



all about people

British Institute of Learning Disabilities, Campion House,
Green Street, Kidderminster, Worcestershire DY10 1JL
Telephone: 01562 723010 • Fax: 01562 723029
enquiries@bild.org.uk • www.bild.org.uk

Key considerations in physical interventions

A framework for good practice

BILD has contributed to a framework of good practice in relation to the use of physical interventions since 1996, when the first edition of 'Physical Interventions: A policy framework', Harris et al (1996), was published, .

This publication set out a framework that organisations could follow when developing policy in relation to the use of physical interventions. The Policy Framework was well received by professionals and continues to be a popular publication, having been revised and updated in 2008.

In 1999 the BBC broadcast the McIntyre Undercover programme where investigative journalist Donal McIntyre exposed the abuse of people with learning disabilities by care staff that used excessive force and inappropriate methods to manage behaviour.

Between 2002 and 2006 BILD received grants from two government departments to continue the work in relation to developing standards and frameworks for best practice and the accreditation of training in the field of physical interventions.

The BILD Physical Interventions Accreditation Scheme launched in 2002 and is underpinned by the BILD Code of Practice, first published in 2001 and the Joint Guidance 2002.

The third edition of the Code of Practice was published in 2010 and placed an emphasis on the reduction of physical interventions a change reflected in its new title: 'The BILD Code of Practice: for the use and reduction of physical interventions.'

There are now over 30 organisations in the BILD accreditation scheme, all are organisations that deliver training in behaviour support and management which include the use of physical skills. Information on the scheme can be found at:

www.bild.org.uk/behavioursupport.htm

Training and use of physical interventions

The training and use of physical interventions remains contentious and opinions will always be divided in terms of the use of such skills within human services. Around half of people with learning disabilities who exhibit challenging behaviour may be exposed to physical interventions (Harris 1993: Emerson 2003), a sad statistic to consider. Never the less, it remains an important area to debate especially given the evidence of recent enquiries such as those a Sutton and Merton and Cornwall which highlighted the use of restraint practices to abuse vulnerable people.

It is important to recognise that overly emphasising the role of physical interventions as a 'management tool' for supporting those with problem behaviours may actually be counterproductive to the cause and increase risk to vulnerable people. Indeed the evidence base supporting such training has been questioned and it has been suggested that the field of training in physical interventions is dominated by commercial interest and a complete lack of evidence base, McDonnell (2009).

It is possible that offering well targeted training may increase confidence and reduce risk to people, although the evidence for this is poor. There are often the hidden costs to staff exposed to workplace violence, such a low morale and discord within teams. There are also the more obvious costs associated with physical injury, sickness and stress related illness for employees. As well, there is the additional potential risk of litigation, an increasing risk to employers and the organisation arising from workplace injury.

It is though accepted that in healthcare there are also concerns in relation to the safety of staff within services, and incidents which occur often go unreported (DoH 1999). It is also the case that where violent incidents can be foreseen employers have a duty to identify the nature of the risk to employees and take action to reduce foreseeable risk (DoH 1998).

Creating a framework of support for people who challenge

Organisations must consider developing proactive frameworks for supporting people who exhibit behaviours that present a challenge. This will include developing organisational policy frameworks which reflect organisational need and take account of the needs of vulnerable people.

Organisations have a responsibility for ensuring that staff have the appropriate skills to assess people's behaviour on an individual basis and develop positive behaviour support plans with the aim of reducing the need to use physical interventions. Any training in physical skills must be well directed and based on actual need within the organisation; this can be done by undertaking a behaviour audit and risk assessment across the organisation.

Primarily, organisations should develop models of support that focus on the prevention of socially invalid behaviour rather than the management of such behaviour. This can be done through:

- Improving skills within the workforce and delivering focussed training
- Developing appropriate policies to support a framework for service delivery
- Developing and supporting an appropriate culture and ethos which places people at the centre of their care
- Improving communication and access to interpreters and accessible information
- Emphasising good practice and sharing good practice across services
- Focussing on peoples individual needs and ensuring these can be met
- Offering appropriate support to employees
- Delivering care within a framework that acknowledges and protects people's

human rights. Including the rights of employees

- Implementing procedures to reduce and eliminate the use of restraint and seclusion
- Ensuring that systems to review critical incidents and the use of restrictive practices, including physical interventions are 'fit for purpose'

An overused phrase, 'the use of physical interventions must always be last resort' is often misunderstood, mainly because the human aspect is forgotten within human services and we focus instead on 'managing out the problem' rather than 'understanding people', so we train staff in physical skills and it becomes the 'tool of preference'. In this case prevention is better than cure for all involved.

Sharon Paley, BILD
September 2010

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