



**London Borough of Barking and Dagenham**  
**Positive and Proactive Care Policy**  
**(Removing the need for restrictive interventions)**

**1. Introduction**

The London Borough of Barking and Dagenham through adult social care services supports people who from time to time may display behaviours that challenge. These services include in people's homes, community settings, and residential settings or in day services. This policy aims to ensure safe practice within the area of behaviour that may challenge people with autistic spectrum disorders and learning disabilities without compromising the rights, dignity and the respect of the individual people we support.

**2. Aim**

This policy aims to invite everyone in services to provide better person centred plans and communicate and deliver services in a more effective way and enable people to remain living in Barking and Dagenham or return to live in Barking and Dagenham where possible. The use of positive approaches to supporting people with behaviour that challenges ensures that a holistic approach to an individual is supported rather than focussing on the behaviour.

This policy is intended to provide a safe working environment for staff members and to optimise the quality of care and support offered to the people supported by our staff within adult social care.

**3. Purpose**

3.1 The purpose of the policy is to provide a foundation for services to support people with behaviour that may challenge using positive strategies but where necessary on a small number of occasions due to the risk of harm restrictive physical intervention strategies need to be implemented. Where this is necessary staff must be using best practice to provide a safe environment for

people supported and staff. The London Borough of Barking and Dagenham have chosen the BILD Accredited Management of Actual or Potential Aggression (MAPA) model to train staff in ways of supporting people who present with behaviours that challenge services and the staff working in them. To this end only MAPA physical intervention skills will be used within services and only those staff that have received MAPA training are permitted to use them.

3.2 There may be times when restrictive physical interventions are used without assessment these must be in an emergency situation using the least restrictive technique and as a last resort: where the person supported or others are at serious risk of injury. In these cases incidents must be reported through adult safeguarding procedures.

3.3 Services in the London Borough of Barking and Dagenham start from the principle that behaviour has meaning. Behaviour that challenges occurs for a reason and meets a need for the person being supported.

3.4 The main reason can include traumatic past experience, poor quality of life and lack of stimulation, previous experiences of getting needs met following incidents of behaviour that challenges and difficulty communicating verbally or unidentified health needs.

Through a careful person centred behavioural assessment it is normally possible to identify the reason that challenging behaviours are occurring. This will lead to changes in the way the person is supported that will reduce their need to use behaviours that challenge.

3.5 People who use services require support to enhance their quality of life in relation to relationships, community participation and daily living skills and require significant density of preference for activities on a daily basis.

Any interventions used must be non-judgemental and non-punitive. In response to the Human Rights Act 1998 all restrictive physical interventions methods used will not involve 'inhumane or degrading treatment.

Any intervention will be in accordance with current legislation including the Mental Capacity ACT 2005 and associated Deprivation of Liberty Safeguards.

3.6 The use of breakaway and/or restricted physical intervention is a last resort when all other guidelines/procedures have been followed. This will never be used as a form of punishment, to inflict pain, discomfort or control of a person supported. Use of breakaway or restrictive physical intervention is a last resort when all other guidelines/procedures have been followed.

3.7 All forms of restrictive interventions within individuals care and support plan/guidelines must be regularly reviewed and evaluated. Where possible the care and support plan should be considered in terms of a reduction in the use of restraint or where this is not possible a reduction in the scale of the restrictive nature of the intervention for example a less restrictive intervention or for a shorter period of time. The guidelines must have clear proactive and reactive strategies and all strategies must not be used to punish or withhold services. Support plans are in place to lessen the need for interventions. Any prescribed breakaway or restrictive physical intervention techniques must be assessed, planned, evaluated and implemented in the best interests of the person supported.

3.8 It needs to be recognised that specific intervention may have to be agreed and implemented to ensure the health and safety of the person or others, which the individual may not agree with. This must be documented in the care and support plan.

**Should physical restraint ever be used then there is a need to ensure that a standard Deprivation of Liberty safeguard is put in place.**

Staff must ensure people supported have a good quality of life incorporating a range of home and community based activities as identified in their support plans and there should be significant density of preferred activities. Staff must ensure that individuals have Health Action Plans.

