

QOLIVET On-line Training Course

Module 4: Responding to atypical learners and complex needs

Module Description

This module describes strategies that can be applied when working with individuals who require additional support to assist in participating in, and getting the best out of, activities and learning opportunities

Introduction

It is inevitable that, even in the most accessible and universally designed environments, there will be situations where an individual's learning needs are not being met by the interventions and supports provided. It would be ideal if this possibility was identified during the initial biopsychosocial strengths and needs assessment process. However, there will be occasions where this emerges because a participant is not succeeding in spite of the assistance provided or where their behaviour is such that they cannot be accommodated within the service or programme without disruption to the learning process for themselves or for others.

Ultimately, this can lead to a participant dropping out or being excluded from the programme or service, being excluded from certain learning opportunities, or being transferred to an alternative service option. In an inclusive learning approach, there is a range of more constructive responses that can be implemented with a view to meeting their needs. This module explores some of these additional individualised responses.

M4LO1	Apply inclusive strategies to support learners with additional needs
1.1	Identify methods to support atypical learners
1.2	Develop more effective ways to create adult learning and learning-to-learn opportunities

Inclusive strategies to support the success of atypical learners

Universal design and AT can create a learning environment in which a wide spectrum of learners can participate effectively. Nevertheless, there are times when a person may need additional support in order to match learning opportunities to their individual needs. This occurs most often when a learner does not find the existing learning approaches, resources and environment suitable for their needs. Learners who experience such challenges are often referred to as atypical learners.

A fundamental assumption in an inclusive learning environment is that everyone can learn when they are provided with learning opportunities that suit their characteristics. The onus is on the staff who are supporting the person to explore the best ways to help the person to engage in the learning process and to help them use the knowledge and skills they have acquired in appropriate activities and contexts.

A number of health conditions are commonly associated with atypical learning, including intellectual impairment, specific learning disabilities such as dyslexia, dyspraxia, dyscalculia, attention deficit and hyperactivity disorders, and autism spectrum disorders. Consequently, it can be important to organise a psychoeducational assessment for any learner that is struggling in acquiring and applying knowledge and skills. The purpose of this type of assessment is not so much to assign a diagnostic label to the person but more about producing a learning needs and strengths profile which can be

used in person-centred planning to inform the strategies that the person can adopt to enhance their learning.

When it comes to learning, many atypical learners face similar challenges regardless of their condition, but each learner is unique in the strengths and needs they bring to the learning process. By taking a holistic or biopsychosocial perspective on the person’s capacities and the learning context, you can gain insight into the factors that may be disrupting the learning experience of the person and those that support their learning.

You can generate a learning needs and strengths profile by exploring five types of factors with the learner. Examples of these are presented in Table 1.

Table 1: Example of a biopsychosocial learning needs and strengths profile		
	Needs	Strengths
Personal Characteristics		
Age- and gender-appropriate goals and materials		
Previous experiences and learning		
Cultural and ethnic relevance		
Motivation to achieve the learning objectives		
Beliefs and Expectations		
Relevance to the learner’s aspirations		
Physical and Sensory Functions		
Vision		
Hearing		
Motor control		
Stamina and endurance		
Dexterity		
Cognitive Functions		
Understanding of the learning objectives		
Capacity to process information (perception, short-term memory, transfer to long-term memory and consolidation)		
Appropriate retrieval of knowledge and skills		
Attention and Concentration		
Understanding abstract concepts		
Language functioning		
Effective transfer of learning across contexts/generalisation		
Learning Strategies		
Processing written symbols and text		
Processing auditory information and speech		
Ability to use numbers and calculate		
Organisational skills		
Managing tasks and time		
Solving problems and making decisions		
Communicating		
Ability to bounce back		
Learning skills and behaviours		
Emotional Readiness		
Capacity to control impulses		
Fear of failure or risk-taking		
Anxiety		

Stress		
Reaction to correction		
Dealing with frustration		
Self-concept and self-esteem		
Trust		
Optimism		
Environmental Factors		
Accessibility of the format in which the information is available		
Opportunities to apply learning across multiple contexts		
Opportunities for rehearsal		
Opportunities for experiential learning and experimentation		
Appropriate ways of demonstrating learning		
Flexible time frames		
Supportive relationships		
Appropriate technology		

The profile of the learner’s needs and strengths provides clarity on the challenges that need to be addressed in order to unlock the person’s full potential.

