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Capable environments

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Abstract**Purpose**

To outline the role played by different aspects of the social, physical and organisational environments in preventing behaviour described as challenging in people with learning disabilities.

Design/methodology/approach

Conceptual elaboration drawing on research and practice literature.

Findings

Community placements for people with learning disabilities should develop the characteristics of capable environments. Such characteristics are associated with prevention of challenging behaviour and improved quality of life outcomes.

Originality/value

The notion of the capable environment may help to shift the focus from the individual who displays behaviour described as challenging to the characteristics of the social, physical and organisational supports that they receive.

Capable Environments

Background

This article has a long history, like some of the other articles in this issue. Following the BBC Panorama expose of Winterbourne View in 2011, the English Department of Health's *Transforming Care* report (Department of Health, 2012) identified a number of key actions including a "refresh" of the document *Challenging Behaviour: A Unified Approach* (Royal College of Psychiatrists *et al.*, 2007). In 2013 the current authors were asked to update the chapter on "Capable environments" that had been part of the 2007 document. That chapter had provided an analysis of why community placements break down and institutional, out-of-area placements persist, drawing on the updated Mansell Report produced around the same time (Department of Health, 2007). We decided that the analysis in that chapter remained largely valid and that, rather than simply update it, we should write something different that attempted to more directly map some of the characteristics of capable environments. In particular, we decided to start from the closing section of the original chapter which argued that, rather than treat people whose behaviour is challenging by moving them to specialist settings, we should support people to live good lives (despite any continuing challenging behaviour) in their local communities. It was noted that this would require that support in such settings focussed on "good preventative practice" (p.52), incorporating active support and positive behavioural support.

We thought it would be worth elaborating such preventative practice in a way that might be useful for a range of stakeholders. It could provide the basis of a "curriculum" for social care of use to provider organisations. It could clarify the required competencies of staff and managers working in such organisations. It could identify the training needs of such staff. It could form the basis for a service specification that could be used by service commissioners. And it could form the first tier of preventative support around challenging behaviour enabling and allowing more treatment focussed approaches where these were necessary. Accordingly, the first draft of what has become the current article was produced in early 2013 and (especially with Winterbourne View in mind) started from the same analysis of the breakdown of community placements and their replacement by institutional, out-of-area arrangements as had informed the original chapter. The centre-point of the first draft was Table 1, as, updated, it remains here. We make no pretence that Table 1, now or then, was developed using a rigorous methodology. Rather it was a best effort at the time and now to summarise the key factors in community placements that have an impact on whether or not challenging behaviour occurs and on how well, if it does occur, it can be contained and managed successfully without placement breakdown or serious restrictions on the person's quality of life.

However, Table 1 did not arise entirely "out of the blue". In particular it reflected the growing influence of positive behaviour support (PBS) (Carr, *et al.*, 2002), an approach that inevitably leads to a focus on the circumstances in which challenging behaviour occurs – "the central independent variable in PBS is systems change" (Carr, 2007, p.4). While PBS is often applied to support change around specific individuals, it can also be used across whole settings with a view to preventing challenging behaviour arising in the first place (Gore *et al.*, 2013).

Unfortunately, the original draft chapter did not see the light of day. After months, then years of delay, the original plan to produce a completely new version of *A Unified Approach* was replaced

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3 with a much shorter update (Royal College of Psychiatrists *et al.*, 2016). In the meantime the original
4 draft, having been used in a seminar presentation, had been distributed widely and made available
5 on the internet (McGill *et al.*, 2014). A version of Table 1 was included in Allen *et al.*'s (2013a)
6 analysis of mediator behaviours likely to prevent or reduce challenging behaviour. The table
7 informed the section on creating high quality care and support environments of the PBS Coalition's
8 (2015) Competence Framework and the vision underpinning the new national service model (Local
9 Government Association *et al.*, 2015). The Nice guideline (2015) on challenging behaviour also cited
10 the concept of the capable environment and noted its relationship to an earlier formulation of
11 challenging and supportive environments (McGill, 1993). Table 1 and its underlying notions have
12 subsequently been used to underpin the development of a setting-wide PBS approach in residential,
13 social care settings for adults with learning disabilities (McGill *et al.*, 2018).
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18 In a sense, then, this article is something of a late arrival. It seemed useful, however, to provide an
19 update to the original draft, especially that of Table 1, and to consider some of the broader context
20 surrounding past (and perhaps future) attempts to develop more capable environments.
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23 **Characteristics of capable environments**

