ELHAP Restraint Policy

Organisational Values & Beliefs

Our organisation, in providing employees with NAPPI training embraces, the principles and philosophies of Non-Abusive Psychological and Physical Intervention (NAPPI). As such, we have adopted this policy document to support our focus on minimising restraint, avoiding it wherever possible, and supporting our service users primarily through proactive interventions.

Our organisation views restrictive physical interventions and other forms of restraint as options to be used only when it is in the best interests of the service user, and when all other routes have been attempted, and failed to remove risks.

Our values reflect our belief that the most effective way to manage challenging behaviour is to prevent it from happening in the first place; therefore our approach to supporting behaviour will be based on the principles of:

- Developing an understanding of what is important to the person, what their interests and skills are, and building opportunities for them to experience these in their daily lives
- Establishing what the person is trying to achieve and/or communicate through their behaviour
- Supporting the development and maintenance of communication and independent living skills, and more positive constructive behaviour
- Recognising, rewarding and reinforcing progress and achievements.

Definitions

<u>Challenging Behaviour</u>

Perhaps the most widely used definition of severe challenging behaviour is that of Eric Emerson.

> *"Behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously*

> *limit or delay access to, and use of, ordinary community facilities."*
> Emerson et al (1987)

The term "challenging behaviour" or "behaviour that challenges" is an umbrella term which covers a diverse range of behaviours which employees may find difficult to manage and which may threaten the person's quality of life, or pose a risk to their safety or the safety of others, and which is likely to lead to responses that are restrictive, or result in exclusion.

Behaviour which presents a challenge may:

- put a person's (or other's) safety at risk
- disrupt home life
- stop a person taking part in ordinary community activities (including leisure, social, work and education)
- affect a person's development or ability to learn.

Restrictive Physical Intervention

A number of terms are used to describe action taken in response to behaviour which challenge, where there is a risk of serious harm to the person being supported, or to others, e.g. "restraint", "physical intervention", "care and control", "crisis intervention".

One of the most widely used definitions for Restrictive Physical Intervention is:

> *"direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual."*
>
> Welsh Assembly Government, (2005)

The legislative framework, national policy and guidance

This policy has taken into account the requirements and guiding principles of the following legislation and guidance:

England

- Mental Capacity Act 2005
- Mental Health Act 1983 (amended 2009)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998
- Equality Act 2010
- Children Act 1989
- Health & Safety at Work Act 1974 & Management of Health & Safety at Work Regs 1999
- Mental Health Act 1983: Code of Practice 2008
- Mental Capacity Act 2005: Code of Practice 2007
- Deprivation of Liberty Safeguards: Code of Practice 2009

Wales

- Domiciliary Care Agencies (Wales) Regulations 2004
- Framework for Restrictive Physical Intervention: Policy and Practice (Welsh Assembly Government) 2005

Scotland

- Mental Health (Care and Treatment) Act 2003 & Code of Practice 2005
- Adults with Incapacity Act 2000
- The Regulation of Care Act 2001
- The Adult Support and Protection Act 2007
- Protecting of Vulnerable Groups Act 2007
- Rights, Risks and Limits to Freedom (SMWC) 2006
- Guidance on the Regulation and the Use of Restraint:2010 (SCSWIS)

UK wide

- Guidance on Restrictive Physical Interventions for People with Learning Disabilities and Autistic Spectrum Disorder in Health, Education, and Social Care Settings: DfES/DoH: 2002
- BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training (2014)
- Positive and Proactive Care: reducing the need for restrictive interventions" (DH 2014)
- A Positive and Proactive Workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in health and social care. (Skills for Care & Skills for Health 2014)

The relevant legislation and guidance is comprehensively addressed in training.

