

ANNEX B: CONSULTATION QUESTIONS

A word version of the consultation response questions is available on Department's website:

Personal details	
Name	Ruth Sedgewick
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Are you responding on behalf of an organisation?	Yes/No (delete as applicable)
Organisation (if applicable)	<p>Royal College of Speech & Language Therapists NI</p> <p>RCSLT NI are calling for recognition within the <i>Regional Policy on the use of Restrictive Practices in Health and Social Care Settings</i> of the links between communication needs and behaviours that challenge that can often lead to the use of restrictive practices.</p> <p>We support the overarching vision and approach outlined in the draft policy and commend the Department for their commitment in developing this hugely important piece of work.</p> <p>30,000 people living in NI report have a long-term speech, language or communication need (SLCN). These can be acquired (brain injury, stroke) or lifelong (autism, learning disability), transient or persistent.</p> <p>There are 42,000 people in NI with a learning disabilityⁱ and 89% of people with learning disabilities need speech and language therapy interventionⁱⁱ. Research indicates that people with disabilities including SLCN are at greater risk of physical restraintⁱⁱⁱ (Webber et al., 2017).</p> <p>People with SLCN may struggle to express their emotions and distress, which can lead to their behaviour being misinterpreted as challenging. This can result in restraint and escalation in hands-on intervention^{iv}.</p> <p>Recognition of SLCN provides opportunities to offer proactive support in order to minimise the use of more active strategies to manage behaviour that challenges (such as restraint). Proactive support may include communication strategies for the individual and/or changes in the communication environment to avoid incidents of behaviours that challenge and effective de-escalation strategies tailored to the communication needs of the individual. Where situations have escalated, SLTs can provide support through reviewing the incident as part of a team to consider triggers and the active management used from a communication perspective. SLTs can also support staff through training/joint working to ensure communication supports such as easy read materials are available to help individuals understand their experiences of restraint.</p>
Questions	
Do you agree with the Regional Policy? – yes / no	
Do you have any comments:	

RCSLT NI agree with the policy as a whole. We are pleased to see communication mentioned in one of the seven standards of the policy, and agree that yes, it must be central to all care and treatment planning. We welcome the person-centred, rights-based approach that the key principles are founded on.

3.5 We agree that this rights- based approach should empower the service user and involve them in decision making. RCSLT NI would welcome acknowledgement of those with speech, language or communication needs (SLCN) and how they require services and processes to be inclusive and accessible to all to enable full participation in all decision making. People with SLCN may need support to make decisions. This is because communication difficulties can affect the way people understand, think and talk about decisions.

In the United Nations Convention on the Rights of Persons with Disabilities (CRPD) accessibility is a key principle enshrined in article 3. Including accessible or inclusive communication within this policy would link well with the stated intention that the next disability strategy for NI would be “be explicitly rights-based and act as the central tool for implementing the CRPD in Northern Ireland”^v **RCSLT NI asks that this policy is amended to include a reference to inclusive communication.**

5.13 Restrictive psychological interventions. RCSLT NI would welcome some clarity around food/ drink modifications and if they fall under this category of a restrictive intervention. Eating, drinking and swallowing difficulties affect people with a learning difficulty, mental ill health, stroke, progressive neurological conditions, cancer and more. SLT intervention to reduce the risks associated with dysphagia (choking and aspiration) often include diet and liquid modifications. Even if a person demonstrates capacity to make a decision regarding their eating, drinking and swallowing and chooses the modifications, would these recommendations fall under the category of a restrictive practice?

5.36 Management of acute behavioural disturbance.

An individual’s ability to process social information is reduced as physiological arousal levels increase^{vi}. Therefore, during episodes of acute behavioural disturbance, communication skills are likely decreased. NICE (2015) state that de-escalation techniques consist of a variety of psychosocial techniques that aim to reduce violent and/or disruptive behaviour. De-escalation techniques aim to reduce risk through the use of verbal and non-verbal communication skills^{vii}. We welcome the policy advocating these before resorting to chemical restraint. Therefore, particularly in situations where the person has identified SLCN, for de-escalation techniques to be effective and potentially reduce the need for chemical restraint, SLT involvement in planning interventions and supporting staff is essential. **RCSLT NI request acknowledgement of the need for inclusive communication strategies and the role of SLT here as pivotal alongside other AHPs and psychologists.**