Key principles that need to inform the development of the person-centred learning plan include:

- Build their capacity to do things better or compensate for the need by providing additional supports or accommodations
- Empower the learner to:
 - Select learning objectives
 - Manage their own learning/learning-to-learn
 - Assess their own success
 - Monitor their own progress
- Scaffold the process so that they can do a task more independently rather than changing the nature of the task
- Ensure access to knowledge and skills across multiple contexts (learning transfer)

M4LO2	Respond more effectively to participants with complex needs
	2.1 Recognising and responding to complex needs
	2.2 Responding to challenging behaviour

Understanding complex needs

In some ways, all human beings have complex QoL needs. If you reflect on your own needs, you will recognise there are many times when you face conflicting demands in different areas of your life and have to make difficult choices between competing needs, or you encounter constraints which stand in the way of achieving your aspirations. Balancing the demands in your life in, and outside of, work is one example that is well documented. Being the designated driver on a night out with friends can be a constraint for people who enjoy a social drink.

In Module 1, you reflected on your own QoL using the domains and dimensions of the QOLIVET QoL framework. Thinking back on how you rated your QoL, you will probably be able to identify some of the areas of your life in which you experience conflicting demands or constraints. In addition, most people will have experienced the way in which being unwell, contracting Covid 19, a bad flu, or spraining an ankle can add to the complexity of your needs. Fortunately, for most people, these health conditions are transitory, and they can get back to dealing with the normal complexities of life.

Developing or acquiring a health condition, which results in reduced function on a long-term or permanent basis, often adds additional complexities to achieving a life lived well. Addressing these requires the identification of the factors that need to be addressed and putting in place interventions and supports to effectively respond to these. In many cases, there are no quick fixes, and a sustained problem-solving process is required to achieve the best resolution.

Needs are more complex when different characteristics of the person or the environment intersect with their impairment. For example, a person with an impairment may live in very deprived or impoverished circumstances or may be experiencing emotional turmoil as a result of a bereavement or broken relationship. Some of the more common factors that can increase the complexity of a person's needs include:

- **Dual or multiple health conditions:** For example, a mental health condition can intersect with a range of other conditions to create complexity, including addiction, learning impairments, physical or sensory impairments, or communication challenges.
- **Behaviour:** Regardless of the severity of a person's impairment or health condition, if they have learned to cope by behaving in a way that disrupts others, is anti-social or hazardous to themselves or others, their needs will inevitably be more complex. For example, a person with a mild learning disability, an autism spectrum disorder or a mobility impairment may face more complex challenges if they have developed behaviours which interfere with their learning processes and their interpersonal relationships or which place themselves or others at risk of harm.
- **Environmental factors:** As mentioned above, the intersection of social deprivation or poverty with an impairment can result in more complex needs. Other social factors that can create complexity include living in an isolated community or in a dysfunctional family, the expectations and attitudes of significant others, or lack of access to essential primary care services.
- **Personal characteristics:** There are many personal characteristics that can add to the complexity of a person's needs. For example, someone who is shy and retiring may face additional challenges in integrating socially or participating in job interviews. In addition to temperament or personality, other personal characteristics which can intersect with an impairment include beliefs and expectations, self-esteem, hope, gender or ethnicity.

Recognising complex needs

Complex needs come to attention when a person acts in a way that disrupts the normal operation of a family or a service, or when it becomes clear that they are not responding or making little progress despite the interventions and support they are receiving. In other cases, the person may have been exhibiting the behaviour or experiencing learning challenges well in advance of entering into a health & social care or VET program.