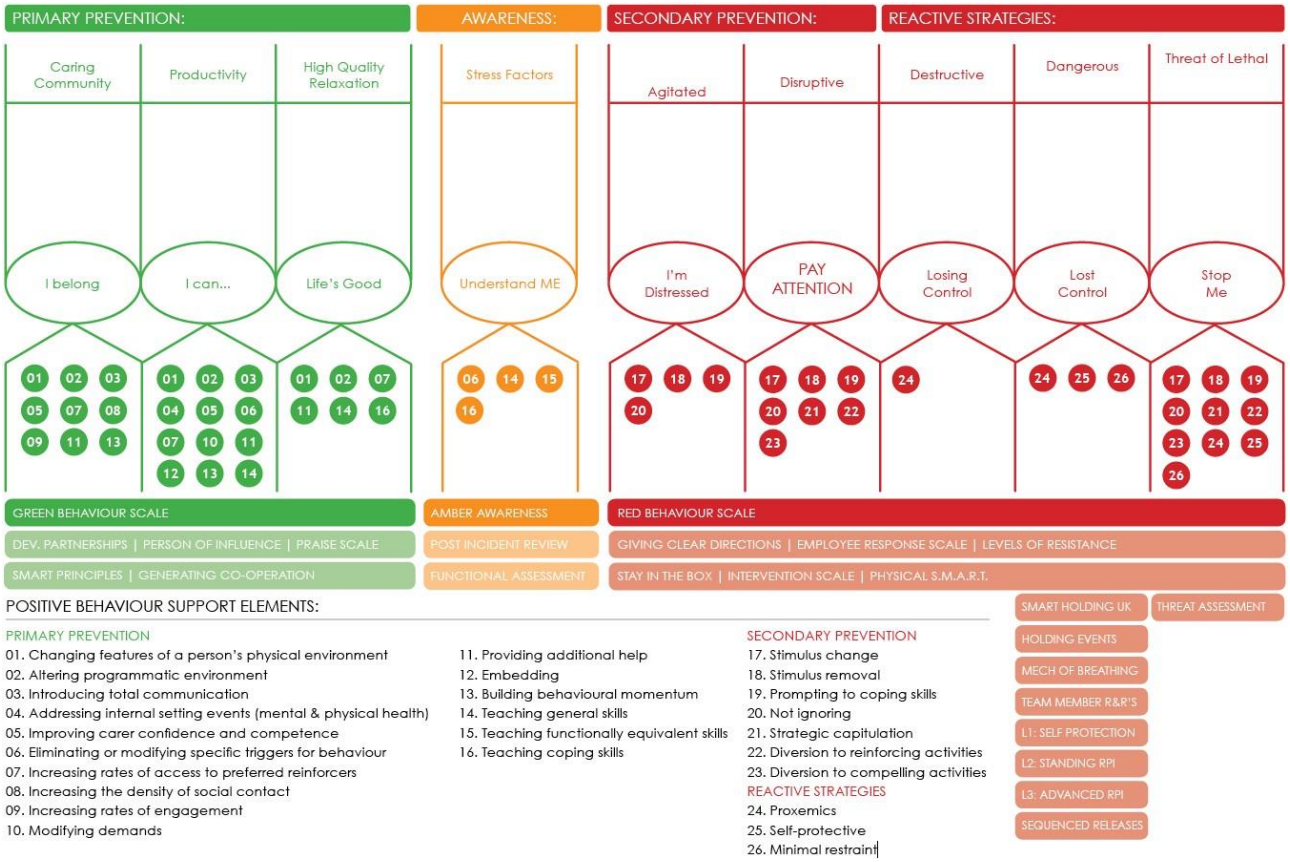
Positive Behaviour Support

Positive behaviour support (PBS) is a modern approach to working with individuals who present behaviour that challenges. The approach has had considerable success in many fields of health and social care, and contrasts with many previous approaches to the management of such behaviour. The approach is evidence based, and driven by both comprehensive data and organisational beliefs and values.

PBS strategies are supported by the principles of applied behaviour analysis, and lead to the identification of the function or purpose of behaviour as well as the development of alternative methods of communicating. Ultimately such strategies aim to reduce challenging behaviour and increase quality of life.

