built around what the person likes and enjoys.

Supporting the person to be involved in parts of tasks which they can do.

Making it easier for the person to know what to do in each task that are involved in.

Trying new things out by supporting the person to 'dip their toe in' rather than expecting full participation from day one.

Ensuring success

Giving just enough support to ensure that the person is successful in the task but not so much that the staff member is taking over.

Celebrating accomplishments

Making sure the person is aware of their accomplishments by praising their hard work.

Showing the person what they can achieve and celebrating their success.

Increased future participation

More likelihood the person will want to get involved in tasks in the future.

More mutual respect is created

Virtuous Circle of Active Support

Why engagement and participation are important

Click/tap on the image above to play a short slide show.

Why Engagement and Participation are Important

Research has proven that Active Support can provide a number of benefits. Watch the slide show below to find out what these are:

What is Participation?

Participation is doing tasks everyone else does, in the same settings as everyone else. These are ordinary activities such as:

- Cleaning your own home
- Walking the dog
- Buying your own shopping
- Making your own meals
- Having friends over
- Attending local clubs
- Participating in hobbies
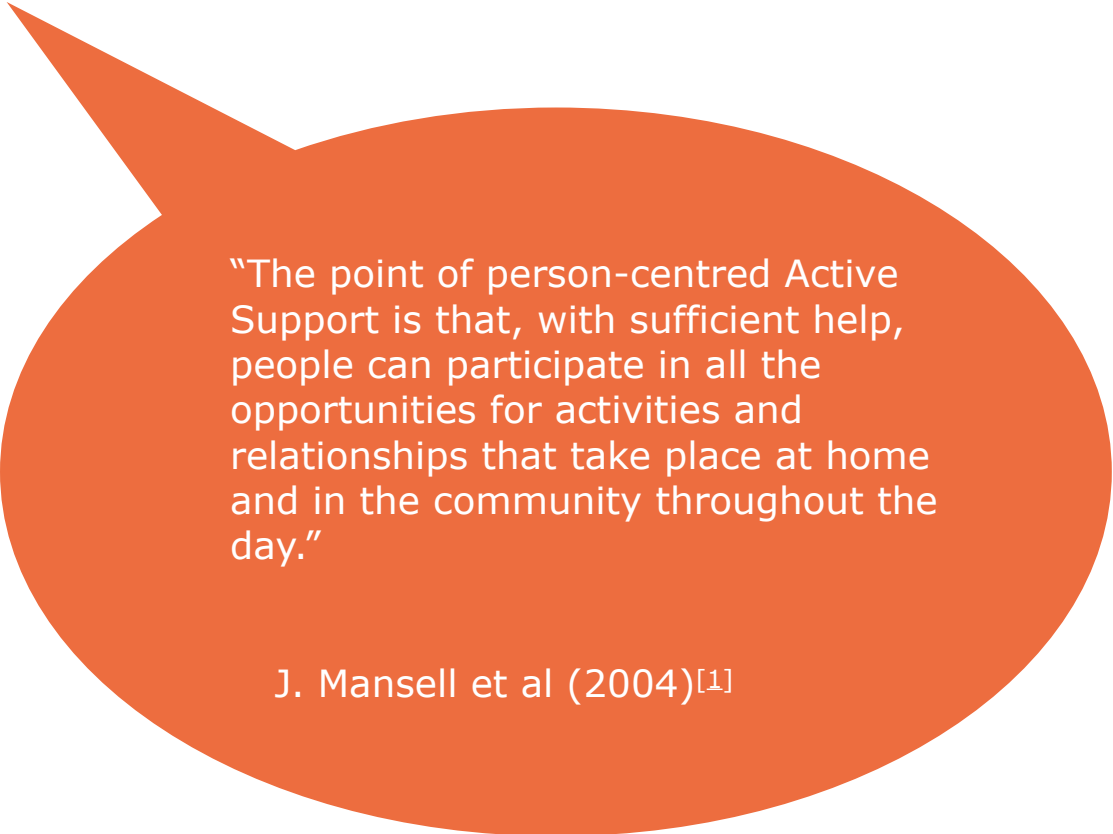
What is Engagement?

Engagement focuses on increasing quality of life through active participation in the person's physical and social environment. This means a person is using resources within their environment and community to carry out tasks and to achieve their goals and is interacting with others in a way that right for them.

Often when people think about engagement, they think about a person doing every aspect of a task or activity independently. While engagement can mean doing a full task independently, it can also mean any of the following:

- Doing some aspects of the task or interaction independently. This could be that the person washes their car independently but requires support to set up the items needed to do this.

- Doing all aspects of a task or interaction with support. This could be someone making their meal with support from another person throughout.

- Doing some elements of the task or interaction with support. This could be someone cleaning their own home but requiring regular breaks and the ability to leave and come back as often as they need.

"The point of person-centred Active Support is that, with sufficient help, people can participate in all the opportunities for activities and relationships that take place at home and in the community throughout the day."

J. Mansell et al (2004)[1]

Engagement could also be someone using their support to prompt conversation topics with peers or members of their local clubs.

Core Principles of Active Support

Engagement is about a person being supported to participate in a way that works best for them. Active Support provides a framework for this. There are four core principles which will help you to support people to increase their engagement and participation.

1. Every Moment has Potential

2. Little and Often

3. Graded Assistance

4. Maximising Choice and Control

Every Moment has Potential

Every moment has potential is about continually thinking about the ways you can support the person to be involved in every activity that occurs throughout their day. There may be some pre-planning and thinking about this, but importantly there also may be tasks that occur throughout the day that you decide at the time to encourage the person to engage in.

This is not about the person only engaging in task/interactions that you or the staff team feel they can do fully and independently. It's about identifying which elements of all the tasks/interactions within someone's day that they can be involved in, and then offering the right support to ensure success in these.

The principle looks for every opportunity for engagement in every activity the person comes in to contact with each day. It means thinking about what parts of every task/interaction the person can be engaged in. More importantly is the need to use every day natural interactions and tasks and not to create artificial tasks.

Every moment has potential can be achieved through relationships, home tasks, and leisure activities. Here are some examples.

The person could visit the local store weekly. To promote engagement, you could encourage the person to:

- Say what they would like on their shopping list before leaving

- Pay their own bus fare

- Have control of the list

- Steer the shopping trolley

- Take charge of paying for the shopping

To promote engagement at home, you could:

- Encourage the person to answer their door rather than do this for them
- Encourage participation in household tasks

Relationships can be supported through:

- Engagement with neighbours, community members, and peers

⚒ **Learning Activity**

Learning Activity 16

List activities that you currently do each day for the person you support. Think about routine activities, domestic and self-care tasks, accessing community resources. How many of these tasks could the person you support be involved in?

Write a short plan for someone you support that would use the principle Every Moment has Potential. This should be no more than a short paragraph.

If you would like to apply for the open badge for this chapter, please keep your list and plan to attach to the evidence for you application.

- Encouraging participation in social media, letters, telephone, and cards to friends and family
- Support to engage in leisure activities should also be encouraged

Little and Often

It is important not to overwhelm a person or expect too much initially. Remember its always easier to try small amounts of an activity/task before being expected to do it all.

When supporting the person to engage using little and often, ensure you provide simple instructions and make participating as easy as possible.

Participating for long periods of time can be difficult, especially if the person has not been supported to participate like this before. This principle allows people to try tasks, leave when they want, and return if they would like. This encourages them to participate where previously they may not have as full tasks were too much.

It is important not to discount an activity the person previously did not engage in or that didn't go well. It may be that the activity wasn't introduced in the most helpful way and/or the person did not have the opportunity to try small amounts of the activity before the whole task was expected.

Examples:

- When cooking, it may be useful to ask the person to help make dinner but allow them to initially just come and watch. Then when they are comfortable and ready,

offer small opportunities to engage such as; stirring the pot, cutting items, pouring liquids, etc. At the same time there is always the ability for the person to leave and return as they feel comfortable.

• When a person is trying a new activity, it may be beneficial for them to initially observe the activity taking place. This could then grow to participating for short amounts of time before they decide whether they would like to continue attending the activity and for how long.

Learning Activity

Learning Activity 17

Think about someone you support. Think about the opportunities for activities and interaction that exist throughout their day, and where they could build on participation and engagement.

Write a short plan that you could implement with them that would use the principle Little and Often.

Keep this plan to attach as part of your evidence for the open badge.

Graded Assistance

This principle focuses on providing the right level of support to ensure success without taking over or providing too much support. The aim of the principle is to support participation and it is essential that the person's preferences for types of support are met.

It's important to note that the type and level of support being provided will change based on how the person is feeling and the type of task being expected. You and the staff team should be willing and able to change the level of support provided based on what is needed at the time.

It is important that you utilise just enough help to ensure success:

• Hand on hand assistance – This is placing your hand; on, beside or under, the other person's hand, or on the same item as the person to support their ability to compete the task well.

• Physical guidance – This is placing your hand on the person's body in some way as to indicate or support them to complete a task well. This is gentle contact, and no force is provided.

• Positioning items – This is placing items in certain places, or in an order that supports a person's ability to complete a task.

• Demonstrate the activity – This is standing alongside a person and showing how the whole task is completed or showing them how to do elements of a task before offering the person an opportunity to do it.

- Verbally instruct – This is telling a person each step of a task as they go along and what they need to do to complete it, or it can be asking a person to do a task and then the person completing the task.

Learning Activity 18

Consider a routine task that you support someone with. This could be a domestic or self-care task, or a leisure activity. Think about the different types of support you use, such as instruction, demonstration, physical guidance.

Do you think this is the right level of support the person needs? Are there any changes you could make to ensure the right level of support?

Copy the table below and add your answers in the columns. Please keep your completed table to use as part of your evidence for the open badge.

Task / Activity	Types of support provided	Any changes which could ensure the right level of support is given?

Maximising Choice and Control

Many people will have a history of not making choices or their choices not being honored. It is essential that you encourage the person to make choices throughout their day. This will encourage them to make more choices, more often.

You and the staff team should encourage the person to make choices, with a particular focus on making decisions on how that person would like to spend their time. Encouraging more choice here increases a person's control within their own lives.

It is vital that you and the staff team identify what activities the person likes to do or which elements of each task they enjoy. It is also important to respect how a person likes to be supported and ensure this type of support is provided.

Essential Factors in Effective Active Support

There are some factors that are important to ensure that Active Support is effective. These have been identified through research studies and through the experience of Active Support practitioners over many years.

Increase predictability and consistency

Consistency and predictability in routines is very important. Creating structure within a person's day and week ensures continuity and supports engagement and participation.

Staff trained in Active Support

Studies show that high numbers of staff trained in Active Support are more likely to achieve better quality of support.

Coaching and mentoring

A key element of Active Support is the use of observations and feedback by an experienced practitioner in Active Support. Observations help focus on what is occurring every day and how well you and the staff team are implementing Active Support with the person you support. Observations

and feedback of activities, tasks, and interactions help to identify what is going well but also provide support in areas that staff members may require.

Experienced practitioners providing hands-on training is vital in making sure Active Support is successful in practice. This involves providing specific feedback, spending time with the member of staff, and modelling good practice. All three elements, observation, feedback, and hands-on training, ensure Active Support is effective.

Summary

Active Support is focused on supporting people to participate in meaningful activities and relationships. The aim is to increase the person's independence and provide them with more control within their lives.

Active Support can help you to provide:

- Increased engagement
- Increased independence
- Increased choice
- Increased community activities
- Increased social activities
- Reduced behaviours that challenge
- Increased interactions and understanding between people receiving support and their staff

Engagement is about a person being supported to participate in a way that works best for them.

There are four core principles of Active Support:

Every Moment has Potential

Every moment has potential is about continually thinking about the ways in which you can support the person to be involved in every activity that occurs throughout their day.

Little and Often

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Open Badge

This open badge will help you to show what you have learned about how to provide Active Support from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge, and consider your answers to the previous learning activities in this chapter.

Write an account of between 200 and 300 words on how you plan to use Active Support in your practice, answering the questions below.

1. What tasks/activities did you identify where a person's engagement & participation could be increased?

2. How could you use the ideas of Every Moment Has Potential and Little and Often?

3. Thinking about the levels of assistance, what type of support will you consider?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 16-18** from this chapter to apply for the open badge for this chapter.

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 6: Active Support

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

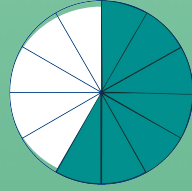[1] Mansell, J., Beadle-Brown, J., Ashman,B.& Ockenden,J. (2004).Person-centred active support: A multi-media training resource for staff to enable participation, inclusion and choice for people with learning disabilities. UK: Pavilion Publishing (Brighton) Ltd

Chapter 7

Understanding behaviour

Main learning points

- Behaviours that challenge need to be considered within context

- There are links between behavioural challenges and trauma

- Behaviours that challenge are a communication from the person

- A useful way of thinking about behaviours that challenge is the ABC Model

- ABC recording can help us understand the reasons behind behaviour

- There are 4 main functions of behaviours to consider

-

Chapter Overview

This chapter will introduce you to understanding behaviour. It will give a description of how to consider behavioural challenges in context and the importance of being aware of the impact trauma may have had on some people.

The aim of the chapter is to introduce ways of understanding behaviour, using the ABC model and to highlight the best ways to use ABC charts to identify functions of behaviour.

Defining Behaviour

There are several terms used to describe behaviours displayed by people with a learning disability which could be seen as dangerous, uncommon, and/or strange.

The terms used are:

· behaviours of concern
· behaviours that challenge
· behavioural challenges
· behaviours perceived as challenging
· distressed behaviour
· challenging behaviour

The preferred term used in this ebook is **behaviours that challenge** but, in your workplace, other terms may be used interchangeably. These terms are used to describe behaviours such as physical aggression towards others, property destruction, self-injurious behaviour, faecal smearing, and sexually inappropriate behaviour.

Behaviours that challenge have been defined as;

"behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or physical safety of the individual or others, and is likely to lead to responses that are restrictive, aversive or result in exclusion"[1]

This definition is widely used as it places an emphasis on the person's quality of life and the impact behavioural challenges can have on the responses of others to ensure safety.

Behaviours that Challenge within Context

Behaviours that challenge do not exist in a vacuum, and it is important to consider the context in which they occur. In the past behaviours that challenge have been said to exist within the person and the focus of supports have been on how to change the person. More recent research

has shown us that this is not the case and these behaviours exist within the interaction of the person and their environment.

So what does this mean…

It means that when we are seeing behaviours that challenge, there is something wrong with the environment and it is our role to identify what this is and make changes. It means that we need to change the environment, not try to change the person (see chapter 2 for more information about capable environments).

Behaviours that challenge are socially constructed. What this means is that the behaviours in themselves are not challenging but in certain circumstances and due to a number of factors they may be perceived as challenging.

Let me give you an example of what this means. Some behaviours when displayed in certain environments will be perceived as challenging whereas when they are displayed in other environments they will not.

• Punching another person when in the pub will be perceived as challenging but when in a boxing ring will be acceptable.

• Running away from your home for a fitness routine will not be perceived as challenging but leaving home and carers when road safety and general vulnerability is a concern, could be perceived as challenging

• Shouting might be seen as challenging in some situations, but if it's at a football match, it will be seen in context as acceptable.

Behaviours that Challenge and Trauma

It is also important that we consider the impact of trauma when we discuss behaviours that challenge. It is recognised that traumatic experiences are common and can have long term effects on health, wellbeing, and functioning.

People with a learning disability are at an increased risk of experiencing trauma. This higher risk of harmful or abusive events can be influenced by an increased reliance on others for support, and the imbalance of power in the relationships of people with learning disabilities.

The effects of trauma may also present differently, and behaviours that challenge may reflect the impact of trauma. It is important to recognise this risk and the potential impact of trauma in order to support people in a way that is right for them.

Traumatic events vary in their nature, duration, and intensity. Trauma can be a one-off event, like a car crash, or multiple events such as sexual or domestic abuse. This type of trauma is often referred to as complex trauma and often occurs in the context of relationships.

The table on the right shows the differences between the two types of trauma.

Trauma is defined not just by the nature of the event, but how the person experiences the event and its impact on the person's emotional, social and physical wellbeing.

Type 1	Type 2
Single Incident Trauma	Multiple Incidents
• A single and unexpected traumatic event • Usually occurring out of the blue • With very little or no warning	• Multiple of varied events • A number of experiences that can have a cumulative impact • Longstanding events and experiences
Examples • Assault • Road traffic accident • Terror attack	Examples • Childhood exposure to domestic violence, involvement in a car crash, and then experience of community violence • Physical abuse • Sexual abuse • Neglect • War

Effects of trauma

Here are some of the effects that trauma can have on an individual. Use the arrows to move left and right.
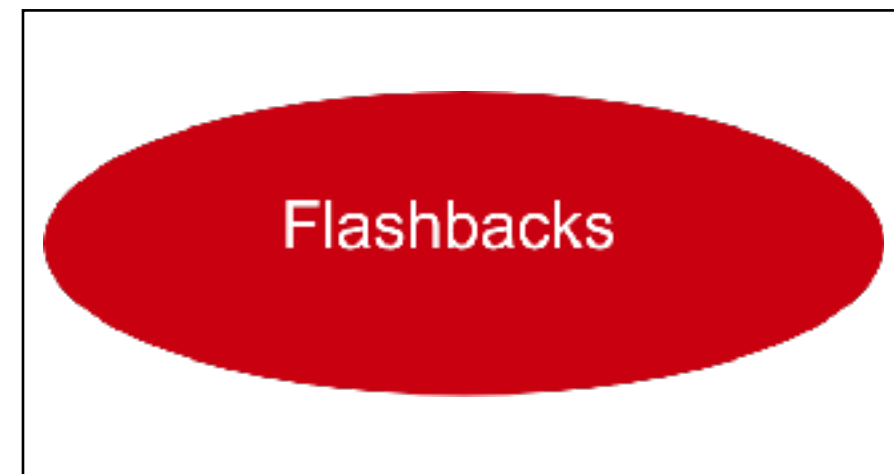
Click on the image above to open a slide show with examples of the effects of trauma

Trauma and People with Learning Disabilities

For people with learning disabilities, many behavioural challenges may reflect the impact of trauma. Here are some examples of behaviours that challenge which we may see when people with a learning disability have experienced trauma:

- Behaviours which seem aggressive

- Refusal to cooperate

- Withdrawal and sleeping at inappropriate times

- Hypersensitivity

- Sensory seeking

- Task avoidance

- Relationship avoidance; hard to get to know or feel close to; difficulties with proximity or touch

- Extreme attention seeking

- Poor social skills; poor turn taking; talking too much; misreading facial cues

- Big reactions to small events

- Not understanding some words

- Preferring younger games

- Having a chaotic life

- Being untruthful or providing confusing explanations

- Unable to reflect on incidents; blaming others

PBS and Trauma Informed Practice

Trauma Informed Practice means recognising when someone may be affected by trauma and working with the person to take this into account. Working in a trauma-informed way means recognising the potential experience and impact of trauma and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience. This supports the aim of avoiding re-traumatisation.

Trauma Informed Practice recognises the central importance of relationships, and for people with learning disabilities those providing care and support are crucial relationships. The 5 key principles of Trauma Informed Practice are

- Safety

- Choice

- Empowerment

- Collaboration

- Trust

It is important to maintain these principles in the relationships we have with the people we support.

So now that we know what Trauma Informed Practice is, how can we ensure we use this within the PBS framework when supporting people with a learning disability who engage in behaviours that challenge?

There needs to be…
- A prioritization of relationships as the foundations of all supports

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- A focus on asking '*What has happened to you*?' Rather than on '*What is wrong with you?*'

- An understanding that behaviours that challenge are a survival strategy rather than a symptom or problem

- A focus on applying the key principles of safety, choice, empowerment, collaboration and trust.

- A push towards ensuring re-traumatisation does not happen due to our support

- An understanding that trauma may have occurred due to exposure to restrictive physical interventions so use these types of interventions could be particularly stressful and/or retraumatising (see chapter 11 for more information)

- A focus must be placed on understanding the antecedents and removing these, developing coping strategies, and a focus on person-centred reactive strategies that reduce re-traumatisation.

Window of Tolerance

The window of tolerance[3], developed by Dan Siegel, is a great way of understanding our arousal and how we function and thrive in everyday life.

There is more information about the Window of Tolerance in the video on the bottom right.

It is essential that we use a trauma-informed approach with everyone we support. We may not know a person's previous history and possible traumatic experiences therefore working in a trauma-informed way, as described above, allows a person to feel safe and build relationships. If we

Source: Jade Emery
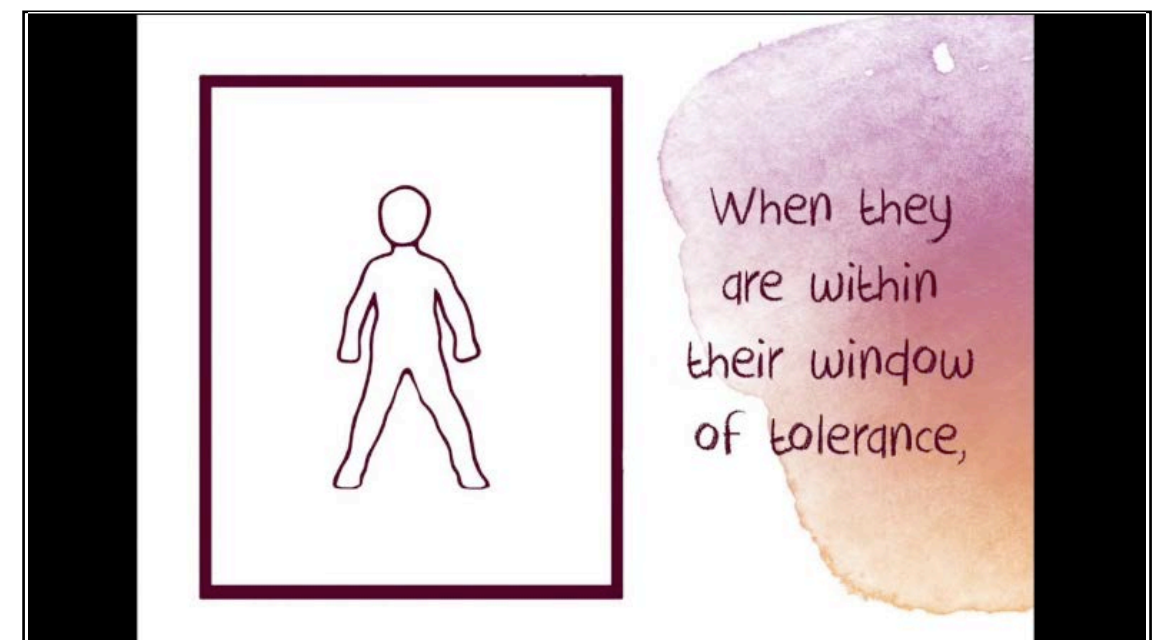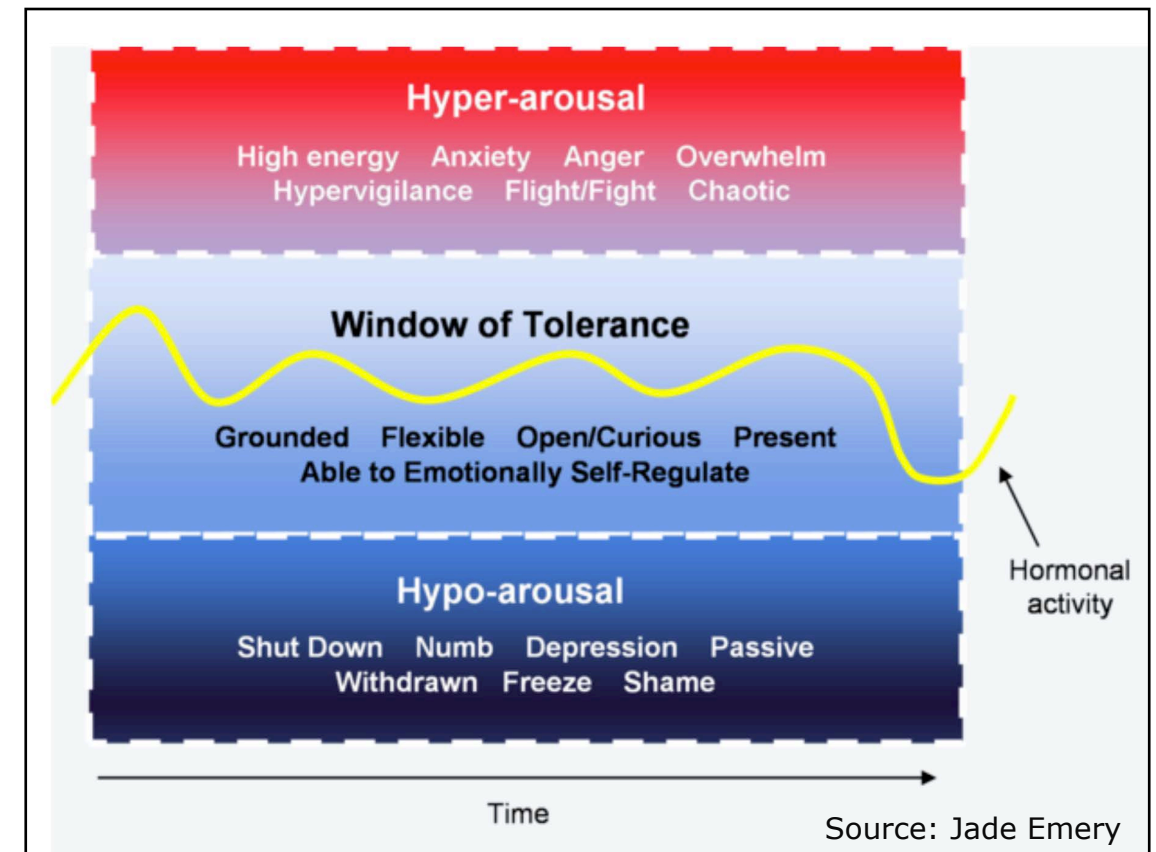
want to understand behaviours that challenge and to support people in a way that meets their needs it is important that we are trauma-informed in our practice.