One approach to complex needs could be to refer the person to a service that is specifically designed to respond to complex needs. However, there may be no such service in the person's locality. This can result in the person being isolated from their community or even their family. In the case of mainstream VET, complex needs can frequently be resolved by removing the person from the environment or the person opting to drop out of their own accord.

The proactive identification of a person's needs, regardless of how complex, can provide an opportunity to put in place contingency plans should challenges arise, to make the environment as compatible as possible with the person's needs or remove any triggers that might cause a person to

need to resort to maladaptive strategies. For example, gradually transitioning a person with complex needs into a health and social care service or VET program can help the person learn about the demands of the new environment, the people with whom they will be working, and allow them to point to any aspects of the environment that impact on them negatively.

Using a person-centred biopsychosocial strengths-and-needs assessment as part of the intake process in a service or course is likely to decrease the likelihood that the complexity of their needs will represent a barrier to their participation.

Nevertheless, regardless of the care taken to reduce the potential for complex needs to interfere with participation, challenges can still arise. Consequently, it is important that a health and social care or VET provider has procedures in place to respond to such challenges.

Responding effectively to complex needs

The first step in resolving any problem, no matter how complex, is to clearly understand the nature of the problem. This is where a biopsychosocial assessment of needs and strengths is essential. It provides a multidimensional description of the demands and constraints that a person with an impairment needs to address in order to achieve their aspirations.

The next step in effective problem-solving is to know what their end goals or aspirations are. In the absence of clearly specified objectives (knowing where they want to get to), it is unlikely that the most effective means will be selected to move them from where they are now to where they really want to be.

The rest of the problem-solving process involves a Plan-Do-Act-Check (PDAC) cycle similar to the one described in Module 3. This can be done as many times as needed until the person is satisfied that they have attained their end goals. Without a clear focus on the end goal, the PDAC process can lead a person off target and away from their aspirations.

Of course, there are times when it needs to be acknowledged that perhaps the end goal is not appropriate or attainable for the time being. When faced with this, the best problem-solving strategy is to opt for an alternative end goal that moves the person a little closer to where they want to be.

It should be apparent that what is being described here is the approach that informs a person-centred strengths and needs assessment and planning process. The person-centred planning (PCP) approach is an absolute requirement for QoL enhancing health and social care services and specialised and mainstream VET. It is the most effective means of addressing the challenges faced by a person with an impairment who is experiencing disability.

Regardless of how complex a person's needs are, a biopsychosocial PCP assessment of needs and strengths is the best starting point for developing a plan to address the demands and constraints that stand in the way of achieving a better QoL. However, when a person has very complex needs, the biopsychosocial approach is, without doubt, the only way to understand the nature of their needs and, importantly, how they interact with each other to create additional challenges for the person in achieving a life lived well.

Reducing the impact of behaviour

Most people will be able to recall times when their behaviour has got in the way of achieving their goals. Whether it be expressing frustration when dealing with customer services about a genuine complaint, losing it when dealing with a teenager who has transgressed the house rules or

experiencing 'road rage', behaviour can alienate other people or reduce the likelihood of a positive outcome.

In some cases, a participant's behaviour in a particular context can interfere with their capacity to participate or with the capacity of others to fully benefit from an activity. In the past, a number of terms have been used to describe behaviours which interfere with communication, relationships or learning. The most well-known term was 'challenging behaviour'. It is important to be aware that this terminology is longer viewed as acceptable. The reason this is that the term focuses on the person's behaviour as the cause for concern and the thing that needs to be fixed. This is contrary to a biopsychosocial approach which acknowledges that issues arise as a result of the interaction between a person and their environment. This has led some experts to suggest that we concentrate on 'environments of concern' because these are what are precipitating the behaviour. Another approach is to view the behaviours as 'behaviours of distress' which arise because a person is unable to make their concerns clear or achieve their goals in a particular circumstance.