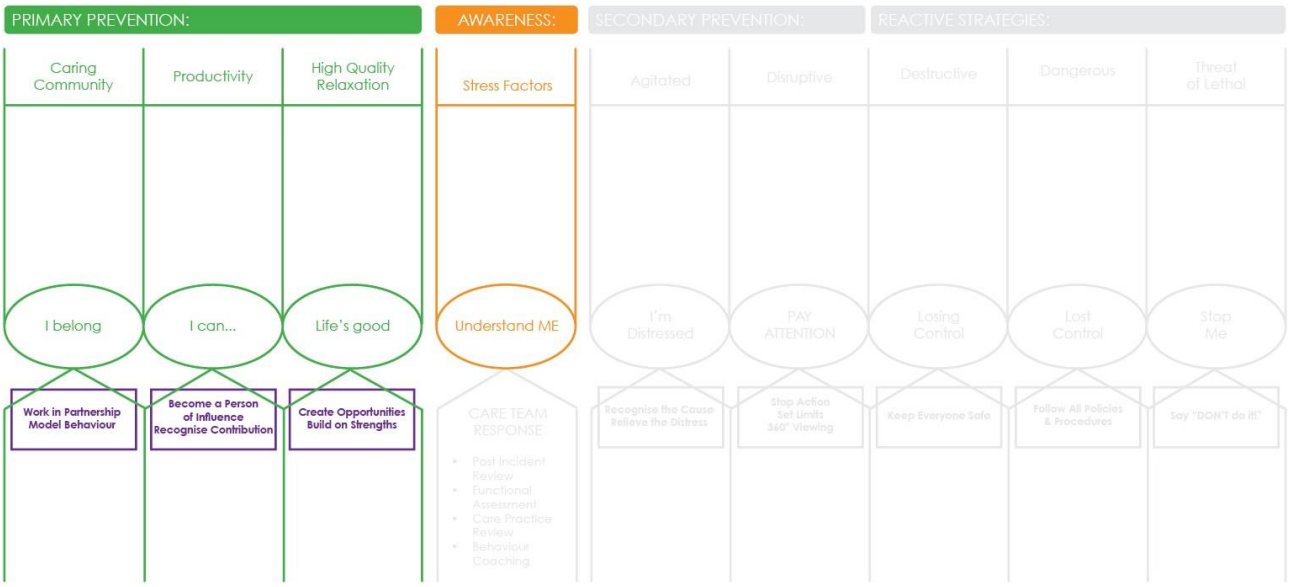
Training for Positive Behaviour Support

There are 26 principles of positive behaviour support that have been identified, grouped into 'primary prevention', 'secondary prevention' and 'reactive strategies'. The level of complexity with which these are often presented might be considered to be a barrier to the more effective use of PBS. However the following graphic depicts the outcome of an exercise, undertaken in 2009 to explain how and where the modules from NAPPI training sit within the overall PBS framework.



The green behaviour scale is populated by activity that represents quality of life. An understanding of the impact of such quality (and the absence thereof) is essential to fully understand the individual and any associated escalation of behaviour.