Behaviours that Challenge are Communication

Now let's think about behaviours that challenge being seen as a form of communication. It's been said that behaviours that challenge are a form of nonverbal communication. Research studies have shown that a significant number of people with a learning disability have communication difficulties. This makes conveying wants and needs through conventional verbal language very difficult.

> It is important that we do not perceive behaviour, even if does have a communicative effect, as displayed in order to intentionally or consciously affect others.

Research also says that as a result, people with communication difficulties will engage in behaviours to achieve this. At times this may appear as physical aggression, self-injurious behaviour, property destruction, etc. Let's take this thought a bit further and look at the **ABC Model**. How can behaviour be a communication? And what is the behaviour communicating?

The ABC Model

Studies have shown us that behaviours that challenge, which can appear to some as inappropriate, strange, or a problem have been found to have a **purpose**, meet a **need**, and serve a **function**. To understand behavioural challenges we need to assess what purpose the behaviour serves for the person or what the person is trying to tell others. The

ABC model helps us to understand behaviour that challenges.

Antecedent	Behaviour	Consequence
Demand	Aggression	Escape from demand

The ABC model for behaviours that challenge
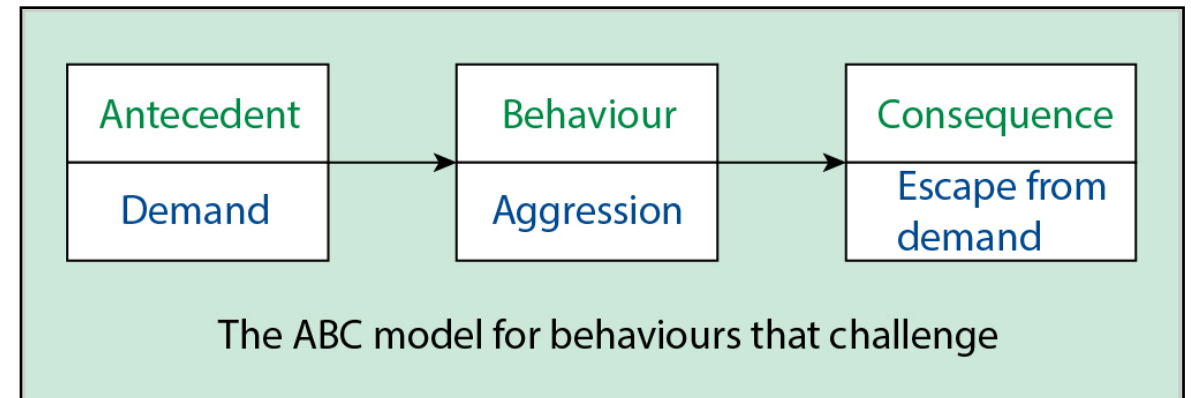
Let's look at behaviours that challenge in relation to this model, firstly, from the perspective of the supported person. Think about a situation in which a demand is placed on a person, for instance being asked to wash the dishes. The model above will help you to think about this.

Let's first address what the word consequence means in this context. When we think of the word consequence we are likely to think about something that occurs after an event and that we in some way see as unpleasant. We may even think of consequences as a corrective activity after someone has done something bad or naughty.

> That is not what this word means when we relate it to PBS or behaviours that challenge. When we use this word in this context it simply means what happened as a result of the behaviour of concern or in simpler terms, what happened straight after the behaviour of concern.

Researchers explain their model by describing a situation in which a demand is placed on a person, for example the person is asked to wash dishes. The person then engages in
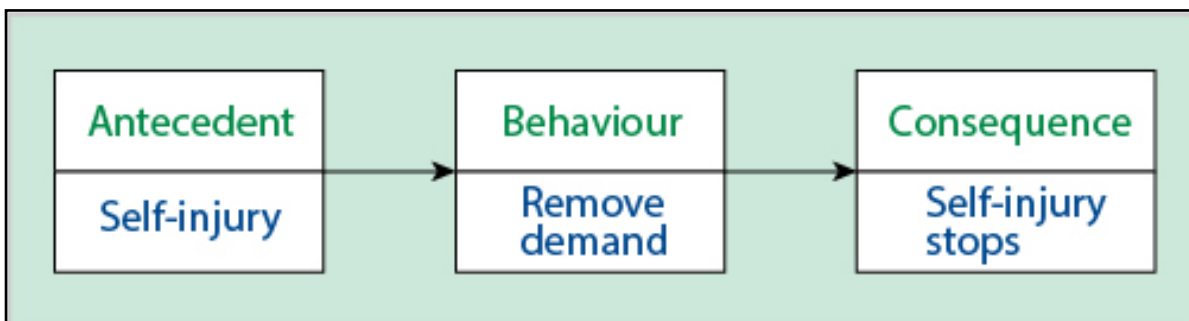
behaviours that challenge, let's say the person begins to punch their head.

As a response to this behaviour, others remove the person from the space or remove the demand (i.e. staff support the person away for the dishes or tell them they do not need to do the dishes). This results in the removal of the demand to wash the dishes. From this we can see that the behavioural challenge served a purpose, it removed a demand.

Now let's look at this exact same situation from the perspective of the member of staff

NB Please remember this is an example to show you the ABC Model and does help in understanding what purpose the behavioural challenge serves. However, it is a simplified example and supports for the person would need to consider why they didn't want to do dishes and choosing to not remove the dishes would not be the correct response to this situation)

The ABC Model is not only used to understand the behaviour of someone receiving support. It is used to look at everyone's behaviour, as all behaviours are a result of previous consequences. In this situation the behaviour displayed by the member of staff serves the purpose of removing a distressing situation.

Behaviour that Challenges from the Perspective of the Staff/Carer

Antecedent	Behaviour	Consequence
Self-injury	Remove demand	Self-injury stops

The model helps us to do this. Remember the situation of the staff member asking the person to wash the dishes. At the same time the same three-term process is occurring for the member of staff. Self-injurious behaviour displayed by the person results in the desire by the member of staff to stop this. They remove the demand of washing the dishes, resulting in the reduction of self-injurious behaviour.

Learning Activity

Learning Activity 19

Please identify the antecedents, behaviours, and consequences within the scenarios below.

Scenario 1

Ali is in the lounge watching TV. Sarah and 2 staff members come into the lounge and start setting up arts and crafts. They are chatting and joking about a funny thing they saw at the park. Ali begins to bang his hands on the armchair and then starts to hit his head with his hands. Ali's member of staff comes into the lounge to check he is okay and tries to ask him what is wrong. Sarah's staff decide it would be better to work in the kitchen and take the items they had been setting up there and close the door. Ali's member of staff sits quietly beside him and Ali stops hitting his head. Ali continues to watch TV.

Scenario 2

It is 8am and morning shift staff have just come into Samantha's house. The night-shift staff and morning staff are discussing work related matters. Samantha is in her bedroom and begins to bang on the wall. Staff become quieter and give Samantha some time but Samantha continues to bang on the walls. Staff decide to go into her room and ask if Samantha would like help to get into her wheelchair and come and have a chat with them while they do the 'handover'. Samantha stops banging the walls and smiles.

Setting Events

The ABC Model is useful in understanding the purpose in the behaviour but is limited and simplified as it does not explain why behavioural challenges do not occur each time the same antecedent is presented. For instance, imagine the scenario above in relation to doing the dishes. The staff member may be confused after this situation as the person doesn't usually engage in behaviours that challenge when asked to do the dishes. For this we need to consider **setting events**.

Setting Events	Antecedent	Behaviour	Consequence
Tiredness	Demand to complete a difficult task	Self-injury	Escape from demand / able to rest

The scenario above shows that setting events impact on behaviours that challenge. Imagine the person had not slept well, they are tired and less likely to want to engage in tasks which are difficult or require a lot of energy to be used (setting event).

The member of staff then asks the person to wash the dishes, but the person is unable to explain that they are tired, find the task hard to do, and would like to do the dishes another time when they have more energy. The person then engages in self-injurious behaviour and the member of staff assists the person out of the kitchen. The demand to wash the dishes is removed.

This helps us to see how behaviours that challenge can have a communicative effect, serve a purpose, and meet a need.

Learning Activity

Learning Activity 20

Please identify the antecedents, behaviours, and consequences within the scenarios below.

Scenario 1

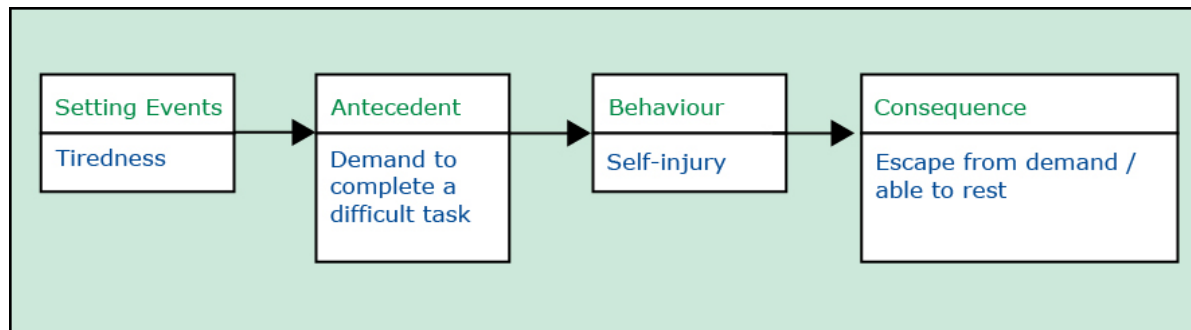It has been a busy day for Tony. He has been out all day since breakfast. When staff and Tony get back to Tony's house they say there has been an issue with the slow cooker and his lunch hasn't finished cooking yet. Staff say they will need to stick something in the oven which will take 20 minutes. Tony paces for a few minutes and then starts to pull at the locked cupboard door whilst making a high-pitched noise. Tony's staff member asks Tony to sit down and explains he will get him a snack. Tony continues to pace until his staff member brings over a packet of crisps. Tony stops pacing and eats the packet of crisps.

Scenario 2

When making breakfast Antonia's staff member asks her to spread her jam on her toast. Antonia finds it difficult to do this but with time and encouragement likes to do this and enjoys the praise she get after this. Today, when Antonia is asked to spread her jam she starts to shout loudly. Her staff member says 'it's okay, I'll help' and spreads the jam for her. Antonia stops shouting and touches the back of her staff member's hand. Later that evening Antonia's mum arrives and staff say Antonia has been pressing the side of her head and ear all day. Antonia's mum explains to the staff that this is sign that Antonia may have an ear infection.

Functions of Behaviours

Now that we know behaviours that challenge serve a function and can be a form of communication, we need to know what the behaviour may be communicating. The ABC scenarios above give one example of analysing behaviour in order to understand its function or the purpose it serves for the person, but there are many reasons other than to escape a demand.

Before trying to understand behaviour it is essential that you ensure there is no medical reason for the person engaging in behaviours that challenge. It's important to check if the person is in pain or discomfort. Common illnesses include toothache, earache, and constipation. Ensure you access a medical professional to diagnose any conditions.

Only after ruling out any medical concerns would we consider the 4 other functions of behaviour. These are:

- Escape/ avoidance of situations or demands
- Access to social attention
- Sensory stimulation
- Access to tangible items

Let's look at these four functions in more detail.

Escape / Avoidance: The behavioural challenge serves the function or removing demands, getting away from distressing situations, or avoiding unpleasant situations.

George is at school. Due to a burst pipe, George's class have been asked to work in a different room. The room echoes, is really warm, the lights are very bright, the desks are laid out differently, and everyone is now sitting in different places. The teacher gives the class instructions. George doesn't

Image by Stockking on Freepik

follow the instructions and tries to place his fingers in his ears and keeps closing his eyes. George starts making jokes and gets his classmates laughing. The teacher asks George to leave the classroom and go to the headteacher's room. The headteacher tells George he must work in a room by himself. George does his school work.

Social Attention: The behavioural challenge serves the function of gaining access to social interaction.

Sarah is sitting on her own, she sees a member of staff walk past the door. Sarah has no way of asking staff to come and talk to her. Sarah begins to make loud vocalisations and hits her head with an open palm. The member of staff sees this and comes into the room. She sits with Sarah, reassures her that she is okay, and talks about some of the fun things that Sarah has been up to in the last week. Sarah stops hitting her head.

Sensory stimulation: The action the person engages in feels good or is enjoyable.

Scott regularly looks at lights in his room for long periods of time. He can often be found moving his hands and other items in front of his face. This act appears to block out and then allow the light through. Scott is always happy and will laugh when he is doing this. Scott likes to engage in this behaviour both at home and in his local community. He particularly likes bright lights and will go towards these types of lights when he sees them. It can be difficult to distract Scott when he engages in this.
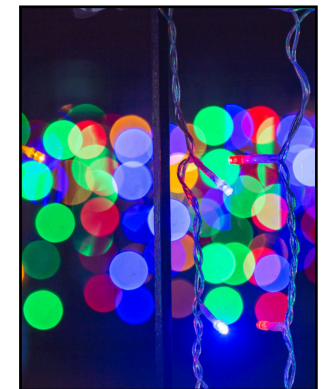
Tangible: The behavioural challenge serves the function of gaining access to an item or activity.

Poppy is thirsty. She has no way of asking for a drink. Poppy walks up to a member of staff and pulls their jumper sleeve.

The member of staff asks her to sit down, Poppy continues to pull at her sleeve, this time more forcefully. The member of staff finally says that Poppy should sit down and she will get everyone a drink. Poppy sits down and her member of staff brings her a drink.

For people with complex needs, behaviours that challenge can serve a function or meet a need. These behaviours can provide control, communicate need, and or provide feedback.

It is important that these needs are met; knowing that a behaviour achieves a purpose does not mean we stop providing what the person is seeking. It is our job to ensure their needs are met before the behaviour occurs and that they have other means of achieving their need or gaining the feedback required.

Remember behaviours that challenge are related to the interaction of the person and their environment - getting that environment right is always the first step. (See chapter 2 Capable Environments).

Please complete Learning Activity 21 on page 84 before moving on.

Recording Behaviour – How and Why

How to Record Behaviour

To understand the function of behaviours that challenge it is important to record them as they occur. This information can then be analysed to understand what purpose it serves for the person. The ABC Model (Antecedent, Behaviour, Consequence) that we looked at earlier helps us to understand the purpose of behaviours that challenge. An ABC form (also called ABC chart) based on the model we looked at can help us to assess behaviours that challenge to understand what the person is communicating.

An ABC form is a tool that that allows us to record information about behaviours as they occur or shortly after they have occurred. It is an observational tool. This means it is completed based on what has been seen at the time.

An ABC form is split in to three main sections: antecedent, behaviour, and consequences. It may also ask for some other accompanying information in order to further understand factors such as time of day or days of the week.

Here is an example of an ABC form:

Date: 04/02/20	Time: 13:00	Completed by: *John Smith*
Antecedent	**Behaviour**	**Consequence**
Susan (flat mate) came into the room and switched the TV on. George was already listening to music.	*George began to shout loudly. He looked sad and was trying to cover his ears.*	*I asked George if he would like to go through to the dining room to listen to music. I picked up his speakers and encouraged him to bring his Ipod. George came through to the dining room. I closed the door and after a few seconds George returned to listening to his music*

Learning Activity

Learning Activity 21

Please read the 4 scenarios below and identify the function of behaviour for each one. Please write your answer and your explanation of why that function was selected. Keep your answers to use as part of your evidence for the open badge linked to this chapter.

Scenario 1
Andrew is on his own in the garden. He is on his swing. Andrew gets off his swing and starts jumping up and down, spinning around, and making a loud sound. Staff become concerned and run to the garden and ask Andrew what is wrong and try to tell him to come inside and stop. Andrew does not engage with them and continues to spin around and make a loud noises. Staff decide to stand back and not acknowledge that Andrew is doing this. Staff say Andrew can do this often and it's hard to distract or redirect him. Andrew continues to engage in spinning and making loud noises. This continues for 20 minutes and then decides to go back on to his swing.

Scenario 2
It has been a busy day for Tony. He has been out all day since breakfast. When staff and Tony get back to Tony's house, they say there has been an issue with the slow cooker and his lunch hasn't finished cooking yet. Staff say they will need to stick something in the oven which will take 20 minutes. Tony paces for a few minutes and then starts to pull at the locked cupboard door whilst making a high-pitched noise. Tony's staff member asks Tony to sit down and explains he will get him a snack. Tony continues to pace until his staff member brings over a packet of crips. Tony stops pacing and eats the packet of crips.

Scenario 3
Ali is in the lounge watching TV. Sarah and 2 staff members come into the lounge and start setting up arts and crafts. They are chatting and joking about a funny thing they saw at the park. Ali begins to bang his hands on the armchair and then starts to hit his head with his hands. Ali's member of staff come into the lounge to check he is okay and tries to ask him what is wrong. Sarah's staff decide it would be better to work in the kitchen and take the items they had been setting up there and close the door. Ali's member of staff sits quietly beside him and Ali stops hitting his head. Ali continues to watch TV.

Scenario 4
It is 8am and morning shift staff have just come into Samantha's house. The night-shift staff and morning staff are discussing work related matters. Samantha is in her bedroom and begins to bang on the wall. Staff become quitter and give Samantha some time, but Samantha continues to bang on the walls. Staff decide to go into her room and ask if Samantha would like help to get into her wheelchair and come and have a chat with them while they do the 'handover'. Samantha stops banging the walls and smiles.

The **antecedent** section is where you should note down things that happened before the behavioural challenge occurred. At times, it may not be clear the link between the antecedent, behaviour, and consequence – so make sure to be as objective as possible.

What this means is you should write down exactly what occurred, even if you don't know if that event may have had an impact on the person. There are many times when a link is only seen after multiple ABC forms are collected and then looked at together.

Some things to be aware of and note down are: other people in the space and how many people were in the space, what activity was taking place, what sounds/noises were occurring, how hot or cold it was, and any particular strong smells.

The **behaviour** section is where you should write down exactly what the behaviour looked like. Detail here is important and slight differences in certain behaviours that challenge may indicate a different communicative intent. Make sure to add information about the physical actions as well as facial expressions, noises/words used, gestures, etc.

The **consequence** section is where you should write down what happened straight after the behavioural challenge occurred.

A few examples are;

- Behaviour - Tom put his hand out and waved it up and down. Consequence - **the bus stopped and Tom got on.**

- Behaviour – Karen puts her noise-cancelling head phones on. Consequence – **Karen can't hear the construction noise.**

- Behaviour - Ben say's no I don't want to. Consequence – **Ben doesn't have to do the dishes.**

Similar to the antecedent section, you may not always be able to find that link initially so make sure to note down exactly what happened. Later, you may see patterns appear.

Remember, ABC forms are in place to collect objective information about the behaviour. It is important that you write down exactly what you saw. Ideas about what the person may be communicating are important and should be discussed and noted in other records, but the ABC form should only contain information about what occurred / what could be seen.

> Remember consequence doesn't mean corrective treatment or what you did to tell someone off. It means what happened as a result of the behaviour or in simpler terms, what happened straight after the behavioural challenge.

After creating an ABC form it is important that all staff complete these when a behavioural challenge occurs. The more information you have the more likely you are to be able to identify patterns and from this understand what the person is trying to communicate to you.

Click here to see some examples of ABC forms.

1. Can you identify which ABC forms have been filled out correctly and which haven't?

2. Can you identify what else may need to be added to the incorrect ABC forms to ensure they will be beneficial to those analysing the ABC forms?

Once you have completed the above task please look at the answer form and compare your answers to the answers highlighted <u>here</u>.

Why Record Behaviour

As well as everyone completing forms, it is really important that you do something with all the forms that have been completed. So what should you do…

You will need to look out for patterns. What this means is look out for common links between antecedents, behaviours, and consequences across all the ABC forms you have completed.

Within the antecedents' section look out for the situations in which the behaviour is most likely to occur.

- Does it happen more often when the person is doing or is being asked to do a certain activity?

- Does it happen more often when there are certain characteristics in the environment? (i.e. loud noises, certain smells, busy spaces, certain lights, etc.)

- Does it happen more often at certain times of the day or on certain days?

- Does it happen more often when there are certain people within the vicinity or providing support?

- Does it happen more often when the person is told they cannot have something?

- Does it happen more when there are certain favourable items within the environment?

Within the consequence section look out for what commonly occurs after the behaviour happens.

- Does the behaviour commonly result in being left alone.

- Does it result in certain characteristics in an environment being removed? (i.e. loud noises, certain smells, etc)

- Does it result in the person being supported out of the place they are currently in?

- Does it result in the person getting access to something they really like?

- Does it result in the person being given clarity about a situation or a clear answer about when something will happen?

- Does it result in people coming into the person's space?

- Does it result in some form of interaction? Even if this isn't always a positive interaction.

- Does the person seem to enjoy the behaviour? Do they appear to find it pleasurable?

Don't forget to use the ABC model and functions of behaviour information that you learned about earlier. This will help you to understand what the person may be communicating.

Watch these videos to find more information on completing an ABC form.

Here is a resource from the Challenging Behaviour
Foundation that will help you to complete an ABC form.

Summary

Behaviours that challenge services do not exist within a vacuum and a person's environment is crucial in understanding what changes are needed to better support them.

When behaviours that challenge occur, there is something wrong with the environment and it is our job to identify what this is and make changes. We look to fix the environment, not the person.

Conveying wants and needs in a conventional manner can be difficult for a person with a learning disability. Behavioural challenges have a communicative effect and may be the person's only way to meet their needs.

Behaviours that challenge have a purpose, meet a need, and serve a function.

The first thing to do when there is a new or difference in behaviour is to rule out a medical reason.

The are 4 other functions of behaviours that challenge:

- Access to Social Attention
- Escape/ Avoidance of distressing situations or demands
- Access to Tangible items
- Self-stimulatory

ABC charts are a great way to gather and analyse behaviours in order to understand the purpose for the person.

ABC forms are in place to collect objective information about the behaviour. It is important that you write down exactly what you saw

Remember when we know what function the behaviour serves we do not simply stop providing that response or remove the desired outcome. We need to ensure the person's needs are met before the behavioural challenge occurs and support the person to build new skills which meet the need.

Open Badge

This open badge will help you to show what you have learned about understanding behaviour from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge.

Write an ABC form for a situation you came across where there was a behavioural challenge. Think about everything you have learned about setting events, antecedents and consequences and use this to fill out the ABC form as fully as possible.

Submit this **along with learning activities 19-20** from this chapter to apply for the open badge for this chapter.

�", PBS
Community of Practice Scotland

Positive Behaviour Support #7

Understanding behaviour

Click on the link to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 7: Understanding behaviour

Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

[1] Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007). Challenging behaviour: A Unified Approach [College Report No.144].

[2] https://www.rcpsych.ac.uk/docs/default-source/ improving-care/better-mh-policy/college-reports/college-report-cr144.pdf?sfvrsn=73e437e8_2 (accessed 13.02.2022)

[3] https://www.psychologytoday.com/us/blog/lifespan-psychology/202004/expanding-the-window-tolerance (accessed 14.09.2022)

[4] McGill, P., Clare, I. C. H. & Murphy, G. H. (1996). Understanding and responding to challenging behaviour: From theory to practice. *Tizard Learning Disability Review, 1*(1), 9-17.
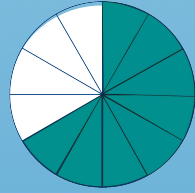
Chapter 8

Learning new skills

Main learning points

- New skills are important for everyone

- Learning new skills can help avoid behaviours that challenge occurring

- There are three categories of new skill:
    - General skills
    - Functionally equivalent skills
    - Coping & tolerance skills

- We can teach new skills using:
    - Task Analysis
    - Prompting
    - Chaining
    - Reinforcement

- Examples of New Skills Plans can help you plan how to teach someone a new skill

Chapter Overview

This chapter will introduce you to an important part of the PBS framework – helping the person to learn new skills. Learning new skills can mean the person no longer needs to engage in behaviours that challenge, and therefore it's an essential part of PBS.

The chapter will introduce you to different types of new skills, and then give guidance on how best to write plans to teach a new skill. The aim of the chapter is that you are able to start planning how to help someone you support to learn a new skill.

Why New Skills are Important

Learning and having skills are vital for everyone. It helps us increase our independence, support others, and to develop our self-esteem. We all find pleasure in meeting our own needs, learning new things, and being independent. It is essential that people with a learning disability are also able to experience this.

When choosing what skills to develop it is important that the things that are meaningful and valuable to the person are at the forefront. Being able to do things that support the person to live as independently as possible and in the way they prefer is crucial.