The starting point for developing a response to a person whose behaviour is interfering with their participation in learning opportunities and other activities is to keep in mind that the way in which a person behaves has developed to serve a purpose for them. Behaviours emerge as a consequence of unmet needs, such as the need to communicate, a way of coping with distress or pain or dealing with frustration. Behaviours evolve and persist because they serve a useful function for a person in certain circumstances. They arise as a result of a lack of fit between the person's biological and/or psychosocial needs and their environment.

For example, a person may develop a behaviour as a way of coping with

- Traumatic experiences or abuse in the past
- A break down in communication
- Limited social connections
- Lack of meaningful activity (boredom)
- Feelings of mental or physical distress
- Stressful or distressing circumstances
- Overwhelming environmental demands
- Needs that are not being met by the supports around them
- Not being understood by other people ¹.

Merely reducing or eliminating the behaviour does not resolve the original cause. If this remains, a behaviour is more likely to recur, or an alternative behaviour may emerge. Further, simply focusing on reducing the behaviour can restrict the person's participation and reduce their overall QoL.

Positive Behavioural Support (PBS), which was developed in response to shortcomings in traditional behaviour management techniques, provides a more holistic approach to preventing and reducing behaviours that can have a negative impact for the person or others. It is based on the premise that

¹ A conceptual framework for understanding why challenging behaviours occur in people with developmental disabilities

Richard P Hastings, David Allen, Peter Baker, Nick J Gore, J Carl Hughes, Peter McGill, Stephen J Noone and Sandy Toogood

such behaviours need to be addressed in the context of enhanced QoL, inclusion, and participation. PBS strives to defend and support valued social roles for the person².

PBS retains at its core the techniques of applied behaviour analysis and places this within a framework in which:

- The behaviour is assessed in terms of the physical and social environment and the wider context in which it happens
- The perspectives of stakeholders, including the person, are considered, and they are involved in the provision of support
- A personalised and sustained system of support is implemented based on this broader understanding behaviour in context
- The support system is aimed at enhancing QoL outcomes for all those impacted, including the person and stakeholders.

PBS can make a significant contribution in a number of domains relevant to enhanced QoL, including:

- Choice and control
- Relationships with family and friends
- Community presence and participation
- Skill development and meaningful activities
- Health and fitness
- Emotional wellbeing
- Personal living environment
- Support for communication.

PBS can also result in the staff and carers gaining a greater insight into the person's support needs and raising their awareness of practices that may be restrictive, aversive or even abusive to the person. It can also positively impact the people surrounding the person in terms of emotional wellbeing, relationships, and engagement with the person.

M4LO3	Create the context for more inclusive, positive and constructive learning opportunities
3.1	Creating capable environments
3.2	Balancing risk and opportunity in a healthy and safe environment
3.3	Apply the principles of positive risk-taking

Creating Capable Environments³

PBS is an effective response to supporting people with behaviour support needs in both health and social care and VET settings at the level of an individual. The approach can also be applied at the level of teams, organisations or systems to create capable environments in which supports are targeted proactively, particularly in areas that are known to reduce the likelihood of behaviour that can impact health and safety, and the quality-of-life experienced occurring. A capable environment consists of a quality physical environment in which skilled and empathetic staff are supported by management in an effective organisational context.

Capable environments support and encourage:

² Definition and scope for positive behavioural support Nick J Gore, Peter McGill, Sandy Toogood, David Allen, J Carl Hughes, Peter Baker, Richard P Hastings, Stephen J Noone and Louise D Denne

³ Authors: Peter McGill, Jill Bradshaw, Genevieve Smyth, Maria Hurman, Ashok Roy

- Positive social interactions
- Communication
- Participation in meaningful activity
- Consistent and predictable personalised routines and activities
- Relationships with family and friends
- Opportunities for choice
- Independent functioning
- Personal care and health support.

Creating physically and psychologically safe environments that promote learning

A safe and secure environment is required by law in most countries whether you are a worker, a visitor, a customer or a participant in a service. While it is accepted that every organisation providing services needs to have a clear code of practice and procedures in community care or VET, their importance cannot be overemphasised.