5.47 Advanced statements.

RCSLT NI agree with the inclusion of advanced statements as a means of providing clarity around personal preferences that can enhance person centred interventions. However, it should be acknowledged that service users with SLCN will likely need support to complete this. Upholding the FREDAs principles, communication support for example, the use of communication aids including social stories, are essential to ensuring equality and fairness. **RCSLT NI would welcome an additional comment acknowledging the impact of SLCN on advanced statements and the role of SLT in supporting these.**

6.4 Step one – Consider and Plan. RCSLT NI welcome the mention of a multidisciplinary team as essential to the preliminary discussion around interventions. However, communication is fundamental to all aspects of behaviour management and restrictive practices and therefore SLCN should be the first thing addressed by the MDT with SLT at the centre. **RCSLT NI would ask that the policy refers to the importance of SLT within planning discussions, particularly for those service users with SLCN.**

Case study – South Eastern Health & Social Care Trust, SLT within Adult Learning Disability, positive behaviour support team. *This example highlights the benefit of having SLT central to the MDT and involved in planning and supporting interventions which are known to trigger behaviours.*

A young gentleman with a history of behaviours that challenge was required to attend for MRI. He had a known fear of x rays. SLT created a social story outlining exactly what would happen in the lead up to the procedure, during the MRI and afterwards. SLT supported staff, including those in radiology to understand and support this patient's needs throughout all steps of the procedure. The social story and SLT input were instrumental in enabling the patient to go through the MRI procedure without the need for any restraint or restrictive practices being used.

6.4 Step two – Implement the safeguards. Additionally, mental capacity is important to acknowledge here. Mental capacity Act (2016)^{viii} requires capacity assessors to provide whatever practicable support people may need, in order to maximise a person's decision-making abilities. Speech and Language Therapists (SLTs) are one of the seven professions able to complete or facilitate a capacity assessment and can offer great insight into communication needs. Should a service user lack the capacity to make a decision regarding potential restrictive practice options, the best interests of the person will need considered. Thereby, taking into account all previous views as well as social, emotional and environmental factors that may be relevant. **RCSLT NI would request an amendment which affirms SLT as a key professional when considering mental capacity and support for decision making.**

6.9 FREDA principles. RCSLT NI appreciates the inclusion of the FREDA principles. The ability to understand and express your decision effectively is central to all principles, specifically fairness, equality and autonomy. People with SLCN may need support to make decisions. This is because communication difficulties can affect the way people understand, think and talk about decisions. **RCSLT NI recommends acknowledging the need for inclusive communication and the support and training SLT can offer staff and service users.**

7 Positive and proactive strategies. RCSLT NI welcomes the inclusion of strategies on prevention. 'Effective communication skills' included as one of the key preventative factors acknowledges the pivotal role that communication skills have in understanding and responding to behaviours. The diagram is comprehensive and positively includes 'unmet need'. Best practice in dementia care educates staff and carers to view all behaviour as a form of unmet need^{ix}. Analysing behaviours to identify the antecedents and possible

triggers helps offer up potential reasons for the behaviour that can then be addressed. For example, recognising that a person is hitting out due to pain, although they do not have the communication skills to voice this.

“Safe interventions cannot occur without effective communication of need. Limitations in the ability of teams to communicate with people can foster behaviours that challenge, violence and restrictive practice. People with developmental, learning, cognitive or organic problems, or combinations of these, are more likely to require specialist communication skills.”^x

Recognition of SLCN provides opportunities to offer proactive support in order to minimise the use of more active strategies to manage behaviour that challenges (such as restraint). This can include communication strategies for the individual and/or changes in the communication environment to avoid incidents of behaviours that challenge and effective de-escalation strategies tailored to the communication needs of the individual. SLTs are best placed to provide this support and intervention alongside other members of the MDT.

7.6 Point vii – use of communication aids to support identification and understanding of the person’s needs. SLTs are specialised in providing assessment, advice and support to service users and staff regarding promoting effective communication whether this is verbal or via nonverbal, alternative methods, for example use of a communication aid.

RCSLT NI would like to highlight an excerpt from the document, Towards Safer Services, by the Restraint Reduction Network in 2019. This work sets out the significant part that SLT and communication skills have in addressing behaviour and restrictive practices.

“Primary and secondary intervention plans in these areas reflect the importance of individualised communication strategies. This may include communication passports and should allow as a minimum a new staff member to communicate effectively with all people who are receiving a service. Specific needs in relation to learning disability, for example, communication needs, physical health risks, are informed where appropriate by speech and language therapist assessments, or communication aids such as visual tools.”

RCSLT NI would welcome similar acknowledgement within this section of the policy.