But new skills should also be focussed on fun. The more fun the skill is, the more likely we are to engage with the learning. We should try to support the person to learn a skill that provides more fun in their life.

For instance...

- If a person loves music, helping them to learn how to switch their Ipod on and play the music they love is fun.

- If an individual loves water, helping them to learn how to run a bath, fill up the sink, or fill the garden mini-pool on hot days is fun.

- If a person enjoys laughing with others, helping them to learn new jokes and how to deliver these in order to get the response they love is fun.

- If someone likes to sort things into categories, helping them to learn how to do their weekly recycling is fun.

- If a person loves a specific sport, helping them to learn how to play this is fun.

New Skills & Behaviours that Challenge

As well an ensuring more fun and independence we also need to consider building skills that meet the function of a person's behaviour. As described in Understanding Behaviour chapter 7, people may engage in behaviours that challenge in order to meet a need or communicate a want. Teaching a person to meet their own needs or to communicate what they want could decrease the need to engage in behaviours that challenge.

If someone you supported engaged in physical aggression in order to stop an activity, helping them to learn how to use a stop card for the activity to end would decrease their need to engage in physical aggression.

Similarly, if a person engaged in self-injurious behaviour in order to communicate the need for a cup of tea, supporting that person to learn how to make their own cup of tea whenever they wanted would decrease the need to engage in self-injurious behaviour to get access to this.

> Learning new skills provides "more effective and socially acceptable ways of getting one's needs met

We know that people with a learning disability are more likely to have communication and learning difficulties therefore direct skills teaching is particularly important in supporting them to learn new skills.

Building new skills can:

- Provide the person with other ways to meet their needs

- Improve the person's ability to cope with their environment

- Help the person learn & develop

- Equip the person with alternatives to behavioural challenges

Here is a short video explaining why learning new skills is important.

It is essential that you take into consideration both your knowledge of the person but also structured assessments that support your ability to identify the function of behaviour (see chapter 7). A robust assessment should be completed to understand what purpose behavioural challenges serve for the person.

Developing new skills plans in order to meet the function of behavioural challenges are only effective if is clear what function that behaviour serves. Otherwise, you could cause more distress and the skills you try to teach won't be used by the person, as they do not take into consideration what the person wants or needs.

You can see some examples on the right.

Example 1

Imagine you support someone who engages in behaviours that challenge when they are in the supermarket. You and the person's staff team think that the reason this happens is because this results in the person getting access to the items they want when they are in the shop, such as preferred foods or snacks (i.e. a Tangible function). You and the team decide to put a plan in place that support the person to ask and get access to preferred food/snacks they want both before and during their shopping trip.This sounds like a great plan and helps the person

Now imagine you got the function wrong (the person doesn't want to access preferred items). What if the person is actually communicating that the place is too busy and that they want out of that space? The plan you implemented would have no impact on the behaviour and this would continue to happen.

Actually, the plan may make the situation worse as the person is then being asked to request which items they want when in fact they may already be overwhelmed. Adding in a new skill and expectation could add to the distress.
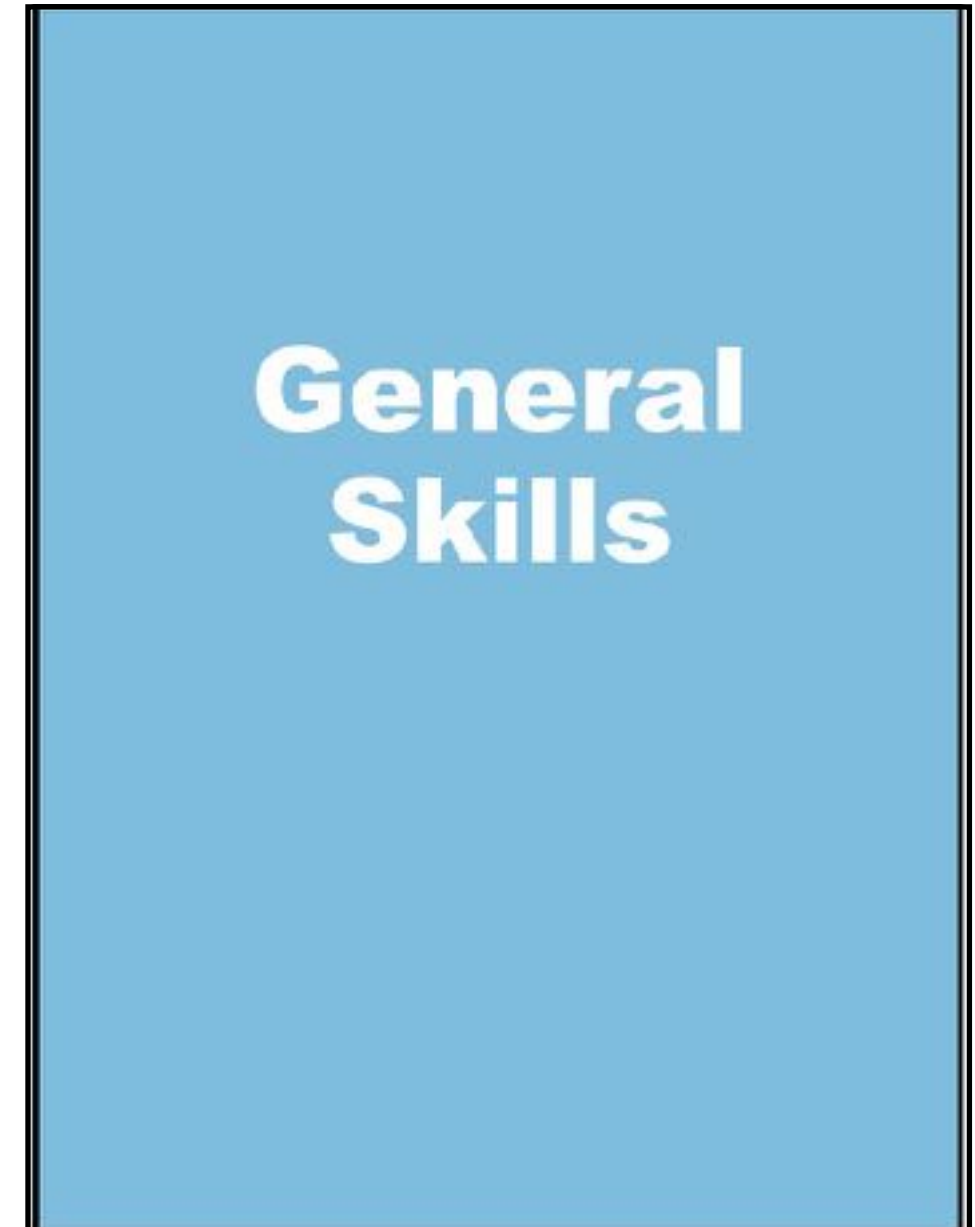
Example 2

1. General skills

Another situation may be that you support someone who engages in self-injurious behaviour. You and the person's staff team think they do this to get away from doing household tasks or away from demands being placed on them (i.e. an Escape function). You decide to put a plan in place that teaches the person to ask for a break or to stop the activity.

Again, this sounds like a great plan and builds communication skills.

Now imagine that you got the function wrong (the person does not want to get away from household tasks). What if the person actually wants more time with you and the staff team and wants you to talk to them and do things together? The plan you implemented would have no impact on the behaviour and the person would be unlikely to use it as it would result in the opposite of what they wanted.

Categories of new skills

There are three categories of new skills:

1. General skills

2. Functionally equivalent skills

3. Coping and tolerance skills

Click on the image above to play a slide show.

Generally increasing the person's repertoire of skills is important. Having access to a wide variety of activities that the person can participate in supports them to be able to do more and learn even more skills.

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2. Functionally Equivalent skills

These are skills which teach the person an alternative behaviour which meets the same need as the behaviour that challenges. This could be through supporting a person to communicate their need or by helping the person to meet their need themselves.

> **Examples of Functionally Equivalent skills**
>
> - Teaching someone to get a drink when they are thirsty.
>
> - Teaching a person to open a window when too warm.
>
> - Teaching a person to put noise cancelling headphones on when it is too loud.
>
> - Teaching someone to sign 'Break' when they want a break from a task or other people.

These skills are essential. If a person is unable to communicate or meet their need without the use of behaviours that challenge, then these behaviours are likely to continue to happen.

People have to be able to meet their own needs or have their needs met. Imagine being unable to either meet your needs or communicate you require something. That need doesn't go away, that requirement still exists.

 Now imagine engaging in a behaviour, that can appear challenging to others but provides you with that need. It's likely that you would continue to engage in this. This may be the only way a person is able to have their needs met.

Supporting a positive alternative is the only way to reduce the person's need to engage in that behavioural challenge, as it ensures the person is able to meet their needs.

3. Coping and Tolerance skills

These skills support the person by building a skill in order to cope with difficult and unpleasant situations.

> **These are only ever situations that cannot be controlled or removed permanently**.

> **Examples of when Coping and Tolerance skills might be needed**
>
> - It would be important to build coping and tolerance skills in managing buses being late if the person uses buses and didn't have or want to have an alternative mode of transport.
>
> - It would also be essential to build coping and tolerance skills if a person was afraid of dogs but loved walking. It would be unlikely on any walk to prevent seeing dogs.
>
> - It may also be useful to build coping and tolerance skills in waiting in queues if the person wants to do their own shopping, access theme parks, visit museums and attractions, etc.

Where we can find an alternative that means the person is not exposed to environments that are distressing, we should try to use these but there are some situations that cannot be avoided. For these situations it is necessary to teach the

person skills that help them to manage these situations until they can leave.

It may also be that the person is eager to stay as a preferred activity is linked in some way to a distressing situation, such as watching football live but finding crowds difficult. We can support the person to develop skills that help them to cope in these situations.

Examples of Coping and Tolerance skills

- Breathing techniques

- Relaxation skills

- Leaving situations

- Blocking sound through headphones

- Counting techniques

- Crossing the road to avoid dogs

- Writing down worries

Learning Activity

Learning Activity 22

List some new skills that would be useful to teach to someone you support. Think about at least one from each category and describe why it is important to and for the person you support.

Discuss your ideas with a colleague and note their feedback.

Building New Skills

It is our job as support staff to build and enhance a person's quality of life. Essential to doing this is learning new skills, accessing new places, and meeting new people. Our role should be to ensure we are supporting skill development throughout our support and throughout a person's life.

Slow and steady should be the focus of skill development. There may not always be immediate and dramatic change (sometimes there will be) but our role is to keep supporting skill development and increasing the quality of life of the people we support.

For many people with a learning disability, key factors that need to be considered when learning a new skill are:

1. Many people with a learning disability are not given the **opportunity** to try new tasks/ skills/ experiences. This is a vital factor in learning new skills and itself needs to be supported. There are some simple techniques within Active Support (chapter 6) that can help provide opportunities to access new skills and experiences in a safe and comfortable way for the person. 'Little and Often' is a great way to offer opportunities by allowing the person to access short amounts of activities and to pop in and out based on how they feel. 'Every Moment has Potential' is another great way of finding the opportunities as they occur every day and allowing the person to access them if they would like.

2. Clear and systematic **plans** with effective instructions which aim to support the person to learn the new skill. We will focus on this factor within this chapter.

We have already learned that the skills that should be chosen should be based on preference, fun, increasing independence, and meeting the need of a behavioural challenge. Now we will look at some of the supports that can be used to build these new skills.

As a staff team you will need to identify what skill you hope to build, how it will be taught, the supports needed to help the person learn, and what may motivate a person to want to achieve that skill. It is important to remember that when teaching new skills to a person with a learning disability, modifications, adaptations, and accommodations are vital to ensuring success.

What this means is that you may have to change the way you support the learning process to better meet the needs of the person and to help them to learn in a way that works and is right for them.

Modifications, Adaptions and Accommodations

- You might have to change how instructions are given. Providing visual instructions rather than written or vocal may be required.

- You might have to change the environment in some way. Teaching at a table with pen and paper might not work for a person. The person might want to learn by watching others do it first or by trying only some elements and slowly building their skills before trying other elements.

- You might have to change the expectations on how long a task will take. Allowing longer periods of time to complete tasks may be required.

- You may also have to change the equipment being used. A good example of an accommodation is a kettle cradle or tipper that supports independence in making a hot drink for people whose fine motor skills may result in them being unable to lift a full kettle safely and confidently.

Task analysis, prompting, and chaining are three techniques that can support learning new skills.

Task Analysis

Task analysis is a system of simplifying a task/skill into smaller, more manageable elements in order to build a new skill. It involves breaking a task down in to a series of objectively defined steps which can be taught to a person in order to achieve a new skill. This helps to provide structure both in the task but also in how it is taught by others.

The **first step** in completing a task analysis is to identify the task/skill that you hope to build. For a task analysis the skill being assessed must be a chain of steps. It cannot be a single act, for example putting light switch on, but also cannot be too complex with numerous elements that achieve different outcomes, for example driving to the supermarket, doing the shopping, and then making dinner.

Examples of skills that can be supported by task analysis

- Making a sandwich
- Brushing teeth
- Making a drink
- Packing a bag
- Crossing the road
- Choosing and putting on music
- Accessing photos on an electronic tablet
- Getting dressed
- Playing a game

The **second step** is to assess the individual steps that are needed to achieve the overall skill. There are a number of ways to achieve step two. You can:

1. Carry out the skill yourself

2. Discuss the skill with an expert (someone who can do the task well)

3. Observe someone who can perform the task to a high standard

4. Create the steps independently and make changes if needed in practice

This process is very individualised, and the steps identified for the same skill will differ depending on how complex the skill is and the abilities of the person who is learning the new skill. It may be beneficial to develop the elements of the task analysis based on the steps needed for the average person and then make changes based on how well the person can follow these steps, adding in or taking away steps. Adaptations or supports may also be required and it is important to identify these and provide them to support learning and achievement of the skills.

The **third step** is to write down, in clear terms, all the elements or steps identified. This means noting down exactly what the behaviours should look like in each step, for example 'Susan will open the cutlery drawer, take a teaspoon out, and place this in the mug sitting beside the kettle'. This will help in ensuring the step is accurately met during the learning process.

The **fourth step** is to test whether the task analysis you have created is robust and can be followed. It is beneficial to ask another person to follow the steps of the task analysis and test whether all steps needed to achieve the skill have been identified within your plan.

Click here to see two examples of task analysis.

Learning Activity

Learning Activity 23

Think about someone you support and a skill you think they would like to learn. Break the skill down using task analysis as in the example and write it down.

Discuss this with a colleague and make sure the task analysis contains all elements. Make a note of your discussion.

Prompting

Prompts are additional supports such as, gestures or touch, that increase the likelihood that someone will make the correct response. These can be used alongside a chaining method to teach new skills.

Hierarchy of Prompts

There is a hierarchy of prompts. This means that there are some prompts that are more supportive than others. It is important when building new skills that the overall aim is to remove all prompts to increase independence in tasks/skills.

Please remember to consider whether there are any Speech and Language or Occupational Therapy reports detailing the prompts the person may require.

Hierarchy of Prompts

Physical — Most Supportive

Partial Physical

Verbal

Model

Gestural

Embedded / Visual or No Prompt — Least Supportive

We will now look at each of the types of prompt in more detail. Click/tap the video in each box to see an example of the prompt.
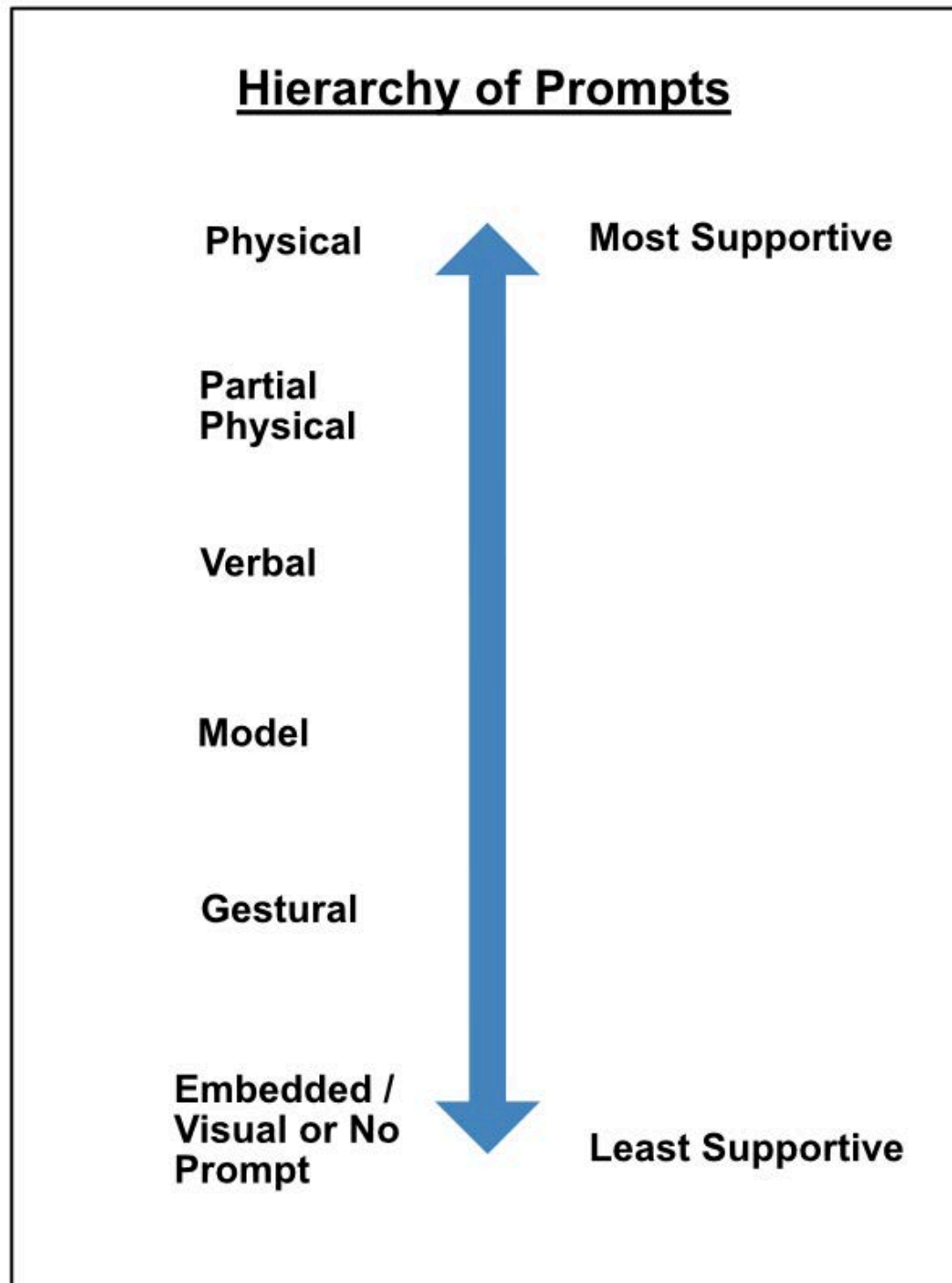
Physical

Hand Over Hand

Hand over hand

- Placing your hand over the person's hand to guide them to what they should do

- Placing the person's hand on your hand to guide them in what to do

When and why use this technique

This technique is likely to be used with a person who is happy to be touched and requires some physical support to complete the task.

This would likely be used with someone who would require physical support to achieve the task/ skill as any of the other instructions would not result in success (which is always the main goal).

Partial Physical

Partial Physical

Partial physical prompt

- Using your hand to direct a person's arm

- Placing your hand on an item the person is holding and using to complete a task

When and why use this technique

This technique could be faded or reduced by offering less and less physical support, by offering less pressure when providing touch or by moving your hand further away from their hand or arm (i.e. moving from touching hand to touching elbow).

Verbal

Verbal

Vocal instruction

- A verbal instruction that indicates what to do.

When and why use this technique

This technique is likely to be used with someone who requires regular verbal instructions to ensure they are successful in completing a task.

Verbal instructions are hard to fade/pull back on so pairing this with another one of the prompts is useful as the verbal instruction can be removed whilst the other prompt remains. Fading or removing the other instructions can be much simpler.

For example, pairing gestural and verbal together such as pointing to the drawer whilst saying 'get the teaspoon' and then removing the verbal and only pointing at the drawer would be an effective way of increasing independence and reducing the prompt required for success.

Model

Modelling

Showing the person what to do before/as they do it

- In-person

- Through video

When and why use this technique

This technique would be useful for someone who is able to copy actions that are shown.

These actions can be small elements of the task shown and then modelled or the whole task depending on the individual, their preferences and abilities.

This prompt could be faded or reduced easily by modelling less and less until the prompt was a gesture.

Gestural

Gesturing

Pointing or gesturing towards the task.

When and why use this technique

This technique would be used for someone who was able to physically do all elements but required small prompts to remember the order or to feel confident in doing them.

Again this could be faded or pulled back on by making the gestures smaller and smaller until they are no longer required and the person feels confident to do all elements of the task without support.

Embedded/Visual or No prompt

Visual instructions which are within the environment

Or

No prompt provided

When and why use this technique

This technique would be used for a person who has built their new skill and no longer requires prompts from another person. They may be able to complete tasks without prompts or may use visual or written instructions that they control themselves.

The aim with prompts is to try to move from the highest or most supportive prompt that the person initially requires to the lowest/ least supportive prompt required. The end goal should be to build new skills with the person requiring no prompt or an embedded visual/written instruction.

Prompts do not need to be exactly what is shown above as there may be some prompts that don't work for a person or prompts that they do not like. It's important to create a prompt hierarchy when teaching new skills so everyone in the team knows which prompts should be used and when. The above provides a guide to more or less supportive prompts but this is not the only hierarchy you can use. Prompts can also be combined as long as there is a plan to remove both prompts eventually.

When choosing what prompts to use it is important to consider the person's views regarding the prompts being used as well as their needs. For instance, there may be people who do not like to be touched by others unless they instigate this. In this situation hand-over-hand may not be the right prompt to use. There may also be people who do not like verbal instructions so this shouldn't be used as part of their support.

Examples of Prompt Hierarchies

Please review the two prompt hierarchy examples. As you can see, they are very different. Prompt hierarchies need to be individualised and based on the person. The hierarchies also show how you can combine different prompts and then reduce this slowly to build more independence.

The aim when building new skills is to decrease the level of prompt used as the person becomes more skilled in that task. This allows them to be successful every time without the person who is helping, taking over.

Prompt Hierarchy Example 1

Prompt Hierarchy Example 2

Prompt name	
Verbal and Hand-over-Hand (HOH): Verbal instruction as well as full HOH to complete the task.	**Most Supportive**
Hand-over-Hand: Full HoH to do the task	
Partial Physical Prompt: Directing individual arms to do the task. Not touching their hands, just touching their arms.	
Modelling: Doing the action yourself then the individual does the action alongside.	
Gesture: Pointing to what younwant the person to do. Pointing at door to open, kettle button to put it on etc	
No Prompt: Just be beside the person. Do not offer any prompts	**Least Supportive**

Prompt name	
Modelling (visual strip in the environment): Do the action first. The individual to copy action alongside you.	**Most Supportive**
Gesture (visual strip in the environment): Point towards what you want the person to do.	
No Prompt (visual strip in the environment): Be beside the person. No need to offer prompts.	**Least Supportive**

You can see examples of Task Analysis with prompts by clicking/tapping here.

Learning Activity

Learning Activity 24

Use the task analysis you created for Learning Task 23 and write down a table of the steps and the different prompts needed for each step for the person you support to achieve this independently.

Then discuss your task analysis with corresponding prompts with a colleague and make a note of the discussion.

Keep your note of the discussion and your table for evidence for the badge linked to this chapter.

Ensuring Success Every Time

It is important to remember that when building new skills, getting things right the first time with no support is not the focus. It's about having the opportunity to try new things, doing things together, and always providing just enough support to ensure success, without taking over.

'Errorless learning' is a way of building skills which means the person never fails. It is about providing prompts which ensure the person succeeds in the skill every time and then reducing prompts over time to increase independence.

It is important to reduce prompts so a person can be as independent as possible. This should be considered from the start and a plan should be developed which focusses on reducing and removing prompts. Recording the prompts used is essential in assessing the learner's performance and ensuring prompts are reduced once set accomplishment criteria is met.

Prompt Recording Form / Progress Sheet

Please click on the links below to see an example how someone's progress can be monitored. There is also a link under the table to enable you to download a blank copy of the form.

Prompt Recording Form / Progress Sheet

Chaining

It is also important to consider how you will support the learning of a new skill. Behaviour chaining is a useful system that supports learning. A behaviour chain is a series of related behaviours, one after another, which result in a preferred outcome.

Backward chaining is just one of the chaining procedures that can be used to build new skills. Backward Chaining means that when you are teaching someone a new skill, you would do all the steps of the task but not the final one. At this point you would allow the person to do this element. You may need to offer them support to do this.

Once they are able to do the last step themselves, consistently, you would then do all the step apart from the last 2 elements. Again, you would allow the person to do these last 2 steps. Once they are able to do the last 2 steps independently you would then stop doing the third last step, and so on until the person was able to do the whole task independently. When using chaining methods, you would also have to consider supports and prompts to build skills and independence.

Here is a video about Backward Chaining.