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25 A capable environment can be defined as an environment associated with reduced frequency and/or
26 severity of challenging behaviour. We already know, mainly through assessment and intervention at
27 an individual level, a great deal about the characteristics of such environments (e.g., Allen *et al.*,
28 2013b). We have been slow, however, to extend work beyond the individual and to think in terms of
29 setting-wide approaches. A setting-wide perspective is consistent with theoretical developments in
30 our understanding of the determinants of challenging behaviour (Hastings *et al.*, 2013). Once seen as
31 an almost inevitable concomitant of the person's learning disability, challenging behaviour is now
32 regarded as a result of the complex interaction of biological, developmental and environmental
33 factors (Langthorne *et al.*, 2007). While there may be little that can be done about at least some of
34 the biological and developmental factors, many of the environmental influences on challenging
35 behaviour are open to change. Altering such factors then becomes a theoretically viable approach to
36 preventing or reducing the occurrence of behaviours that challenge in those at increased biological
37 or developmental risk (*cf.* Emerson and Einfeld, 2011).
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42 Table 1 provides a summary of many of the characteristics of capable environments. These
43 characteristics share two defining features. First, they produce positive outcomes for individuals and
44 their supporters such as enhanced quality of life. Second, they prevent many instances of
45 challenging behaviour. They will not, it should be noted, prevent all instances of challenging
46 behaviour. But, at the very least, they will ensure that the individual (in some cases, despite
47 persistent challenging behaviour) is living as good and safe a life as is currently possible.
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53 Table 1 about here
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57 **Helping environments become more capable**

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3 Unfortunately, many of the environments where individuals at risk of displaying challenging
4 behaviour are supported are not nearly as capable as they could be. The literature on bringing
5 about change in such environments remains limited. Mansell *et al.* (1994) described the use of
6 “whole environment training” to improve the quality of support by staff teams in supported
7 accommodation settings. The approach had a number of components:
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- 10 • 12 days hands-on training in each house delivered by external trainers in collaboration with
11 the organisation’s middle managers
- 12 • Collaboration with first line managers during the training to strengthen their competence
13 and role in providing practice leadership
- 14 • Addressing administrative and organisational issues with more senior managers (e.g. to
15 ensure staff recruited appropriately or that policies don’t get in the way of good practice)
- 16 • Developing a management information system to gather and monitor information about
17 staff performance and client outcomes in each house.

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21 Drawing on this approach and a range of other work including school-wide positive behaviour
22 support (e.g., Horner and Sugai, 2015), quality improvement (e.g., LaVigna *et al.*, 1994) and the
23 implementation of active support (e.g., Mansell and Beadle-Brown, 2012), McGill *et al.* (2018) used a
24 randomised controlled trial design to evaluate a setting-wide approach in supported
25 accommodation settings. Their intervention had four key components:
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- 28 • Assessment of each setting using a comprehensive and systemic model of social care to
29 identify strengths and weaknesses in each residential setting
- 30 • Development of improvement plans incorporating outcome and process standards in each
31 area of social care
- 32 • Support of staff and managers to achieve standards using coaching, monitoring,
33 documentation, training and other resources
- 34 • Use of a modified form of periodic service review to monitor the achievement of the
35 standards set.