7.8 Point iii – offering opportunity to discuss thoughts/ feelings. The ability to access talking therapies will be impacted by SLCN. Support and guidance from an SLT can promote and support effective communication between the service user and staff member, allowing fair and equal access to all therapies that are be available to those without SLCN.

Standard 5 – Key theme = consistency in communication

RCSLT NI recognise the intention to ensure a standard of communication across all services, however we would propose a change of wording or an addition that incorporates the fluctuating nature of communication. Many factors including time of day, mood, medications, and fluctuating cognitive status (for example in dementia) can all impact on a person’s ability to communicate. Therefore, flexibility is required to ensure a truly person-centred approach to effective and inclusive communication where staff can adapt to meet the needs of the service user.

Case Study - Northern Health & Social Care Trust. SLT within adult learning disability forensic team. *This example demonstrates the fluctuating nature of communication needs, cognition and capacity.*

A service user that had quite a lot of restrictive practices in place for safety reasons included; continuous 1:1 supervision, removal of items from her room and at times the use of physical restraint. She has a background of learning disability, personality disorder, significant trauma due to sexual abuse and self-harming. SLT and the MH practitioner carried out a capacity assessment over 4 sessions and found that this lady did indeed have capacity to agree or not to the restrictions when feeling well. Therefore, she consented to restrictions when feeling well/emotionally stable and agreed they were needed for her safety, so it formed part of her care plan. She acknowledged and accepted that she wouldn't be able to consent to the restrictions when unwell but that they were necessary to continue to keep her safe.

RCSLT NI welcome the reference to RCSLT's 5 communication standards^{xi} within standard 5. **We would however advise these standards are embedded in full within the document to achieve maximum impact.**

9.7 – 9.9 Communication, training and behaviours. RCSLT NI welcomes this fundamental recognition of communication as central to person centred care. We agree that it is indeed a violation of one's human rights to fail to modify your own communication and **would recommend this is taken further by adding the requirement of 'environmental modifications' to further facilitate effective communication.** As stated above, RCSLT NI agree that behaviours and communication are intrinsically linked and support the recommendation for staff training in effective communication skills and preventing or indeed de-escalation techniques to reduce the risk of restrictive practices. SLTs are the recognised experts in communication and we would recommend that they are identified as the key professional to support multidisciplinary planning and facilitation of such training to ensure a high quality, evidenced based programme.

11.13 All staff are responsible for. As the policy has recognised and weaved the theme of communication throughout, **RCSLT NI would request the inclusion of communication training/ knowledge as a minimal requirement for all staff.**

The following case study illustrates in greater detail the important and effective work that SLTs do with social care staff.

[RCSL NI – seclusion and restraint case study \(rcslt.org\)](https://www.rcslt.org)

xii

Do you agree with the screenings and Equality Impact Assessment? – yes /no

Do you have any comments:

No comments

ⁱ [Mencap Northern Ireland | Mencap Northern Ireland](#)

ⁱⁱ Bradshaw J., 2007. Chapter 6: Between You and Me. Learning Disabilities Today. Carnaby S (Ed). Pavilion: Brighton

ⁱⁱⁱ Webber, L., Major, K., Condello, C., & Hancox, K., 2017. Providing positive behaviour support to improve a client's quality of life. Learning Disability Practice, 20(4), 36–41.

^{iv} Spencer, S. & Johnson, P., 2016. De-escalation techniques for managing aggression. Cochrane Database of Systematic Reviews, Issue 1, Art. No CD012034

^v Department for communities expert advisory panel for a new disability strategy March 2021.

^{vi} Huesmann L, R., 1998. The Role of Social Processing and Cognitive Schema in the Acquisition and Maintenance of Habitual Aggressive Behaviour. In Green R G and Donnerstein E (Eds) Human Aggression: Theories, research, and implications for policy. P73-109. New York : Academic Press

^{vii} Craig., 1996. The Prevention and Management of Aggression: A Good Practice Statement, Clinical Resource and Audit Group, Working Group on Mental Illness. The Scottish Office

^{viii} [Mental Capacity Act \(Northern Ireland\) 2016 \(legislation.gov.uk\)](#)

^{ix} Keady, J. & Jones, L., 2010. Investigating the causes of behaviours that challenge in people with dementia, Nursing Older People, 2010 - journals.rcni.com

^x [Towards Safer Services final report.pdf \(restraintreductionnetwork.org\)](#)

^{xi} 1Royal College of Speech and Language Therapists (November 2013), Five good communication standards Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings, Microsoft Word - RCSLT Good standards v 8 Nov 13 [Microsoft Word - RCSLT Good standards v 8 Nov 13](#)