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Reinforcement

It is important to consider what will increase the likelihood that the person will engage in a task/skill in the future. The end result of certain tasks may be reinforcing in themselves. For example, making a cup of tea results in drinking a cup of tea, putting a DVD on results in watching a favourite film, learning to play an instrument results in enjoyable music. This is why it is important to consider what is fun, enjoyable, and preferred by the person before supporting the development of a new skill.

Reinforcement is person-specific, what increases the likelihood of someone engaging in a behaviour again is different for different people. It's important to consider what is reinforcing for the person and try to provide this after a skill is achieved in order to increase the likelihood that the person will want to engage in the behaviour in the future.

Examples of New Skills Plans
Please click on the links below to see examples of common new skills plans. These may include some or all of the strategies you have learned about.

New Skills Plan Example Break Card - shortened

New Skills Plan Example Total Task Chaining (Stage 1)

New Skills Plan Example Total Task Chaining (Stage 2)

New Skills Plan waiting in queues - shortened

Summary

Learning and having skills are vital for everyone. It helps us increase our independence, support others, and be integral and valued within our communities.

When choosing what skills will be taught it is important that the things that are meaningful and valuable to the person are at the forefront. Being able to do things that support the person to live as independently as possible and in the way they prefer is crucial.

As well as ensuring more fun and independence we also need to consider building skills that meet the function / purpose of a person's behavioural challenge.

Building new skills can:

- Provide the person with other ways to meet their needs

- Improve the person's ability to deal with their environment

- Help the person learn & develop

- Equip the person with alternatives to behavioural challenges

It is essential that you take into consideration both your knowledge of the person but also structured assessments that support your ability to identify the function of behaviour. A robust assessment should be completed to understand what purpose behavioural challenges serve for the person.

New Skills Categories

- General Skills

- Functionally Equivalent Skills

- Coping and Tolerance Skill

Building New Skills Involves

- Opportunity

- Structured teaching plans

It is important to remember that when teaching new skills to a person with a learning disability, modifications, adaptations, and accommodations are vital to ensuring success. This means you may have to change the way you teach something to better meet the needs of the person and to help them to learn in a way that works and is right for them.

Task analysis, prompting, and chaining are three techniques that can support teaching new skills

Open Badge

This open badge will help you to show what you have learned about how to support people to learn new skills from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge.

Write a reflective account of between 200 and 300 words about how you could help someone learn a new skill, answering the following questions:

1. How might learning this skill affect behaviour that challenges?

2. How can you use Task Analysis and Prompting to help the person learn the skill?

3. Is there anything else that could help them learn?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 21-23** from this chapter to apply for the open badge for this chapter.

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 8: Learning New Skills

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

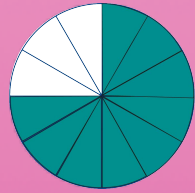[1] LaVigna, G.W., Willis, T. & Donnellan, A.M. (1989). The Role of Positive Programming in Behavioural Treatment. In E. Cipani (Ed.), *The treatment of severe behavior disorders: Behavior analysis approaches* (pp. 59–83). American Association on Mental Retardation.

Chapter 9

Positive Behaviour Support plans

Main learning points

- The main purpose of a PBS plan is to provide the person with good support and improve their quality of life

- A good PBS plan should have a range of strategies (not just one or two)

- A good PBS plan should have both proactive and reactive strategies, with far more proactive strategies

- The person should be involved in developing their own PBS plan, and people that know the person well (such as family and direct care staff) should also be involved

- PBS plans need to be implemented to be effective

Chapter Overview

This chapter will introduce PBS plans and explain what should be in a good PBS plan. It will describe the different type of strategies within a PBS plan, and these will link to earlier chapters in this book.

The aim of this chapter is to ensure you know about the types of strategies that should be in a good PBS plan. It is also important to understand the difference between proactive and reactive strategies.

What is a PBS Plan

The main purpose of a PBS plan is to improve the quality of life of the person while reducing incidents of behavioural challenge and the use of restrictive practices.

In the past, PBS plans often only focused on what was to be done when someone became angry or upset. The plans would detail, for example,

what staff and others should do if someone started shouting at people or tried to pull their hair, without necessarily detailing what staff and others could do to prevent the person becoming angry or upset in the first place.

As a result, staff often knew what they should do when someone became distressed but didn't know what to do to stop them becoming distressed in the first place. These plans were *reactive*, meaning that we knew how to *react* if someone became distressed or displayed behaviours that challenge.

In contrast, PBS plans are developed to have many different strategies within them. There are two main types:

- **Proactive strategies**: what keeps the person happy and content and improves their quality of life

- **Reactive strategies:** what works best to de-escalate a situation and what works best when the person is in crisis

PBS plans are tools used to improve someone's quality of life by describing the most effective proactive and reactive strategies to be used in order to support someone to live as fulfilling a life as possible So, a PBS plan is a written plan of proactive and reactive strategies which:

- Describes personalised support outcomes

- Acts as a practical guide to be followed consistently by everyone supporting that person

- Acts as a safeguard to protect the rights of the person and those who support them

What Should be in a Good PBS Plan

Before reading the next section, revisit the Understanding Behaviour chapter to remind yourself of the basic concepts about behaviours that challenge.

A good PBS plan should be underpinned by a good understanding of why the behavioural challenge is occurring. The function or functions of the behaviour should be clearly identified and linked to the support strategies in the PBS plan.
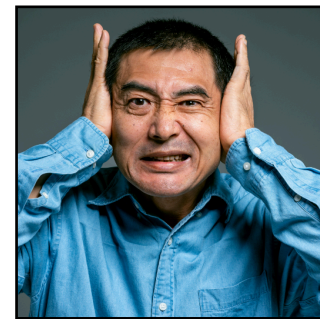
For example, if the functional assessment shows that the person is hitting both of their ears because the environment is too loud, then the PBS plan should detail what needs to be done proactively so that the person does not need to do this. For example:

- Create a more capable environment by turning down the volume of the TV

- Ask staff to speak more quietly

- Help the person learn to turn the TV down themselves

- Teach the person to sign (or use pictorial symbols) to communicate that it is too loud

If the functional assessment shows that the person is lifting a cup and throwing it onto the floor because they would like a drink, then the PBS plan should detail what needs to be done proactively so that the person does not need to throw a cup in order to get a drink. For example:

- Teach the person to take staff into the kitchen and hand them a cup to indicate they would like a drink

- Teach the person to make their own drinks, removing restrictions to the kitchen so the person can access drinks freely

In general, a good PBS plan will be underpinned by an understanding of why the behaviour is happening and what we can do to support and help. A good PBS plan would not develop just one strategy for supporting a challenging situation but many different strategies to improve the person's quality of life and teach new skills. The strategies should also ensure the person's functions of behaviour are able to be met.

This is what should be in a good PBS plan:

- What can be done to improve the person's quality of life

- How the person communicates, and how best to support this

- What the specific features of a capable environment are for the person and how staff and others can put these in place

- What can be done to proactively prevent behavioural challenges happening in the first place

- A clear description of the behavioural challenge (what the person does and /or says without any interpretation or viewpoints about the meaning of the behaviour)

- The circumstances in which the behavioural challenge tends to happen

- The circumstances in which the behavioural challenge tends not to happen

- The function which the behavioural challenge has for the person (identifying what the person is trying to get or avoid)

- What can be done by others to support the person when they are beginning to become anxious or distressed

- What helps and what doesn't help (as well as what should be avoided) when the person is in crisis

- What helps and what doesn't help (as well as what should be avoided) when the person is recovering from the crisis

- What skills the person might be able to learn in place of the behavioural challenge

- A process for learning from any incidents and/or issues in order to improve the PBS plan and make it as person centred as possible

Learning Activity

Learning Activity 25

Imagine that you have had a particularly difficult day and have arrived home late in the evening. What sorts of things would you like to have happened *before you got home* (perhaps something your partner has done, a meal waiting for you etc), to avoid you getting upset or angry?

Write a note of these and keep this to add to your evidence for the open badge linked to this chapter.

Proactive Strategies

For a PBS plan to be truly person-centred, it should be based on evidence about the person's behaviour, and specific to the person. A PBS plan which is identical to someone else's would not be person-centred..

There are 5 types of **proactive** strategies:

> 1. **Environmental Strategies**
>
> 2. **Communication Strategies**
>
> 3. **Active Support Strategies**
>
> 4. **Learning New Skills**
>
> 5. **Focused Strategies**

1. Environmental Strategies (see chapter 2)

Think about the person and the environment around them. Does the environment lead to them being happy and content or does it lead to them becoming angry and distressed? If the environment isn't a capable one then this should be changed through the PBS plan. We can use the PBS plan to articulate clearly what works best for the person.

2. Communication Strategies (see chapters 4 & 5)

Most people with learning disabilities have communication difficulties, so it is likely that there would be some communication strategies in any PBS plan. There is often an assumption, for example, that the person understands complex language far more than they actually do.

3. Active Support Strategies (see chapter 6)

Being busy doing the kind of activities which give us the most pleasure in life (the right activity, at the right time, with the right people etc), tends to make us happy. Most

peoples can control this themselves, e.g. if I want to read a particular book and it's on my bookshelf, then I can reach over and take it without anyone interfering.

Some people need help in order to access preferred activities. Active Support aims to ensure that people have the support they need, at the times they need it, with the kinds of people and interactions they prefer.

4. Learning New Skills (see chapter 8)

Supporting people to develop new skills is not only about helping people to do more for themselves – it's also about helping them feel proud of themselves. For example, if the person is engaging in behavioural challenges in order to gain your attention, what could you do to support the person to gain your attention in a new way? Building new skills can provide the person with other ways to meet their needs. PBS plans should include ways to learn skills that are appropriate for the person, based on an understanding of their needs and the function of behavioural challenges.

5. Focused Strategies

Focused strategies will be different for each person. The aim of these strategies is to proactively **avoid** the things which you know may make the person anxious or proactively **provide** the help which you know will help the person cope with a difficult or distressing situation..

These strategies will be based on a person-centred assessment and can often be used to address identified triggers.

Identified Trigger	Example of Focused Strategies
Change to routine	Stating clearly which bus stop you must always get off at when supporting the person to a football game. Using a visual aid to help someone anticipate a change to an appointment. Offering the person a choice of 2 preferred alternatives if a planned activity is unavailable.
A difficult task	Staff prioritise helping the person with a specific task, and leave other duties till later. Asking the person if they want to take a break from the task and make a cup of coffee.
Staff handover	Supporting the person to do a preferred activity before staff leave. Using a visual rota to help the person anticipate who is supporting them and when staff will return. Including the person in passing on information to staff coming on shift.

Reactive Strategies

Reactive strategies are what you should do to respond to the behavioural challenge now occurring, as the person is becoming distressed and is heading towards a possible crisis situation.

Reactive strategies are **situational management** strategies designed to resolve the escalating situation as quickly and as safely for everyone concerned. The PBS plan should clarify exactly what reactive strategies should be used and when (and which should not be used).

Reactive strategies which actively avoid the use of restrictive practice should be used (see chapter 11 Reducing Restrictive Practice). Reactive strategies should be clarified as a 'hierarchy of intervention', from least restrictive to last resort.

So, for the person you support the hierarchy of reactive strategy intervention might look something like this:

1. Offer a cup of tea and a preferred magazine

2. Ask the person if they would like you to leave the room

3. Redirect the person from the situation by suggesting a preferred activity

4. Asking the person if they would like to access their guided relaxation session on their tablet

5. Give the person space by withdrawing and letting them know why you are moving away

A PBS plan should detail the individual early warning signs that arousal is increasing along with strategies to promote a return to baseline.   Knowing what works best in this way allows us to intervene early in The Cycle of Arousal.

The Cycle of Arousal[1]

The Cycle of Arousal - Kaplan and Wheeler
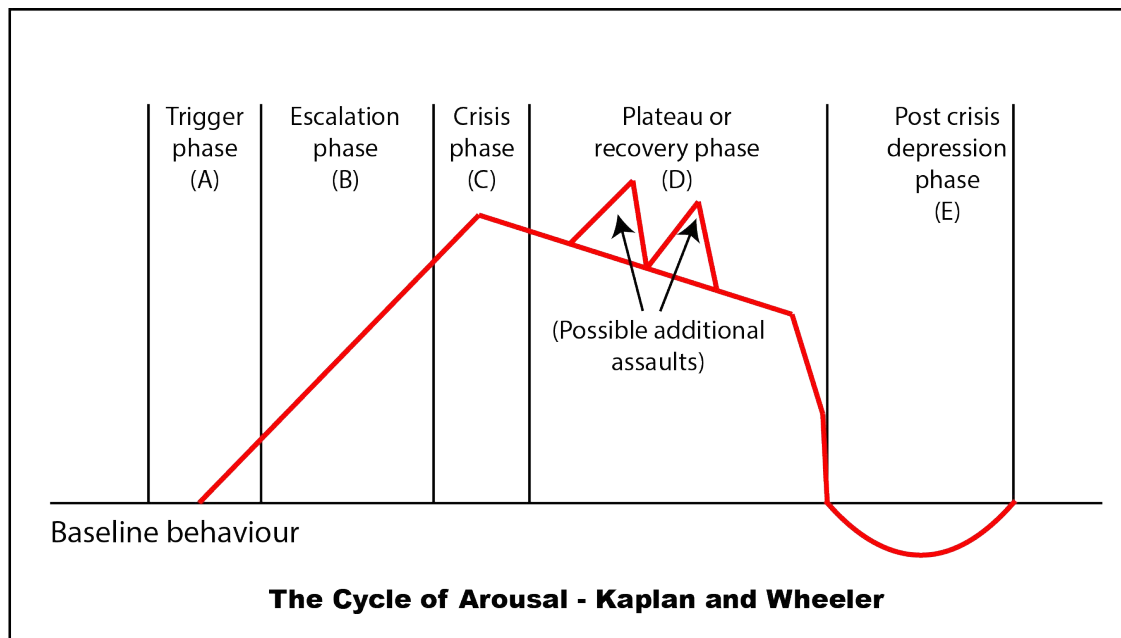
For example, following a trigger at stage A (see diagram), the person may show early warning signs such as pacing and speaking in a louder tone of voice. Supporting the person to have a cup of tea and read their favourite magazine may help to reduce arousal and move the person back down to their baseline stage.

How a PBS Plan is Developed

A functional assessment may be completed by someone trained to do so. The functional assessment will be informed by the information discussed in chapter 7 Understanding Behaviour. All this information will be brought together in one report.

The functional assessment will be completed collaboratively with the people working with the person, their family, the multi-disciplinary team, and crucially the person themself. Coproduction – working with the person, with their family and or the multi-disciplinary team (doing *with* rather than just doing *for*) is an essential part of PBS.

In addition to a person-centred functional assessment, the person themselves should be included in developing the strategies to be included in their plan. Others important in the person's life, such as family, friends and carers, should also have the opportunity to be included in developing the PBS plan.

Together, they will develop a PBS plan that takes into consideration all the information gathered in the functional assessment and other assessments that have been completed for the person. The PBS plan will contain the detailed information about all the proactive and reactive strategies. The PBS plan will detail how to implement these strategies, as well as how to record when the strategies have been implemented.

Involving the person and the people around them in developing the PBS plan means that they will be able to provide information that will help to make the plans more applicable in everyday life. A PBS specialist developing a plan on their own without involving the person and their staff team, may develop strategies that don't work for the person in real life, or that don't suit what they want to achieve in their life.

For example:

- A plan might suggest that the person learns to use an electronic tablet, in order to press a picture on this to communicate they want an activity to stop. This may sound like a great plan that meets the function of helping the person communicate that they want something to stop. But what if the person can't afford to buy an electronic tablet? It's important that the people who know the person well feedback that this won't work and ask for an alternative such as a printed-out picture.

- A plan may suggest that the person attends a voluntary job at specific times of the week. However a

staff member that knows the person well may feedback that the right level of staffing isn't available at that set time to achieve this. That's not to say that the person doesn't get to volunteer, but changes might be needed to the plan in order to make it happen. Can the day or time be changed? Can shift times be adapted?

Remember it's important to work together to make sure the strategies that are identified in the PBS plan will be able to be implemented in the real world that the person lives in. If it won't work, we need to work collaboratively to find a solution and adapt the plan to better meet the needs of the person. Often the staff supporting the person are the best people to come up with any changes needed to the plan.

The PBS Academy has developed easy read information about PBS as well as a booklet which helps gather information from the person and carers on what the person needs to have a good life. For example, things that are important to the person about what activities they do and the people they spend time with.

Click on the PBS Academy logo on the left to go to their web page, where you will be able to find out more information about their work.

Learning Activity

Learning Activity 26

Look at the following PBS Academy resources

Book 2: Using PBS to Have a Good Life http://pbsacademy.org.uk/wp-content/uploads/2016/01/PBS-Academy-Using-PBS-to-Have-a-Good-Life-Book-2-.pdf

Supporter's Guide http://pbsacademy.org.uk/wp-content/uploads/2016/01/PBS-Academy-Using-PBS-to-Have-A-Good-Life-Supporters-Guide-final.pdf .

Think about someone you support. Use the book and guide to consider how you might involve the person in identifying the things that are important to them.

Discuss your ideas with a colleague and make a note of the discussion.

Implementing PBS Plans

It's not enough just to have a good plan. That good plan needs to be:

- Clearly understood by those people who will be implementing it.

- Implemented by people who have the skills, knowledge and support to implement it effectively and well

A good PBS plan will contain effective and evidence-based proactive and reactive strategies – if the staff supporting the person don't understand the strategies themselves or how they are supposed to implement the strategies then the plan

> "*When you are supporting Jim to get on to the bus outside his house to go into town, you should ask Jim to get on the bus, using a relaxed tone of voice.*"

is unlikely to make the difference it is intended to make.

Consider this example:

Unless the staff supporting Jim know exactly what words to use when asking Jim to get on the bus and unless they know what is meant by a 'relaxed' tone of voice, then they are unlikely to get it right (and Jim might not get on that bus).

> "*When you are supporting Jim to get on to the bus outside his house to go into town, you should say to Jim 'Will we get on the bus?', using a relaxed tone of voice.*"

This could be improved by detailing the exact words to use (which we may be able to clarify by looking at the assessment from the Speech and Language Therapist):

Getting the tone correct can be done by, for example:

- Having someone record the verbal strategies as they should be said

- Someone to coach and support staff and others until they get the tone right

To help put PBS plans into practice, this approach of

> "*When Salman has to wait more than 5 minutes for a bus to arrive, he will start to become agitated. He will start to rock backwards and forwards in his seat and put his right hand on his right ear. When this happens, say to Salman, 'Salman, the bus will be here soon. Why don't we play your car word game while we're waiting?*"

supporting staff to **describe the strategy** and **demonstrate in practice** and **demonstrate in real-life** situations is recommended. This is referred to as the Three Stage Competency model[2]

Consider this example:

The staff members supporting Salman have come up with a word game involving cars which calms Salman and makes him laugh. They take turns to guess what kind of vehicle it is which passes. The more outlandish the answers they give Salman (e.g., "I think was a fish with wheels") the funnier Salman finds it and it usually helps occupy time and focuses Salman and his staff on something else until the bus finally arrives.

In order to ensure that ALL staff supporting Salman are competent in this reactive strategy, they need to show that they can:

1. **Describe the strategy** (e.g., if someone asked them what to do to calm Salman after a bus is more than 5 minutes late, they should be able to tell that person exactly what to do and how to do it)

2. **Demonstrate in a practice situation** (staff can accurately demonstrate that they can pick up on the signs that indicate Salman is becoming distressed and are able to demonstrate the word game in a training

or role play situation, perhaps in a team meeting or supervision)

3. **Demonstrate in a real-life situation** (staff can demonstrate the word game in the community with Salman when he becomes distressed while waiting for a bus)

Recording PBS Plans

The final stage to consider in implementing PBS plans is that these should be recorded. Recording when the strategies in the PBS plan are implemented and describing how well this went is crucial.

The PBS plan should detail how to support the staff team to record the implementation of strategies. These recordings will help the team to use evidence to show whether the strategies are working or if they may need to be adapted to better meet the person's needs.

It's important to remember that when you implement a strategy it is your role to record this on the recording paperwork that has been identified. This will help your team and the manager, and any external professionals involved, to identify what is being implemented, how it is being implemented, and what is working well.

It will also help identify if the strategies that have been implemented are having the desired impact (increase in quality of life and decrease in behaviours that challenge).

Summary

The main purpose of a PBS plan is to improve the quality of life of the person you support while reducing incidents of behavioural challenge and the use of restrictive practices

There are two main types of strategies in a PBS plan

- proactive strategies (what keeps the person happy and content and improves their quality of life)

- reactive strategies (what works best to de-escalate a situation and what works best when the person is in crisis).

There are usually 5 types of proactive strategies:

- Environmental Strategies

- Communication Strategies

- Active Support Strategies

- Developing New Skills

- Focused Strategies

PBS plans need to be implemented consistently to be effective

⚒ **Open Badge**

This open badge will help you to show what you have learned about using PBS Plans from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge. Please write a short reflective account of between 200 and 300 words about what you think the benefits might be of having a good PBS plan implemented effectively answering the following questions:

1. What would the benefits be for the person being supported?

2. What would the benefits be for staff and family?

3. Why is it important to include a range of proactive strategies in a person's PBS plan?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 24-25** from this chapter to apply for the open badge for this chapter.

⊘ PBS
Community of Practice Scotland

Positive Behaviour Support #9
Positive Behaviour Support Plans

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 9: Positive Behaviour Support Plans

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

[1] https://behaviour101.com/2020/09/23/the-5-stages-of-the-assault-cycle/

[2] La Vigna, G.W., Willis T.J., Shaull J., Abedi M., Sweitzet M. (1994).

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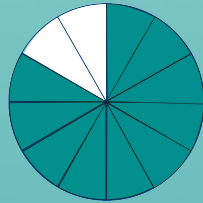
Chapter 10

Supporting someone in distress

Main learning points

- It is important to use respectful language when discussing behaviour that challenges

- It is important to recognise and reflect on our own stress responses

- It is important to understand physiological responses in distressed behaviour

- The three Rs is a framework for responding to distressed behaviour:
    - Reflect
    - Refocus
    - Recover

- It is important to have an awareness of Trauma Informed Practice when supporting people in distress

Chapter Overview

This chapter will introduce ways of supporting people when they are in crisis or experiencing distress which is being demonstrated as behavioural challenges. It will talk about the importance of respect and of good relationships.

The aim of the chapter is to help you be able to deal better with crisis situations when they arise.

Introduction

As highlighted throughout this resource, when considering behaviours that challenge, the focus is on being proactive, meeting needs, teaching skills and doing things to support the person better to *prevent* behaviour from happening. It is important that this is the main focus.

This chapter considers what to do to support someone when they are **in** crisis. Sometimes even the best proactive plans will not prevent someone getting distressed. Life involves both good times and bad times. We can all relate to moments in our lives where we have experienced distress. We can also probably all relate to key people in our lives who have supported us through distressing times.

How we act, or react, when someone is distressed is a crucial point in being a safe practitioner, providing good support and building positive relationships. When people are distressed, they are very vulnerable. Providing a safe, supportive space for someone, when they are at their most vulnerable moments is key.

The Power of Words

Before we go into how we support people when they are distressed, let's spend a bit of time thinking about how we talk about people when they are distressed.

People with additional support needs are more likely to be discriminated against and experience hate crimes because of their disability. When speaking about people in distress, it is important do so in a way that is respectful and reflects what the person is going through at the time, and in a way that does not perpetuate discrimination.

Words such as 'violent' can be harmful as it can label the person as a violent person, rather than being someone who is experiencing a crisis. Words such as 'tantrum' are infantilising and don't represent what the person is experiencing or the valid reasons for their distressed behaviour.

Other words sometimes used to describe behaviours that challenge that should be avoided are 'kicking off', 'attacking', 'aggressive'. These types of words can create a story around the person that can perpetuate discrimination, isolation and create barriers in providing good support.

When considering behaviours that challenge, it is important to use respectful terms and describe behaviour factually. So instead of saying, 'Jeanie attacked me', say – 'Jeanie kicked me on the leg'.

Avoid using words that attach motive to a person's action. It is very rare that we fully understand the intent behind a person's behaviour Therefore, adding intent or motive to another's behaviour is unhelpful. For example, saying 'Jeanie tried to hurt me by kicking me...' Jeanie may have been trying to communicate that she was in pain.

