

The page features several decorative elements: two thin blue diagonal lines crossing the top-left and bottom-right; a large blue circular logo in the top-right corner; a smaller version of the same logo in the middle-right; and a large, partially visible blue circular logo in the bottom-right corner. The logo consists of two overlapping, curved blue shapes that form a stylized 'C' or a circular arrow.

Cornerstones:

An Evaluation

December 2009-December 2010

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Summary

This summary presents key points taken from the evaluation. For those involved in writing recommendations based on the report, it is recommended that the report is read in full.

- The handover procedure in place at Cornerstones was praised by both Praxis Care staff and the staff at the external day care service. The external day care staff felt that the verbal handover in the mornings was highly valuable and Praxis Care staff echoed this with regard to the afternoon handover. The daily notes and communications book for in-scheme handovers were also highly valued. However, there was a concern that data may be duplicated in places.
- Parents were happy with the service provided and felt that it impacted positively on their son's quality of life. The needs of their son were also perceived to have been met in four main areas: personal/care; social/recreational; emotional/behavioural; and support needs.
- Parents also rated Praxis Care highly in other areas. For example, helpfulness, listening and responsiveness. In addition, all thought Praxis Care fully met their expectations of service provision and would recommend the service to others.
- Staff felt that it was advantageous that Cornerstones focused on one type of learning disability and were happy working there.
- Issues with staffing levels with regard to rota planning and availability for release to go on training courses was reported to be problematic. Additionally, it was felt that the number of team leaders was not high enough to support the necessity for a team leader to be present during the night etc.
- Cornerstones responded well to any incidents that occurred, although staff members reported that they were 'fire fighting' before the intervention. In response to the incident in February 2010, a behavioural specialist was employed immediately to put in place an intervention to stabilise the behaviour of the service user concerned.
- Cornerstones also responded well to the concerns and fears of the community who lived around the scheme. By holding a barbeque, staff were able to communicate with community members and tell them about the service. This was felt to have helped to reduce the anxiety of community members.
- A good working relationship between the Health Service Executive and Praxis Care staff was reported.
- Parents also reported an excellent relationship with Praxis Care. This was aided by continued contact between the parental home and the scheme. For example, parents were contacted on a daily basis to inform them of what the service user did that day and how they were in relation to mood and behaviour. Additionally, staff provided support to parents and other family members in their own home to show them how to deal with behaviours. This ensured a consistent approach was taken at both scheme and home.
- Staff felt that they were well trained and that the consultation with a behavioural specialist fed into their training which helped them to develop new skills and strategies. Also, staff decided to practice skills learnt in training on a regular basis to aid retention.

- Staff valued the practice of debriefing and found it to be a good opportunity to talk about what had happened and how it could be prevented in the future.
- It would appear that the intervention was successful in reducing the undesirable behaviours of SU A. Untoward Events reduced from 27 at pre-intervention to 7 post-intervention. Also a reduction in the severity of behavioural problems was found.
- Staff highly valued the intervention and believed it was an important part of coping with SU A's behaviour and taught them the skills needed to be proactive toward undesirable behaviours. Staff also felt it helped them to achieve a more settled and relaxed living environment.

The Evaluation

Cornerstones is a four-bedded supported living unit based in Ardee, County Louth. It was set up in early 2009 in response to a need identified by the Health Service Executive (HSE) for an accommodation service for young men with Autistic Spectrum Disorder (ASD). The service aimed to:

- Provide a comfortable home environment for each of the service users with appropriate levels of support and supervision;
- Encourage the development of independent living skills;
- Provide greater socialisation opportunities and facilitate greater integration into the community.

The scheme was evaluated between December 2009 and December 2010. The evaluation had two main aims:

- To determine whether the model of support offered at Cornerstones provided positive outcomes for young male adults with ASD;
- To examine issues around the development and delivery of the service.

To examine these aims, the evaluation sought to meet the following objectives:

- To examine the impact of interventions on service user functioning over time;
- To examine the operational characteristics of the service, including the development of the service and factors influencing service delivery;
- To identify ways to improve upon current provision within the service and to inform the future development of similar services.

The evaluation consisted of:

- Interviews with the Assistant Director and Scheme Manager;
- Semi-structured interviews with eight Praxis Care staff and three day-care workers;
- Health of the Nation Outcome Scales (HoNos) completed for each service user by the Scheme Manager at four time points (baseline; 8 weeks; 6 months; 12 months);
- Researcher designed questionnaires completed by three HSE professionals and three parents;
- Record analysis of: service user case histories/notes; activities logs; individual support plans; behavioural management plans; incentive plans; and untoward events.

This report provides an account of the main findings from the evaluation.

The Service Users

Four young males were initially admitted to the service. However, after a few months, it was decided that one of these individuals would benefit from alternative Praxis Care accommodation that was more appropriately suited to his needs. Therefore, three service users were in residence at Cornerstones during the evaluation.

The three service users were aged 21, 23 and 33 years old on admission to the service. All were on the autistic spectrum and were viewed as having high levels of challenging behaviour. Prior to residency at Cornerstones, all three had resided in services that were viewed to be inappropriate to their needs:

- One individual, despite being an adult, was still residing in a children's service due to a lack of appropriate alternative services being available;
- One service user had been in a behavioural support unit for three years. The purpose of this service was as a temporary residence to assess the individual's suitability for other services before referring them onwards;
- The third service user, who resided in a high support, challenging behaviour unit, had been re-assessed as needing a lower level of support.

They were subsequently identified by the HSE as requiring priority alternative living arrangements

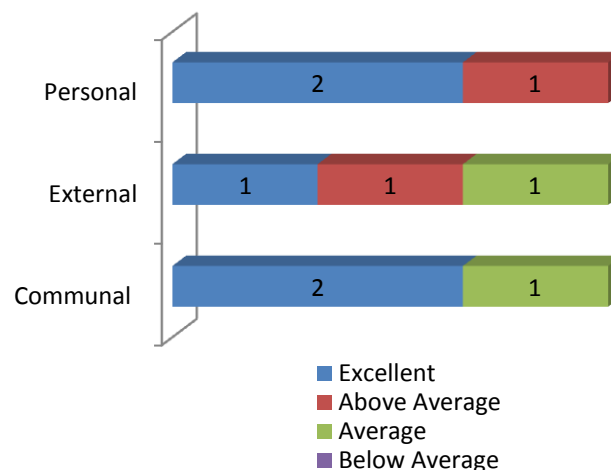
The Accommodation

The service users moved into the scheme in a 'staggered' manner in March 2009 (5th; 9th; 12th March). The scheme building was a bungalow, situated in a residential area in Ardee, within walking distance to the village centre. Each service user had his own bedroom with ensuite bathroom. The rest of the unit comprised a communal kitchen/dining room, living room, laundry room and quiet room. There was also a staff office, toilet and bedroom.

Parents indicated that they were very satisfied with how their sons were introduced to the service and felt that nothing else could have been done to make the move easier. All family members indicated that their sons were 'very settled' within the scheme.

The parents of service users rated the accommodation quite highly, as indicated in Figure 1. Service user personal accommodation was rated particularly highly, with two ratings of 'excellent' and one of 'above average'.

Fig 1: Parents' Views on the Accommodation



However, the building was not purpose-built for the service and staff indicated that they felt the building size and layout was unsuitable due to the high level of challenging behaviour exhibited by two of the service users. Staff reported that it was difficult to appropriately and safely use MVA (Managing Violence and Aggression) techniques in the confined spaces. In particular, the kitchen was described as too small and it was also suggested that the kitchen and dining area should be located in separate rooms. Changes were later made to the layout of the building in order to resolve these issues.

Staffing

The staff team consisted of: a manager; three team leaders; five support workers; two relief team leaders; and two relief support workers. The service provided 24-hour support to service users. One staff member per service user was on site at all times, one of whom was graded at team leader level or higher. When service users were at their day-care placements, or on home visits, staff worked in 'split-shifts'. Two staff were always on duty over-night, again one of whom was a team leader or above, as per scheme policy.

A number of changes were made to the staffing team within the first several months of the scheme opening. Several staff left the scheme and new staff members had to be recruited. A new manager was also appointed. Staff emphasised the importance of maintaining good communication and team interaction throughout the staff changes.

The skills and experience of a dedicated staff team were viewed as very important for the service to run effectively. All of the service users displayed challenging behaviour, two of the service users occasionally exhibited particularly aggressive episodes. Interviews with staff indicated the importance of recruiting staff with experience of dealing with these types of behaviour. The employment of experienced staff meant that all staff were confident in one another's abilities and facilitated a consistent approach to working with the service users.

Key Working

Each service user was assigned to an individual staff member on a given day. However, the same service user was not always paired with the same staff member. This approach allowed relationships to develop between all the service users and the staff. It also helped prevent over-exposure of individual members of staff to having to deal with intense, difficult behaviours on a prolonged basis. However, the more experienced staff would usually be paired with those service users who displayed the most challenging behaviours.

Daycare

The three service users all attended external day-care services. Service users were usually at their day-care placements between 10.30am and 3.30/4.30pm every weekday (excluding public holidays). Staff accompanied service users to and from their day-care placements where a written or verbal handover was carried out.

Supported Living at Cornerstones

The three service users were assessed according to their individual needs prior to taking up residency at the scheme and individualised support plans were drawn up. They also had various behavioural support plans, incentive charts and picture boards, that depended on their individual needs. Each day, staff discussed the service user's activity chart/daily plan with the service user to prepare them for the day ahead. Two examples of such charts can be viewed below¹:



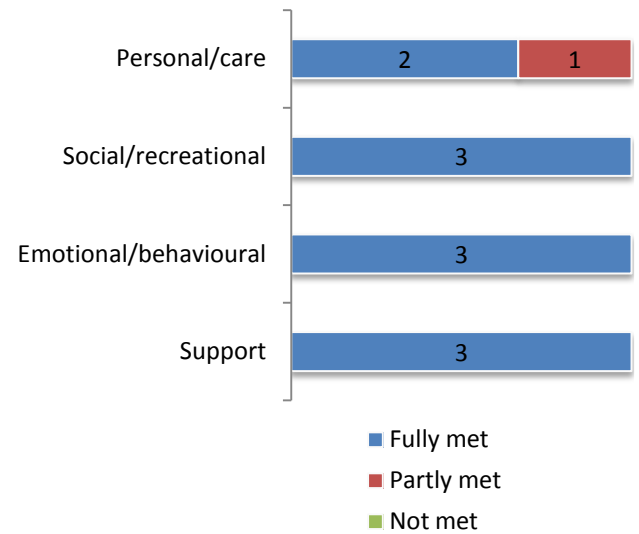
The service users assisted staff in the kitchen at meal times (e.g. prepared meals, set and cleared tables), and helped with cleaning their own rooms (e.g. to change bedcovers, or clean their en-suite). Staff supported service users in a number of areas, for example, to shower; shave; dress; take medication; and prepare breakfast. To promote independence, service users were encouraged to make their own decisions where possible, for example, to choose what clothes to wear or what to eat for breakfast. In their free time, service users took part in various activities, for example they: completed jigsaws; played board games; watched television; went for walks; or had foot spas. Staff encouraged service users to participate socially in their local community. They regularly walked into town with individual service users, and various activities were engaged in, including shopping, swimming and art clubs.

¹ On picture on the left the service user's face has been replaced with a smiley icon to ensure anonymity.

Parents felt that their sons were given the opportunity to develop independent living skills by helping out with cooking, laundry and washing. Figure 2 presents parents' views on how Praxis Care met the needs of their sons in four key areas. Needs were 'fully met' in each of these four areas, with the exception of one respondent who indicated that the personal/care needs of his/her son were partly met.

Parents indicated that Praxis Care had made a positive impact on the quality of their son's life.

Fig 2:



Views on the Service

This section summarises the views of professionals from the Health Service Executive, parents, and Praxis Care staff on various aspects of Cornerstones.

Health Service Executive (HSE)

HSE staff were asked to rate the *range* of services provided by Praxis Care to its service users. One individual rated the range as 'excellent', one as 'above average' and the third as 'average'. The *quality* of the services was rated by one HSE staff member as 'excellent' and 'average' by the other two staff members.



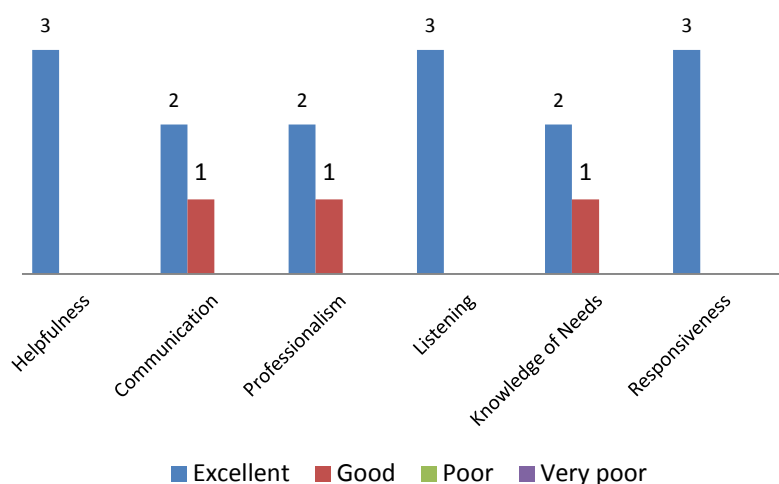
All three HSE staff indicated that Praxis Care provided an innovative approach to the development of new services. They also indicated that Praxis Care met their expectations 'quite a bit' as a service provider. One rated Praxis Care's fulfilment of its contractual obligations as 'above average' and two rated it as 'average'. All three respondents indicated that Praxis Care provided 'good value for money'. When asked to rate Praxis Care as an organisation, one respondent rated the organisation as 'excellent' and two as 'good'.

Parents

Parents were asked to rate Praxis Care staff in five key areas:

- helpfulness/supportiveness;
- communication skills;
- professionalism;
- willingness to listen;
- knowledge of service user needs;
- responsiveness to service user needs.