The Green Behaviour Scale

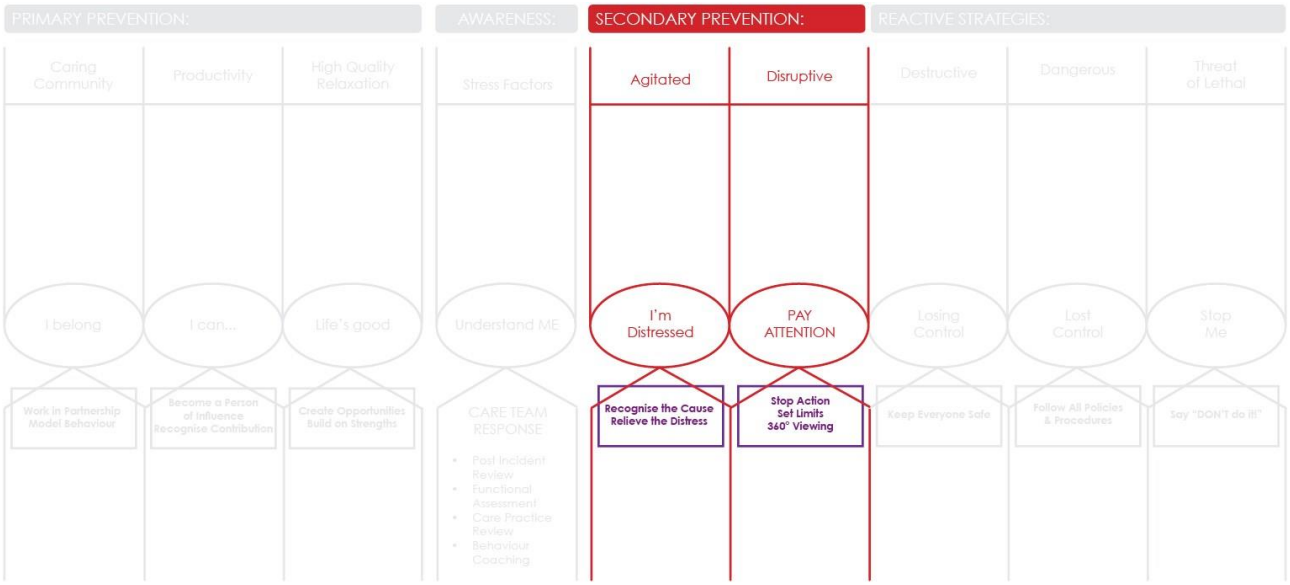


To varying degrees the need to belong, to contribute and make a difference, and to feel that life is good, is common to us all. The scale highlights the communication that is associated with being in each column, although the absence of quality often means that the opposite statement is true for those with significant stress factors and facing greater challenges.

Employees can support an individual to build upon this quality of life with an understanding of appropriate, supportive responses. Those who know how and when to create opportunities, to influence and recognise the contribution made by each individual, who work in partnership and are an effective role model of positive behaviour, will have considerably greater success. When the need for restrictive practice decreases, quality of life increases.

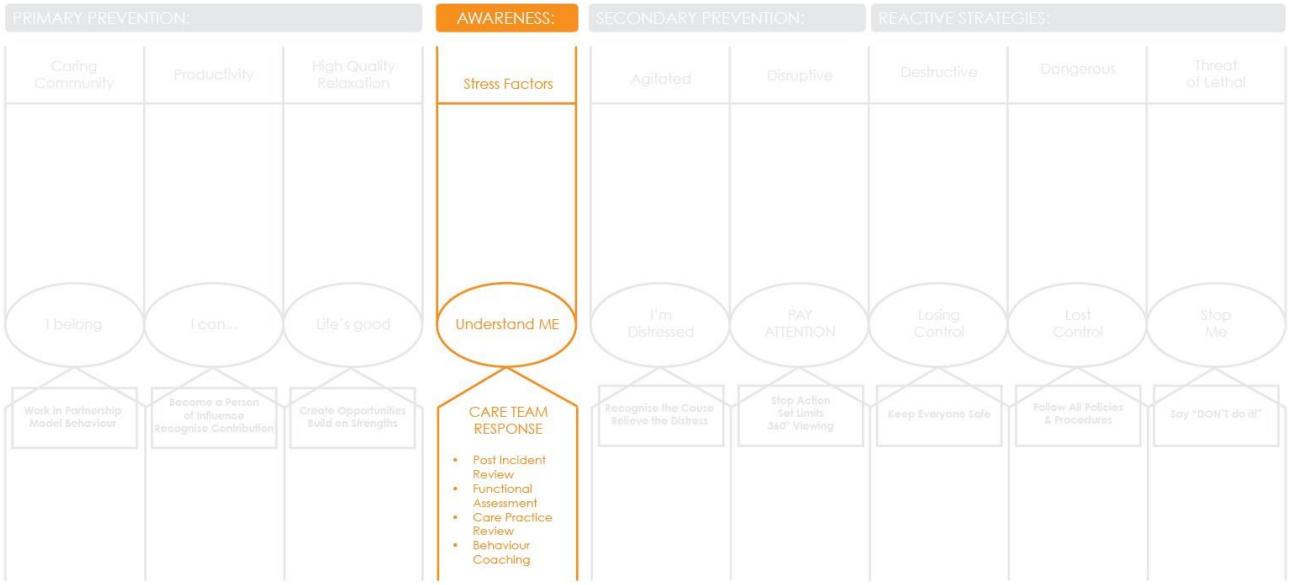
Secondary prevention strategies most closely relate to the levels of the Lalemand red behaviour scale. The red behaviour scale is an assessment tool to assess the level of challenging behaviour and can be populated with a wide range of behaviour, from slight changes to facial expression perhaps, to extremely assaultive presentations.