Risks can arise from the physical environment within a centre, service or in the community. There are many checklists that you can use to keep an eye on these. It is equally important to be aware of the risks that can arise in the psychosocial environment and to create conditions where these are less likely to arise. Table 2 lists some of the factors that can contribute to increased physical and psychosocial risks.

Table 2 Physical and Psychosocial Risks Factors	
Physical	Psychosocial
Heat	Psychological support
Chemicals and poisons	Organizational culture
Electricity	Clear leadership and expectations
Infection	Civility, respect & dignity
Equipment and machinery	Psychological demands
Heights	Control
Body stressing	Growth and development
Interior environment design & layout	Recognition & reward
External environment obstacles & barriers	Involvement and influence
Ergonomics	Privacy
Transport	Engagement
Commuting or travelling	Relationships
	Psychological protection & safeguarding

Given that being aware of potential risks and one's right to refuse to engage in risky work is an important characteristic of an effective worker, there is a strong case to be made for occupational health and safety to be included in the curriculum of all specialised and mainstream VET courses. In addition, the VET service provider needs to have a risk management strategy in place for each training facility. In each facility, there will be a designated Health and Safety Representative.

In health and social care services, there is often an additional set of requirements for safeguarding participants who may be more vulnerable to risks. Safeguarding requires that mechanisms are in place to promote and protect the rights of participants and their health and wellbeing. It also involves measures to empower a person to protect themselves. It is a founding principle of good quality health and social care.

As a staff member, it is essential that you are fully aware of the required health and safety and/or safeguarding procedures that your organisation has put in place and to ensure that you comply with these. It is also essential that rules and procedures are clearly communicated to participants in accessible formats.

Positive risk management creates more inclusive learning environments

It is important to recognise that it is neither possible nor desirable to eliminate risk completely. An entirely risk-free environment would place significant restrictions on staff and participants and make it very challenging for a person to learn by experience. People need to experiment with new activities if they are to develop. Further, a highly restricted, risk-free environment can create dependency in a participant.

An important purpose of VET and health and social care services is to create conditions in which participants can try new things and develop their skills and talents. Completely eliminating risk can exclude the participant from life experiences that can help them to expand their perspectives and become empowered as individuals.

Consequently, organisations and staff in the VET and health & social care sectors need to balance the responsibility for safeguarding and creating healthy and safe environments with their role as enablers of a more independent life for the person concerned. This can best be achieved through positive risk management and building the person's capacity to effectively manage risks for themselves. In other words, there is a requirement on VET and health & social care providers and their staff to, on the one hand, proactively respond to the aspirations of participants to engage in potentially 'risky' activities and to, on the other hand, ensure compliance with the professional and ethical responsibilities and statutory responsibilities to their staff and participants. An overly restrictive policy on risk management can conflict with QoL policy goals such as developing independence, choice and inclusion. There is a trade between empowerment and protection. The key question is, 'What is most compatible with the will and preferences of the person?'

It is important to recognise risk-taking is a normal part of life. We all take risks as part of our daily lives. Learning how to deal with risks is an important learning experience for everyone. Participating in a workplace or in the community will inevitably involve some degree of risk. Learning how to deal with risk is crucial to becoming more self-sufficient. This is not only about managing events that carry substantial risk but also about being able to negotiate small risks every day.

Positive risk-taking is an important approach to creating opportunities for personal development and practising self-determination, taking into account the need for compliance with health and safety responsibilities. This involves balancing potential benefits with possible risks when making a decision about a course of action. It is not about ignoring the potential for risk but managing identified risks in a particular situation or set of circumstances. This requires you to identify the potential risks and develop a plan of action that respects the aspirations of the person and puts in place supports and strategies to reduce the potential for harm.

There are a number of useful strategies that can support positive risk-taking. These include:

- Reframe situations in terms of how risks can be managed and possibilities and opportunities enhanced
- Allow trust and flexibility to evolve naturally and in gradual steps
- Believe in the person's capacity to exercise autonomy and create supportive connections in any situation

- Build a ‘scaffold’ which allows the person to engage independently but controls the margin for error
- Getting it wrong is not a problem. It is an opportunity for learning and building resilience
- Explore the dimensions of an action or situation using shared decision-making with the person concerned and their family where appropriate
- Always have an agreed contingency plan for when things do not work out as expected.