Fig 3: Parents' Ratings of Praxis Care Staff



As presented in Fig 3, responses were very positive, all three parents rated helpfulness/supportiveness, willingness to listen and responsiveness to service user needs as 'excellent'.

Parents also indicated that Praxis Care staff were 'very helpful' when they requested information and that they were 'always' provided with adequate information on the services provided. One individual indicated an 'excellent' knowledge of the work Praxis Care carried out; one a 'good' knowledge; and one indicated a 'limited knowledge'.

Parents were also asked to rate the *range* and *quality* of the services provided by Praxis Care to their sons. Two rated the range of services as 'excellent' and one rated them as 'above average'. The quality of services provided was also rated as 'excellent' by two parents, and 'above average' by another. All three also indicated that Praxis Care 'fully met' their expectations of service provision.

All three parents reported that Praxis Care had made a positive impact upon their own quality of life. They felt Praxis Care 'fully involved' them in decisions regarding the service user and felt 'fully supported' by Praxis Care in their role as a parent.

When asked to rate Praxis Care as an organisation, two parents indicated that it was an 'excellent' organisation and one that it was a 'good' organisation.

All three parents indicated that, if the Government gave them money to purchase services, they would choose Praxis Care. They would also 'definitely' recommend Praxis Care to others.

Praxis Care Staff

Staff were positive in their views of the service and their experiences of working within the scheme. They indicated that it was an advantage that the scheme specialised in one type of Learning Disability as this enabled a consistent and cohesive approach to be used which was then tailored to meet the specific needs of the individual service users. They reported that the service users had 'bond[ed] well' and felt were '100%' appropriately placed at the scheme.

Staff indicated that the service users received a very good service with a good standard of support. They reported positive relationships between themselves and the service users and enjoyed their work, describing it as 'rewarding' and 'enjoyable':

"...it's rewarding. You have to have a passion for it or you're in the wrong job..."

"I just get great enjoyment out of being around [the service users] and spending time with them..."

Some staff felt it important to be proactive and help to engage service users in various activities. Others reported enjoyment at having helped service users to reach their goals and also in having provided the assistant to develop living and socialisation skills:

"I love it ... it's a sense of well-being, it's a sense of community, helping somebody ... I don't think this is tough work ... I love it you know and working with people, its just assisting people in their daily living ..."

"I just feel I have developed much more as a person, I've a lot more to offer..."

"I enjoy it ... I think my reward is to see those boys smiling ... you see them achieve something ... you see all their basic needs are met but they need social interaction, they need fulfilment"

"I love working here. I do enjoy it. I think its maybe because I've grown so much, the confidence I have is good. I'm very confident in what I do ... the reason I think I am confident is because of the support behind me if anything happens..."

Good communication was viewed by staff as very important and the handover system practiced at the scheme was highly valued. It enabled staff coming on shift to determine whether any issues had arisen during the previous shift and to ascertain the mood of the service users. Daily notes and communication books were viewed as beneficial as they updated staff on anything that might have been missed or over-looked in the handover. Staff were generally satisfied with the amount of information routinely gathered at the scheme and indicated that this was necessary given the complex nature of the service-user group. It was also indicated that having written notes was an aid for the review of working practice. However two staff members felt that there was a lot of duplication in the data collected and suggested that, while it was very important to collect the data, it should be streamlined and minimised.

Some staff felt that, prior to service users taking up residency a greater amount of relevant information should have been made available. They indicated that they felt it important for relevant agencies to provide full background information on service users from the beginning and to reduce the likelihood of having to request such information later. For example, one service user preferred to eat his dinner alone. Staff had not been aware of this and had tried to integrate him with the other residents at meal times. This often resulted in incidents. If staff had been aware of this, they could have planned meal times more appropriately from the beginning and therefore reduced the number of related

incidents. Staff also suggested that, in the future, interviews should be held with family members and other professionals to provide an in-depth body of knowledge on the service users to facilitate the development of support plans.

A few issues were raised associated with staffing at the scheme. It was reported that more relief staff were needed as staff were sometimes contacted on their days off to provide staff cover at the scheme. The rota was described as 'hard on families' as it was only planned a few weeks in advance which made it difficult for staff to make plans or swap shifts. It was also reported that team leaders had to provide cover three out of four weeks a month as one team leader had to be on duty at night and only three team leaders were employed at the scheme. Providing cover when staff members were on annual leave was described as particularly difficult. An additional concern was raised that there would be further pressure on existing staff to provide cover if a fourth service user was introduced to the scheme.

Following a serious untoward event in February 2010 (when it was identified that female staff were a trigger for aggressive behaviour in one service user), changes were made to the staff team, whereby all staff at the scheme, with the exception of one team leader, were male. There was an initial concern amongst staff that having limited female contact at the scheme would be detrimental to the service users. However, the staff felt that the good mix of personalities and skills amongst the male staff offset this.

One staff member also indicated that a lot of cleaning had to be carried out at the scheme, alongside a great deal of paperwork. It was suggested that recruiting someone to clean the scheme a few times a week would be beneficial, with staff just 'keeping on top of it'.

Staff also highlighted the importance of ensuring that schemes such as Cornerstones (i.e. schemes that work with individuals with highly challenging behaviour) are staffed with appropriately qualified staff from the outset. It was acknowledged that a highly qualified staff team had been newly recruited when Cornerstones first opened. However, many of these individuals left the scheme prematurely. This was disruptive for both service users and the remaining staff. It was suggested that existing and experienced Praxis Care staff could have been drafted in on a temporary basis from other, similar projects to mentor new staff during the first few months. This may have helped to guide the new staff in how to deal with serious untoward events. It was also recommended that, as part of induction, new staff should undergo a short placement at a Praxis Care challenging behaviour unit to learn how to deal with highly aggressive incidents.

Staff indicated that it was important to inform the local community when a new scheme was being developed. If they were informed at the beginning this meant fears could be expressed about having a residential scheme in the area and appropriately addressed. It was reported that there were initially some issues with the neighbours of Cornerstones, although these were addressed and a barbeque hosted by Cornerstones showed a significant improvement in community relations. Staff also suggested that positive information/stories might be highlighted in local newsletters etc to promote the service.

Working Relationships

This section reports on the relationships between Praxis Care and the Health Service Executive, parents and day care staff.

Praxis Care Staff and the Health Service Executive (HSE)

Praxis Care staff reported a good, two-way relationship with the HSE. Representatives from both services met regularly and each service user was assigned a key worker from the HSE Learning Disability Team. Any concerns or issues with individual service users were raised with them. The HSE also received Praxis Care untoward event forms² to be kept up-to-date with any incidents that occurred at the scheme.

The three HSE key workers who completed the questionnaire reported good working relationships with Praxis Care and a good knowledge of the work carried out by Praxis Care. On a scale that ranged from 'strongly agree' to 'strongly disagree', all three key workers 'agreed' with the following statements:

- Praxis Care is a quality organisation with which to do business;
- Praxis Care manages changes & restructuring effectively;
- Praxis Care has a clear set of objectives;
- Praxis Care has a strong user involvement ethos; and
- Praxis Care effectively monitors & evaluates its services.

