

Workshop – Behaviour management and support: Reducing restrictive practices

Facilitators:

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The **aim** of this workshop was to provide an update on progress of joint DH/DfE guidance on reducing restraint with input from attendees.

The **objectives** were to:

- Make people aware of the context, purpose and process for developing the new guidance
- To give the participants the opportunity to feed into the guidance through discussion on:
 - core values and principles
 - successful behavioural support policies and strategies
 - effective approaches to behavioural support

Background

In the wake of the Winterbourne View scandal the Government committed to the development of guidance on reducing the use of restraint on children and young people. CDC have been commissioned to draft the guidance which covers health, social care and some educational settings and have been developing it with key stakeholders (including experts by experience, professionals and providers). The challenge is to ensure that what is developed is workable and effective across both the range of sectors and the children and young people covered by the guidance.

Workshop

After welcome and introductions there was a brief presentation to give the background and context for the work. A group discussion followed covering the following issues and contributed to the actions listed in the actions table:

- a) *Have we got the core values and key principles right? Do they apply across all the sectors covered?*
- b) What are the key features of successful behavioural support policies/What are the most effective approaches to behavioural support?

Feedback on the new guidelines for children and implications of the guidance included the following points:

- The two terms 'restraint' and 'restrictive interventions' is unclear – someone questioned the difference. They effectively include the same practices, but are terms used by different organisations.
- Positive Behaviour Support should be specified as de-escalation.
- Family carers should be trained in physical interventions too. The wording of the guidance should reflect the wider context, not just the care/education setting; i.e. training for families and all those who support the child.

- Group expressed concerns about the omission of mainstream schools. Parents are likely to be concerned about the risk to their child attending school without the protections of this guidance; maybe reluctant to send their child to mainstream. Complications will arise for children who spend time in both mainstream and SEN schools. EHCP should provide specific plan for each child.
- Mainstream schools and Ofsted have a lot to learn about positive approaches.
- How is medication covered in the guidance?
- Change the phrasing 'sole intention of inflicting pain' - there should be no intention of inflicting pain! Restraint always feels like punishment for a child.
- Families should always be included, so take out 'as appropriate'. It is important to include family if there is any disagreement, as they need to work to a resolution.
- Question whether the guidance is non-statutory - yes but the courts do look at policy guidance.
- Length of time of restraint or seclusion is significant, so more specific guidance may be useful to describe the difference between 5 minute use and hours. Could set a threshold for length of time that restraint/seclusion over this time have greater scrutiny.
- Does guidance on staff training refer to PBS, physical intervention or both? Yes mentions both but refers to positive approaches, not PBS specifically.
- There should also be mention of supervision, support, review and continued development for staff.
- Mention emotional impact on carers, integrate PBS with resilience work with carers and staff.
- Link the guidance to child protection; there are inconsistent responses coming from different local authority safeguarding teams and some lack the knowledge they need to recognise when restrictive interventions become abusive.
- Use the term safely eliminate restraint throughout the guidance – this is stronger than 'reduce' and the addition of 'safely' recognises the need for risk assessment and using the least restrictive option.
- Add guidance on individualised training and coaching for staff. It is a good general principle to encourage training that is specific to the people staff are working with and then ongoing coaching from managers or a behaviour specialist.
- Ongoing training and supervision needs to come from someone within the organisation who has the right skills. Suggestion of networks of supervisors who have demonstrated their competence. Group discussed whether there should be one dedicated staff member to lead on behaviour support and restraint or many staff to share the knowledge and responsibility.
- All staff should be trained in proactive/ positive approaches and some staff, those who need it, should have training in restrictive interventions.
- Will the guidance mention accreditation of training courses? To note: The mental health accreditation will apply to children in mental health settings.
- Leadership within schools is very important, particularly now schools have more autonomy.
- Ofsted should be inspecting on behaviour support. Can this guidance be linked with Ofsted in any way?