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40 This approach was associated with improvements in quality of life and substantial reductions in
41 challenging behaviour, and was greeted positively by staff and families of the people receiving
42 support.
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45 In many settings, however, there remain significant barriers to the provision or development of
46 more capable environments. Most of these barriers reflect more general issues with bringing about
47 organisational change:
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- 49 • Some organisations may be unable to provide the senior levels of commitment and
50 persistence that are required to drive change throughout the organisation (McConkey and
51 Keogh, 2014);
- 52 • Staff working with people with learning disabilities often have limited experience and
53 training and there may be high rates of turnover. Providing consistent, high quality support
54 depends, therefore, on excellent practice leadership from frontline managers. Such
55 leadership is not always available or not always skilled enough to be effective. While it
56 would be good to develop a more skilled and better qualified workforce, it will always be
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important to focus on developing and supporting everyday practice rather than only on more formal, abstract training (Mansell and Beadle-Brown, 2012);

- The dynamics of working in environments where challenging behaviour is possible sometimes result in cultures of containment and restriction. Service managers need to pay attention to what is really going on in service settings and encourage transparent cultures that are open to learning and change (Deveau and McGill, 2016);
- It remains difficult to know how well or badly a service setting is doing. We need more effective mechanisms for communicating and monitoring standards – otherwise it is too easy for everyone to believe that progress is being made when it is not (Murphy, 2020);
- Change also needs to be supported by service commissioners more explicitly identifying their expectations of service characteristics and outcomes (McGill *et al.*, 2010).

Maintenance of capable environments will require ongoing support. In supported accommodation settings much of this should be delivered through providing and commissioning processes but individuals whose needs are particularly complex will require the engagement of specialist professional supporters such as psychologists, psychiatrists, behaviour analysts, nurses, speech and language, occupational and other therapists. Where the individual is supported by family carers such professional involvement may be more frequently required. In both contexts professionals will need to work in partnership with carers (cf., Gore *et al.*, 2013). More than this, they will often need to acknowledge the limitations of their expertise (Bradshaw and Goldbart, 2013) and engage through the kind of multi-partner model described by Carnaby *et al.* (2010) and Bradshaw (2013).

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Table 1 Characteristics of the capable environment

Characteristic	What does this involve?	Why is this important?	Illustrative evidence
Positive social interactions	Carers like the person and interact frequently with them in ways that the person enjoys and understands.	In situations where the person receives unconditional, positive social interactions they are less likely to display challenging behaviour to obtain social interaction; carers who establish good relationships with individuals are more likely to be able to carry out less preferred tasks with the person (e.g. physical care that may be uncomfortable or distressing) without provoking challenging behaviour. Most people (with and without learning disabilities) want to receive positive social interactions from those around them.	Non-contingent social interaction reduces challenging behaviour maintained by attention (Richman <i>et al.</i> , 2015).
Support for communication	Carers 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 rich communication environments. This knowledge of communication is shared across environments and with	Challenging behaviour is less likely when the person understands and is understood by those around them. Most people (with and without learning disabilities) want to communicate with those around them, especially those they are close to.	Both receptive and expressive communication are strongly associated with risk of challenging behaviour in adults with intellectual disabilities (Bowring <i>et al.</i> , 2017).

	unfamiliar communication partners (e.g., through the use of communication passports).		
Support for participation in meaningful activity	Carers provide tailored assistance for the individual to engage meaningfully in preferred domestic, leisure, work activities and social interactions. Assistance incorporates speech, manual signs, symbols or objects of reference as appropriate.	Challenging behaviour is less likely when the person is meaningfully occupied. Skilled support ensures that they can participate at least partially even in relatively complex activities so that they learn to cope with demands and difficulties that might otherwise provoke challenging behaviour. Most people (with and without learning disabilities) like to be busy.	Person-centred active support reduces the severity of challenging behaviour (Beadle-Brown <i>et al.</i> , 2012).
Provision of consistent and predictable environments which honour personalised routines and activities	Carers support the person consistently so that the person's experience is similar no matter who is providing the support. Carers use a range of communication and other approaches tailored to the individual (e.g. visual timetables, regular routines) to ensure that the person understands as much as possible about what is happening and about to happen.	Challenging behaviour is more likely when the person is supported inconsistently or when in transition between one activity/environment and another activity/environment. Most people (with and without learning disabilities) value consistent and predictable support.	Activity schedules decrease challenging behaviour in autistic children and young people (Lequia <i>et al.</i> , 2012).
Support to establish and/or maintain relationships with family and friends	Carers understand the lifelong importance to most people of their family, and the significance of relationships with others (partners, friends, acquaintances etc). Carers actively support all such relationships while being aware of the risks that	Challenging behaviour is less likely when the person is with family members or others with whom they have positive relationships. For most people (with and without learning disabilities), relationships with	Challenging behaviour is less likely where there is good rapport between individuals and their carers (Magito-McLaughlin and Carr, 2005).