On a scale that ranged from 'excellent' to 'poor', all three key workers rated each of these areas as 'good' in the following areas:

- helpfulness/supportiveness;
- communication skills;
- professionalism;
- willingness to listen;
- knowledge of service user needs; and
- responsiveness to service user needs.

They also indicated that Praxis Care staff were 'very helpful' when they requested information.

Praxis Care Staff and Parents

All three parents indicated that they had an excellent relationship with Praxis Care. Staff also indicated that they had very good relationships with the parents of service users. Regular contact with parents and families was maintained through evening phone calls where staff kept parents up to date with daily events. Service users were also assisted by staff to telephone home on a frequent basis.

Staff accompanied service users home on organised weekend visits. Staff indicated that it was important to have a good working relationship with parents and families to avoid

² Define UE

'*working in a vacuum*'. Such a good working relationship facilitated the interpretation of specific behaviour patterns - for example, if the service user was unsettled either at the scheme or during home visits. Staff also supported parents and family members if a service user behaved in a challenging way at home and helped to identify triggers and suggest interventions to make the behaviour less challenging. Staff also indicated that it was important for parents and family members to have a good relationship with the scheme:

"I just think they need to build that relationship for themselves so they know exactly what kind of care he's getting."

Praxis Care Staff and Day Care workers

Praxis Care staff had contact with day care staff when they accompanied service users to and from daycare. Handovers usually occurred morning and evening, whereby Praxis Care staff gave a brief account of the service user's mood/behaviour etc in the morning to day care staff, and this information would be reciprocated by day care staff to Praxis Care staff in the evening. This handover was usually verbal, although the service users all carried a communication/daily activity book which allowed both Praxis Care and day care staff to report the service users' activities and moods etc throughout the day. Communication and the passing of relevant information was increased if judged to be important following certain events/incidents. Praxis Care staff valued these handovers and indicated that, if an incident occurred at day care, staff could then prepare for any potential behaviour that might arise from this.

In their interviews, all three day care workers indicated very good relationships with staff at the Cornerstones scheme. They were satisfied with the verbal handovers, and indicated that they were informative and provided good two-way communication. One indicated that while contact was generally limited to monthly progress reports, this was increased if an issue arose. Day care staff described the communication books as useful and reported that any issues were clarified with follow-up phone calls. One day care worker reported that the service users were 'doing well' in day care due to Praxis Care keeping the day care setting up to date and informed. The day care staff also indicated that it would be useful to find out more about the strategies employed by Praxis Care to ensure that any behaviours are dealt with consistently.

Two day care workers reported that, although they were not involved in Praxis Care service user reviews, they would have liked to have had greater involvement – both indicated that it was more important for the day care key-worker to be involved than the day care supervisor as they worked on a closer basis with the service user. The third day care worker felt that reading review notes/minutes was sufficient.

Staff Training and Support

This section describes Praxis Care staff views on the training and support provided by Praxis Care.

Training

All staff recruited to work at Cornerstones received a three-week induction training programme that included: introduction to Praxis Care; mental health/learning disability awareness; health and safety; personal safety; child protection; infection control; supervision for supervisees; manual handling; and managing violence and aggression. Additional training was also provided when identified as necessary to safely and efficiently carry out duties as required by their job role.

Staff were generally very satisfied with the training they received from Praxis Care:

"Very good training, absolutely, any other job you wouldn't get that training. It's absolutely brilliant"

Training identified as particularly good or useful included: vulnerable adults; child protection; and supervision for supervisees. Staff felt adequately trained to do their jobs and indicated that it helped them to improve upon on how the service operated. The opportunity for refresher training and updates was viewed as important. It was indicated that it could be hard to remember everything if specific skills were not utilised every day – for example, how to: deal with difficult events calmly; not panic; actively listen; and identify behavioural triggers. Staff suggested further training in a number of areas including: sign language (to improve communication with some service users); love/sexuality (some service users displayed inappropriate behaviour in this area); autism; calming and defusing; alternative therapies; and life stories. However staff felt that staff shortages meant that it was difficult for staff to be released from the scheme to attend additional training.

The managing violence and aggression (MVA) training was viewed as particularly valuable. Due to the challenging nature of some of service users, staff received scheme-tailored MVA training on site. Refresher training in MVA was also identified as very important. Staff reported that a few serious incidents had affected their confidence in dealing with highly challenging behaviour. Staff also indicated that they felt retention of these skills was not optimal as incidents of this nature, although serious, were infrequent.

A behavioural specialist was appointed to identify triggers for challenging behaviour at the scheme and to devise a three-tier intervention strategy to deal with such behaviours³. All staff found this very beneficial. An outcome from this process was that staff received regular refresher training in dealing with highly challenging behaviour. The refresher

³ This intervention is described more fully in the case study

training gave staff greater confidence in dealing with such incidents. Their skills in this area were also maintained by practising MVA techniques on a nightly basis. One member of staff further suggested that training to deal with attacks by weapons should be made mandatory for all challenging behaviour units.

While staff indicated that they highly valued the training available to them, they also indicated that they continuously learnt on the job:

"... once you've accomplished one hurdle I think, even with any of the guys, they put up another wall and it's something else to work through"

"I learn something new every day"

Having access to external training was viewed as valuable by some staff; some had personally organised external training to promote career progression. Another staff member indicated that s/he wished to engage in career progression training, adding that this was available to staff within the HSE. Another staff member indicated that further external training (lower and higher degree) would help staff to perform their jobs better.

Support and Supervision

Staff received individual monthly supervision as per Praxis Care policy. The process was generally viewed positively by staff and described as a forum for staff to talk through any issues:

"It's a good chance to voice your concerns"

One staff member indicated that s/he had felt bullied at previous supervisions, but that had ceased with a change of staff. Another individual indicated that having supervision every four weeks was too often.

Staff described a positive and supportive relationship between staff members and indicated that it was important to have confidence in the staff team, especially when working with individuals with highly challenging behaviour.

"Everyone has a great relationship"

"...you work as part of a team and the staff all support one another. It's a good unit, its good team work"

Communication was viewed as very important, both amongst the staff team and with management. Relationships with local Praxis Care management was identified as very good with clearly defined roles. One individual indicated that s/he felt that staff had not been listened to at the beginning, although this had now changed:

"...they're listening to what we're saying on the floor because ... you were afraid to open your mouth because it was all about who was right and who was wrong and in my experience with challenging behaviour ... it doesn't work ... you'll have incidents"

Another member of staff indicated that, initially, s/he was dissatisfied with how untoward events were handled and reported that staff were not given enough support. However, s/he added that this support had improved. Indeed, communication was reported to have improved considerably after the intervention of the behavioural specialist in February 2010, with everyone now *"singing from the same hymn sheet"*.

As part of Praxis Care policy, staff were also debriefed after untoward events. Debriefing was described as a good process and a positive experience to help staff to deal with situations. It gave staff the opportunity to speak aloud about the incident, receive feedback on how the incident was handled, and discuss areas that could be improved upon. Staff indicated that it was good to talk about issues, especially after a particularly traumatic event:

"... in the last few we debriefed, we talked about it and we see how we can improve upon them ... it's a good process"

One staff member indicated that staff received good recognition of the work they did and were told when things were going well. Another indicated that s/he was happy with the support s/he received and felt s/he received adequate recognition for the job s/he did through feedback from senior staff.