In summary, the principles of positive risk-taking are:

- Risk is a normal part of everyone’s life
- Risk can be minimised but not eliminated
- Risk is not static. It interacts with changing circumstances in a dynamic relationship
- Positive risk-taking is an essential component of effective risk management
- Assess the level of risk using as many sources of information as is feasible
- Shared decision-making with those involved in the action will achieve a more positive balance between risk and opportunity
- Positive risk-taking is a core element of person-centred planning.

M4LO4	Link individual achievements to QoL outcome indicators
4.1	Map individual needs and strengths to the dimensions of QoL
4.2	Specify PCP actions as QoL objectives
4.3	Assess the impact of a PCP on a person’s QoL

Setting objectives and monitoring progress

In order to ensure that a service or programme is making a positive contribution to a person’s QoL, it is essential that their progress towards the objectives set out in their person-centred plan (PCP) are monitored on a regular basis and that any emerging challenges are identified and addressed at an early stage. The PCP must be a ‘living document’ which informs activities on a daily basis and is updated when an objective has been met, when it becomes clear that an objective is inappropriate and needs to be changed, or when the personal circumstances of the participants have changed since the plan was agreed and an objective is no longer relevant or appropriate.

The way in which PCP objectives are phrased is of critical importance in accurately measuring progress. The most useful approach to framing objectives is to ensure that they are SMART i.e., they are Specific, Measurable, Attainable, Realistic, and Time-specific.

- **Specific:** The more specific an objective is, the easier it is to focus on it and take the necessary action to accomplish it.
- **Measurable:** The wording of the objective needs to clearly indicate how its achievement will be assessed in an objective manner.
- **Attainable:** The objective needs to be within a person’s capacity to achieve it within the time frame specified, based on their capacities and their previous attainments.
- **Realistic:** When selecting an objective, it is important to make sure that it is not so easy to achieve, that doing so will be of little benefit to the person in any substantive way, or that it is so ambitious that it is highly likely not to be attained. It must also be something that the participant sees as important and relevant.
- **Time-specific:** Linking an objective to a particular period of time within which it needs to be met provides a more focused approach and sets a clear point at which progress will be

measured. It is important that a PCP includes both short-term and longer-term goals. This provides the possibility of breaking down more ambitious goals into smaller and more attainable steps.

Linking PCP objectives to QoL outcomes

A service or programme that aspires to make a positive difference to the QoL of its participants needs to ensure that each objective set in a participant’s PCP is easily identified as contributing to a particular domain or dimension of the QoL framework adopted by the organisation. Implementing a plan and then trying to evaluate its impact on QoL can be a tedious and time-consuming process. A more straightforward approach is to assign each PCP objective to the aspect of QoL it is intended to enhance at the outset. This is most easily achieved if the biopsychosocial strengths and needs assessment and profile of a participant are structured in terms of the QoL framework. This can be done by assigning each question in the assessment process to a particular dimension of QoL. Some examples are presented below.

Assessment of Strengths and Needs Questions	QoL Dimension
How capable is the person of engaging in learning activities?	Personal Development
How confident is the person in making decisions for themselves?	Self-Determination
How effective is the person in communicating with other people?	Interpersonal Relationships
How aware is the person of their rights as a citizen?	Rights & Citizenship
How prepared is the person to participate in work?	Employability
How involved is the person with their local community?	Community Participation
How resilient is the person in the face of stress or challenges?	Emotional Wellbeing
How healthy are the person’s lifestyle and behaviours?	Physical Wellbeing
How well can the person manage their own finances?	Material Wellbeing

Once identified strengths and needs are assigned to QoL dimensions, it is a relatively easy task to classify the objectives of a PCP in QoL terms and, thus, to monitor the extent to which the plan is contributing to an enhanced QoL for the person concerned.