Organisational strategies to reduce the use of restrictive practices in services for people with intellectual and other disabilities and behaviour described as challenging: A postal survey of current experiences of putting policy into practice

A JOINT BILD/TIZARD CENTRE SURVEY

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Quick read summary and next steps

Information was sought from 48 senior professionals, during 2015, and 7 responded to a questionnaire regarding organisational approaches to implementing recent government and best practice guidance on reducing restrictive practices (RP). The low response rate means the results cannot be regarded as generalized but provide an indication of the range of views available. The information collected was organised into the following sections: leadership and management, data use to inform reducing RP and staffing issues including post incident review or de-briefing.

Leadership/management

Both strategic senior level and frontline leadership were seen overall as very important to achieving reductions in RP. However, responses were very mixed regarding actual leadership practice in organisations, with some participants seeing ‘no action’ at senior level towards reducing RP. Frontline leaders/managers were seen to be better focussed on this. Organisations had generally developed mechanisms for reviewing whether restrictive physical interventions (RPI) were implemented appropriately. However, two organisations
had not allocated a senior manager to collect, collate and use data at a senior organisational level. Very limited involvement of staff at ‘all levels’, in the organisations, to achieving change and reduction in RP was shown.

**Data use**

Using data to inform reduction in RP was seen as very important overall. Data was generally felt to be an accurate reflection of the use of: RPI, PRN medication use and seclusion in organisations. If frequency of RP is consistently high or increases in services, then a management review is undertaken. The sharing of data ‘across the organisation’ may be, but not in all organisations, shared with CQC, professional advocates, families and commissioners. Perhaps, most importantly, there was limited indication of individuals that have a care plan that includes RP also having a plan to reduce this.

**Staffing issues**

Although providing individual staff post incident review or de briefing is recommended practice and policy this survey showed limited agreement that this is an important overall factor in reducing RP, with 2 participants ‘not sure’ of this. Reasons for debriefing ‘not occurring’ included practical issues e.g. time constraints and shift patterns and somewhat less to staff reluctance – although this was observed. For example, mixed views shown regarding whether staff see debriefing as a ‘positive thing’. Senior and frontline leaders/managers were not always seen as committed to debriefing. The provision of debriefing was not usually monitored or resources invested to provide training to support debriefing.

Providing staff with training in behavioural management was seen as very important overall to achieving reduction in RP. However, the high cost and limited effectiveness of some ‘external training’ was a potentially limiting factor. In addition, some participants viewed staff as ‘preferring to work in their own way’ rather than follow training and behavioural plans and that this ‘informal culture’ may create resistance to following advice and leadership to reducing RP. The quantity of, or turnover, of frontline staff was not generally seen as placing constraints upon frontline staff's time to discuss and think about RP or to achieving this.

More positively, general agreement was shown that in some services frontline staff are ‘great’ at coming up with ideas for reducing RP, especially when they form a ‘core team’ focused upon practice and that frontline managers who act as practice leaders is the most important influence upon staff culture and style of work in reducing RP.

**Next steps**

The implementation of government guidance and best practice in relation to reducing RP is an important matter. This limited response rate survey has indicated that some organisations are ‘getting to grips’ with this agenda, but that some organisations are not focused upon this. It is intended to follow-up this survey with a shorter, better focused survey, based upon these responses and invite participation in a more participant friendly manner.
The full results are given in the separate Full Report document, and interest in following up these results with the authors - see email addresses above, is welcomed.