Physical Restraint: A culture shift for organisations?
Leadership Seminar Report and Recommendations

Event held Wednesday 5 September, 2007
Report submitted to Ministers 5 November 2007

Introduction

A seminar was convened by SIRCC and the Care Commission to look at issues in managing physical restraint, following continuing concern from many quarters about policy and practice in this area. It also followed discussions with the Director of Who Cares? Scotland, about the frequency with which children and young people make complaints about the way they have been restrained. There have been government enquiries such as the Kent Report (1997) and public enquiries such as the Edinburgh's Children (1998) report which have made specific recommendations in this area, not all of which have been implemented. These recommendations have encompassed independent evaluation of methods of restraint, the training of staff and accreditation of training, and the robust monitoring of the frequency of restraint.

It needs to be acknowledged that this is an important issue but also one that is highly 'emotive', and in one sense this is rightly so. In England there has been widespread publicity about a 14-year old boy who died while being restrained in a Secure Training Centre, and another who committed suicide following an episode of restraint. Adults who care for children have responsibilities to keep them from harming themselves or others and this may involve physically controlling or restraining them at times. However the task of professional carers and their managers is to create positive, caring cultures where staff have highly developed interpersonal skills and are equipped with a range of strategies and responses to divert and 'de-escalate' children's 'challenging behaviour'. Such skills, resources and strategies can only be developed and deployed in environments with positive, creative and caring cultures, and it is the responsibility of senior managers to make sure that the homes they are responsible for, have such cultures. In such an environment - which does exist in a number of residential services - actual physical restraint is a highly exceptional last resort.

The aim of the seminar was to engage with senior managers and agencies providing care services. The key message was that this issue could not be dealt with simply through sending staff on training courses in specific methods of restraint, but rather the priority has to be the creation of positive cultures of care in which methods of restraint, and more importantly 'de-escalation', are located.

The seminar was attended by 84 delegates representing the Scottish Government, care regulators, local authorities, the non-statutory sector, the academic sector, training providers and individuals with a particular interest in the area. This report was prepared

at the request of SIRCC to provide a summary of events, to identify key issues emerging and to suggest further action that might be taken by the key stakeholders.

Chair's introductory remarks
Donna Bell, Scottish Government,

In setting the scene for the seminar, delegates were reminded by the Chair that consideration would be confined to physical restraint, reviewing experience in the light of the publication 'Holding Safely'. Whilst the audience was weighted to residential child care, it had relevance to all service user groups.

Setting the context and challenges. How far have we come?
David Leadbetter, CALM Training Services Ltd

David Leadbetter started from a historical perspective, pointing out that physical restraint had always been and always would be a feature of services for people with complex needs and challenging behaviour. In child care, the UN Convention on the Rights of the Child should inform all restraint policies, procedures and practice. He spoke about growing concerns over restraint fatalities and restraint abuses. He identified two determinants of good practice; management culture within an agency and staff performance. In his experience problems arose from poor management leadership, the low status of residential staff, recruitment difficulties, poor training, inappropriate placements and reactive approaches to problems. If these were not addressed, no matter how good policies, procedures or training, problems were more likely to arise.

A further difficulty was that the boundary between restraint and abuse was a fine one. He pointed out that perceptions of where the line between the two could be drawn might differ between a service user, staff involved in an incident and those applying outside scrutiny. In conclusion he identified three areas for further consideration: monitoring/audit of the use of restraint by agencies; the need for evidence of effectiveness of different models of physical restraint; and, high quality management/leadership/inspection to ensure a non-abusive culture in services.

Listening to the experiences of service users
Marcia Ramsay, Care Commission; Janice Ringrose, Who Cares? Scotland

Marcia Ramsay, speaking from her experience as an advocate, referred to some experiences of restraint of adult care service users. She felt restraint was more likely to be needed where service users were unable to communicate feelings and frustrations effectively. She pointed out that restraint was not only person to person, describing in addition both mechanical means of containing individuals and misuse of medication. She went on to suggest that each instance of restraint was a product of a complex interaction of factors. She warned about making assumptions on behalf of others or taking situations at face value.

Janis Ringrose introduced two young people who spoke about work undertaken by Who Cares? Scotland that described young people's response to physical restraint. Common themes were staff moving to physical restraint too readily, failure of agencies to take complaints about restraint seriously, anxiety or stress of young people not being recognised, a disproportionate use of physical restraint, injury arising from restraint and

a failure to carry out debriefing discussions with young people and proper post-incident analysis.