The Red Behaviour Scale



A NAPPI trained employee understands what is communicated by the presenting behaviour and is able to select from a range of appropriate response options. The scale describes a common language of behaviour, the use of which ensures appropriate and consistent understanding and support that leads to more effective de-escalation. Behaviour is understood as a form of communication, with each level being associated with a differing degree of self-control.

The appropriate selection and effective use of bespoke responses to behaviour will support the individual's return to the safety and psychological comfort of their green behaviour scale. Dependent upon the level of escalation, employees must respond by following identified policies and procedures, ensuring the safety of all individuals. De-escalation is not fully achieved until the individual’s distress has been recognised and relieved.



Planning for Positive Behaviour Support

This training framework is supported by our procedure by which we will:

- Work in partnership with the person being supported, the people important to them; family, friends, advocates; and other professionals we will undertake a functional behaviour assessment
- Establish the need for behaviour support, based on the results of the functional assessment and analysis
- Provide a baseline on the frequency and intensity of behaviour which presents a challenge
- Support the development of positive, person-centred behaviour support plans, which will focus on improving the individual's overall quality of life

Behaviour Support Plans will be based on the findings of the behavioural assessment, and risk assessments, and will:

- Include primary and secondary prevention strategies aimed at preventing challenging behaviour occurring
- Provide concise details of preferred communication methods
- Describe the likes and dislikes of the individual
- Identify stress factors or the triggers that may lead to challenging behaviour
- Give clear guidelines for employees so that they can recognise the early signs of agitation and distress, and identify or manage the triggers, thereby preventing behaviour from further escalation
- Address environmental contributory factors
- Support the development of skills, especially communication, daily living skills, coping and tolerance skills and resilience
- Increase opportunities for meaningful activities and social inclusion.

Risk assessment and decision-making

It is recognised that in the short, medium and long term some behaviour will significantly increase the risk of harm being caused to the person being supported and to others, and/or cause significant detriment to the person's quality of life (e.g. through loss of rights, choices, independence and opportunities for inclusion).

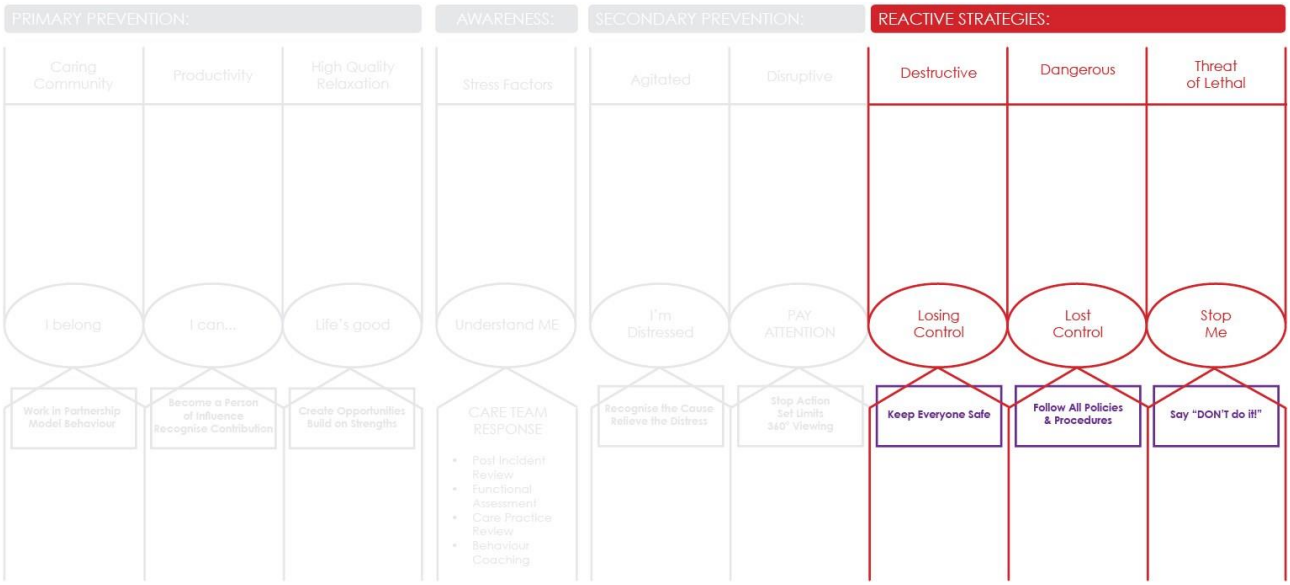
Risk assessment and risk management plans must be a key part of all strategies developed for supporting people whose behaviour presents a challenge. Risk assessment and management must consider physiological, psychological and psychosocial risks.

