



all about people

## **PE1548/K**

National Guidelines on Restraint & Seclusion PE 01548 - Response from BILD, the British Institute of Learning Disabilities

### **(1) The importance of Positive Behaviour Support approaches.**

-- BILD, 2010, Code of Practice for the Use and Reduction of Restrictive Physical Intervention, A Guide for Trainers and Commissioner of Training, 3rd ed.

“Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on ‘fixing’ the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that you can teach someone a more effective and more acceptable behaviour than the challenging one. PBS helps people learn new skills. We can make this happen by understanding the reasons people display challenging behaviour.”

-- Challenging Behaviour Foundation, Information Sheet: Positive Behaviour Support Planning, Part 3.

PBS sits within a framework of person/child centred practice and human rights to ensure that improving the quality of life and wellbeing of the person is both an intervention and an outcome. It works with other evidence based approaches like speech and language and occupational therapy to provide a holistic programme of support

It has long been BILD’s agenda to demonstrate, through research and evidence, the importance of positive and proactive behaviour support. You can see the evolution and strengthening of this work through the successive editions of the BILD Code of Practice, and through the extensive publications catalogue on the subject and, vitally, in an improving national and international evidence base for these approaches.

Recent publication of guidance for adults by the Department of Health, the Royal College of Nursing and the National Institute for Clinical Excellence (NICE) have also placed importance on Positive Behaviour Support and all use the definition as provided first by BILD's International Journal of Positive Behaviour Support (IJPBS). We await specific Children and Young People's guidance, which is in development by the Department of Education and Department of Health, but the early signs are there will be no less importance placed on PBS as the primary method of behaviour support to those who require it. There is extensive information on Positive Behaviour Support on the BILD website at [www.bild.org.uk/pbs](http://www.bild.org.uk/pbs)

Comments in some of the written responses that asked whether restrictive practices such as restrictive physical intervention had a place within PBS, BILD would consider that reactive management strategies are part of a wider PBS approach. The key determinate is whether an organisation can demonstrate approaches that aim to reduce and eliminate the use of restrictive practices through effective proactive interventions. Experience suggests that sometimes the most risk averse organisations are often the organisations who use risk as an excuse for restrictive practices. Wherever restrictive practices are used, these must have legitimacy and the use of restrictive practices without any wider knowledge, skill, experience or strategy for positive support or organisational will to actively reduce their use are, in our view, poor environments to support people with learning disabilities.

## **(2) The Importance of reducing the use of physical intervention.**

-- BILD, 2010, Code of Practice for the Use and Reduction of Restrictive Physical Intervention, A Guide for Trainers and Commissioner of Training, 3rd ed.

If used as a planned response, it must be accompanied by a behaviour assessment and support plan; and include a restrictive physical intervention reduction plan (BILD, 2010)

If used as an unplanned response or emergency intervention it should, whenever possible, be followed by a debriefing of the incident in question. If appropriate, a full behaviour assessment should be undertaken and a support plan developed.

This is a key area of development for BILD. Over the years the Code of Practice has moved from concentrating on restraining safely, to restraining less, to supporting organisations and individuals to understand how this can be achieved - again linked to the evidence base for PBS. We fully support this notion and have published widely on effective methods and strategies for reducing restrictive practices including restrictive physical intervention.

The legal framework around planned and unplanned interventions is somewhat different and needs to be fully explored and understood by everyone working in services and organisations. We place a lot of emphasis on understanding the legal framework and understanding how to achieve effective restraint reduction within the core curriculum that we expect accredited organisations to deliver. The importance of individual and organisational debriefing, and crucially learning, is important and a number of accredited organisations have produced research and toolkits to achieve successful debrief and contribute to restraint reduction.

**(3) To comply with the law, physical intervention can only be considered as the last resort, and must be the least restrictive alternative, that will manage the behaviour.**

-- BILD, 2001, 1st ed.

Recognising that using physical intervention is a restrictive practice, and that its use should always be as a last resort when all other alternatives have been considered and found to be either ineffective or inappropriate

-- BILD, 2014, 4th ed.

As alluded to above, the complexities of the legal framework around the use of restrictive practices leaves staff and individuals vulnerable, unless these complexities are understood and appropriately applied. Any national guidance should have a comprehensive and explicit section on the legal framework. We place emphasis on this within the BILD Code of Practice and the legal framework must include paying attention to the rights of the individual, the rights of people working with individuals whose behaviour poses risks, the differences between planned and unplanned interventions, the principles of reasonableness, proportionality and justification; the principle of last resort and the legal framework for decision making in relation to capacity and consent to interventions.