Findings from thematic inspections of children's services
Ronnie Hill, Care Commission

Ronnie Hill spoke about the evaluation of thematic inspections in 2006/7 where the use of physical restraint had been examined in 236 children's residential services in Scotland. Overall, inspections found that just under 50% of those services were meeting National care standards and Regulations.. Characteristics of good practice were a framework of effective child protection systems, good care planning, operation of restraint policies and practice in accordance with 'Holding Safely' and good child-centred self evaluation by internal and external service managers.

However, just over 50% of these services needed to improve their practice to ensure good child protection, care planning, de-escalation and appropriate use of physical restraint. It was found in these services, for example, that staff were not well trained in de-escalation, that care planning for young people was not comprehensive and that managers did not use recordings of the use of physical restraint to reflect upon and to review the culture and practice in the service. He pointed out that as there was no mandatory national system for recording the use of physical restraint, it was difficult to build an accurate picture of how often restraint was being used. Inspectors found that services used a range of recognised de-escalation and restraint techniques. Training on these techniques was patchy and sometimes out of date.

Echoing other speakers, he concluded by emphasising that good practice was a product of organisational culture and any failings were both individual and agency-wide responsibilities.

Ronnie Hill advised that the Care Commission would publish the findings of these inspections this autumn.

Parallel Sessions: Child care and adult residential services

The seminar split into two parallel sessions, looking in greater detail at issues relating to physical restraint in adult and children's services. The presenters (Laura Steckley, SIRCC and Dr. Donny Lyons, Mental Welfare Commission) focused on the experience of service users and the lessons that could be learned from it. Their conclusions complemented those of other speakers at the seminar. They highlighted the importance of agency ownership of safe/non-abusive care, good care planning, taking a broader view of incidents leading to restraint, working hard to de-escalate situations, credible staff training and thorough monitoring.

The development of national systems for monitoring and regulating restraint practices
Alan Martin, British Institute for Learning Disabilities (BILD)

Alan Martin outlined the background and work of BILD in the area of working with people with learning disabilities. He described 20 years of experience of physical intervention, resulting in the publication of guidelines in 1996 and the move to accredited training. He

outlined the aims of accreditation, its operation in practice and an appraisal of strengths/weaknesses.

He described the value of accreditation as promoting common values, high standards of practice and a tool for effective monitoring. Accreditation had promoted interest in the area and gave a benchmark that could be used by commissioners and regulators. Although the Department of Health guidance, for England, recommends that agencies only use BILD-accredited training Alan acknowledged issues of its limited scope; that it was a voluntary scheme and that there were problems of funding resulting in reduced capacity to monitor accredited organisations effectively.

Leadership and the creation of positive care cultures
Brodie Paterson, Stirling University

Brodie Paterson suggested that restraint was a product of organisational culture. After defining culture, he looked at how beliefs and values emerge in organisations. He suggested policies represent an ideal and do not account for the imperfections in the environment within which they are applied. He observed that apparently similar services can have different levels of physical restraint, explaining differences as a product of culture. He also pointed out that there could be a gap between ideals and how services were experienced in reality. That led to a discussion of the wider systems that have an impact on individuals' experience in care services and the way in which staff responded to challenging situations. He concluded by arguing that whilst values are important, they need to operate within clear structures overseen by effective management. Restraint should be seen as a system failure and therefore should be a matter for senior management.

Seminar Conclusion
Jennifer Davidson, SIRCC

The seminar was concluded by Jennifer Davidson with a vote of thanks to the contributors. She urged participants to take away and reflect on the content of the day. She informed participants that a seminar report would be produced and posted on the SIRCC website.

Discussion Groups

The **morning** discussion groups reflected on the issues raised by the speakers. The groups were asked to identify key issues. Similar themes emerged from all five discussion groups:-

- *The quality of practice is a reflection of the culture of the agency. Management and leadership shape the practice of staff. It has to be recognised that training is not a panacea and is only one factor in raising the standards of care.*

- *There is insufficient evidence of what is most effective in what situations (referring to both techniques of physical restraint and training of staff). Monitoring and audit of the use of restraint needs to be more consistent and coherent so that policy and practice decisions are taken on the basis of concrete evidence.*

- *Agencies are not always realistic about what they can expect of staff. Gender, age, experience, background, physical capacity and training will have an impact on the confidence and competence of staff in being able to de-escalate situations or cope with physical challenges if de-escalation fails.*

- *Placements into residential services requires more* accurate assessment of the needs of young people and careful matching with what the service can provide *to ensure that the resources available can meet the needs of both the individual and the client group.*

The **afternoon** discussion groups looked at possibilities for action. Again there was consistency across the groups. It should be noted that there appeared to be no significant differences in conclusions as related to different service user groups.