Our employees have a duty to recognise and support the choices that people make, promoting their independence and developing their skills and confidence to make decisions for themselves.

The principles of the Mental Capacity Act 2005 (England & Wales) and the Adults with Incapacity (Scotland) Act 2000 will be adhered to, with regard to all decisions and interventions made on behalf of a person who may lack capacity (employees must refer to the Company policy on Mental Capacity and Decision Making for further guidance).

Individuals will be assumed to have the capacity to make decisions unless assessed as otherwise. Individuals have the right to make what maybe deemed as unwise decisions. Taking into account our 'Duty of Care' to the individuals we support, where such decisions are taken and when we are aware of patterns of poor judgment in decision-making, we will work positively to manage the immediate risks. We will provide the individual with further, accessible information to support them in understanding the associated risks, and to aid future decision-making.

Reactive situational management of behaviour



As the above graphic shows, strategies that are required to be more reactive as behaviour escalates are explained by the higher levels on the Lalemand Red scale and a number of supporting modules and physical SMART skills.

Training for the use of restrictive physical interventions

NAPPI physical intervention techniques pass through the N-10 criteria, our filter for the approval of all physical techniques. Our tenth consideration (the effectiveness of a technique) is often the only consideration made by a training provider. The graphic below sets out the high level principles of the N-10 criteria, which structure a far safer and wholly non-abusive response to a situation that could not be prevented. The detail of the principles is set out in the training.

N-10 ESSENTIAL CRITERIA FOR NAPPI PHYSICAL SKILLS

1. Have minimum impact on the service user
2. Have minimum impact on the environment
3. Does the technique start at the point of a person's natural reaction? 4. Is easy to learn. Techniques should have as few steps as possible
5. Is likely to be recalled during a high-stress event.
6. Is disaster-proof. If it all goes badly, will major injury still be avoided?
7. Requires minimal athletic skill and is do-able by a wide range of employees 8. Is applicable over the broadest range of scenarios
9. Is necessary
10. Is effective

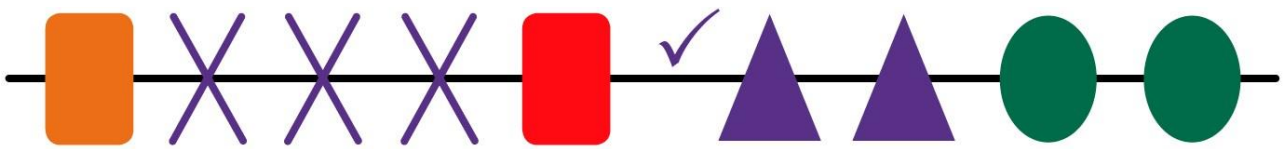
NAPPI physical intervention techniques are also designed to gain a kinesiological advantage. As opposed to relying upon strength or athletic ability, this advantage is obtained by the intelligent use of one body in relation to another body.

Some of the techniques still trained today can cause impact upon a person's mechanics of respiration. Others involve an element of pain compliance, and many are contrary to the guidance within the BILD Code of Practice for the reduction of restrictive physical intervention (2010). The NAPPI physical intervention techniques are part of the overall curriculum accredited under the BILD Physical Intervention Accredited Scheme. All design and application of the techniques have been independently risk assessed to minimise impact on both the individual and their environment. In certain situations NAPPI uk Limited approve acceptable adjustments to the techniques that have been trained. Bespoke risk assessments are provided to support such variations.

NAPPI training passionately advocates a depth of planning for the sequenced release of an individual who has been restrained using a restrictive physical intervention technique. As much thought and consideration needs applying to the method of release of an individual as is often given to the initial capturing of the individual.

The under-planned or rushed release of an individual from such a confined space has been identified as a factor within further escalation of challenging behaviour.

The holding events timeline (below) is a visual depiction used within training to structure the overall management of restrictive practices.