Being Responsive

This section describes how Praxis Care responded to the needs and behaviours of service users at Cornerstones.

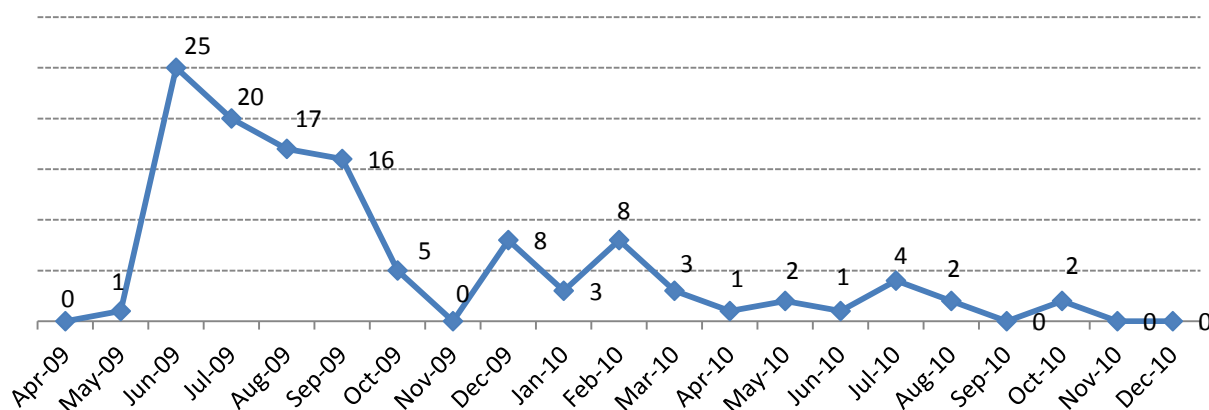
Monitoring Service User Behaviour at Cornerstones

Praxis Care records behavioural problems through a process called 'Untoward events'. Untoward events are events that deviate from any behaviour that is described in a service user's support plan. This process enables Praxis Care to identify trends, improve practice and report to statutory bodies.

Untoward events (UE) data was gathered for the three service users at Cornerstones between April 2009⁴ and December 2010. For the purposes of anonymity and confidentiality, the three service users were arbitrarily renamed as SU A; SU B; and SU C.

Fig 4 below presents UE data for the three service users during the first 21 months of the service. In total, 118 UEs were recorded during this period. The graph indicates a sharp increase in UEs between May and June 2009, with a significant number of UEs present until October 2009. Given the traits of autistic spectrum disorder, it was expected that some level of challenging behaviour would be observed at the scheme. Also, this period constituted a settling in period for the service users and an increase in UEs were expected at this disruptive time.

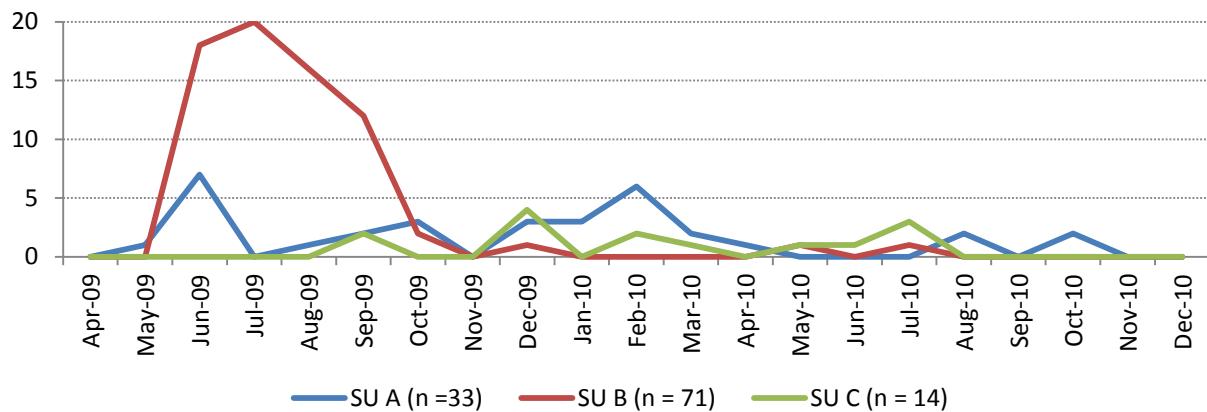
Fig 4: Untoward Events
April 2009 - December 2010 (n=118)



To obtain a clearer picture of the patterns of UEs, this data was further broken down by individual service user. Fig 5 below presents the pattern of UEs for each service user over the 21 month period. SU B had the most UEs, totalling 71 UEs over the period. The majority of these were between June and Sept 2009 (n=66). SU A had 33 UEs, with peaks in June 2009 and February 2010. SU C accounted for 14 UEs.

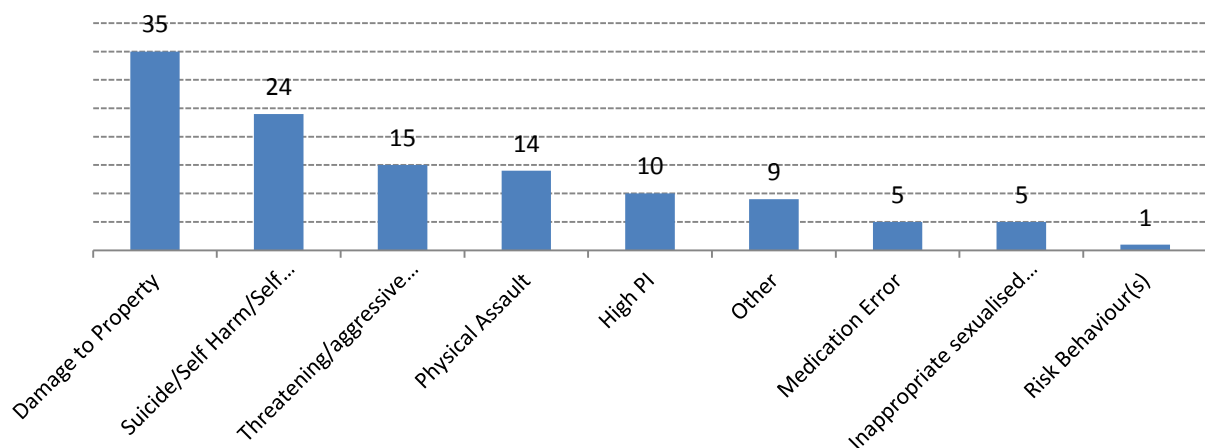
⁴ UE data was first collected at the scheme in April 2009