The legislative framework is of fundamental importance and all too often unclear, misinterpreted or not understood. The law must also be considered alongside moral and ethical considerations when looking at restrictive practices on an individual by individual basis rather than whole populations.

**(4) The need to address the use and misuse of seclusion (as it may represent a deprivation of liberty under the Human Rights Act, 1998).**

“Seclusion (involuntary confinement) is an extreme procedure that is not developmentally appropriate and should serve no purpose as an intervention with

young children. In the author's opinion, young children must never be alone in a room or isolated completely from social interaction."

-- Dunlop, Ostry, & Fox, 2011, Preventing the use of restraint and Seclusion with Young Children: the Role of Effective, Positive Practice.

It is important to understand the difference between "time out" and seclusion as time out can be used as strategy to help the young person have the quiet time in a low arousal environment, which helps the young person get their behaviour back in control. Unlike seclusion, in time out the person can access the space voluntarily, they are accompanied by a teacher/support worker, they can leave the room independently.

Time out can be part of an assessed and agreed behaviour support plan.

There is confusion and lack of clarity over the definition of time out and seclusion. Time out involves restricting the person's access to all positive reinforcements as part of a behavioural programme and could be construed as punishing. Better to refer to time away or a sensory break which may mean that children who are becoming over aroused in certain environments might need to go to a quieter place or have a run around (dependent on need) The voluntary and accompanied aspects are important but it would also be important to support the child to learn how to identify this need themselves and teach them a way to request it.

We are working to produce clear guidance on the terms 'time out' and 'seclusion', but national guidance can also play this role in giving clear definitions. Practical tools to support people making decisions and understanding the subtle but extremely important differences would also help. Our experience is that clarity of definition and clear understanding of how to recognise one from the other is a key role of regulators and inspectors. Until this is resolved it will not be effectively policed - so guidance has to speak to this group (regulators and commissioners) too.

**(5) A record of any restrictive physical intervention must be completed as quickly as possible after the incidence (Davidson, 2013).**

"The importance of accurate recording, reporting, reviewing and monitoring of the occurrence of behaviours that challenge, and the use of restrictive physical interventions."

-- BILD, 2004, Post Incident Management and Debrief, 4th ed.

“The need to keep the key people in the person’s life informed about the individual’s behaviour support, identifying ongoing learning for the organization involved.”

-- BILD, 2004, Post Incident Management and Debrief, 4th ed.

**(6) Staff should receive training in Positive Behaviour Support; they should feel knowledgeable, skilled, competent and supported to do their job.**

Provide evidence of a staff group that has received appropriate training and supervision to enable them to offer care and support, learning opportunities and skill acquisition in a safe environment that is free from abusive practices.

-- BILD, 2014, 4th ed.

Both of the above points are the responsibility on a day to day basis of the provider organisation and these should be highlighted in any national guidance. Both criteria are listed under the ‘purchasing organisations’ responsibilities in Section One of the 4th Edition of the BILD Code of Practice. Training organisations can often give information on the importance and reasons for doing this but it is the responsibility of services providing education, care and support to ensure their staff are adequately equipped to deliver their service and they are legally responsible for recording and reporting. The Department of Health publications, *Positive and Proactive Care* and *A Positive and Proactive Workforce*, published for England have useful clauses on the above.

**(7) All training in physical intervention should be BILD approved.**

“There is a record of everyone who has been trained in these techniques which includes date when the skills were taught and the specific techniques that each person has been found competent to use. The training must be specifically reviewed and refreshed as regularly as is required. BILD recommends this takes place at least every 12 months.”

- BILD, 2014, 4th ed.

We welcome this request. We would suggest that the terminology is that, ‘All training organisations and individual trainers who deliver training in restrictive practices should be accredited with the BILD Accreditation Scheme’.

We are very pleased that BILD accreditation is recognised and is seen as a mark of good practice which, if acted on by government would give a mandate for every organisation to seek accreditation. We have recently revised the BILD Code of

Practice and the BILD Accreditation Scheme, below is a ten point summary of the scheme. The communication of consistent and clear messages is essential to ensure clarity of understanding of what it means to be a BILD Accredited training provider.