This video highlights the impact that the words we use can have on people's perception of behaviour.
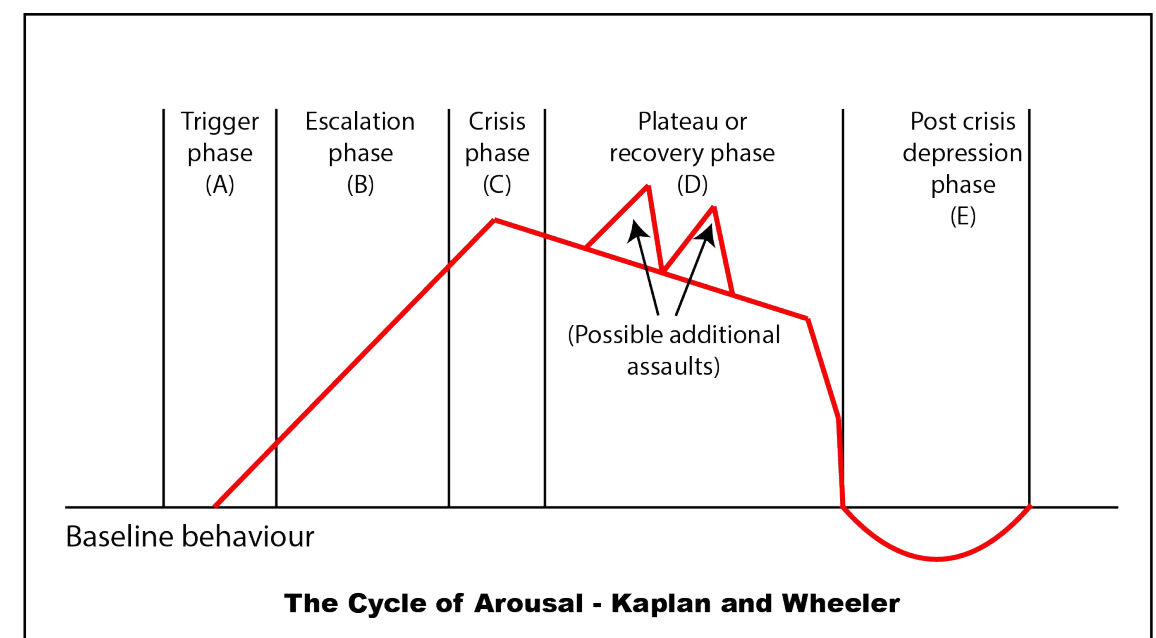

This is respect

Supporting someone through distress can be a stressful experience. Some people experience more stress than others; this is OK. Stress can be characterised as a situation where what is being asked of you (the demands) are more than what you feel like you can provide. This can be physically, psychologically or emotionally. It is normal to feel a physical change in your body when you feel stressed, such as increased heart rate, butterflies in your stomach, sweaty, unable to eat.

If you have felt this way when supporting someone else through distress, don't worry. Whilst this is not a pleasant experience, it is a normal reaction. Being able to recognise your own stress response is an important part of coping. It is also an important part of providing good support. Once you can identify your own stress response, you can be empowered to put in place strategies to cope and ensure that it doesn't impact on the support you are providing.

Learning Activity

Learning Activity 26

Take some time to reflect on a recent time you have felt stressed. How did you know you were stressed? Did it change the way you acted? In what way?

Now think about coping – what things help you feel like you can cope better during stressful experiences?

Make a note of your thoughts and keep this for evidence for the open badge linked to this chapter.

Now let's talk about the people you are supporting

When people experience distress, it probably feels similar to what you report when you feel stressed. For most people with learning disabilities, it probably feels a lot more intense than what you experience when stressed. Anyone who has a supportive role to someone who expresses distress through their behaviour would benefit from keeping this principle at the forefront of their mind.

When people get distressed, they experience an increase in physiological arousal. Increased heart rate, decreased appetite, feeling sweaty and fidgety are all common sensations when stressed. Physiological arousal comes with a range of internal and external sensory experiences, as well as psychological experiences. Examples of this are that a person's internal narrative might change, they may become more likely to interpret the behaviour of others as threatening and be less likely to be able to engage in rational thoughts and behaviours. All of these are normal reactions.

To understand what happens when someone becomes distressed it is helpful to consider the Arousal Cycle by Kaplan and Wheeler[1] which we looked at in chapter 9.

The Cycle of Arousal - Kaplan and Wheeler

The sloped line represents the physiological arousal of a person as they experience distress. As the line goes up, the person's internal and external sensory experiences become more intense. The closer a person is to the top, the crisis phase, the more likely the person will rely on automatic functions and learned behaviours.

Here the person is in their fight, flight or freeze response. They are unable to think clearly, problem solve or process external information (such as verbal instructions). **This is not the time to try and help the person learn a new skill.** Learning a new skill occurs proactively when the person isn't distressed and when they are able and willing to be involved in a learning process.

At times we may feel like it is our role to teach the person that the behaviours they are engaging in are not appropriate and should not get them what they want. That is not our role. Our role is to support and respect the person at all times and to remember that behavioural challenges are a communication; it's our job to find out what the person is communicating.

As the person moves further through the cycle, arousal decreases (recovery phase). During this phase the person is at a high risk of moving back into crisis quickly. They will be very fragile. Following that, the person may enter a post incident dip or depression. At this point the person is likely to feel physically and emotionally exhausted.

This chapter considers how to respond to someone from the crisis stage on. It is important to understand how arousal impacts the person; everyone is unique and crisis for one person is likely to look different compared to another.

PBS is a values-based approach to supporting people. These values extend to how we respond when people experience distress. All responses must be underpinned by humanity, compassion and empathy for the person who is distressed.

The Three R's

When considering how to respond when someone is distressed, the framework of 3 Rs is helpful: Respond, Refocus and Recover.

Respond
Ultimately, your goal is to eliminate the person's distress, however it is important to be realistic that this is not always easy, or possible in the moment. Nor do you want to add to the person's arousal. Bear this in mind when you are thinking about your response.

As highlighted in the understanding behaviour chapter, all behaviour has a purpose or function. Knowing what that is, can be empowering to resolve the situation. It can be difficult if the function is not yet understood or if the need is unable to be met quickly., For example, if meeting a person's needs involves helping them learn a new skill.

When supporting someone who is distressed, it is easy to think that the goal is to make the behaviour stop; that if you don't manage to make the behaviour stop or stop quickly – you have not done a good job. This may lead to feelings of hopelessness and can really impact our wellbeing.

To avoid this thinking trap, it can be helpful to reframe our goals as helping people *stay* safe, helping people *feel* safe and avoiding making the person more distressed.

Helping the person **stay** safe:

Think about the environment. Are there hazards that can be resolved quickly? Move things that can be thrown, tripped

up over. Are there people in the environment who can move away? Reducing the risk of the person or others being harmed by making small changes to the environment allows the focus to be on helping the person.

Helping the person **feel** safe:

'people will forget what you said, they will forget what you did, but people will never forget how you made them feel.'

Maya Angelou

Supporting someone when they are distressed is an opportunity to be there for someone in their most vulnerable moments and to build trusting and lasting connections. Many people with learning disabilities do not experience the same range or closeness of relationships as others and are reliant on staff when experiencing distress.

Responses that promote safety and trust are therefore crucial. We save our most vulnerable moments for the people who are closest to us. Our partners, family, closest friends. Often, the people we support do not have this luxury and have to share their most vulnerable moments with us. We must remember the bravery and humanity in being vulnerable, and respect it at all times.

Supporting someone to feel safe is often about predictability. When the environment or situation becomes unpredictable, routines and expectations can help people become grounded and feel safe. Acting in a consistent and predictable way can be crucial in helping the person feel safe. This may concern the words used, the strategies to help the person to cope with the situation and de-escalate, and the positioning of others.

Language and words can impact on feeling safe. Giving clear and concrete instructions is important. Reducing verbal communication can avoid overloading the person and adding to the already heightened arousal. Using preferred responses is important. The word 'no' can often be difficult for some people to hear and knowing if this is the case can help avoid it.

Nonverbal communication is also crucial in creating a feeling of safety. Be open and approachable, rather than facing away from the person What emotions are you portraying in your face? Cool, calm and collected or scared and angry?

Learning Activity

Learning Activity 27

Look at the three photos. Which face would make you feel safe if you were distressed. Write a few sentences to say why.
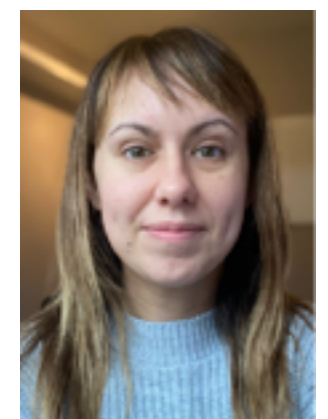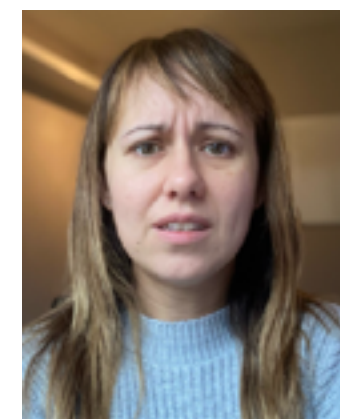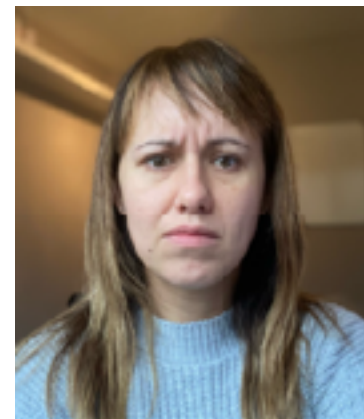
It is important to be considerate about your interaction with the person you are supporting to avoid adding to the person's experience of stress. For example speaking in a quiet tone of voice to help the person be calm, as opposed

to speaking loudly, which may increase the person's arousal levels.

Use simple words rather than long complex sentences that may be too much for the person to process.. It may be helpful not to speak at all, and focus on nonverbal communication such as body language, clear gestures and visual communication tools.

Refocus

As the line on the arousal cycle above reduces, the person will start to feel calm and in control. This might be a good time to help the person re-focus on something that will help them continue a path of calming down.

Help the person to focus on something that helps them feel calm and safe. This might involve practical strategies focused on reducing physiological arousal. Examples include breathing techniques, sensory play that helps the person feel calm, writing, drawing.

It is important to be very cautious in how you are interacting with the person during this time so as to avoid contributing to an increase in the person's arousal and potentially re-entering crisis. Consider the points above regarding body language, facial expression and tone of voice.

The goal of this phase is to create a calming experience for the person. In addition to activities, consider the environment. What is the lighting like? Is It soothing? What is the sound of the space like? Would playing some calming sounds help create a calming experience? Could aromatherapy help enhance this calming experience?

Respond to the person as they are in the moment. This may require adjustments to the scheduled plan for the day. It is important to make sure that any adjustments are led by the person, and that important events are not cancelled, and the person feels punished for being distressed.

Recover
The Arousal Cycle illustrates a part of the graph that is lower than 'baseline behaviour'. This represents the 'post incident dip or depression'. It is unlikely to be the case that after a highly emotional experience, people return to their normal levels of arousal.

Consider your own experience of a significant emotional event. You might feel tired, lethargic, emotionally charged or sensitive for several hours or even days following an event. In these moments, it is completely normal to not want to continue with your scheduled activities. The same applies to people you support. It is important to be sensitive to this for the person and offer suitable alternatives.

However, for some people it may be crucial for their recovery to get back to their regular routine as quickly as possible. For some people, routine helps create feelings of safety, security and control. It is important to know what the best option might be for the person you are supporting.

Knowing the Right Response for the Person

The 3 Rs are a framework for supporting people who are distressed. It should be considered a starting point, or inspiration for developing ideas for supporting someone who is struggling.

Knowing exactly what does and doesn't work for the person would be ideal. However not everyone can tell you what

works for them when they are distressed. Communication tools can help people share their views. Please refer to chapter 5 on Communication for more information.

There are also other ways to find out what is and isn't helpful to the person when they are distressed. One way would be to look back at previous crisis situations and think about what strategies were used and how the person responded to these. For example:

- Maybe when the person was distressed you switched all the lights off, put the radio off, and asked everyone to leave, and this resulted in the person being able to de-escalate

- Or maybe you started to ask the person what was wrong and used a lot of questions, and this resulted in the person becoming more distressed

It may be helpful to sit down as a team and consider previous situations, your response, and the impact this had on the situation and the person.

Another way would be to implement some sort of recording tool such as ABC Forms (see chapter 7 Understanding Behaviour) to be completed every time there is a crisis situation. These forms will help identify which strategies help the person and which do not.

A functional assessment completed by a skilled professional alongside the person's multi-disciplinary team, family, and staff who support the person can also support the understanding of what may or may not work for the person when they are distressed.

Knowing what does and does not work for a person during times of distress should be detailed clearly in their PBS plan. For more information on PBS plans, please see chapter 9.

PBS Plans to Support During Distress

A good PBS plan should contain reactive strategies to support staff and carers during a crisis situation. Reactive strategies are designed to resolve the escalating situation as quickly and as safely for everyone concerned. This part of the PBS plan should contain:

Respond

- The types of situations, language, environment that may be distressing for the person. This will help you to avoid these or to know when to offer more support to the person.

- What the person does or says that indicates they are starting to become distressed and that they need support.

- What staff and carers should do when that the person is becoming distressed. These are things like making the environment safe, removing the distressing situations, or finding something else to do that will help the person get away from what may be distressing them.

- What staff and carers shouldn't do in these situations

- The different levels of responses to crisis situations. Starting with the least restrictive strategies first.

Refocus

- What the person does and says that indicate they are feeling less distressed and that they feel more in control.

- What staff and carers should do at this stage to help the person (i.e. support them to engage in enjoyable low impact activities that provide them with positive interaction)

- What staff and carers shouldn't do as it could heighten the situation (i.e. get the person to apologise, make them do the task they have just stopped, etc.)

Recover

- The strategies that help the person feel themselves again. This could be getting back to their routines and scheduled activities or choosing to do something different.

Remember all PBS plans are person specific and should detail what works for that person. Read the case study on the right to see an example of this.

Reflection

We have spent a lot of time considering the impact we have on the people we support and things that we can do to help them. Let's add a fourth R to consider; this is **Reflection**.

Reflection involves looking back at a situation or experience and critically evaluating what has happened, your thoughts, feelings, actions and how they impacted the situation you were in.

Being aware of how you appear to the person and being able to adjust your behaviour when needed is important. It can be hard to have this self-awareness, especially when feeling stressed, but practicing reflection over time can help.

Self-awareness is really important, but also really hard for most people, especially if you are feeling stressed yourself. Really hard, but not impossible – and it's something that can improve over time with a bit of practice. An important aspect of reflection is being able to give and receive feedback on your performance. This includes things that went well as well as things that didn't and considering ways to do things differently in the future.

Case Study

A team of support workers are supporting Jimmy to live in his own home. Sometimes Jimmy gets upset. When upset he can be very withdrawn, not speak to or look at his support workers. When Jimmy is really upset, he can also throw things around his house.

It says in Jimmy's plan that staff should support him by giving time alone, space, to calm down. Staff interpret Jimmy's withdrawal, not looking at or speaking to them as him asking for time alone. However, often, when staff do give Jimmy some space, his behaviour moves from withdrawal to throwing things and hitting others.

One of his support workers decided to do a Talking Mat with Jimmy about things that help when he is distressed. Jimmy put time alone as not helpful when he is distressed. He put physical contact – hand holding, shoulder rubbing – as being most helpful.

Whilst the people supporting Jimmy thought the right thing to do was to give Jimmy space, this was not the most helpful thing for Jimmy. He didn't want space. It made him feel more distressed. Once the staff knew this, they could change how they supported Jimmy. They knew that when he became quiet and wouldn't look at them, the best thing to do is to take his hand and rub his shoulder.

Having a plan is good, there are lots of benefits. But a plan is only as good as it is relevant to the person whom it is about.

<table>
<tr><td>

> ## Learning Activity
>
> ### Learning Activity 28
>
> Think of a recent time when you supported someone who was distressed. Think about what you did and map it into the three R framework. How did you Respond? How did you support the person to Refocus and Recover?
>
> Did what you do fit in to the framework? If no, what might you do differently next time?
>
> Make a note of your thoughts and keep this to add to your evidence for the open badge linked to this chapter.

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</table>

A Trauma-informed Approach

As highlighted in chapter 7 trauma has been defined as: "an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening"[2].

This can be acute trauma (a time limited but shocking event like an accident or sudden bereavement) or complex trauma (which is ongoing, and often happens in the context of relationships – for example, child sexual abuse, severe bullying, or intimate partner violence).

It is now recognised that trauma is common and has wide-ranging consequences for people's life chances; it can impact significantly on the well-being and behaviour of people who use services. It is known that complex trauma is particularly common for people with learning disabilities and autistic people, and those from marginalised groups. For example, research shows that disabled people are far more

likely to experience acts of violence than those without disabilities.

People who have experienced trauma can become hyper-vigilant for any sign of danger, have difficulties with self-regulation, and appear as 'confrontational', 'attention-seeking' or very withdrawn. These reactions should be seen as survival mechanisms rather than symptoms or problems. Behavioural signs such as distressed self-stimulatory behaviour, self-injury, or escape/avoidance behaviour, may be trauma related.

Supporting people is relationship-based work; however, if someone has experienced harm in the context of relationships, trusting others can be a huge issue. This can create barriers to accessing good support. The good news is that, in every interaction, we have the opportunity to model a safe, supportive, non-judgemental relationship they might not have experienced before.

What does Trauma-informed PBS look like?

The key principles of trauma-informed practice – choice, collaboration, trust, empowerment and safety - align easily with PBS. A key element within both is maximising the person's sense of control in each situation, ensuring they play an active role in whatever is happening.

When supporting someone in distress, the key principles should be considered. In particular promoting safety and trust and helping the person to feel in control are important. Simple aspects of our approach, such as doing what we said we would do, giving unconditional attention, and listening actively, as well as supporting people's strengths, can make a powerful difference.

We also need to recognise that behavioural interventions that individuals have experienced in the past, however well-meaning on the part of services, may have themselves been traumatic, or exacerbated trauma. For someone who has experienced abuse, for instance, any physical interventions could likely be deeply re-traumatising.

Sometimes it isn't necessary or appropriate to ask directly about trauma. Instead we should interact with everyone we support as though they may have experienced trauma. This will maximise trust and minimise distress.

Some people will need additional specialist support to recover from trauma. Note: if someone you support discloses harm or abuse (including historical abuse) it is important to be aware of local safeguarding procedures.

It is also recognised that staff may have experienced trauma, and/or may experience vicarious trauma as a consequence of their work with individuals affected by trauma. Self-care is very important; afford yourself the same empathy you would give to others, and ask for the support you need (see chapter 12).

Being trauma-informed allows us to take care of ourselves and work more empathetically and effectively with people who receive our support.

Summary

- How we act, or react, when someone is distressed is a crucial point in being a safe practitioner, providing good support and building positive relationships

- Supporting someone through distress can be a stressful experience. Some people experience more stress than others – this is OK.

- When people get distressed, they experience an increase in physiological arousal. Increased heart rate, decreased appetite, feeling sweaty and fidgety are all common sensations when stressed.

- It is important to understand how arousal impacts the person you are supporting; everyone is unique and crisis for one person is likely to look different compared to another.

- A framework of 3 R's can be helpful to guide you in responding to distressed behaviour: Respond, Refocus and Recover

⚒ Open Badge

This open badge will help you to show what you have learned about supporting people who are distressed from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge.

Write a short reflective account of between 200 and 300 words about what you have learned in this chapter and answer the questions below.

1. Use your work from learning activity 28 to write an 'ideal' response to your example using the 3 Rs framework. How could you Respond, support Refocusing and Recovery? Consider your words, body language, facial expression and tone.

2. Do you think the person experienced what you wanted them to? Explain why.

3. What could you do differently in future to support someone in distress?

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 26-28** from this chapter to apply for the open badge for this chapter.

⚠ PBS
Community of Practice Scotland

Positive Behaviour Support #10
Supporting someone in distress

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 10: Supporting someone in distress
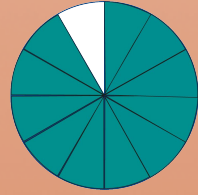
⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

[1] https://www.google.com/search?q=kaplan+and+wheeler+assault+cycle&rlz=1C1GCEJ_enGB882GB882&oq=kaplan+and+wh&aqs=chrome.0.0i512j69i57j0i22i30l8.4524j0j7&sourceid=chrome&ie=UTF-8

[2] SAMHSA, 2014

Chapter 11

Reducing restrictive practices

Main learning points

- There are different types of restrictive practice

- It is important to be able to identify when a restrictive practice is being used

- Restrictive practice has a negative impact on people who experience it, particularly those who have previously experienced trauma

- It is important to take a human rights approach to restrictive practices

- PBS can reduce the need for restrictive practices

History of Support for People with Learning Disabilities

In the past, people with learning disabilities were often viewed as a danger to themselves and others, leading to their separation from society in the form of long stay institutions. Some people believed that such institutions and hospitals were therapeutic and offered care for vulnerable people. However, exclusion, isolation and restriction of individuals were key components.

The 'eugenics' movement of the early 20th century viewed people with learning disabilities as having undesirable traits caused by their genetics. It was believed that preventing people with learning disabilities from marrying and having children would remove these traits from society. This led to separation of men and women within institutions. People in institutions were often seen as less than human and incapable of experiencing thoughts and feelings in the same way as others. Viewing people with learning disabilities in this way led to dehumanising approaches and practices.

Source: https://natlib.govt.nz/records/22698588

Many institutions were in remote locations, away from the rest of society.

Click on the image above to start a short automatic slide show..

Long term separation from families caused significant distress for both individuals and their families, contributing to increased distressed and agitated behaviour and resulting in increased likelihood of restrictive responses from staff. In addition to physical restraint, many people in institutions experienced physical abuse and other aversive and punitive responses.
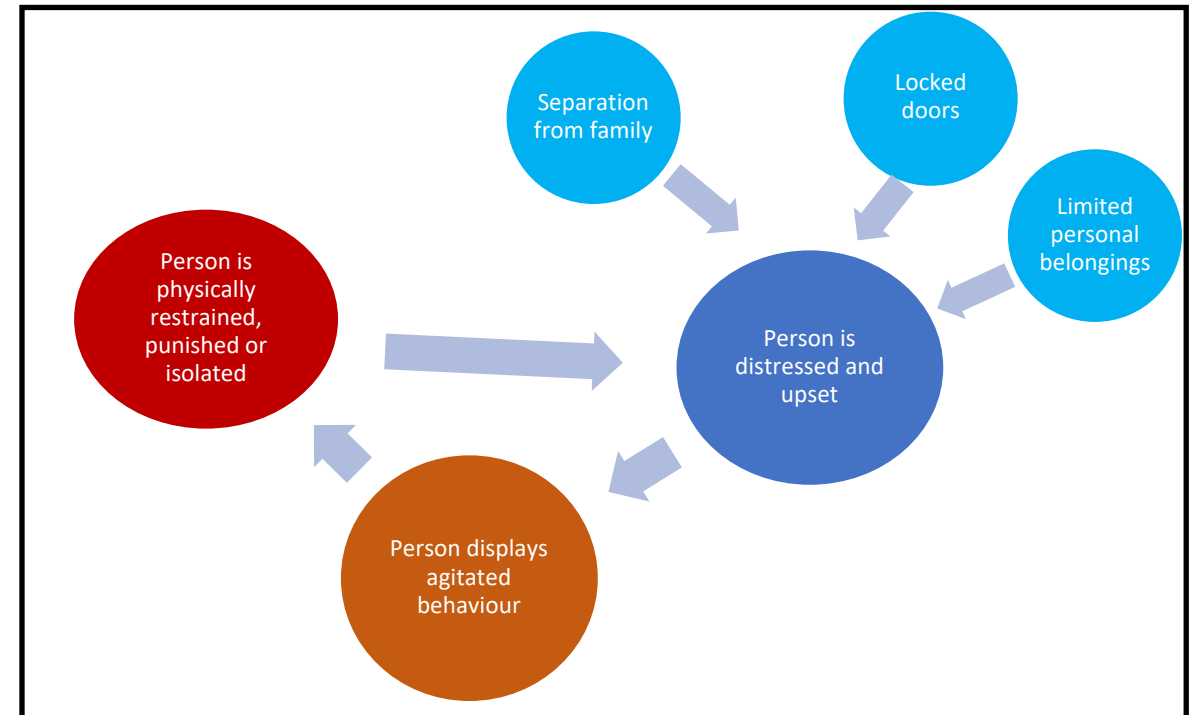
Watch the video below to hear the experiences of people who lived in large intitutions that provided care for people with learning disabilities.

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Today's Services for People with Learning Disabilities

Today's society recognises the need for appropriate care and support for people with learning disabilities, and there has been progress towards valuing individual differences, strengths and contributions to society. The closure of long stay institutions and the move to community living has been positive for many people with learning disabilities, with increased choice, participation and inclusion. However, for many people with complex needs there is still a lack of appropriate accommodation and support.

Some people remain detained in Assessment and Treatment settings as a result, often located far from their families. In addition, events such as those documented at **Winterbourne View** in 2011 and **Whorlton Hall** in 2019 demonstrate that abusive and restrictive responses can continue to occur. Undercover investigation and secret filming showed people with learning disabilities being subject to human rights abuses.

Investigations of these events have led to recommendations for practice to improve the lives of people with complex needs. One such recommendation is the use of PBS as a person-centred approach to improving quality of life.

A PBS approach is crucial in increasing quality of life and reducing behaviours that challenge. This is done through a person-centred approach, understanding that behaviour has function, and through making changes to the environment and the support provided to the person. Using a PBS approach will support with reducing and eliminating restrictive practices.

Restrictions

Many people with learning disabilities and other support needs are subject to restrictions that non-disabled people don't experience. People often have day to day choices made for them -what they eat, drink, who they spend time with, how and what they spend their money on. Items such as knives, cleaning products and medication can be routinely locked away – even if it isn't a risk to the person. Such things are so routine, that we don't even question it. However, it is restrictive and if not properly risk assessed can be a breach of human rights.