**Fig 5: Untoward Events Breakdown by SU
April 2009 - December 2010**



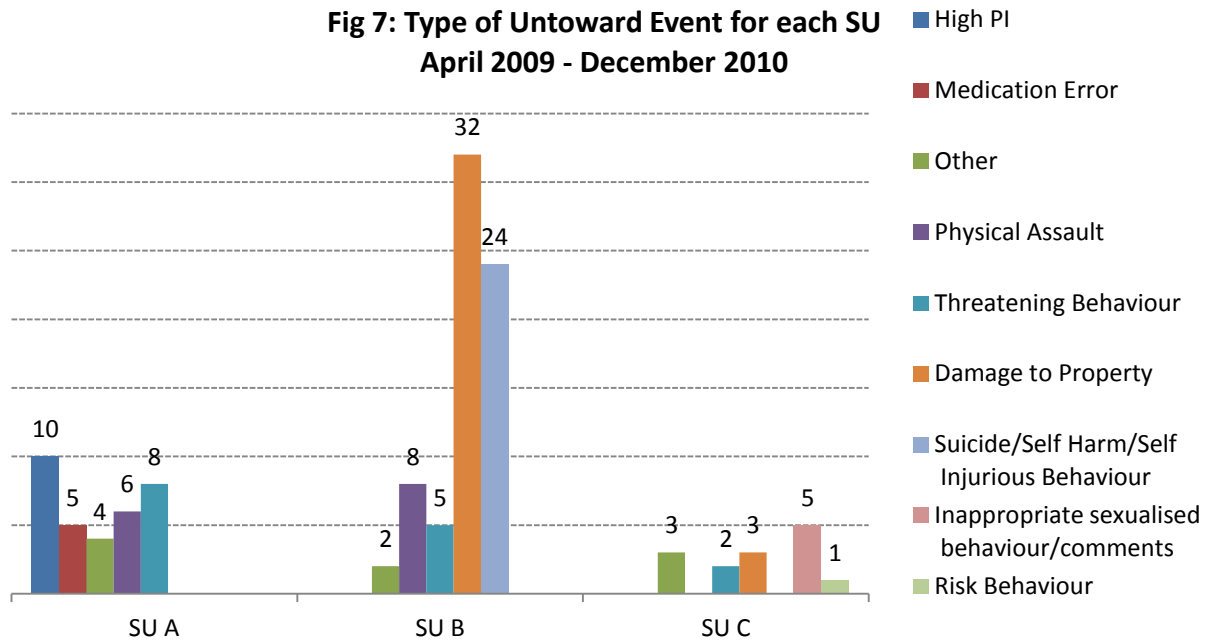
UE data was also classified according to category type and this can be observed in Fig 6 below. Damage to property was the highest single event type (n=35). Events of a more serious nature constituted 53% (n=63) of all UEs during the 21 month period. These events were: suicide/self harm/self injurious behaviour; threatening/aggressive behaviour; physical assault; and high PI (physical intervention). High PIs are identified as the most serious type of UE. The 10 high PIs identified through the UE system were of concern to both scheme staff and management.

**Fig 6: Untoward Events by Type
April 2010 - December 2010 (n=118)**



To examine these patterns further, Fig 7 breaks this data down according to type of UE by individual service user. The majority of SU B's UEs were for threatening behaviour (n=32), followed by self injurious behaviour (n=24). All 10 high PI UEs involved SU A.

**Fig 7: Type of Untoward Event for each SU
April 2009 - December 2010**



In light of the serious nature of many UEs, a behavioural specialist was employed to review SU A's and SU B's Behaviour Management Plans. SU B responded well to the behavioural management plan and behaviours decreased significantly from October 2009. It was felt that the behaviours exhibited by SU B were due to settling into the scheme, where individuals with autism do not like changes to routine and also due to the disruption at the scheme caused by SU A.

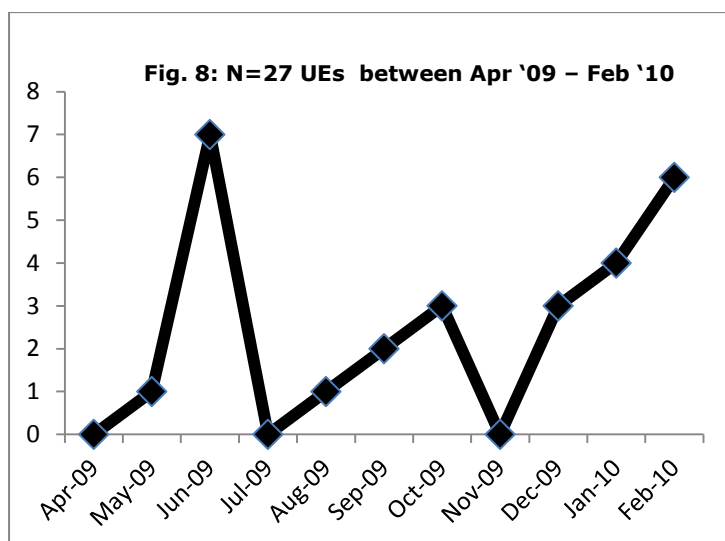
The intervention employed by the staff at Cornerstones therefore focused on SU A. The Case Study below details the journey for SU A and the staff at Cornerstones.

SU A: A Case Study

SU A had a history of infrequent but highly challenging behaviour and therefore UEs were expected especially during the settling in period. However, Fig 7 indicates that UEs for SU A had increased in both intensity/level and frequency leading up to February 2010. Between April 2009 and Feb 2010, recordable UEs for SU A numbered 27. These can be broken down into:

Physical assault: n=11
 Intimidating/threatening behaviour: n=9
 Medication issues: n=3
 Other: n=4 (e.g. banging car window).

In Jan 2010, three UEs were categorised as physical assault; in Feb 2010, all six UEs related to either physical assault or threatening behaviour. This culminated in the occurrence of a very serious incident in February 2010 which resulted in physical injuries and psychological stress to staff. Consequently, it was imperative that practices at the scheme were assessed to reduce the likelihood of such events from occurring in the future and, if such challenging behaviour did occur, ensuring its safe management.



The behavioural specialist reviewed the existing behavioural management plan for SU A in Feb 2010. This intervention is outlined in Box 1.

Box 1: The Intervention - SU A

The behavioural specialist identified a number of triggers and motivators for the challenging behavior displayed by SU A (e.g. not responding well to changes in routine; directive dialogue; highly expressed emotion). SU A could also become infatuated with female staff which led to confusion and confrontation. The intervention was based around primary, secondary and reactive strategies.

The **primary strategies** included:

- The provision of routine, structure, direction and guidance through the daily use of pictorial boards and incentive programmes;
- The reinforcement of positive behaviour by visual and verbal rewards;
- The use of consistent communication that followed the communication strategy (based on the principles of Functional communication);
- Respect for personal space;
- The provision of an environment that had low sensory stimulation that included behaviour from staff that was low arousal where staff were confident and non-confrontational; and
- The staff team were reconfigured to predominately male.

The secondary strategies were concerned with guidelines staff were to follow when SU A was visually agitated and become increasingly unresponsive to staff intervention. Examples include:

- Attempts to change SU A's mood by making reference to a recent or up-coming event;
- The limiting of verbal communication other than to say 'if you are tired, go and lie down in your room'; and
- The use of inadvertent communication (i.e. making reference to what he might be missing out on within his hearing range).