Planning for use of restrictive physical interventions

Any planned restrictive physical intervention will be planned in accordance with and reference to the holding events timeline. The following offers the structure for developing and reviewing a holding events timeline:

	**Restraint Decision**	At this early stage, decisions regarding the potential need for restraint should be made. Agreement should be reached by at least two staff members, including ideally a senior staff member. Discussions at this stage may include the likely success of specific avoidance techniques as well as the dynamics of the team in place.
	**Restraint Avoidance Techniques**	A minimum of three restraint avoidance techniques should be attempted. Knowledge of the green behaviour scale content bespoke to an individual may increase likelihood of success, as might the presence of significant supporters and preferred environmental conditions.
	**Team in Place**	Training passionately advocates that the team in place must be a show of support and not a show of force. Prior discussion as to the role of each team member ensures optimum efficiency and the most appropriate skill mix. Communication should be clear and focused with supportive dialogue maintained directly with the individual.
	**Restrictive Physical Interventions Protocol**	A range of factors combines to determine the appropriate restrictive physical intervention technique in a given situation. Where restrictive physical intervention has been used previously and has been subject to a post incident review, the appropriate technique is more easily identified. Other factors include the specific behaviour presented, and the anticipated level of resistance to staff intervention. Only approved techniques should be used to capture an individual, in-line with the risk assessment and the individual's plan of care requirements.
	**Monitor and release as soon as possible**	Immediately upon capturing an individual the team in place must look for signs of co-operation, required to commence an immediate sequenced release. Monitoring of airways, breathing, and circulation is undertaken in-line with training, by the most appropriate members of the team. Immediate sequenced releases that developed bespoke to the needs and interests of each individual will be most successful.
	**Post Incident Review**	Following the release of an individual and a check upon the fitness of staff involved in the procedure, a full post-incident review should be undertaken inline with this policy and procedure. This process must lead to learning and enable the development of more effective strategies moving forward.

The use of restrictive physical intervention will only be justifiable as a last resort, must always be in the best interests of the person, must always consider the least restrictive alternative intervention, be employed for the minimum duration necessary and used only under the following conditions:

- A robust proactive plan is in place as a preventative measure and has been properly followed
- Restrictive physical intervention plans must be structured to give clear guidance to employees as to what physical interventions can be used and when.
- There are no contra indications for the use of restrictive physical intervention as assessed by a medical professional
- Restrictive physical intervention plans must ensure minimal, non abusive intervention, and that the person is treated with dignity, care and respect at all times
- Any restrictive physical intervention, whether planned or unplanned must justifiably satisfy the criteria of reasonable, appropriate and necessary use of force

- All restrictive physical intervention plans must be o Agreed with the person being supported (where possible)
    - Agreed with others who are involved with/important to the person, with best interests decisions made where required
    - Regularly reviewed.

There is an expectation that the need for reactive strategies (especially those requiring restrictive physical interventions) will reduce over time with the implementation of effective proactive, positive behaviour support plans.

Post incident management and record keeping

The emotional needs of the person being supported, other people who use our services, and their support staff will be addressed after any incidents.

There will also be structured opportunities for debrief and to discuss the incident in full. This will support on going risk management and provide the opportunity to review the interventions that are in place for effectiveness, reliability, and always maintaining the best interests of the individual.

Accurate and comprehensive records will be kept for any incidents of behaviours which challenge and for all occasions when Restrictive Physical Interventions are used.

The specific method for recording an individual's incidents of behaviour will be detailed within their behaviour support plan.

Written records and reports must be monitored and evaluated for ongoing review and adaptation of the behaviour-support plan. This will periodically feed into functional assessment and intervention planning, and will be shared by all employees working with the individual.

Additional support

The understanding of ELHAP policies and procedures forms part of the induction completed by each new employee. Queries and issues relating to this policy should be referred to the appropriate line manager for clarification and direction.

This policy should be read in conjunction with reference to other organisational policies and procedures. Your line manager will inform you of these associated documents.

This policy is readily available to the people we support and their representatives, in alternative formats. The people we support, and their families and advocates, will be made aware of how to make a complaint if they are unhappy with any aspect of our service (including how we support people with behaviour which presents a challenge).

Special thanks to NAPPI UK for developing this policy and allowing use by ELHAP.