	sometimes arise in close or intimate relationships.	family and friends are a central part of their life.	
Provision of opportunities for choice	Carers ensure that the individual is involved as much as possible in deciding how to spend their time and the nature of the support they receive from the relatively mundane (e.g. choice of breakfast cereal) to the rather more serious (e.g. who supports them).	Challenging behaviour is less likely when the person is doing things that they have chosen to do or with people that they have chosen to be with. Most people (with and without learning disabilities) value the opportunity to decide things for themselves.	Offering choices between activities reduces challenging behaviour of autistic children (Rispoli <i>et al.</i> , 2013).
Encouragement of more independent functioning	Carers support the individual to learn new skills, to try new experiences and to take more responsibility for their own occupation, care and safety.	The development of new skills and independent functioning enables the individual to have more control over their life. Most people (with and without learning disabilities) like to be independent.	Teaching individuals functional communication skills reduces the occurrence of challenging behaviour (Kurtz <i>et al.</i> , 2011).
Personal care and health support	Carers are attentive to the individual's personal and healthcare needs, identifying pain/discomfort, enabling access to professional healthcare support where necessary and tactfully supporting compliance with healthcare treatments.	Challenging behaviour is less likely when the individual is healthy and not in pain or discomfort. Most people (with and without learning disabilities) attach the highest possible value to "good health" and want to receive personal support in dignified ways.	Challenging behaviour is more likely when individuals are in pain or suffering from a number of different health conditions (Kennedy and O'Reilly, 2006).
Provision of acceptable physical environment	Carers support the individual to access and maintain environments that meet the individual's needs/preferences in respect of space, aesthetics (including sensory preferences), noise, lighting, state of	Challenging behaviour is less likely in the absence of environmental "pollutants" (e.g. excessive noise). Most people (with and without learning disabilities) want to live and work	Parents of autistic children report managing the physical and sensory environment to reduce/avoid challenging behaviour (O'Nions <i>et al.</i> , 2018).

	repair, safety and use of equipment/modifications.	in safe, attractive environments where they feel at home.	
Mindful, skilled carers	Carers understand both the general causes of challenging behaviour and the specific influences on the individual's behaviour. They draw on the expert knowledge of the individual's family and friends to improve their understanding. They reflect on, and adjust, their support to prevent and/or quickly identify circumstances that may provoke challenging behaviour.	Challenging behaviour is less likely when carers understand its causes and do not take it as personally directed at them. Most people (with and without learning disabilities), when in situations where they require support, want their carers to attend to and know what they are doing.	Training carers in positive behaviour support leads to reductions in the challenging behaviours of the people they support (MacDonald and McGill, 2013).
Effective management and support	Carers are managed and/or supported by individuals with administrative competence and the skills to lead all aspects of capable practice.	Challenging behaviour is less likely when carers are well-managed, led and supported. Most people (with and without learning disabilities) want to be confident that their carers (if they need them) are, themselves, well supported and can get help when they need it.	Practice leadership and other aspects of management influence the challenging behaviour of adults with intellectual disabilities in residential settings (Olivier-Pijpers <i>et al.</i> , 2018)
Effective organisational context	Support provided by carers is delivered and arranged within a broader understanding of challenging behaviour that recognises (among other things) the need to ensure safety and quality of care for both individuals and carers.	Challenging behaviour is less likely when positive behaviour support informs the culture of families, service providers and service commissioners. Most people (with and without learning disabilities) want to receive evidence-based, well governed supports.	School-wide positive behaviour support integrates interventions at organisational and individual level to reduce challenging behaviour of both typically developing and disabled children (Horner and Sugai, 2015)

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