What is Restrictive Practice?

It is easy to identify and condemn abusive practices such as those seen at Winterbourne View and Whorlton Hall. The majority of people reading about these stories in the news or watching the documentaries will agree that these are harmful violations of people's human rights. However, the workplace cultures and practises that lead to these behaviours often start with small, less noticeable restrictions.

It is important to recognise that, while not intended to be abusive or harmful, restrictive practices continue to be a part of many individuals' support plans. Often such strategies have been put in place to 'stop' behaviours that challenge from happening, or to prevent the harm which can result from these behaviours.

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As highlighted in previous chapters, it is crucial to understand the function of a person's behaviour and what they may be communicating in terms of their wellbeing and environment. Promoting positive environments, developing skills and enhancing quality of life are key to supporting change. Simply trying to stop a behaviour is ineffective, can result in increased distress for the person, and is likely to be associated with increased restrictive practice.

Identifying these practices is an important step to reducing and eliminating restrictive practice.

Definitions of Restrictive Interventions

There are different types of restrictive interventions. Here are descriptions of them.

Physical restraint

Any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Examples:

● Holding a person's arm to prevent them from reaching out to a stranger on a bus.

• Utilising a restraint technique to stop a person from engaging in physical aggression towards another person.

Chemical restraint

The use of medication which is prescribed and administered for the purpose of controlling or subduing behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Example:

● Giving 'as required' medication when a person becomes distressed in order to prevent or minimise behaviours that challenge.

Environmental restraint

The use of obstacles, barriers or locks to prevent a person from moving around freely.

Examples:

• Locking a kitchen door to prevent someone from getting access to sharp objects.

• Not providing access to aids which support free movement, e.g. walker.

Seclusion

The supervised confinement and isolation of a person, away from others, in an area from which the person is prevented from leaving.

Examples:

• Keeping someone in their room when they are upset.

● Keeping a person in an area even if they want to leave.

Psychological restraint

Depriving a person of choices, controlling them through not permitting them to do something, making them do

something or setting limits on what they can do, without physically intervening. It includes the use of threats and coercion.

Examples:

• Putting time limits on preferred activities that the person does not agree to. Denying access to food because it's 'too early for dinner'.

• Limiting access to items that enable communication such as a phone or tablet.

Mechanical restraint

The use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control.

By Peachyeung316 - Own work, CC BY-SA 4.0, https://commons.wikimedia.org/w/ index.php?curid=108990798

Examples:

• Bars/rails on someone's bed to prevent them from falling out, or alarms on doors to prevent someone leaving their home.

• Arm splints to prevent someone from hitting themselves.

The Restraint Reduction Network recommends defining 'restrictive practice' more broadly as

'making someone do something they don't want to do or stopping someone doing something they want to do'.

Defining restrictive practice more broadly helps to capture the impact of restrictions on the person. This aims to ensure anything that is implemented within someone's life that stops them doing what they want to do is correctly categorised as a restriction.

By categorising these acts as restrictive practices the aim is to ensure that people are not being stopped from doing something they want to do or made to do something they don't want to do, unless there is a clear reason why this is unavoidable. Using this broad definition helps us think about potential restrictions on people's lives.

Examples of restrictive practice include:

• Locking doors, cupboards

• Limiting access to food, drink, money, personal items

• Limiting contact with family friends

• Preventing free movement around the environment

• Limiting privacy

• Seclusion – being kept away from others, isolated

• Limiting activities and outings

• Use of bedrails, lap belts

• As required medication

Technology is increasingly being used as part of support, such as location devices to monitor where someone is. While these can help manage risk, there is potential for this to be restrictive practice if used to prevent the person going where they want to.

A note about medication

People with learning disabilities and/or autism are more likely to be prescribed psychotropic medication than others, and often this is used to manage behaviours that challenge. Psychotropic medications affect how the brain works and are used to treat conditions such as psychosis, anxiety and depression, sleep problems and epilepsy. These medications can be an effective part of treatment for many people, with careful consideration and shared decision making where possible, and as part of a wider treatment plan with robust monitoring for side effects.

For people with learning disabilities and/or autism, such medications can be prescribed in the absence of these difficulties, with the aim of managing behaviour that challenge and/or sedating the person. Taking these medications for long periods can cause side effects such as weight gain and over-sedation as well as long term health problems.

Medication use should only be considered as part of wider assessment of the person's physical, mental and social wellbeing. 'As required' medication (also known as PRN medication) may be considered as part of a reactive strategy with clear guidance, and may be the least restrictive practice for the person.

In England a national project called STOMP (Stop Overprescribing of Medication for People with Learning Disabilities and/or Autism) is advocating for a least restrictive approach to medication – using the right medication, at the right time, for the right reason, for as short a time as possible. In addition, alternatives to medication are promoted.

National Institute for Clinical Excellence (NICE) guidance: Challenging Behaviour and Learning Disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges states:

'Antipsychotic medication should be considered to manage behaviour that challenges in people with learning disabilities only when other interventions have not been helpful and when the risk to the person or others is very severe. They should only be offered in combination with psychological or other interventions to help manage

Blanket Rules and Restrictions

Blanket restrictions refer to rules that are in place for everyone within an environment. At first glance these may be seen as there to benefit the smooth running of the environment, but often do not benefit the person and can be restrictive. They may be more common in residential settings, however can be seen in any care environment. For example, having fixed times for meals, or for going to bed and getting up. Requiring someone to eat their breakfast before the staff changeover is another example.

Some restrictions may be about safety, such as locked doors to prevent access to outside space. Rules often develop from managing risk, and over time can then become 'just the way things are done'. Blanket restrictions are an issue when applied across the board, to everyone in a care setting, regardless of individual risk.

Best practice recommends that rules should not be routinely applied to everyone, and that an individualised approach should be taken.

The 4Rs is a framework for understanding and assessing restrictions that may be in place:

- What is the <u>Rule</u> I am asking this person to follow?

- What is the <u>Reason</u> for this rule?

- Is it <u>Right</u>? Does it breach the person's Human Rights?

- When will it be <u>Reviewed</u>?

Learning Activity 29

Consider your own day and night routines. How would you feel if someone said 'no you can't have cup of tea at 1am' or came and switched off your TV at 10pm just before the end of a film 'because that is the rules'?

How might you react? What would you say or do? Write a short statement to summarise this.

Beliefs, Attitudes and Values

Moving away from restrictive practice takes a deliberate and conscious effort.. From an early age we are conditioned to believe that behaviour is wilful, and we are introduced to rewards for 'good behaviour' and punishment for 'bad behaviour'. The idea that 'behaviour must have consequences' is established. Punishment and reward strategies are accepted in society and viewed as effective ways to manage behaviour.

Human Rights are the basic rights and freedoms which apply to everyone. To uphold these rights, it is important to consider the potential impact of restrictive practice. In particular, but not exclusively, the following articles from the European Convention on Human Rights should be considered:

Article 3 Freedom from torture and inhumane or degrading treatment and punishment

Article 5 Right to liberty and personal freedom

Article 8 Respect for autonomy, physical and psychological integrity, including the right to family life, relationships and privacy

Article 14 Protection from discrimination

Any restrictions placed on an individual should be the least restrictive required to uphold these rights.

The Convention on the Rights of Person with Disabilities promotes and ensures the rights of people with disabilities.

SCLD's Human Rights Town App is designed to empower people with learning disabilities to recognise and realise their human rights.

In particular within the legal system, with prison being the ultimate restrictive practice. So it is understandable that this is often the default position we take when supporting people with complex needs. Recognising and understanding this is important in order to do things differently.

Most people think of themselves as kind, caring, empathetic and competent people. Most people are kind, caring, empathetic and competent people, especially those who are in a caring role. Restrictive practices often come from a point of risk management with the goal of keeping the person and those around them safe.

We also have a lifetime of social learning about behaviour. It can be a challenge to separate our own understanding of what is necessary for safety, and what is our social learning that 'good' and 'bad' behaviour should have positive and negative outcomes

Learning Activity

Learning Activity 30

Think about some of the rules in place within your work environment.

Use the 4Rs framework to consider if these are restrictive.

If so, is the restriction proportionate to the risk? Many rules will be in place for good reason and will also be proportionate, but if not, can you identify any alternatives? Make a note of your thoughts about this.

The Fundamental Attribution Error

Our beliefs and assumptions will influence our responses to others. We all have a tendency to attribute our own behaviour to factors external to ourselves, and to attribute the behaviour of others to internal, controllable factors. For example, when driving over the speed limit we might identify the cause of this as the need to get to an important appointment, something external to us which is difficult to change. However on observing another driver over the speed limit we may conclude they are a bad, reckless driver, something which is internal to them and within their control. This is called the Fundamental Attribution Error.

When supporting people with complex presentations, the Fundamental Attribution Error can affect our response. Evidence shows that when we view the behaviour as originating within the person and under their control, we are less likely to offer help and support. Making these assumptions may increase the risk of responding in a punitive or restrictive way. However, if we identify the behaviour as caused by external factors and not deliberate or intentional, our responses may be more supportive and helpful. So being aware of our beliefs and assumptions is important. This also demonstrates the value of PBS, where an understanding of the function of behaviour is key and avoids us using these natural thinking 'shortcuts'.

Case Study – Sarah

Sarah enjoys eating 'treats' such as chocolates and crisps, and often seeks to buy these when she is out with support staff. Sometimes Sarah can become agitated and distressed when staff tell her she can't buy what she's asking for. Some staff have reported feeling frustrated with Sarah.

'Sarah gets plenty of treats – she's just being greedy'
'That cupboard is full of sweets and crisps, but it's never enough for her, she always wants more'
'She's testing people to see who will give in and get her what she wants'

These comments suggest staff are viewing Sarah's behaviour as internal, intentional, and under her control. How might this affect their responses?

Service Culture

Evidence suggests that the culture within a support service can increase risk of restrictive or abusive practices. Frequent use of physical restraint can lead to this strategy being 'normalised' as an approach that is appropriate and

necessary, which can lead to increased use. Staff who feel threatened and unsafe when people with complex presentations show behavioural challenges are likely to respond in ways which bring the situation to an end quickly, and this may involve a restrictive response.

How we describe behaviour can influence whether we are coming from a place of understanding or from a need to make it stop. Approaching behaviour from the point of view of making it stop, we are more likely to act in a restrictive way. If we approach behaviour from the point of view of understanding the unmet need behind the behaviour, and respect for the person, their experiences, and their right to express distress, we are less likely to act in a restrictive way (see chapter 10 Supporting People in Distress).

To learn more about understanding behaviour please refer to chapter 7 Understanding Behaviour.

Learning Activity

Learning Activity 31

In the chapter 'Supporting someone in distress', the following video gave 2 different descriptions of Tom's presentation. You were asked how those words and descriptions affected your feelings about working with that person.

This is respect - YouTube

Listen to the descriptions again.

After part 1, what types of responses do you think people supporting Tom might employ? And listening to part 2, what types of response might people employ when supporting Tom?

Compare these responses – do you think restrictive responses are more or less likely following the different descriptions?

Restrictive Practice and Trauma

As highlighted in previous chapters, people with learning disabilities are more vulnerable to experiencing trauma than the general population. Violence, bullying and harassment in the community are commonly reported. It is now well understood that there can be long lasting effects of trauma on people's physical health, mental health and emotional wellbeing, and social functioning.

Complex trauma often occurs in the context of relationships. For people with learning disabilities this increased vulnerability is influenced by an increased dependence on others for care and support. There is an imbalance of power in their relationships, as those around them often have significant influence on decisions and choices that affect their lives, in comparison to the individual themselves. People in a caring role for individuals with

learning disabilities can exert that power in damaging ways and may be the perpetrators of harm and abuse.

Being trauma-informed means moving away from asking 'what's wrong with this person' to 'what happened to this person'. Restrictive practices may be part of what has happened to the person and it is important to be aware of the potential impact.

People who have experienced trauma can be hyper-alert to signs of danger or threat, and can have difficulty managing their emotions as well as difficulties in managing relationships. This might be seen as aggressive, destructive and impulsive behaviour. The person might be viewed as 'confrontational', 'attention seeking' or 'non-compliant' and may then also be responded to using restrictive practices, leading to further re-traumatisation. These behavioural signs of potential trauma are understandable reactions to feeling threatened or coerced and should not be seen as abnormal responses.

While we may never know for certain what an individual has experienced, it is important to adopt a trauma-informed approach with people we support. As well as supporting recovery, this avoids our responses becoming further re-traumatisation for the person. We should work to reduce the power imbalance in our relationships with people with learning disabilities by developing collaborative relationships. Addressing this power imbalance is not easy, but awareness that it exists is an important step. This is an important element in reducing restrictive practice.

Using the trauma-informed principles of choice, collaboration, empowerment, safety and trust helps avoid potentially restrictive practices.

 Learn more about trauma and available training resources by visiting the National Trauma Training Programme website.

Physical restraint

As well as being a physical risk to the person, physical restraint can be experienced as frightening and distressing. Restraint can also trigger memories of past abuse and potentially increases distress and risk, rather than achieving safety.   This is seen in the following quotes from people who have experienced being restrained.

'I've suffered physical abuse when I was younger and being held down where someone forces their weight on you is triggering for me… it's the last thing that's going to make me conform; I don't want them touching me.'[1]

'They didn't explain anything to me but just threw me on the floor and another person stood over to watch. There was no explanation or communication the whole time.'[1]

'It made me feel awful because when I was restrained my top come up a little bit, OK it was only my belly showing but that's bad enough. I'm a woman, I was being restrained by three men… It made me worse and I was actually trying to get them off me so I could [pull top down]. I were trying to bite, everything …'[2]

The Mental Welfare Commission guidance Rights Risks and Limits to Freedoms highlights the need to **balance the risks of restraint with the risk to the person of not intervening**, and recommends careful assessment to understand behaviour.

This means it is important that we take into consideration both the safety of the person and the safety of others when making a decision to use a physical restraint.

Case Study

Sarah is 28 years old and lives in supported accommodation. Sarah enjoys spending time in her garden on her swing, and when the weather is dry support staff unlock the back door and support her to access the garden. Sarah's favourite treats are chocolate and crisps and she often seeks to buy these when she is out. There is an agreed plan for when she can buy her 'treats' and support staff give Sarah her purse when it is time to buy them. Sarah's family often bring her 'treats' when they visit, and these are stored in a locked cupboard. Every month this is cleared out by support staff to ensure there is not an excess. Sarah's keyworker, who is a driver, often supports her to visit a friend who lives a short distance away. Other support staff who can't drive try to encourage Sarah to meet with her neighbours although she doesn't always want to do this. Once a fortnight one staff member, who used to be a competitive swimmer, supports Sarah and one of her neighbours to go swimming which Sarah really enjoys. Sarah hasn't been swimming for a while as the staff member has been on leave. Sarah enjoys a bath and has previously spent long periods of time in the bath and been reluctant to get out, leaving her cold and shivering. She also enjoys a shower, so staff encourage her to shower and the plug has been removed from the bath. Sarah enjoys playing cards and can often spend long periods sorting and ordering them. In the past Sarah has ripped up her cards, so these are stored in the staff office and Sarah asks support staff when she wants to have them.

PBS and Reducing Restrictive Practice

How can PBS reduce restrictive practice?

Click on the image above to open a short automatic slide show.

Learning Activity

Learning Activity 32

What aspects of Sarah's support might be restrictive?

How might this impact on Sarah?

Think of someone you have supported – can you identify any practices which may be restrictive, even if there seems to be a reason for keeping the person safe?

Make a note of your thoughts and attach this to the evidence for the open badge linked to this chapter.

In order to reduce restrictive practice, a person centred, proactive approach to meet individual needs before crisis arises is needed.   The aim of PBS is to promote quality of life, capable environments, skills development and positive relationships as proactive and preventative measures which reduce risk of behaviours that challenge. PBS promotes a positive culture of practice that focuses on quality of life, human rights, prevention and de-escalation.

How can PBS reduce restrictive practice?

This provides more information about the slides on the previous page.

- Taking a person-centred approach to understanding behaviour

  - What is the purpose of behaviour for the person?

  - what are the risks for this person in these circumstances?

  - PBS uses this understanding to build the best support for the individual.

- Focusing on proactive approaches which reduce the likelihood of behavioural challenges which could lead to a restrictive response. Earlier chapters have highlighted the importance of capable environments, person centred communication and skills development to achieve positive outcomes.

- Including individuals, families and carers in development of PBS plans ensures their views and experiences are considered.

- Taking a holistic view of the person, their environment, relationships and wellbeing moves away from seeing 'problem behaviour'.   Reducing this risk of seeing the person and their behaviour as difficulties can increase positive support and reduce the risk of restrictive responses.

As an additional last resort, PBS plans also include reactive strategies detailing responses to behaviours which cannot be prevented.

Within a PBS framework, reactive strategies are safe and ethical responses to behaviours that challenge which cannot be prevented, despite the best efforts of proactive strategies. The aim of any reactive strategy is to reduce the immediate risk of harm to the person and others – it is not about teaching or learning for the individual.

In some circumstances, reactive strategies can include physical restraint. This type of response can have negative outcomes.
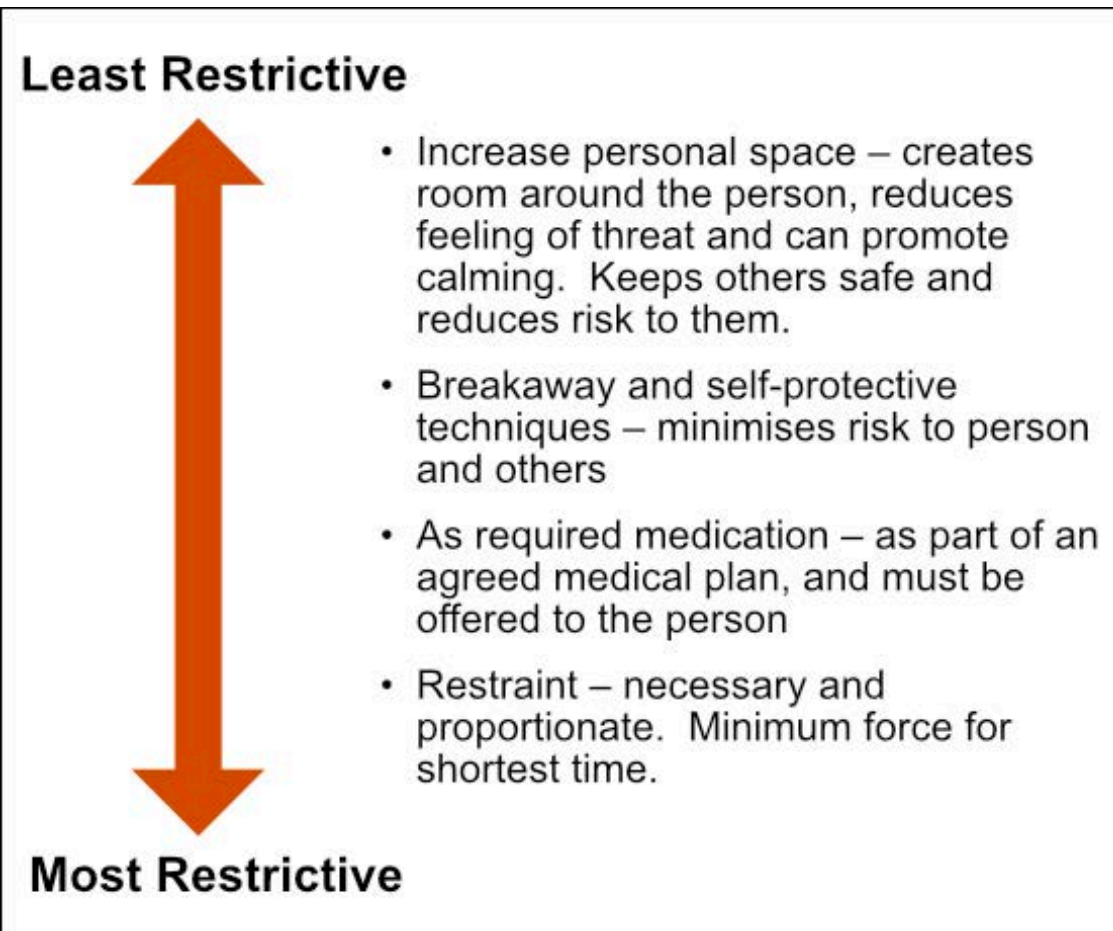
- Presents a physical risk to the person e.g. restricted airways

- Can be experienced as painful and aversive

- Can be traumatising and re-traumatising

- Increases risk of abusive culture

It is therefore crucial that reactive strategies are developed which actively avoid the use of restrictive practices such as physical restraint. At times, this is not always possible but a hierarchy of responses should be developed as part of the reactive strategy that ensures restrictive practices are a last resort.

In PBS reactive strategies should

- Never inflict pain

- Be used to establish safety

- Be person centred

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- Be used <u>only</u> with proactive and reactive strategies within a PBS approach

- Focus on least restrictive means

- Be agreed by a multi-disciplinary team, including the

Least Restrictive

↕

Most Restrictive

- Increase personal space – creates room around the person, reduces feeling of threat and can promote calming. Keeps others safe and reduces risk to them.

- Breakaway and self-protective techniques – minimises risk to person and others

- As required medication – as part of an agreed medical plan, and must be offered to the person

- Restraint – necessary and proportionate. Minimum force for shortest time.

  person and carers

- Be accurately recorded and reviewed after each use

To ensure an approach which is least restrictive, it can be helpful to consider increasing levels of reactive response. Initial responses focus on promoting safety and reducing risk of harm to the person and others, with later stages involving potential restraint as a 'last resort' only.

Least Restrictive Practice

Sometimes restrictions are necessary to keep people safe. These should always be part of a wider care plan, used as a last resort, and with prior planning and training in place to safeguard the person and those who support them. The person themselves should be involved in this planning in a way which is meaningful for them.

In the earlier case study, you will have identified some potentially restrictive practices for Sarah:

- Restricted access to the garden

- Locked cupboard preventing access to sweets and crisps

- Practical barriers limiting contact with her friend and also access to swimming

- No access to a bath

- Restricted access to her cards for sorting activity

Many of these aspects of support are intended to keep Sarah safe and promote her wellbeing. For example, limiting access to her sweets and crisps may have been introduced to support a healthy diet and weight. Preventing use of the bath avoids a situation where Sarah remains too long and becomes cold, uncomfortable and potentially unwell as a result. However other restrictions do not appear to be about managing risk. For example, limiting access to Sarah's cards because she may rip them up.

Any restrictions considered should be part of a wider PBS plan which includes proactive, preventative strategies. For example, as an alternative to locking sweets in a cupboard, Sarah could be supported to learn about making healthy food choices, preparing her meals and snacks and developing a routine that includes access to treats. Sarah may have spent long periods in the bath due to her enjoyment of being in water, so increasing her access to

swimming and agreeing with Sarah a structure and timing for baths may allow her to enjoy baths safely.

There are other reasons that restrictions may be legally allowed:

- Community Treatment Order

- In an emergency as part of duty of care

- Some people may be detained for assessment and treatment in hospital settings

Least restrictive practice should be considered for everyone, regardless of the setting they are in.

There are also many people for whom no legal powers are in place, however the principle of least restrictive actions should still be followed. If there are no legal powers in place, then this needs to be addressed as we can't restrict someone's human rights without legal authority, or the person's consent to do so.

PBS uses proactive strategies to build support for individuals which maximises positive outcomes. Person centred reactive strategies are carefully planned which consider least restrictive practice at every stage. This focus on preventative approaches along with planned reactive responses promotes reduced restrictive practice.

Recognising Restrictive Practice and Considering Alternatives

Within a PBS framework, proactive strategies can be used to reduce instances of restrictive practice. Here are some examples:

Locked doors, limited access to areas inside or outside:

- Changes to the environment

Adults with Incapacity

Some people with support needs are subject to legal powers under the Adults with Incapacity Act (2000). The Act is designed to support and protect the rights of people who have been assessed as lacking capacity to make certain decisions, usually around their care needs.

In this case someone else, sometimes a family member or the local authority, is given power to make decisions on behalf of the person when needed. This is called a Welfare Guardian. A Welfare Guardian only has the right to make decisions that are stated within the Guardianship order. The things stated on the order can be changed but this must be done through the courts.

The Act states that any decision must be of benefit to the person, and only applied when necessary while taking account of the person's wishes. Importantly, the Act also states that:

Any action or decision taken should be the minimum necessary to achieve the purpose. It should be the option that restricts the person's freedom as little as possible.

You can find out more about adults with incapacity in the NHS Education for Scotland resource 'Think Capacity, Think Consent'.

- Teaching the person a new skill to enhance independence
- Is this a historic or blanket restriction? Could there be an updated risk assessment?

- Explore use of smart technology/devices to mitigate risks

Limited contact with preferred family and friends:

- Regularly review any decisions about the need for restricted contact
- Engage the individual in decisions and choices about contact
- Explore with the person their preferred alternatives to face to face contact such as video calls, social media
- Explore potential for skill development e.g. independent   travel to maximise contact.

