**PROJECT OVERVIEW**

**THIS PROJECT TOOK A PERSON-CENTRED APPROACH TO REDUCING RESIDENTS’ BEHAVIOURS OF CONCERN BY FOCUSING ON NON-PHARMACOLOGICAL INTERVENTIONS, EDUCATION AND TRAINING FOR STAFF IN SEVEN RESIDENTIAL AGED CARE FACILITIES ACROSS VICTORIA AND NEW SOUTH WALES.**

**THE PROJECT WAS LED BY HAMMONDCARE AND UNITING AGED CARE VICTORIA AND TASMANIA.**

**WHAT WAS DONE?**

The project aimed to develop a comprehensive understanding of the origins of behaviour and the feelings associated with behaviour from the perspective of both the resident and staff.

The approach taken by the project to reduce behaviours of concern comprised of four elements:

- Modifying the physical environment.
- Training staff regarding the causes and possible remediation strategies for behaviours of concern.

- Establishing a safe psychological environment for staff to explore their feelings and discover new ways to approach people with behaviours of concern.
- Facilitating family support groups.

The project defined behaviours of concern as behaviours that cause concern and/or distress to residents, staff and/or families, that are not limited to ‘positive’ behaviours such as aggression but can include depression, apathy and withdrawal.

The sources of evidence used by the project were:


The project included a range of activities, including:
- An Environmental Audit Tool was used in each facility to evaluate the physical design of the environment. The results of the audit were used to highlight the physical areas in the facilities that might be improved. The audit was also conducted at the end of the project to evaluate the changes.
- Training for staff education was conducted over two days. It covered several topics including philosophy of care, an understanding of behaviours of concern, communicating with residents, families, the environment, case conferencing and telling the resident’s story. It has provided an opportunity for staff to get to know their mentor.
- Mentors worked in consultation with facility staff to identify key residents with behaviours of concern which became the focus of mentoring sessions. Fortnightly and ad-hoc mentoring sessions were held where staff could talk about events such as being spat at, hit or called very hurtful names. The mentors managed each case and led staff to alternative ways of understanding and responding to the behaviours.
- Care plans were developed on individual emotional and physical needs rather than the problems they presented – “a genuine care plan rather than a management plan.”
Family support groups were established, enabling family members to become partners in the process of reducing behaviours of concern. Pre and post assessments were undertaken on several of the project’s interventions. For example, data was collected on the physical environment, resident behaviour, staff knowledge and attitudes, staff strain, staff views on the process and results of intervention, family satisfaction with care and family support. A toolkit was developed to support the environmental audits, staff training, mentoring, family support and evaluation.

The main vehicle for change was the process of mentoring. Mentors were highly skilled clinical educators who:
- Worked closely with nominated individuals in each facility.
- Delivered education and training in both clinical aspects as well as change management techniques.
- Facilitated the family/carer support groups.

**WHAT WAS ACHIEVED?**
The project was successful at reducing behaviours of concern. Project outcomes were achieved without significantly impacting on the efficiency or workload of the staff.

Environmental audits undertaken early in the project resulted in improved personal, social and open spaces within facilities, and reduced distracting/unnecessary stimulation for residents.

An assessment of 171 staff who attended the education sessions showed that staff knowledge improved over the course of the training. Through the provision of mentoring, staff were provided with training and clinical expertise as well as professional and personal support.

**WHAT WAS THE IMPACT FOR RESIDENTS?**
Steady and significant decline in levels of challenging behaviours. Significant improvement to depression levels in residents. Improvements to the physical environment. Greater family involvement in the residents’ care.

**WHAT WAS THE IMPACT FOR STAFF?**
Knowledge significantly increased both for experienced/qualified staff and those less experienced and with literacy problems. Mentoring was highly valued with many staff wanting the mentoring support to continue after the conclusion of the project.

Staff felt supported, listened to, valued and empowered. Staff felt less strained at work. Staff felt an increase in calmness and objectivity. A significant reduction in staff feeling they did not understand the residents.

**WHAT RESOURCES ARE AVAILABLE?**
The project’s toolkit includes information about environmental auditing, staff training (student handbook, trainer’s manual, and presentations), mentoring, family support and evaluation of outcomes. The toolkit includes a DVD produced by the Aged Care Channel and a booklet about the experiences of the project mentors. The audit tool can be used to audit the environment, identify areas of need and develop action plans, preferably with some specialist input.

The educational materials can be used in all facilities. The use of the material on mentoring will be dependent on the availability of a suitably qualified mentor. The material on the establishment of family groups can be used in most facilities, preferably with a mentor involved.


**WHAT COULD BE ADOPTED IN MY SERVICE?**
Examples of small environmental changes facilities could make that
could reduce behaviours of concern in residents include:
- Use colour and features (e.g. shadow boxes) to create different identities in different corridors and distinguish between doors and other parts of corridors.
- Provide domestic style dining tables and chairs.
- Leave lights on in corridors and social spaces to encourage use.
- Introduce new light fittings to vary lighting ambiance.
- Introduce new bedspreads.
- Introduce raised garden beds and provide shade to outdoor areas to encourage use.
- Place items of interest on tables in the dining room.
- Introduce some new pieces of furniture and create more private areas within dining/lounge rooms.

WHERE CAN I GET MORE INFORMATION?
For further information regarding this and other Round 1 and 2 EBPAC projects see the Department of Health and Ageing website at: