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Editorial

Special Issue on Positive Behavioural Support in Secure/Forensic Settings

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This special issue dedicated to the use of positive behavioural support (PBS) in forensic settings comes at a time when health and social care providers in the UK are increasingly advocating for, and investing in, PBS as part of a model of care for managing behaviours that challenge for vulnerable people in various settings, including those with forensic needs (National Offenders Management Services (NOMS), 2013; NICE, 2015a, 2015b; Social Care, Local Government and Care Partnership Directorate, 2014). By the very nature of their interaction with the criminal justice system, individuals detained in secure forensic settings (ie police custody, prison, hospital) will have a history of behaviour labelled as 'challenging' or 'anti-social' which may (or may not) have led to a criminal conviction. However, once detained in a secure setting, opportunities for criminal offending are restricted but individuals may well continue to present with behaviours labelled as 'challenging', such as self-injury, physical aggression, inappropriate sexual behaviour, and/or property damage. These behaviours can adversely impact the individual themselves, other service users, and staff, and thus require specialist support alongside support and intervention for mental health issues and/or forensic needs (Barnoux and Langdon, in press(b); Wardale, Davis and Dalton, 2014).

For vulnerable individuals with forensic needs, including those with intellectual disabilities and/or those who are autistic, the conceptualisation of challenging behaviour needs to be nuanced due to the complex overlap with mental health conditions and forensic risk (Alexander et al, 2016). Barnoux and Langdon (in press(a)), in a Health Education England handbook for health and social care staff working in community settings with people with intellectual disabilities and/or those who are autistic, argued there are instances where some behaviours which would otherwise be labelled as 'criminal' would not be seen as such when exhibited by some people considered to be vulnerable, as the criminal justice system has deemed them unable to form *mens rea* ('guilty state of mind') and thus they are judged not to have committed a crime in England and Wales. In these cases, behaviour that may otherwise be labelled as 'criminal' may instead be seen as 'challenging behaviour' because of concerns around the individual's mental capacity or decisions made by health and social care staff, the police, or the Crown Prosecution Service. As a consequence, where behaviour labelled as challenging is 'offending-like', specialist support and intervention in the secure environment plays an essential part in risk reduction and rehabilitation.

It is within this context, and partly in response to abuse scandals such as Winterbourne View (2011), that person centred approaches to care and the use of behaviour support plans have emerged within NICE guidelines for vulnerable people who display behaviours which challenge or which are 'offending-like'. Whilst definitions and conceptualisations of PBS vary within the literature (Kincaid et al, 2016), there appears to be broad consensus that the implementation of PBS should include: (i) a functional assessment to understand the underlying reasons for challenging behaviour or offending-like behaviour; and (ii) the development of a detailed behaviour support plan outlining preventative and reactive strategies by which the needs of the person can be met to improve quality of life. Co-production with the individual concerned and their multidisciplinary team should be a key feature of behaviour support plans (Ham and Davies, 2018).

Yet, within a forensic setting, the restrictive nature of the environment (eg secure facilities), along with legal restrictions imposed by the Ministry of Justice, mean that some of the core tenets and values of PBS are difficult to implement. Individuals in a secure setting are restricted by the very nature of their detention under UK criminal law and/or the Mental Health Act (1983, as revised in 2007) for those in secure hospitals. Thus within these settings, access to certain items and activities, or decisions to grant leave to the individual need to be based upon risk of harm and are contingent upon the absence of risk-related behaviours.

For restricted patients in a secure hospital setting (ie those with a section 41 or 49 restriction order), the Ministry of Justice makes the initial decision to grant leave, and the multidisciplinary team have to demonstrate that risk-related behaviours have decreased in frequency or intensity. It is therefore sometimes difficult for secure services to incorporate access to leave in a way that is consistent with more contemporary conceptualisations of PBS (eg Gore et al, 2013). For restricted patients, leave thus acts as a reinforcer often built into PBS plans, and is contingent upon the absence of risk-related behaviours. There may also be discord between the staff team and the individual when co-producing a PBS plan where the individual wishes to include activities and interests which increase forensic risk (eg visiting amusement arcades when the person has a sexual interest in children) and these need to be managed carefully where there is a genuine risk of harm to others (Barnoux and Langdon, in press(b)). Adjustments and adaptations are thus needed to how we conceptualise PBS in secure settings for those with forensic needs, without compromising its core values and overarching aim to improve quality of life (Gore et al, 2013).

It is against this backdrop that the contributions to this special issue were selected on the basis that they highlight some of the key issues which require careful consideration and are integral in deciding how the research moves forward within the field to inform policy and practice. In his commentary, Taylor provides a thought provoking critical discussion surrounding four key areas pertinent to the implementation and evaluation of PBS in forensic settings: (i) conceptualisation and terminology; (ii) the links between PBS and Applied Behaviour Analysis (ABA); (iii) the utility of PBS for individuals with a history of criminal convictions; and (iv) the current evidence base and the implementation of PBS in forensic services. In their systematic review evaluating the use of, and effectiveness of PBS in forensic settings, Collins, Barnoux, and Baker further illustrate some of the issues raised by Taylor and conclude there is a clear need to develop a high quality evidence base in order to justify the use of PBS with service users with forensic needs. Finally, the current issue includes two practice reports which address some of the methodological limitations of the existing research in terms of the type of data evaluated at baseline and follow-up (ie incident data from hospital records, use of as required medication, restraint and seclusion data, and quality of life outcomes) and using reliable established measures to evaluate change over time (eg ABC charts, validated psychometric scales). Further, both papers describe the development of a PBS plan by a trained multidisciplinary team which included a functional assessment, preventative and reactive strategies, and co-production with the service users. Although both practice papers are inevitably limited in their generalisability due to biased samples and settings, both serve to highlight good practice in PBS applied research in forensic settings, thus contributing to building the foundations for high quality research to emerge in this area.

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