Limits on access to preferred items and activities:

- Consider risks and benefits for the person of access to each item/activity separately
- Include the individual in safety planning and where possible invite them to share what works to reduce distress/keep calm
- Consider use of visual aids, prompts to support access or engagement
- Break tasks/activities down into steps and consider where the person can have more choice and control

Summary

- People with learning disabilities are often subject to restrictions in their lives, and have limited power in their relationships with others, particularly those who support and care for them. These restrictions can become routine and unrecognised. It is important to reflect on potential restrictive practices for the people we support.

- Restrictive practice can be harmful and traumatising for people who are already at significant risk of experiencing trauma. Taking a trauma-informed approach should increase safety, choice, empowerment, collaboration and trust.

- A person-centred proactive approach which focuses on prevention of crisis is needed to reduce risk of restrictive practices. PBS works in this way to enhance quality of life and positive outcomes for people with learning disabilities.

- You must have the legal authority to place restrictions on a person, and least restrictive practice should always be considered

Open Badge

This open badge will help you to show what you have learned about reducing restrictive practices from this chapter. To apply for this badge, you must complete the following tasks:

Think about someone you support who displays behaviours that challenge.

Write a short reflective account of between 200 and 300 words about what you have learned in this chapter and answer the questions below.

1. What are some examples of potential restrictive practices for the person?

2. What is the potential impact on the person if restrictive practice is used?

3. Think about some alternatives to consider and note these down. Use the information in the section 'Recognising Restrictive Practice and Considering Alternatives' on pages 144 -145 to help.

4. Discuss your ideas with a colleague and write a short summary of your conversation.

Submit this **along with learning activities 29-32** from this chapter to apply for the open badge for this chapter.

PBS Community of Practice Scotland

Positive Behaviour Support #11

Reducing restrictive practices

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.

Positive Behaviour Support Badge 11: Reducing restrictive practices

Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.
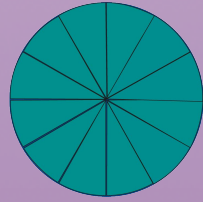
References

[1] MIND report (2013) Mental health crisis care: physical restraint in crisis

[2] Fish, R & Hatton C. (2017) Gendered experiences of physical restraint on locked wards for women. Disability & Society 32(6), 1-20.

Chapter 12

Carer wellbeing

Main learning points

- Wellbeing is the ability to cope with day-to-day life

- Achieving good wellbeing is very important, but can be difficult

- There are practical things that can be done to improve wellbeing

- People in caring roles may have additional challenges in relation to wellbeing

- There are lots of resources available to help support your wellbeing

Chapter Overview

This chapter is focused on you and your wellbeing. It will discuss some signs that your wellbeing is suffering and discuss ideas for how to address this. It will also consider why wellbeing is an important concept within a PBS framework.

The aim of this chapter is to help you think about how to look after yourself and to achieve good wellbeing, even when working in difficult situations.

Introduction

The focus of this chapter is a bit different to the others. We are going to focus on you. Not about your practise, your reflection, or how you support people...but you.

This chapter is all about your wellbeing, how you look after yourself, and how do you make sure you are ok.

The concept of wellbeing is something that has gained more attention in recent years. There is increasing evidence that when we have good wellbeing the benefits extend beyond feeling good. We are more productive, can cope better, and are more satisfied with life.

When being encouraged to find good wellbeing, people might say things like – you need to look after yourself and take care of your wellbeing. But... what does that mean? How do you look after your wellbeing?

Taking care of your wellbeing is sometimes seen as being good to yourself and treating yourself. But there is more to wellbeing than eating some cake and taking a nice bath – although these things can be helpful too! Looking after your wellbeing means understanding and recognising your own signs of stress and having a range of strategies to support your physical and emotional wellbeing.

Sometimes, good wellbeing is actually hard. It takes effort, consistency and not choosing the path of least resistance.

What is Wellbeing?

The challenges experienced in our roles can impact on our wellbeing, which in turn can affect our ability to support people effectively. Sometimes the demands on people can exceed their resources for coping. There are different terms which describe this. For example burnout – where staff become overwhelmed, exhausted and ineffective; 'compassion fatigue' – where staff have reduced capacity for empathy and emotional understanding of those they are working with.

Wellbeing

Wellbeing can be thought of in terms of our inner capacity to cope with everyday stresses, and to share it with others when we can. Like a well of water, we can draw from it when we need, and as long as it keeps getting topped up, we can continue to cope with each day and its challenges.

Sometimes, however, we draw too much water at once, or there are too many people that we feel are in need and we give too much water away, leaving our own well dry. We not only have no water for ourselves, but we struggle to give to others as we have nothing left to give. These feelings are common for people who are in caring roles – professionally and personally.

Some of the signs that your well has run dry could be
- Lack of interest in the things you usually love to do
- Feelings of resentment and even anger towards the people you are supporting or your loved ones.
- Negative thoughts, e.g. nobody cares about me, I'm bad at my job, nothing's ever going to change.
- Feelings of heightened anxiety or panic in everyday situations

While your well may run dry, the good news is that you can fill it again by practicing self-care. To continue with the metaphor, you must drink from your own well first before sharing your water with others. This is the essence of self-care.

The ABCs of Self-Care

When taking care of others it is important to look after ourselves. However when we are busy with increasing demands on our time and resources, we can sometimes forget to focus on this. The ABC model reminds us of the steps to take when faced with increased stress at work.

A – Awareness

Knowing the signs of increased stress or reduced coping is important. These can be <u>physical</u> signs, such as tiredness or disturbed sleep, or changes to our appetite or eating and drinking habits. There can also be <u>psychological </u>signs, such as feeling anxious, angry or sad, having difficulty 'switching off' from thinking about work, or having lots of negative thoughts. <u>Social </u>signs can include feeling disconnected or withdrawing from others. Everyone is different, and it is helpful to think about your own individual signs.

B – Balance

It is impossible to avoid all stressful aspects of life, but it can help to consider how to achieve some balance within your role. For example through taking breaks and balancing more demanding tasks with less demanding ones.

C – Connections

Wellbeing is positively impacted by our ability to stay connected to the people and activities that are important to us. Talking and sharing thoughts and feelings with colleagues and with others in our lives is important.

You can learn more about the ABCs of self-care here: https://learn.nes.nhs.scot/29700/psychosocial-mental-health-and-wellbeing-support/taking-care-of-myself

Practical Self-care

But what is self-care in practical terms? And how do you do it?

- **Talk to someone you trust.** We call it 'name it to tame it'...once you can put into words the negative thoughts and feelings you are having, it will be easier to identify areas that need to be addressed. The act of expressing your thoughts and feelings can also be helpful and bring a sense of letting things out. If saying how you feel is too much for you right now, an alternative could be writing your thoughts and feelings down on paper. In essence, release what is inside of you.

- **Take time.** Find opportunities to reduce the demands on you. Ideally you would have a break from work – but this is not always possible. Especially if your caring role is unpaid. Think about what other things you could do. That might be – getting food that is easy to cook. Asking someone else to pick up some chores. Doing your shopping online instead of going to the shops.

- **Eat good food, and exercise.** It can be tough to do this when you are low, but the benefits, even in the short term, can be significant. If you eat well and exercise, even just short walks, you will definitely notice the benefit.

- **Prioritise rest and sleep.** Where possible, keep a regular routine for sleeping and waking, and have a night-time routine that gets you ready for sleep – for example, avoiding caffeine or stimulating activities.

- **Do the things you love to do.** Everyone has things that comfort them, and it is important to make sure those things aren't neglected. Hot baths, books, favourite shows, knitting, art, cooking or baking...make sure you are leaving time to do the things that are

important to you. It may be hard to self-start, but even doing ten minutes of something you enjoy will make a difference.

- **Be kind to yourself.** When we are stressed we can experience negative thoughts about ourselves and the situation we are in, and this can lead to a vicious circle of feeling stressed, anxious and low. If you notice yourself thinking negatively, consider what you would say to a friend who was thinking this way. Would you blame them for their thoughts and feelings? What would you say to them about their strengths and abilities?

![Learning Activity icon]

Learning Activity 33

Write a list of the activities you enjoy doing and which are important to you. Think about things you do every day or week, as well as things you might do less often.

For each activity, consider a plan for increasing or continuing to do this. Is there anything you need to change to make sure the activities happen?

Achieving Good Wellbeing

So... we have talked about what wellbeing is and how to recognise when we might need to pay more attention to our own wellbeing. Let's focus a little bit on how to achieve good wellbeing.

A very straightforward and commonly used framework for good wellbeing is the **5 Ways to Wellbeing**[1] approach developed by the New Economics Foundation in the UK. This is currently used by the mental health charity Mind and is a useful tool to consider what to do to improve our wellbeing.

This approach lays out 5 ways to good wellbeing. These are:
Connection
Physical Activity
Take Notice
Learn
Give

Connection
As noted in the ABCs of self-care, feeling connected to and valued by other people is essential to good wellbeing. It is also essential to resilience, being able to cope when difficulties happen. Loneliness and disconnection have been reported as significant risk factors for good wellbeing.

So, it makes sense that one of the foundations of good wellbeing is having relationships with other people. That you have people who help you feel good, and people you can turn to for support when things are hard.

Physical Activity
We know that physical activity is essential for our physical and mental wellbeing.

Physical activity improves health, reduces risk of diabetes, cardiovascular disease, cancer, depression, stress. It helps maintain healthy weight and keeps people mobile for longer. Many researchers have spent time exploring

this and it has been proven that there is a myriad of benefits from exercise on our physical and psychological wellbeing.

The reasons behind these positive effects are varied. Explanations include:
- Biological factors such as the release of hormones that improve mood during exercise.

- The physical consequence of being stronger and fitter making daily tasks easier.

- The psycho-social factors:
  - Positive feelings of achievement on completing something difficult
  - Being connected to other people due to exercising as part of a group
  - The community aspect that comes from identity, for example being a runner makes you feel connected to other people who also identify as runners

The type of activity you do isn't the most important factor, and you can also mix and match different intensities of activity and still get the benefits. For more details you can check out the UK government physical activity guidelines here Physical activity guidelines - GOV.UK (www.gov.uk)

However…..despite all the identified benefits, we know that lots of people find it difficult to start exercising. So let's talk a little bit about why people don't do this amazing thing called exercise – and how you can start!

Exercise is hard... Especially if you are not used to it! However, your body can quickly adapt and become fitter and stronger. The key is to start small and slow.

Beliefs and confidence can affect people's ability to engage in exercise.   They might think – I could never do that. However, the human body is amazing at adapting to its

surroundings. So, if you start doing a little bit of activity – your body will get used to it. You can then do a little bit more.

Watch this video about Jeanie…
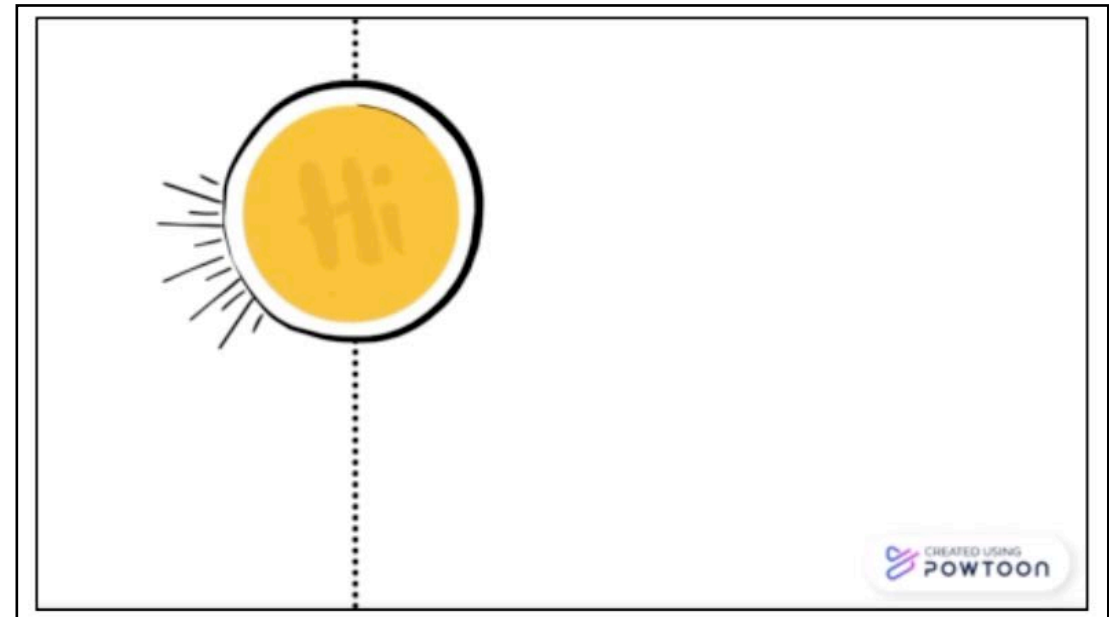
Now hear another perspective from Dale. A middle-aged man who works in social care and at the age of 49 decided to make some lifestyle changes.

Take Notice

Taking notice, or grounding, is about being present. Stopping for a breath, thinking things through, seeing and hearing the things going on around you. Seeing and hearing the things going on inside of you.

When we are stressed and anxious, we rush though life missing out the finer details that help us feel good, safe and in control. Taking notice is another way of talking about mindfulness or gratitude. Both of these things have been proven to have positive impacts on a person's wellbeing.

Learn

We are never too old to learn. We are never too experienced or educated to learn either. Learning is not just about improving your practise at work or meeting your registration requirements. Learning is also about feeling good about yourself – for yourself.

Give

This 'way' to wellbeing is probably the one that most people in a social care setting are familiar with. It is probably the thing that attracts you to your role. Doing things for others makes us feel good. Reminding ourselves of why our work is important to us can help to maintain good wellbeing.

Learning Activity

Learning Activity 34

Look at the Ways to Wellbeing Mindkit: 5 Ways to Wellbeing - Mindkit

Choose one of the tasks to carry out. Think about how you felt before, during and after. Write a reflective account about your experience.

The PBS Context

Why is it important to have a chapter on wellbeing in a PBS learning resource?

Being in a caring role can make you at an increased risk of compassion fatigue. This is in reference to caring roles in general. However, when we add behaviours that challenge into the context – the risk of wellbeing challenges is further increased. Why?

Supporting someone through distressing situations is hard. It might be the hardest thing some people have and will ever do. It can be stressful. It is about the safety of the people you support. Supporting someone who is distressed can elicit very strong and unpleasant emotions.
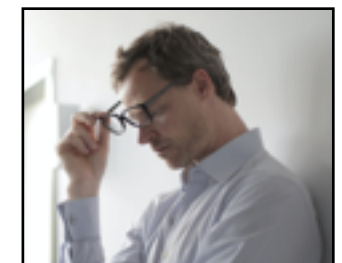
In chapter 7 (Understanding Behaviour) the Window of Tolerance was introduced. When a person displays behaviours that challenge, they can be experiencing hyperarousal and may be considered to be out of their Window of Tolerance, their ability to cope.

We all have a Window of Tolerance and can be pushed out of our ability to cope. This can happen when we are supporting someone displaying behaviours that challenge. What might this look like?

- Your fight or flight response may be activated. Physical symptoms can be increased heart rate, shaking, feeling hot, breathing faster. This is a normal reaction, we all experience it, even the most experienced practitioner.

- You may be worried about the safety and wellbeing of the person you are supporting.

- You might have self-doubts. Am I doing the right thing, did I make it worse, does the person dislike me, did I cause that?

- You might feel like you don't have the abilities to support the person.

- You might feel scared, angry, out of control.

- You might be worried about your own wellbeing.

> All these thoughts and feelings are completely normal.

Therefore, to be successful, we should focus on building our own personal resilience using the strategies detailed. Think about it like a risk assessment. If you were working in a setting where hard objects might fall and hit you on the head (e.g., a building site) you'd have to wear a hard hat.

We know that the people who are responsible for supporting others through behavioural challenges are at a higher risk of wellbeing challenges, therefore we must take steps to reduce the risk.

How do we Know it Works?

Researchers have explored the impact of some wellbeing improvement strategies in social care settings. One group of researchers looked at the use of mindfulness (i.e. Taking Notice) in a community-based support setting. They found lots of improvements in wellbeing for people providing support. One being that people reported feeling less stressed.

Another group of researchers looked at the role of practise leadership on people's experiences when working in a social care setting. Practise Leadership is support and feedback from someone, a manager or colleague, to improve skills (i.e. Connection). They found that more contact with a manager was connected to better experiences in a community support setting.

Therefore, the evidence suggests that these strategies can be effective in a social care setting.

The National Wellbeing Hub for those working in health and social care contains a wide range of resources around self-care, including apps, podcasts and videos. There are a range of free resources which use evidence-based approaches for anxiety and mental health, sleep, building resilience and coping with stress.

Learning Activity

Learning Activity 35

Think about a time you dealt with a stressful experience at work. Consider a situation where you felt stressed but not overwhelmed. What helped you feel better afterward?

Can you connect what helped to the '5 Ways to Wellbeing' – Connection, Physical Activity, Take Notice, Learn, Give?

Wellbeing in the Wider Organisation

Looking after ourselves and building personal resilience is important. As we have learned, there are many ways to take care of our own wellbeing.

We also work in wider systems, and it is important that these systems also support wellbeing. Staff should feel safe and supported in their day-to-day work, listened to and connected to those around them.

[Taking care of your staff](#) is a resource to help leaders and managers consider ways to support wellbeing.

Summary

- In this chapter we have been talking about wellbeing. We have covered that wellbeing is the ability to cope with day-to-day life and sometimes in our roles we can experienced reduced wellbeing.

- This chapter has also looked at practical ways to improve wellbeing using the 5 Ways to Wellbeing framework. This includes connection, physical activity, take notice, learn and give.

- Wellbeing is important for those in roles that support people in distress and that taking care of your wellbeing is the same as wearing personal protective equipment to keep yourself safe.

⚒ Open Badge

This open badge will help you to show what you have learned about carer wellbeing from this chapter. To apply for this badge, you must complete the following tasks:

Download the NES Wellbeing Planning Tool. Use the tool to identify your own personal warning signs of increased stress, and to develop your own individual plan to manage your wellbeing.

Write a short reflective account of between 200 and 300 words about what you have learned in this chapter. You do not need to include the planning tool or personal details about yourself. Answer the following questions.

1. Why is it important to look after your wellbeing?

2. What are the different signs of stress that can occur?

3. What are some ways that can help someone manage wellbeing?

Be sure to include a range of ways you have learned about in this chapter.

⊘PBS
Community of Practice Scotland

Positive Behaviour Support #12

Carer wellbeing

Click on the link below to be taken directly to the badge page on the SSSC MyLearning badge portal.
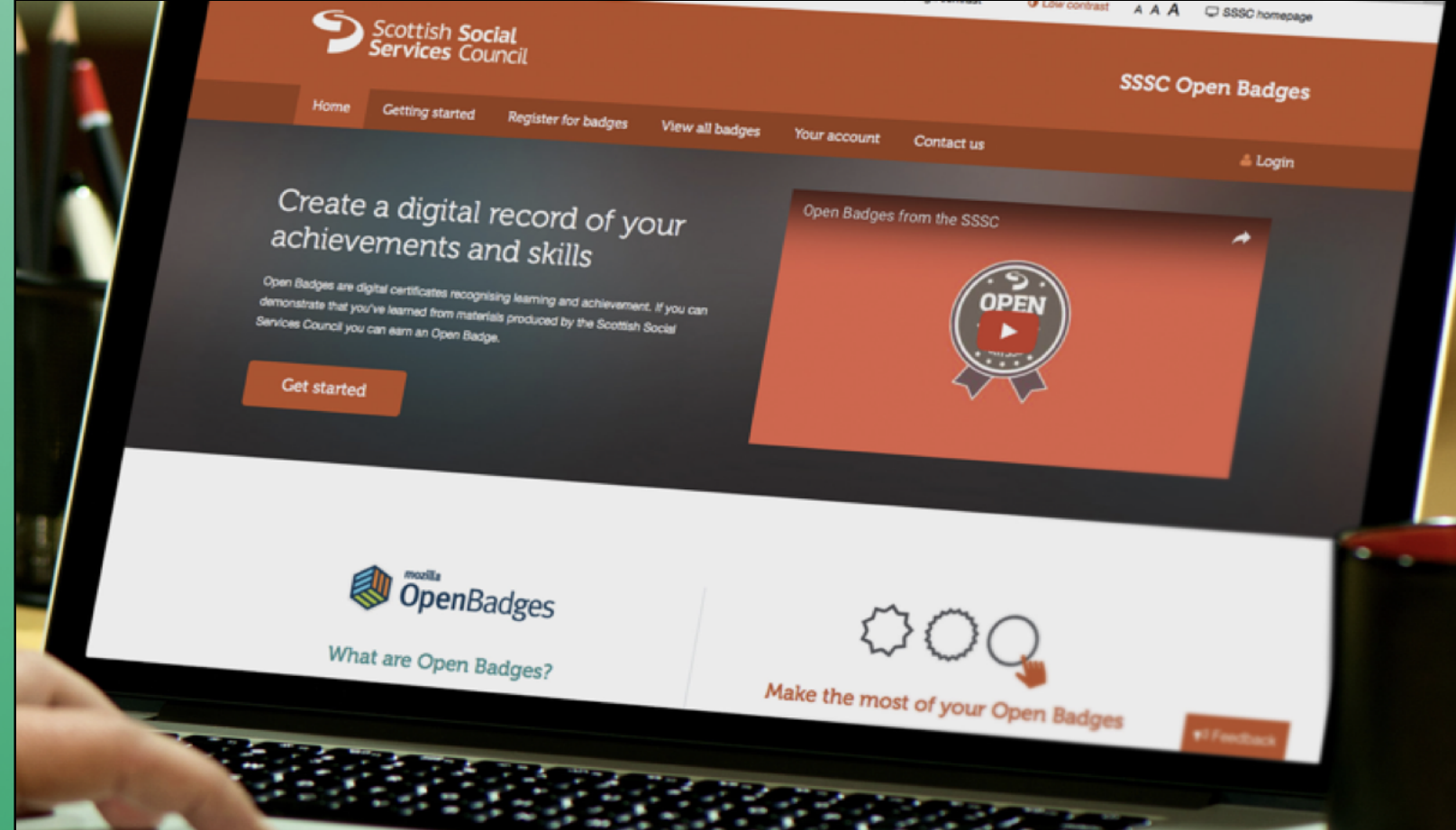
Positive Behaviour Support Badge 12: Carer wellbeing

⚠ Before submitting this, always remember to ensure that no person or organisation can be identified in what you have written in your application for this badge.

References

[1] https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

Appendix 1

Claiming your open badges

WHAT ARE OPEN BADGES?

Open Badges are a straightforward way to collect, manage and share evidence of learning in today's digital world. You can collect them to evidence your learning and share them in places that matter to you, including offline as printable certificates. When you show your badge to someone, they will be able to see criteria against which the badge was issued and any evidence that you provided to prove you met that criteria.

The Scottish Social Services Council (SSSC) and dozens of other social service organisations issue Open Badges to recognise continuous and informal learning that would otherwise go unrecorded.

Click on the i,age below to go to the SSSC Getting started
with Open Badges web page:

Learning Activity resources

Chapter 2 Enabling environments

Table for Learning Activity 5 (Page 24)

Characteristic	What are we doing well?	What could we improve or do more of?	Who can help resolve this issue?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Chapter 7 Understanding behaviour

ABC Form Examples

Example 1

Date: 17/3/21	Time: 1.30pm	Staff completing form: Jane
Antecedents	Behaviours	Consequences
George was in his room on his own. We had just finished playing with his puzzles and I was putting them away. I told George I would be 2 minutes and would be right back. When I was away putting the games in the cupboard the phone rang. I then went to answer the phone and it was the manager asking me to write a few things in the communication book. I had been gone 10 minutes.	George began shouting. I could hear him banging the walls.	I told the manager I had to go, hung up the phone and went straight to George. I reassured him he was okay and asked if he would like to sing a song with me. George stopped shouting and came and took my hand. We started signing his favourite song.

Example 2

Date: 12/5/21	Time: 3.40pm	Staff completing form: Dennis
Antecedents	Behaviours	Consequences
Melanie started trying to hit me and Harriet (other staff member)	Tried to grab me Tried to kick Harriet We used our blocking training	Me and Harriet told her not to but she kept trying to hit us

Example 3

Date: 22/4/21	Time: 9.10pm	Staff completing form: Liz
Antecedents	Behaviours	Consequences
Nothing happened before. I didn't see anything happen before it started.	Cathy started to hit her head with her fists. She was looking at me and hitting her head. She was clenching her teeth. Her nostrils looked flared. Her face was red. Cathy was sitting on her chair but would get up occasionally and stamp her feet. She would then sit down again.	Cathy stopped after she tired herself out.

Example 4

Date: 4/7/21	Time: 5.15pm	Staff completing form: John
Antecedents	Behaviours	Consequences
Daniel and I had been doing lots of household tasks and it was going great. We had one more task to do which was to take the bins to the bin-shed. I told Daniel it was time to take the bins to the bin-shed. I had the bin bag in my hand.	Daniel walked away from me and didn't say anything. He started pacing around his flat and started making a humming noise whilst putting his fingers in his ears. Daniel looked sad.	I stepped out of Daniels' immediate space and put the bin bag back in the kitchen. I told Daniel he didn't need to take the bin out. I said I would take it out later. I showed him my empty hands. Daniel took his fingers out of his ears. He sat on the sofa and put some music on.

