

Restrictive Interventions event – House of Lords 10 February 2020

Professor Richard Hastings

In my remarks today, I am going to focus on three points:

- Behaviours that Challenge are more than just the one word “Behaviour”
- Behaviours that Challenge occur for a reason
- Today’s Report as the tip of an iceberg

More than just “Behaviour”

We often hear the single word “behaviour” or “behaviours” used as shorthand to refer to things that children do in school that we would like to see less of.

Actually, behaviour is all that we do. My speaking to you now is behaviour. You listening to me is behaviour. Some of you thinking instead about what ingredients you need to make dinner later, is behaviour.

We do need to make some distinction between a special kind of behaviour that we need to understand (behaviours that challenge), and everything we do (all behaviour). It does not make sense to refer to behaviours that challenge simply as “behaviour”. Actually, it also does not make sense to have a “behaviour tsar” (who will then be responsible for absolutely everything), nor for schools to have a “behaviour policy” since that also would be all encompassing.

We need more than one word to understand what we mean by “behaviours that challenge”. The formal definition used internationally is in three parts: 1. The behaviour (what a child is doing), 2. That the behaviour is severe, frequent or long-lasting, and 3. That what the behaviour leads to (harm to self or others, results in abuse by others, restricts participation in everyday life, leads to exclusion). A behaviour is only “challenging” if it is severe, long lasting or frequent enough to lead to negative outcomes.

Some nice online material about what are Behaviours that Challenge is available from the MindEd website for free to anyone.

<https://www.minded.org.uk/Component/Details/543715>

This care in how we talk about “behaviour” is important because schools should not identify children’s behaviour as problematic simply because they do not like it. In addition, some of what schools might be doing in responding to some of the behaviours children are engaging in, *as identified in the data from today’s Report*, is making some behaviours challenging when they may not need to be.

Behaviours that Challenge occur for a reason

Research and psychological theory over many decades shows that all behaviour occurs for a reason; behaviour is functional (not dysfunctional).

Behaviours that challenge do not, at first, seem to be logical. Why would a child want to hurt themselves or other people, or do things that are likely to lead to them being excluded from everyday life experiences? Our job is to make sense of this by working out why a child might have some behaviours that challenge; what their behaviour leads to; what they are communicating; what needs of theirs are not being met. Only by achieving that understanding of Why, can we be sure to know how better to help them.

Who says this functional not dysfunctional perspective on behaviour is the way we should think about behaviours that challenge? Not just me, but international research evidence, and very importantly NICE (the National Institute for Health and Care Excellence). NICE guidelines say, amongst other things – work out why a behaviour that challenges is occurring, and make sure your supports for the child are built on that understanding. This is also at the core of a Positive Behavioural Support approach.

And this approach, this PBS approach, works. In research data published just last week in the *Journal of Applied Research in Intellectual Disability*, our research team led by Dr Darren Bowring showed that a Positive Behavioural Support specialist service in Jersey is successfully implementing this NICE recommended approach to care and support. Data included outcomes for 39 children and young people with learning disability or autism (as well as adults), and we showed significant increases in their quality of life as well as reductions in behaviours that challenge.

If you have access to JARID, you can download a copy following this link:

<https://onlinelibrary.wiley.com/doi/10.1111/jar.12660>

Otherwise, if you would like a copy email R.Hastings@warwick.ac.uk

Is there a function or reason for challenging behaviour that might make the use of a restrictive intervention the appropriate response? No, there is not. There is no behaviour that might be challenging for which the supportive, the therapeutic, the right, the decent human response is to apply a restrictive intervention. Unfortunately, today's Report shows that all too often restrictive interventions are being used in schools as a response to behaviours that challenge.

Why are we in this situation where restrictive interventions are being used on vulnerable children in a way that goes against scientific evidence, against expert national guidance, and against international human rights?

One answer might be a number of national unhelpful narratives that seem to take a view of the dysfunctional nature of difficult behaviour. There is also a lack of joined up work in the UK. These unhelpful narratives include having a "zero tolerance" approach to what is referred to as "bad" behaviour in schools. Phrases such as a "behaviour crackdown" are also used. A contributing factor relating to the lack of a joined up approach might be that education and schools do not, as far as I understand, have to take notice of NICE guidance that is available covering the support of children with behaviours that challenge. At the same time, there is a lack of local expertise in working with children with behaviours that challenge and a lack of expertise to support schools. Again, NICE have been clear about what is needed in terms of local expertise to work across health, social care, and education.

The Tip of an Iceberg

I want to encourage you all to take very seriously the data gathered in today's Report, and I will explain why by referring briefly to three key sets of findings.

First, even one terrible experience of a child and family is one too many given the damage that restrictive interventions (especially physical restraints) can do to children. However, there are 720 cases summarised in the Report. Given that it is hard for families to come forward to criticise those in authority and those in charge of their children's education, and many families with similar experiences will not have heard about the work of the charities involved, it is very likely that these cases are the tip of a very large iceberg.

Second, the youngest child was reported to have received a restrictive intervention when they were 3 years of age. In 94% of cases restrictive interventions were first experienced before the child was 11 years of age, and for almost 18% this was under the age of 6 years. It seems unlikely that a point of last resort had been reached in children so young that could justify this.

The findings in relation to age also clearly show that something about these vulnerable children is known quite early in their lives. Schools have experienced an element of challenge as a result of the child's behaviour. Therefore, early intervention is not only theoretically important; it is practically possible. I am very pleased to see the importance of early intervention emphasised in the report recommendations. The significance of early intervention has been emphasised by the Challenging Behaviour Foundation, Council for Disabled Children and others for some time (<https://pavingtheway.works/>); and there are also early interventions designed with the particular needs of children with a learning disability or autism in mind, with emerging evidence – such as Nick Gore's *Early Positive Approaches to Support* model.

Third, for 88% of cases the child had been subjected to restraint, and in 61% of cases they had been subjected to seclusion. In over 70% of cases, the reasons given to families for the use of restrictive interventions were unclear. In over 86% of cases, the child had been physically injured as a result of the use of restrictive interventions.

Our research data suggest that probably one in every five or six children and young people with a learning disability will engage in behaviours that challenge at a concerning level of severity or frequency. Therefore, the issues raised today in the Report and in the other presentations are about a large sub-group of some of our most vulnerable children. The Report includes key recommendations, also many in line with the NICE guidance that I mentioned, to invest in community based services, in training, and also in changes to law and accountability. I am also pleased that there is a call for research on this important issue.

As a final comment, the evidence in today's Report clearly shows that we have a problem, and that something has to be done. I would ask you to think also for a moment about what this all means for the futures of these vulnerable children. They and their families face multiple inequalities. Attendance at, and learning at, school are one of the few chances we have as a society potentially

to reduce these inequalities. School then must be experienced as a positive place to be. For these 720 children at least; it is instead a place of fear, pain, and anxiety.