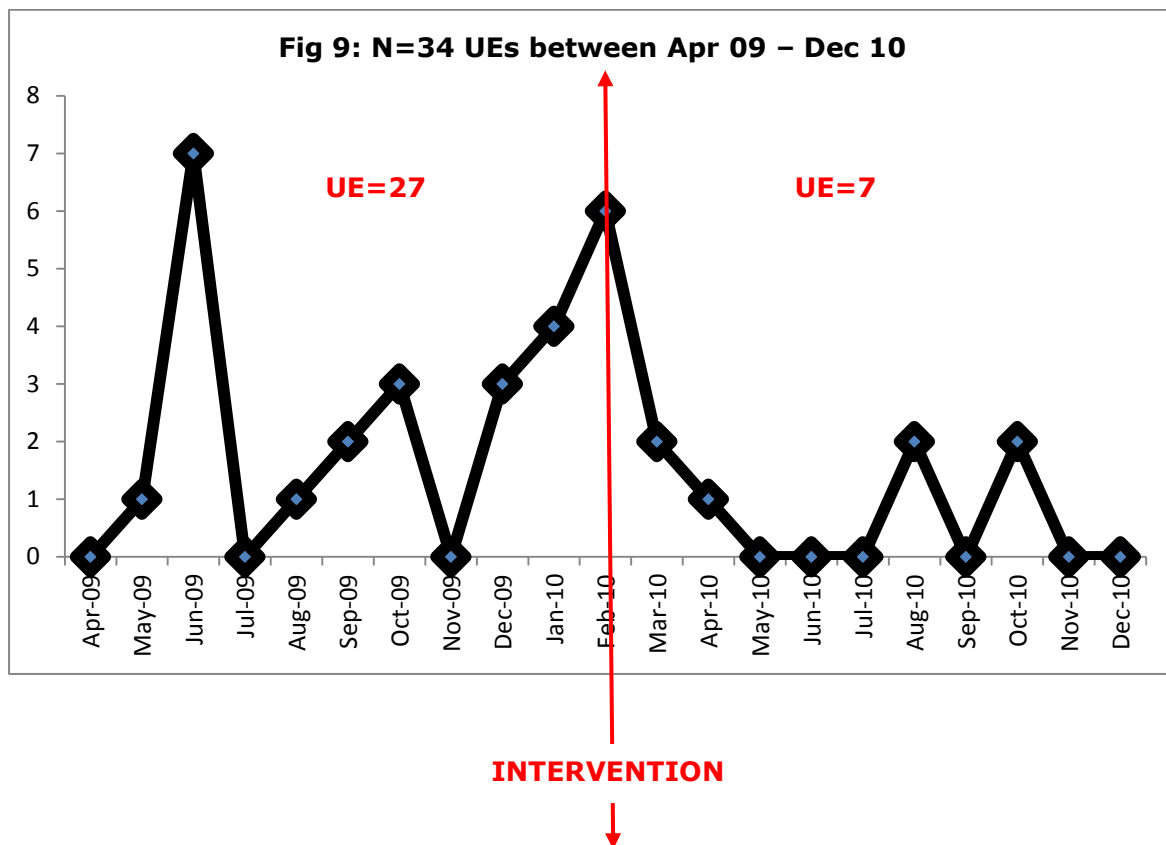
Reactive strategies are used when the behaviour could not be managed by employing secondary strategies were informed by:

- The severity & intent of the behaviour;
- The threat posed to SU A, other SUs and staff;
- Reasonableness; and
- Proportionality.

The three main reactive strategies were:

- Withdrawal of staff to a safe distance;
- Withdrawal to a separate part of the house;
- Employment of MVA techniques

Figure 9 below displays pre and post intervention UE data for SU A. As indicated previously, SU A was involved in a total of 34 recordable UEs between April 2009 and Dec 2010 – 27 of these occurred prior to the intervention (Feb 2010) and 7 after the intervention. This represented a 74% decrease in UEs between the pre and post intervention stages.



The evidence suggests that there may be a causal relationship between the intervention and the reduction in challenging behaviour given the temporal sequence between the introduction of the intervention and the decline in UEs.

However, we cannot rule out the influence of other, extraneous variables – for example, SU A settling into the service more or staff becoming more adept at dealing with his behaviour.

Social and Behavioural Functioning

Data was also collected on SU A's behavioural and mental health functioning using the Health of the Nation Outcome Scales for People with Learning Disabilities (HoNOS-LD)⁵. The HoNOS was completed by the scheme manager at four time-points: baseline (T1) (Dec 2009); eight week follow-up (T2) Feb 2010); six month follow-up (T3) (June 2010); and twelve month follow-up (T4) (Dec 2010).

⁵ The Health of the Nation Outcome Scales for People with Learning Disabilities (2002). Roy, A., Matthews, H., Clifford, P., Fowler, V. & Martin, D. *British Journal of Psychiatry*, 180, pp61-66

The HoNOS-LD

The HoNOS-LD is a tool designed to measure outcomes in relation to therapeutic interventions in people with learning disabilities over two or more time points. It is intended to measure the problems that a person may have and is not a comprehensive assessment, providing instead a global rating for that individual.

The HoNOS-LD has 18 items, each measuring types of problems commonly presented by people with learning disabilities who have mental health needs. The rater is asked to rate their client’s behaviour over the previous four week period. Severity is measured on a five point scale:

- 0 No problem
- 1 Mild problem
- 2 Moderate problem
- 3 Severe problem
- 4 Very severe problem

Table 1 below presents total HoNOS-LD scores; Mental health subscale scores; and Psychosocial subscale scores for SUA. Higher scores indicate a greater severity of problem behaviours. This data is also presented graphically in chart form below.

TABLE 1	SUA			
	T1	T2	T3	T4
Total Score	12	32	12	9
Mental health subscale	9	29	8	6
Psychosocial subscale	3	3	4	3

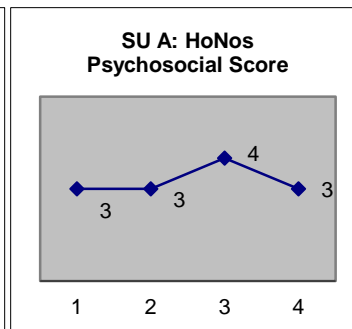
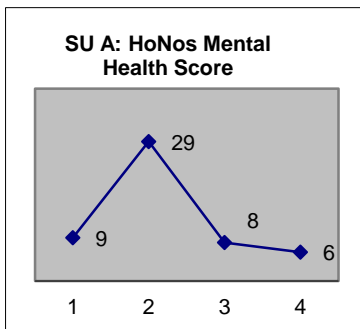
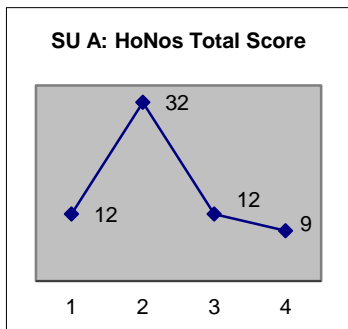


Table 2 outlines the individual SU scores over the four time points.