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ABC Form Examples - Answers

Example 1

Date: 17/3/21	Time: 1.30pm	Staff completing form: Jane
Antecedents	Behaviours	Consequences
George was in his room on his own. We had just finished playing with his puzzles and I was putting them away. I told George I would be 2 minutes and would be right back. When I was away putting the games in the cupboard the phone rang. I then went to answer the phone and it was the manager asking me to write a few things in the communication book. I had been gone 10 minutes.	George began shouting. I could hear him banging the walls.	I told the manager I had to go, hung up the phone and went straight to George. I reassured him he was okay and asked if he would like to sing a song with me. George stopped shouting and came and took my hand. We started signing his favourite song.

Answer

This is a good ABC form. It's clear the writer took time to think about what was happening before she heard George shouting and banging. The writer is objective in her writing. She does not try to say what the reasons were but is clear about what happened. The writer also clearly writes what happened after the behaviour occurred. She not only says what she did but also what the supported individual did. This helps us to understand what supports were useful in deescalating the situation at the time. This is a helpful ABC form when trying to find pattern to analyse and would give ideas for what the function of behaviour may be.

Example 2

Date: 12/5/21	Time: 3.40pm	Staff completing form: Dennis
Antecedents	Behaviours	Consequences
Melanie started trying to hit me and Harriet (other staff member)	Tried to grab me Tried to kick Harriet We used our blocking training	Me and Harriet told her not to but she kept trying to hit us

Answer

This ABC needs more detail. In the antecedent's section, the writer tells us about the behaviour that occurred. The writer does not explain what was occurring in the environment before-hand. They don't discuss conversations that were taking place or what activities were happening. In the behaviour section it tells us 2 behaviours occurred but not how many times or which occurred first. It also mentions blocking training which should be in the consequences section. The consequences section tells us vaguely what the staff member did but does not say what words were used or by whom. The section also doesn't tell us how the situation was resolved. What happened to support the incident to stop. This ABC form does not help us identify patterns or analyse what may be the function of the behaviour.

Example 3

Date: 22/4/21	Time: 9.10pm	Staff completing form: Liz
Antecedents	Behaviours	Consequences
Nothing happened before. I didn't see anything happen before it started.	Cathy started to hit her head with her fists. She was looking at me and hitting her head. She was clenching her teeth. Her nostrils looked flared. Her face was red. Cathy was sitting on her chair but would get up occasionally and stamp her feet. She would then sit down again.	Cathy stopped after she tired herself out.

Answer

This ABC form also needs more detail. The antecedent section has no information. The writer hasn't considered what happened in the environment (warm / cold/ noise/ other people). It also does not consider any communication or activities that had taken place. the behaviour section is very detailed, and the writer has taken time to explain what occurred. The consequence section needs more detail on what the writer tried to do or say. The writer hasn't said if they stayed with Cathy or left her. They haven't said what happened just before Cathy stopped hitting her head. This ABC form would not help when trying to find patterns or analysing what the function of behaviour may be.

Example 4

Date: 4/7/21	Time: 5.15pm	Staff completing form: John
Antecedents	Behaviours	Consequences
Daniel and I had been doing lots of household tasks and it was going great. We had one more task to do which was to take the bins to the bin-shed. I told Daniel it was time to take the bins to the bin-shed. I had the bin bag in my hand.	Daniel walked away from me and didn't say anything. He started pacing around his flat and started making a humming noise whilst putting his fingers in his ears. Daniel looked sad.	I stepped out of Daniels' immediate space and put the bin bag back in the kitchen. I told Daniel he didn't need to take the bin out. I said I would take it out later. I showed him my empty hands. Daniel took his fingers out of his ears. He sat on the sofa and put some music on.

Answer

This is a good ABC form. The writer has provided lots of detail of what was going on in the environment before hand as well as the communication that were happening. They have provided a lot of detail on what the behaviours looked like. The consequences section provides lots of detail on what both the staff member did but also how Daniel responded to this. It also highlights what occurred before the incident deescalated. This would be a helpful ABC form when trying to find pattern to analyse and would give ideas for what the function of behaviour may be.

How to complete the ABC Chart

How to complete the ABC CHART		
A ANTECEDENT Location, people, activity	**B** BEHAVIOUR Describe what you saw	**C** CONSEQUENCE What did the carer do/how did the person react?
Record the <u>ANTECEDENT</u> events (Things that happened <u>BEFORE</u> the behaviour) **Record things such as:** • Where was the person? Exactly what were they doing? • Was anyone else around or had anyone just left? • Had a request been made of the person? • Had the person asked for, or did they want something specific to eat or drink? • Had the person asked for, or did they want a specific object or activity? • Had an activity just ended or been cancelled? • Where were you? What were you doing? • How did the person's mood appear? E.g. happy, sad, withdrawn, angry or distressed • Did the person seem to be communicating anything through their behaviour e.g. I want/ don't want something? • Were there any obvious triggers e.g. too noisy, sitting on own for some time? Are there any obvious setting events e.g. feeling ill, bad night's sleep, missing their mum or dad?	Record a detailed description of the actual <u>BEHAVIOUR</u> (what did it look like?). This involves documenting: • Provide a step-by-step description of exactly what happened e.g. he ran out of the living room, stood in the kitchen doorway and punched his head with his right hand for approximately 1 minute	Record the <u>CONSEQUENCES</u> of the behaviour. (What happened <u>AFTER</u>) This involves recording: • Exactly how did you respond to the behaviour? Give a step-by-step description • How did the person respond to your reaction? • Was there anyone else around who responded to or showed a reaction to the behaviour? Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive/negative); an object; food or drink; or escape from an activity of situation?

Chapter 8 Learning new skills

Task Analysis Ali and Roberto (Getting Dressed)

Below are 2 examples of a task analysis for the same activity that require different steps based on the individual's needs.

Roberto

Steps	Components
1	Put underwear on
2	Put trousers on
3	Put t-shirt on
4	Put socks on
5	Put shoes on
6	Comb hair

Ali

Steps	Components	Steps	Components
1	Pick up underwear	16	Put left arm in t-shirt
2	Sit on bed	17	Put head in t-shirt
3	Put right leg in underwear	18	Pull t-shirt down to waist
4	Put left leg in underwear	19	Pick up socks
5	Pull underwear up	20	Unbundle socks
6	Pick up trousers	21	Put right sock on
7	Sit on bed	22	Put left sock on
8	Put right leg in trousers	23	Get shoes
9	Put left leg in trousers	24	Sit on bed
10	Pull trousers up	25	Put right shoe on
11	Zip trousers up	26	Put left shoe on
12	Do the button	27	Tie right shoe lace
13	Pick up t-shirt	28	Tie left shoe lace
14	Check label is at the back	29	Go to bathroom
15	Put right arm in t-shirt	30	Comb hair

Task analysis (making tea) with prompts

Steps / Components		Prompts / support needed	Steps / Components		Prompts / support needed
Fill kettle		Gesture – you need to point at the kettle and sink. John will take this to the sink and will fill	Wait for kettle to boil		No prompt – You do not need to prompt John. His visual task analysis is on his wall and he will follow this step.
Put kettle on		Gesture – you need to point at the kettle. John will switch the kettle on.	Pour water into mug		No prompt – You do not need to promt John. His visual task analysis is on his wall and he will follow this step.
Get mug		Modelling – you need to model going to the cupboard and getting a mug out. John will then do this.	Get milk from the fridge		Modelling – you need to model going to the cupboard and getting a mug out. John will then do this.
Put teabag in mug		Modelling – you need to model getting tea bag and putting it in a cup. John will then do this.	Put milk in mug		No prompt – You do not need to promt John. His visual task analysis is on his wall and he will follow this step.
Get teaspoon		Modelling – you need to model getting a teaspoon from the drawer. John will then do this.	Remove the teabag		No prompt – You do not need to promt John. His visual task analysis is on his wall and he will follow this step.

Progress Sheet (Example)

We are using the most-to-least prompting technique. We will use modelling first. Once the individual has met Modelling correctly on three consecutive days, this will be reduced to Gestural. If the individual cannot complete the task with gestural, the member of staff should go back to Modelling. Once the individual has met Gestural correctly on three consecutive days, this will be reduced to No Prompt. Please note the prompt that was required to complete the task below

No Prompt	NP	Least
Gestural	G	Middle
Modelling	M	Most

Components of plan	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6
Get remote from table	M	M	M	G	G	G	NP	NP	
Press TV on button	M	M	M	G	M	M	M	G	
Press DVD	M	M	M	M	M	G	G	G	
Walk towards DVD cabinet	M	M	M	G	G	G	NP	NP	
Get DVD and open it	M	M	M	G	G	G	NP	NP	
Take DVD and place in DVD player	M	M	M	G	M	M	M	G	
Press play	M	M	M	G	G	G	NP	G	

You can download a blank version of this form from the Positive Behaviour Support page in the SSSC Learning Zone using this link:

{Link to be added}

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New Skills Plan - Using a Stop Card

Section 1

Structure of this new skills plan helps you to track the progress of my learning

	Abbreviations used on Progress Sheet
Modelling and verbal prompt	M + V
Just modelling	M
Gesture (pointing at the next step)	G
No prompt	NP

Highest - least independent

Lowest - most independent

- For this new skill I am currently working from highest to lowest prompt. Once I have achieved a step consistently you should start using the next highest prompt

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

New Skills Plan - Using a Stop Card (continued)

To support me with learning how to use my stop card **I need you to:**

- Remember to only practice/teach this plan when Sandra is NOT distressed.

- Before beginning an activity or task, show Sandra her stop card and place the card where she can easily reach it.

- Say "Sandra, this is your stop card. You can use it to ask for the activity to stop."

- Do some tasks together with Sandra that you know are unlikely to lead to behaviours of concern.

- When you can see that Sandra appears uninterested or distracted, say 'you look like you want to stop. Say 'Touch your stop card' use modelling to demonstrate touching the card.

- If Sandra touches her stop card, say 'Sandra, well done asking for asking to stop'. Immediately push any items you were working on to the side.

- Allow Sandra to walk away or engage in anything else she wants to do.

- After 5 minutes ask if Sandra would like to continue with the activity. Please respect her wishes.

It is important once a skill is taught in a safe environment that it is supported in the environment in which it will be required. Section 2 of the New Skills Pan, on the next page, will help you do this.

Section 2

Structure of this new skills plan helps you to track the progress of my learning

		Abbreviations used on Progress Sheet
Highest - least independent	Modelling and verbal prompt	M + V
	Just modelling	M
	Gesture (pointing at the next step)	G
Lowest - most independent	No prompt	NP

- For this new skill I am currently working from lowest to highest. If I do not achieve a step you should increase your prompt to the next highest until I can achieve the step

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

To support me with using my stop card I need you to:

- Sandra can use her stop card before she becomes too distressed or engages in behaviours of concern.

- Before beginning an activity or task, show Sandra her stop card and place the card where she can easily reach it.

- Say "Sandra, this is your stop card. You can use it to ask for the activity to stop."

- If Sandra starts to become distressed she is likely to use her stop card by pointing at it.

- If Sandra does not use her stop card, use the next lowest level of prompt until she uses her stop card. You may need to increase the level of support offered to ensure she successfully uses her stop card.

- As soon as Sandra uses her stop card, immediately allow her to step away from the task or place the items to the side. It is important that the activity is stopped when Sandra uses her stop card. She needs to know that the card has the effect of stopping the activity or task.

- Give Sandra 5 minutes and then ask her if she would like to do the rest of the activity. Please respect Sandra's wishes.

New Skills Plan - Getting a drink

Structure of this new skills plan helps you to track the progress of my learning

	Abbreviations used on Progress Sheet
Hand over hand and verbal prompt	HOH + V
Just hand over hand	HOH
Gesture (pointing at the next step)	G
No prompt	NP

Highest - least independent (aligned with "Hand over hand and verbal prompt" row)

Lowest - most independent (aligned with "No prompt" row)

- For this new skill I am currently working from highest to lowest prompt. Once I have achieved a step consistently you should start using the next highest prompt

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

To support me with making a diluting orange **I need you to**:

Always introduce this task by saying 'Fred let's make juice' regardless of what prompt level I am at. I will then walk to the kitchen independently.

- Once in the kitchen for my lunch/dinner. Say 'Fred, get your tiger cup' use hand over hand to open cupboard and take out cup and place on to the worktop between right side of sink and microwave and close the cupboard.

- Say 'Fred, get your orange juice' and use hand over hand to support me to the fridge, open the fridge door and take the red jug of juice to the worktop next to the cup.

- Say 'Fred, pour your juice to the red line' and use hand over hand to pour the juice to the red line on the cup.

- After I make drink say 'Fred put the juice back in the fridge' and use hand over hand to support me to pick up the red jug and walk to the fridge and open the fridge door and put the red jug back in the fridge.

- Say '**Fred, now take it to the table and drink**', **use hand over hand to direct me to the table.** Once I have taken my drink to the table say '**Fantastico**' **and give me 2 thumbs up at the same time.**

Record:

- What level of prompt I needed to achieve each step on the Progress Sheet under the date for that day

New Skills Plan - Getting a drink

Structure of this new skills plan helps you to track the progress of my learning

	Abbreviations used on Progress Sheet
Hand over hand and verbal prompt	HOH + V
Just hand over hand	HOH
Gesture (pointing at the next step)	G
No prompt	NP

Highest - least independent

Lowest - most independent

- For this new skill I am currently working from highest to lowest prompt. Once I have achieved a step consistently you should start using the next highest prompt

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

To support me with making a diluting orange **I need you to**:

Always introduce this task by saying '**Fred let's make juice**' regardless of what prompt level I am at. I will then walk to the kitchen independently.

- Once in the kitchen for my lunch/dinner. **Use hand over hand to open cupboard and take out cup and place on to the worktop between right side of sink and microwave and close the cupboard**.

- **Use hand over hand to support me to the fridge, open the fridge door and take the red jug of juice to the worktop next to the cup.**

- **Use hand over hand to pour the juice to the red line on the cup.**

- After I make drink **use hand over hand to support me to pick up the red jug and walk to the fridge and open the fridge door and put the red jug back in the fridge.**

- **Use hand over hand to direct me to the table.** Once I have taken my drink to the table say '**Fantastico**' and give me 2 thumbs up at the same time.

Record:

- What level of prompt I needed to achieve each step on the Progress Sheet under the date for that day

New Skills Plan – Waiting in queues

Please read both sections to understand how to build independence in this new skill.

<div style="background-color: yellow;">

Paul doesn't like to wait in queues at the supermarket. This can be difficult for him and can lead to him becoming distressed. Paul likes listening to his music and this can help him when he is waiting in queues. Paul knows how to use his Ipod independently. This plans supports him to use this when waiting.

Initially Paul will be supported in a safe environment to use his Ipod when waiting. The highest level of supportive prompt will be used and then reduced to no prompt. Section 1 will show the slight changes needed to reduce the prompts required for Paul to become independent in using his Ipod when waiting. The second section of the plan will show you how to support Paul using his Ipod when waiting in queues at shops.

</div>

Section 1

Structure of this new skills plan helps you to track the progress of my learning

		Abbreviations used on Progress Sheet
Highest - least independent	Hand over hand and verbal prompt	HOH + V
	Just hand over hand	HOH
	Modelling	M
	Gesture (pointing at the next step)	G
Lowest - most independent	No prompt	NP

- For this new skill I am currently working from highest to lowest prompt. Once I have achieved a step consistently you should start using the next highest prompt

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

To support me with learning how to use my stop card I need you to:

- Remember to only practice/teach this plan when Paul is NOT distressed. Only practice/teach this new skill when there are situations in which Paul has to wait but does not become distressed (i.e. waiting for a taxi to arrive, waiting for food to cook, or waiting for the kettle to boil).

- Just before the waiting activity begins show Paul the waiting symbol.

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- Then say **'Paul we are waiting for NAME THE ACTIVITY, let's put music on'** **use hand-over hand to support Paul to take out his Ipod and headphones' from his bag**.

- Keep the waiting symbol in your hand. If Paul looks at you show him the symbol again. This will reassure Paul that you are aware he is still waiting and will remind him that there is still some more time to wait.

- Stay beside Paul and when the wait is almost finished, touch Paul's arm and say 'waiting is nearly finished' and encourage Paul to put his ipod back in his bag.

- Tell Paul that he did well waiting and put the waiting symbol back in your pocket.

Remember the prompts highlighted in different colours will change to less supportive prompts when Paul is able to successfully complete the steps with that prompt.

It is important once a skill is taught in a safe environment that it is supported in the environment in which it will be required. Section 2 of the New Skills Pan, on the next page, will help you do this.

Section 2

Structure of this new skills plan helps you to track the progress of my learning

	Abbreviations used on Progress Sheet
Modelling and verbal prompt	M + V
Just modelling	M
Gesture (pointing at the next step)	G
No prompt	NP

Highest - least independent (aligns with Modelling and verbal prompt)

Lowest - most independent (aligns with No prompt)

- For this new skill I am currently working from highest to lowest prompt. Once I have achieved a step consistently you should start using the next highest prompt

- "Achieving a step consistently" means I do this on **3 days in a row**.

- If I am struggling with a step please increase the level of prompt to one higher so that I am always succeeding in the task

To support me with using my music when waiting in a queue I need you to:

- If you can see a queue at the supermarket show Paul the waiting symbol.

- Paul should go into his bag and use his ipod.

- If Paul does not use his ipod, use the next highest level of prompt until he uses his Ipod. You may need to increase the level of support offered to ensure he successfully uses his Ipod.

- Keep the waiting symbol in your hand. If Paul looks at you show him the symbol again. This will reassure Paul that you are aware he is still waiting and will remind him that there is still some more time to wait.

- Stay beside Paul and when the wait is almost finished, touch Paul's arm and say 'waiting is nearly finished' and encourage him to put my ipod back in his bag.

- Tell Paul that he did well waiting and put the waiting symbol back in your pocket.

Appendix 3

Further Information

Chapter 2: Capable Environments

If you are looking for more information about capable environments, click on the links below. This will take you to some videos of webinars produced by Bild.

[Helpful communication in 'enabling environments' during Covid-19 on Vimeo](#)

[Sensory considerations to maintain and create capable environments on Vimeo](#)

Here are examples of practical tools which might be of use:

https://www.bild.org.uk/resource/webinar-sensory-considerations-to-maintain-and-create-capable-environments/

Chapter 6: Active Support

If you would like to learn more about engagement and participation, please consider watching the United Response Webinar about Active Support https://www.youtube.com/watch?v=zjn_ymngoeg

Chapter 7: Understanding Behaviour

Here is more information about the impact of trauma

Opening Doors https://vimeo.com/274703693

Sowing Seeds https://vimeo.com/334642616

Here is more information about the window of tolerance

NES Window of Tolerance https://vimeo.com/377509039

There are many more resources and learning around trauma at the National Trauma Training Programme

https://transformingpsychologicaltrauma.scot/

Chapter 11: Reducing restrictive practices

 Serious case review into what happened at Winterbourne View hospital.

 https://hosted.southglos.gov.uk/wv/report.pdf

Chapter 12: Carer Wellbeing

If you have enjoyed reading about these things then you can get more like this from the podcast – the savvy psychologist

If you are interested in more on this topic – check out this podcast with Brene Brown and Dr Vivek Murthy on Loneliness and Connection. It goes into a lot of detail about research that has been carried out in to loneliness, connection and their relationship with physical and mental health.

Dr. Vivek Murthy and Brené on Loneliness and Connection | Brené Brown (brenebrown.com)

The Turas Learn page Psychosocial mental health and wellbeing support contains a range of information and resources on taking care of yourself and others.

Glossary

ABC forms

ABC forms are used to record the antecdents (A), behaviour (B) and consequences (C) which are observed. (see below for definitions). ABC forms are used to record what is occuring before, during and after a behaviour, and help to understand the purpose or function of behaviour.

Antecedents

Antecedents are events, actions, situations or circumstances that occur before behaviour is observed. These include anything that may contribute to or prompt a behaviour.

Aversive

An unpleasant, unwanted experience that a person seeks to avoid.

Behaviours that challenge

- behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or physical safety of the individual or others, and is likely to lead to responses that are restrictive, aversive or result in exclusion (Royal College of Psychiatrists, 2007)

- The setting in which behaviours occur influences whether the behaviour is viewed as challenging e.g. Punching another person when in the pub will be perceived as challenging but when in a boxing ring will be acceptable.

Boardmaker

Boardmaker is a computer program with lots of resources to support symbol-based communication, including a library of thousands of picture communication symbols.

Burnout

Feelings of hopelessness, fatigue, and being overwhelmed in response to excessive workloads and unsupportive work environments; leading to prolonged exhaustion and ineffective working. Burnout can occur in any work environment.

Compassion fatigue

The physical, emotional and psychological impact of caring for others, leading to loss of empathy for others. Compassion fatigue affects those whose role involves caring for people who may be significantly distressed, such as nurses

and other health professionals, carers, support workers. It is sometimes known as the 'cost of caring'.

Complex support needs

Multiple needs affecting a person's physical, emotional and social wellbeing. For example, sensory processing differences, autism, mental health difficulties, physical health issues such as epilepsy or diabetes, communication difficulties. These difficulties often interact and worsen impairment for the person. A person with complex support needs requires a high level of support in daily life.

Consequences

Consequences are actions and responses that happen after behaviour. These could be from the person themselves and others around them. Consequences include the result or outcome of the behaviour.

Eugenics

Eugenics is the idea that it is possible to improve humans by allowing only particular people with desirable traits to produce children. The scientific study of this in the early 20th century was based on the belief that impairments, disabilities and any undesirable qualities could be eliminated from society. The idea and practice of eugenics has been widely rejected both scientifically and morally in recent times.

Functional assessment

Functional assessment is the process of gathering and examining information to determine the purpose of a behaviour. A range of strategies are used, including direct observation and interviews. ABC charts, which are used to record events observed before, during and after a behaviour, are an important tool in functional assessment.

Human rights

Human rights are the basic rights and freedoms which apply to everyone, such as the right to life, protection from discrimination and freedom from inhumane or degrading treatment. The United Nations Convention on the Rights of Persons with Disabilities serves to promote these rights in relation to people with disabilities, who can face additional barriers to realising these rights.

Institutional settings

Institutional settings are environments where groups of people are cared for in a confined setting, such as a long stay hospital or residential care home. When people are cared for in a group way, the structures and systems which allow for efficient running of the institution may be at the expense of individual choice and freedom. For example, doors may be locked, meals served at set times, and bedtime and waking time determined by available staff support.

Intensive Interaction

Intensive Interaction teaches and develops early interaction and communication skills – using and responding to eye contact and facial expressions, vocalisations leading to speech, and turn taking in interaction. It involves close observation and mirroring of the person's behaviours.

Learning disability

Learning disability, also known as intellectual disability is defined as

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;

- A reduced ability to cope independently (impaired social functioning);

- which started before adulthood, with a lasting effect on development.

Makaton

Makaton is a system of signs and symbols that support

spoken communication.

Mindfulness

Mindfulness is the practice of bringing attention and awareness to the present moment, noticing both the environment as well as bodily sensations and feelings.

Objects of reference

Physical objects that are used to represent a person, activity or place. Used consistently over time this helps the person learn the connection and aids communication. For example, using a mug to represent a cup of tea, using a towel to represent going for a bath.

Practice leadership

Practice leadership involves demonstrating the skills of good support and coaching others to achieve this.

Punitive

Inflicting or intending to inflict punishment, by imposing an undesirable or unpleasant outcome on the person.

Psychotropic medication

Psychotropic medications affect how the brain works and are used to treat conditions such as psychosis, anxiety and depression, sleep problems and epilepsy.

Restrictive practices

'making someone do something they don't want to do or stopping someone doing something they want to do'. (Restraint Reduction Network)

Situational management

Responding to or managing behaviours that challenge as they occur. Talking Mats

Social stories

Social stories ™ or social scripts support the sharing of meaningful information in a person-centred way. They are short, concrete descriptions of an event, activity or situation. They are used to support understanding of what to expect and can help people prepare for and anticipate the sequences involved.

Talking Mats

Talking Mats ™ is a visual communication tool which uses a mat with pictures attached, to support people to have better conversations. It helps a person to communicate their feelings, choices and views. In response to a specific question or topic, the person places each visual in the appropriate place on the mat, and can move visuals between places if desired.

Trauma-informed

Being 'Trauma Informed' means understanding that trauma is common and can have long lasting effects. It is being able to recognise when someone may be affected by trauma, working together with the person to take this into account, and responding in a way that supports recovery,
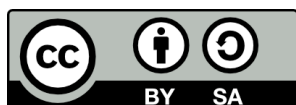
before you go

This ebook was developed by the Scottish Social Services Council (Digital Learning Team) in collaboration with the University of Glasgow, The Action Group, The Richmond Fellowship Scotland, NHS Education Scotland and Key.

We are always keen to revise and further develop the resources we create so we'd like to encourage you to contact us with any suggestions you might have on how we can improve this publication.

We'd also like to hear from you if you have any suggestions for other topics you would like us to cover in future publications.

You can email your suggestions, ideas etc to the Digital Learning Team at SSSC. We look forward to hearing from you.