



The implementation of organisational strategies to reduce the use of restrictive practices: A report on the experiences of 25 UK care organisations

“We know what we should do – it’s the how we sometimes get stuck with”

Method

Representatives from 25 different care organisations and one training organisation attended two workshops at the Reducing Restrictive Practices conference in Manchester, and another session took place within a 3 day Positive Behaviour Support (CAPBS) Coaches course.

Both events were organised by BILD and facilitated by Sarah Leitch, the Development Manager for the Centre for the Advancement of Positive Behaviour Support.

The participants were not a completely random sample; they were all representatives from organisations who it could be assumed were proactively seeking to reduce restrictive practices by attending these particular events. The two groups at the conference also self-selected by choosing this workshop out of three other workshops they could attend.

The two conference workshops were attended by organisations offering services to children and families. A range of schools, residential care, community services, early intervention, hospital and fostering were represented. There was a geographical spread covering all four UK nations. The PBS Coaches course was attended by representatives from a mixture of children, young people and adult’s services, and included community based and residential care services as well as schools. The organisations were a mixture of private, voluntary, NHS and local authority.

All workshops started with an introduction to the organisational strategies that researchers and experts in the field consider to be of key importance for organisations who wish to reduce the use of unnecessary restrictive practices: Colton's *Checklist for Assessing Your Organization's Readiness for Reducing Seclusion and Restraint* (2004), Huckshorn 's six core strategies (2004), Allen's key ingredients (2011) and Paley –Wakefield's Framework for Reducing Restrictive Practices (2013). The congruence between all four authors was noted.

Few participants were aware of these frameworks so a little time was spent in discussion about them.

A hand-out was distributed asking participants to look at the key areas of; Leadership, person centred organisational culture (including consumer involvement), individualised proactive intervention planning, environment and programme structure, workforce training and development staffing levels and deployment, analysis of incidents and data, post incident processing (including debriefing) and clear crisis management strategies. Some prompt questions were included based on Allen's (2011) analysis in reducing *the use of restrictive practices with people who have intellectual disabilities – A practical approach*. Participants were asked to read the hand-out and think about their own service or organisation, make some notes, and then have a wider discussion in small groups of four or five.

The groups were asked to consider the following three questions and feedback to the whole group at the end. Time constraints meant they would probably only be able to focus on 2 or 3 strategies.

- What is your organisation's or service's experience of implementing any of these key strategies to reduce restrictive practices?
- What has worked? Why?
- What has been more difficult? Why?

The facilitator joined each group and took notes as well as recording the general feedback session at the end. The PBS Coaches group had a general discussion after working through the hand-outs individually.

Themes

Some common themes were identified from all 3 sessions.

Several participants said their organisations had been put under pressure from inspectorates and regulators to review their use of restrictive practices. A couple reported requests from inspectors to see organisational data about the use of physical restraints.

Debriefing

There was agreement that this was effective when it worked well but most participants reported difficulties with staff take up. This was due to both negative perceptions of the process and the time involved. One service had successfully got over staff reluctance by using positive language in the debriefing proforma. Out of all services represented only two had managed to implement a debriefing system with any great degree of success.

Data collection

Five organisations had invested in a database to collect information about behaviour support incidents. These had been useful organisationally in the collection of data about physical restraints. One service had good practice to share - a specific member of staff had been given the role of interpreting the data and feeding into individual Behaviour Support Plans and strategies and this was working well. Other organisations felt they were at early stages with this and the data was still underused as a tool for reducing restrictive practices on an individual level and informing direct support.

Staffing – deployment and workforce development

Three main issues came up here that affected both areas of staff organisation and development:

1. Funding cuts mean the percentage of time staff spend delivering direct care has increased and less time is available for developmental aspects of Positive Behaviour Support and proactive planning.
2. High rates of staff turnover affect cultural stability, one organisation commented that it takes years to build up a really good proactive culture – and then it can be lost in a matter of months when two or three people who are practice leaders and good role models leave the service.
3. There were two reasons that workforce development was seen as becoming more complex :
 - An external pressure for higher levels of competence and skill.
 - An increasingly culturally diverse workforce with accompanying language differences.

Both the above were putting pressure on reduced training budgets.

There was some discussion using models like mindfulness and empathy based training to develop a “tuned in” workforce staff. The cost of off the shelf models was considered to be prohibitive for some organisations, some others were in the process of considering different options.

Two large organisations reported positive experiences of implementing organisational wide training schemes by BILD accredited providers.

Leadership

This importance of leadership was recognised and it was felt that if there was understanding and support at a senior level, reduction strategies were more likely to be planned and resourced properly. Some participants felt that interest at senior executive levels was sometimes a reactive response to external pressure and that a longer term view needed to be taken.

Talking about leadership led into discussions about how important good practice leader were in role modelling good practice, providing stability and good supervision especially in times of economic hardship when training and staffing budgets were being cut.

Person Centred Services

There were many comments about the use of Person Centred Plans and the adoption of Person Centred Approaches and how these had contributed to reduction of a number of restrictive practices. Participants felt this was because individual needs had become the focus of discussions by the care and educational teams.

Involving children young people and adults in their own plans or service design was an area where most people felt organisations and services could do further work especially at individual levels.

Two participants talked about how difficulties of involving children in their own plans with profound and severe disabilities without being tokenistic. Others talked about the implications of consent and capacity in adult services specifically that individuals may agree to a support plan or intervention and then make a different decision at another time.

Community settings

All three groups had representatives who delivered services in community and family settings. One very good model of working with foster carers to develop Positive Behaviour Support plans was given. There was interest in how Positive Behaviour Support Approaches could be implemented in early intervention services and how families could be supported to engage with them.

Summary

Although this was not a random sample it was still interesting that some common themes arose in each session. It was felt that progress was being made in efforts towards reducing the use of restrictive practices – particularly in the area of restrictive physical interventions in children services. Person centred thinking and data collection were areas that have moved forward and these help individuals and organisations to identify the use of unnecessary restrictive practices which is a first step towards reduction. Nearly all organisations reported slow progress with the embedding and normalising of debriefing systems and also managing staff development and deployment due to financial constraints and turnover. The role of leadership which is considered to be the important factor influencing successful reduction and practice leadership were areas for further development for most of the participants. Also consideration about how some of the strategies might work best in community settings would be a useful future discussion.

All organisations represented understood the need for proactive and preventative thinking at all levels but as one participant pointed out ‘we know what we should do - it’s the how we sometimes get stuck with’.

References

Allen, D. (2011) *Reducing the use of restrictive practices with people who have intellectual disabilities – A practical approach* BILD publications

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