- *Service users have to feel that they are the focus of services. They require to have confidence in the staff that are caring for them in the systems set up by the agency to protect them. Access to credible complaints procedures and advocacy are essential to support service users.*

- *There needs to be a wider debate about what 'restraint' is, under what circumstances it becomes abuse and what is required for greater consistency in practice in Scotland.*

- *There was a widespread view at the seminar that restraint needs to be viewed in the context of a better understanding of the capabilities of the workforce. That requires consideration of what residential workers are trained to do, levels of qualification, experience, age, gender and physical capacity.*

- *A macro view has to be taken of the use of restraint. An over-attention to detail of individual incidents can result in missing the significance of the contribution of wider systems to culture in residential services.*

- *A hypothesis was consistently raised at the seminar, suggesting that greater professionalism in services will result in better management of challenging behaviour. This led to complex discussions about resources, specialist training for residential workers, how the status of residential care can be raised and the profile of the workforce. Whilst undoubtedly professionalism is developing, this presents a challenge to politicians, the governing bodies of agencies, managers, staff, regulators and training providers.*

- *For effective partnerships within children's services, good quality residential care should be viewed as an important part of a range of services.*

Areas for Further Consideration

The conclusions for further action have been clustered for the consideration of different stakeholders in residential care.

Areas for further consideration by the Scottish Government

Whilst entitled to be heartened by progress since the Skinner report, tensions remain in the field in relation to restraint that require Government consideration. Several key issues emerged from the seminar:

Because overuse and misuse of restraint is directly related to organisational culture, the issues of residential care need to remain high on the political agenda and a consistent view taken across Government on its role.

Government should consider how it might bring greater clarity and consistency to issues around restraint. This might be achieved through:

- *Supporting the development of a national monitoring system to ensure services record consistently across the country. Mandatory, accurate and consistent recording on a national basis to bring about a reduction in its use.*

- *Consider how effective staff in-service training might be structured, accredited and monitored, and training in 'de-escalation' to be prioritised.*

- *Accreditation for training providers could be made mandatory. The Government may wish to ask SIRCC and the Mental Welfare Commission for Scotland to explore with BILD how a system for Scotland might be developed.*

- *Continued discussions between government and regulators about how to monitor the national picture in the best possible way*

- *Research into methods and their effectiveness.*

Areas for further consideration by local authorities and service providers

Three key messages emerged from the seminar:-

- *There is a need for better assessment of need and matching with the capacity of the service before placement in residential services to ensure services are equipped to deal with challenging behaviour without excessive use of restraint.*

- *Where funding for residential care comes through local authorities (whether as direct care providers or service commissioners/purchasers), resourcing of support structures (e.g. internal monitoring, staff in-service training, measures to retain and raise the quality of the workforce) should be factored in to direct care costs.*

- *Agency culture is a significant factor in the prevalence of abusive or harmful practices in services; openness, trust, respect and mutual understanding were*

quoted regularly in the feedback from the working groups as pre-requisites to a positive care culture. Use of restraint where a local authority has the responsibility of care for an individual is as much a matter for the Chief Social Work Officer as it is for a basic grade practitioner.

Areas for further consideration in managing and delivering training

Three key messages emerged:-

- *A programme of research into the effectiveness of training models and delivery would be valuable.*

- *There is merit in looking at the introduction of an accreditation system for training in restraint. There are models working and available (e.g. BILD or the programme accreditation system in the criminal justice field).*

- *Training needs to be agency specific, and without management ownership its value will be limited. In many agencies, there needs to be much more work to integrate training effort with the work of external managers of residential services.*

Areas for further consideration by inspectorates and regulators

Three key messages emerged:-

- *Inspectorates and regulators (HMIe & CC) are seen to play a powerful role in determining how seriously service providers will treat specific issues. Standards and regulations require constant monitoring to ensure they are unambiguous and relevant to the field.*

- *Specific training and development of regulator's own staff ensures they have the skills and knowledge to be fully informed and able to challenge current practices.*

- *Discussions between the Government and regulators are necessary to determine how to monitor the national position in the best possible way.*