ITEM	SUA			
	T1	T2	T3	T4
1. Behavioural problems – directed to others	1	4	0	0
2. Behavioural problems – directed to self	0	3	0	0
3. Other mental & behavioural problems				
a) Behaviour destructive to property	1	3	1	0
b) Problems with personal behaviours	0	3	0	0
c) Rocking, stereotyped, ritualistic behaviour	0	2	1	0
d) Anxiety, phobias, obsessive, compulsive behaviours	1	2	1	0
e) Others	0	2	0	0
4. Attention and concentration	2	2	1	2
5. Memory and orientation	0	3	2	2
6. Communication (problems in understanding)	2	0	1	1
7. Communication (problems in expression)	1	2	1	1
8. Problems associated with hallucinations & delusions	0	0	0	0
9. Problems associated with mood changes	1	2	0	0
10. Problems with sleeping	0	1	0	0
11. Problems with eating & drinking	0	0	0	0
12. Physical problems	0	0	0	0
13. Seizures	0	0	0	0
14. Activities of daily living at home	2	1	1	1
15. Activities of daily living outside home	0	1	1	1
16. Level of self-care	0	0	1	0
17. Problems with relationships	1	0	0	0

(The rater also provides a 'subjective rating' on what s/he feels to be the mental health status of the client at that time. It is on the same five-point scale).

An examination of SU A's total HoNOS scores indicated an overall increase in the severity of problem behaviours between T1 and T2, from 12 to 32 (Figure 10). In particular, five areas were identified as problematic, where behaviour that had previously been rated as either having 'no problems' or 'mild problems' at T1 was reassessed as either having 'severe' or 'very severe' problems at T2. These areas are summarised in Table 3 below:

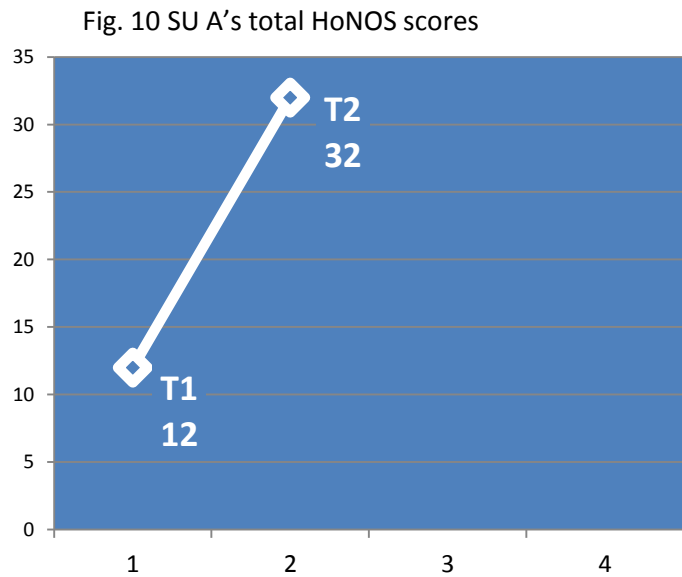
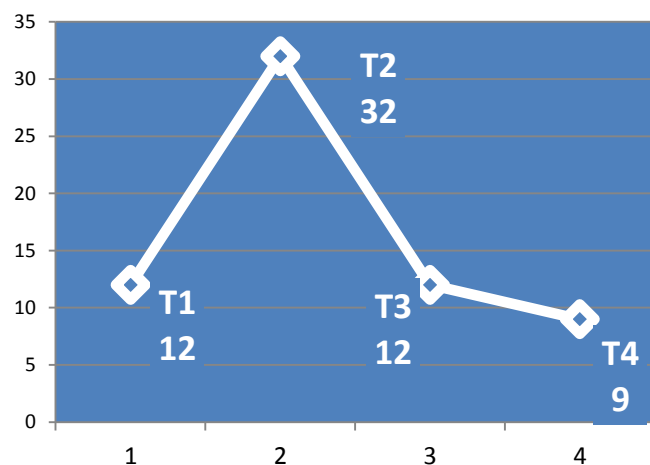


Table 3

ITEM	T1	T2	T3	T4
1. Behavioural Problems – Directed at Others	Mild	Very Severe	No problem	No problem
2. Behavioural Problems – Directed to Self	No Problem	Severe	No problem	No problem
3a. Behaviour Destructive to Property	Mild	Severe	Mild	No problem
3b. Problems with Personal Behaviours	No Problem	Severe	No problem	No problem
5. Memory & Orientation	No Problem	Severe	Moderate	Moderate

After the intervention (which took place at T2), SU A's total score reduced to 12 in T3 (June 2010) and further again to 9 in T4 (December 2010). This suggests an overall decrease in the severity of problem behaviours post-intervention. There was also a marked reduction in each of the five areas identified as being particularly problematic at T2, as indicated in Table 3. The behaviour was re-rated to 'no problem' for four of these behaviours and 'moderate' for the fourth at T4.

Fig. 11 SU A's total HoNOS scores over period of intervention.



The HoNoS data gives weight to the suggestion that there is a causal relationship between the intervention and the reduction in challenging behaviour. However, whilst it is likely that the intervention did significantly contribute to the reduction in UEs the influence of other, extraneous variables cannot be discounted.

Effects of Being Responsive on Staff

In the beginning staff at Cornerstones felt that they were constantly moving from one crisis to the next. This made it difficult to sustain any form of consistency, structure and forward planning which the staff indicated were essential to the scheme.

It would appear that the serious incident in February 2010, while traumatic for all involved, acted as a catalyst whereby future practice was improved. After going through a number of changes, for example, with support plans, communication plans and behaviour management plans, the staff reported they were able to see the benefits that resulted from the intervention and the settling in of the service users. Communication was described as better and staff felt they were listened to more. Staff felt more confident in dealing with challenging behaviour due to the provision of intensive and repeated training and they also felt more supported and part of a team.

Since the changes were made, staff reported a definitive improvement in dealing with incidents:

"... I think there's a massive improvement and the structures in place [are] good"

Also, since the intervention was put in place, staff reported that they were able to give more time and attention to SU B and SU C who, due to the difficulties experienced with SU A, had previously not received as much attention. This was because staff were no longer "fire fighting" and reacting to SU A's behaviours.

This was supported by a staff member's view that it was important to be proactive rather than reactive. Before the intervention, reactive strategies were the only means available to deal with situations. However, after the intervention was in place staff found that they were engaged in more proactive behaviours/activities. This was felt to have a positive effect on both staff and service users.

Staff Views on the Intervention

Staff described the intervention as playing an important role in improving SU A's behaviour & increasing their confidence in dealing with challenging behaviour:

- They indicated that, pre-intervention, they were moving from one crisis to the next & were very reactive in their approach;
- The intervention provided them with the skills to read and respond to SU A's behaviour and the confidence to deal with the challenges;
- Key words for staff were 'consistency', 'good communication' & 'appropriate training'.

Staff indicated that SU A had shown an improvement in independent living skills & increased community socialization. They also reported that, as less time was spent reacting to SU A's challenging behaviour, they could spend time in activities with SU A & the other two SUs. Furthermore, the reduction in UEs created a more settled and relaxed living environment for both the other SUs & staff.