This is ongoing work for BILD in ensuring that individuals who are supported, commissioners, regulators, policy makers, trainers, training organisations and education, health and social care providers fully understand what this means. It is often all too easy to use BILD accreditation as a catch all statement. We would welcome the opportunity to explain the BILD Accreditation Scheme and the BILD Code of Practice to any of the stakeholders you have addressed through the campaign.

1. The BILD Accreditation Scheme was reviewed and revised in 2014. It was launched in November 2014 to reflect the latest BILD Code of Practice, the fourth edition, published at the BILD PBS International Research and Practice Conference in May 2014.
2. As well as the training organisations, the updated Accreditation Scheme now extends to their individual accredited trainers. Each accredited organisation receives a certificate of accreditation with a unique reference number. Each individual trainer will receive a unique accredited trainer reference number and identification card. The accreditation status of any organisation or individual trainer can be found on the BILD website.
3. The criteria for accreditation are outlined in the BILD Code of Practice in *Section Two: Training Organisations*, and *Section Three: Individual Trainers*. There is also guidance on how training organisations can support purchasing organisations to evidence discharging their responsibilities under the Code of Practice in *Section One: Purchasing Organisations*.
4. The BILD Accreditation Scheme remains fundamentally focused on restraint reduction. It provides an assessment of the framework in which training is delivered, aimed at restraint reduction. Growing evidence on the effectiveness of proactive approaches, particularly Positive Behaviour Support, have been incorporated and given further credence in the revised Scheme. Equally, greater emphasis is placed on the legal framework around the use of restrictive practices, with a strong focus on an individual's human rights.
5. The Scheme's increased focus on Positive Behaviour Support is in line with the current national guidance. The Department of Health's *Positive and Proactive Care*, and *A Positive and Proactive Workforce*, and the coming guidance in relation to children and young people, as well as the NICE *Clinical Guidelines for Learning Disability and Challenging Behaviour*, all promote Positive Behaviour Support as a primary intervention for behaviour that challenges.
6. As with previous editions of the BILD Code of Practice, once again, the bar has been raised. The standards expected under the fourth edition of the Code

improve the quality of training. This progression has been welcomed in the sector.

7. The reaction to the new BILD Code of Practice and the revised BILD Accreditation Scheme has been positive and we have seen an increase in organisations applying to the scheme. We recognise however that the external pressures on organisations, and requests made of training organisations, are not always appropriate or in keeping with the wider criteria of the BILD Code of Practice.

This can include the delivering of training outside the required training ratios of the Code of Practice; the length and content of courses, or requests to teach a generic set of physical skills without the rationale that a clear individual behavioural risk assessment offers. This forces some organisations to consider if they can maintain voluntary standards; it does not however invalidate these standards. The BILD Accreditation Scheme and the Code of Practice remain voluntary and some training organisations will find it challenging to meet the standards.

8. Commissioners and regulators continue to play a vital role, by understanding the implications of seeking accredited training and supporting organisations to become *proactive* organisations able to support and reduce behaviour over time, rather than *reactive* organisations that deal with situations as they arise. Commissioning short term training interventions is unlikely to achieve the aim of reducing restrictive practices.
9. The revised scheme has introduced an improved quality assurance process throughout the three year accreditation period. The purpose of this is to encourage continuous improvement, address any issues quickly and effectively, and provide evidence to inform reaccreditation. It should also contribute to the accredited organisation's own evaluation processes.
10. Information on how to apply for BILD Accreditation, and a list of all currently accredited organisations can be found on the BILD website at:

[www.bild.org.uk/bildaccreditation](http://www.bild.org.uk/bildaccreditation)

### **(8) Accountability of teaching and support staff.**

Should an incident occur, staff have a responsibility for recording what happened before, during and after the incident. Staff should also inform parents or those with parental responsibility about any incidents of physical intervention.

The involvement of individuals, their parents and carers in decisions and information about a person's behaviour support is a core principle of the BILD Code of Practice and of the BILD catalogue of publications on PBS and restraint reduction. Ultimately, an individual should own their behaviour support plan and if they are supported by parents or carers to take ownership of those plans, then they need to be kept

informed of its use and effectiveness, and involved in any review of the plans; this is all part of good practice in behaviour support planning.

We continue to hold conversations with various government departments and stakeholders in accreditation and the importance of clear and identifiable standards in the use of restrictive practices. We hope the conversation will continue with the Scottish Government and, as stated earlier, we welcome the opportunity to contribute to the discussion to support this agenda.

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**British Institute of Learning Disabilities**