3.8 Any concerns that individual staff may have about the support their team is providing or being asked to provide must be highlighted to their manager immediately.

#### **4. Policy implementation**

4.1 Currently all training related to the implementation of the policy is provided by the Transitions Co-ordinator and the following training is provided:

1. Recognise different patterns of behaviour
2. Non verbal behaviours
3. Para-verbal communication
4. Verbal Intervention
5. Precipitating factors
6. Staff fear and anxiety
7. Decision making
8. Physical Intervention

- 9. Understanding risks of physical restraint
- 10. Post Crisis

4.2 All staff may access MAPA training but only those staff supporting individuals that have MAPA physical interventions included in their care and support plans will be trained to use the physical intervention skills included in the MAPA training programme.

4.3 All training sessions which teach breakaway or restrictive physical intervention techniques must be provided within the framework of the BILD Code of Conduct for trainers. All trainers are licensed practitioners of these methods

## **5. Medication**

5.1 Where individuals are prescribed PRN medication as part of their agreed care and support plan i.e. it must be accompanied by separate guidance on the administration of PRN including max number of doses over agreed time period, when the medication regime will be reviewed, circumstances that the medication can be administered, cross references to individual service medication policies and actions to be taken if significant amounts of PRN are used over a small number of days.

5.2 Any use of covert medications used in the management of challenging behaviour needs to be extensively evidenced as to its benefits. Any covert medication needs to be clearly recorded in the person's care and support plan and agreed by the person's GP/multi disciplinary team (MDT)

## **6. Restrictive Physical Intervention by staff**

People supported with any form of restrictive intervention must have this clearly recorded in their care and support plan. The care and support plan must highlight why the interventions are required, the risks if interventions are not used, reviewing structure and proactive strategies that are being used to reduce the number of times any physical intervention is required. These arrangements are in agreement with the Multi-Disciplinary Team.

## **7. Emergency interventions**

7.1 The emergency use of restrictive physical interventions should only be used in circumstances a person's behaviour presents significant risk to self or others and had not been previously identified via assessment process.

7.2 The use of restrictive physical interventions in an emergency situation carries an increased level of risk to those used in planned intervention. Staff need to be able to justify their actions and support their decision making. Any emergency use of restrictive interventions must be reported via adult safeguarding policy. If staff have had to use an emergency restrictive intervention then an urgent review of the individual's care and support plan needs to take place. An effective risk assessment procedure together with well planned prevention strategies will help keep use of unplanned restrictive physical interventions to a minimum. This should in addition lead to a safeguarding alert as a matter of course.

7.3 Before using a restrictive physical intervention in an emergency or as part of an individual's care and support plan, staff involved should be confident that the possible adverse outcomes associated with the intervention will be less severe than the adverse consequences that might occur without the use of a physical intervention,

## **8. Service responsibilities**

8.1 This policy is applicable to all levels of staff working in adult social care within the London Borough of Barking and Dagenham.

8.2 Each service is responsible for the development of service procedures in accordance with this policy framework.

8.3 Each service will be required to complete a risk assessment and care and support plan before any prescribed restrictive interventions which must be reviewed by the manager on a six monthly basis.

8.4 The Transitions Co-ordinator will undertake an audit of all services who are supporting people with behaviour that challenges, this audit will be in relation to the service implementation of the policy and it's responsibilities.

8.5 Under Health and Safety at Work and RIDDOR legislation, you have a legal obligation to report any incidents. This needs to be done as soon as possible after an incident.

8.6 Services must maintain a list of any intervention which may be seen as restrictive or lead to a possible deprivation of liberty. Where practices are seen as restrictive then there must be a best interest meeting held before any changes to care and support plans are implemented.

8.7 Staff must be aware of the whistle blowing policies and report any concerns immediately of any colleague's practices which may concern them.

## **9. Managers Responsibilities**

9.1 Managers are accountable for ensuring this policy is implemented so that all staff are aware of the contents of the policy.

9.2 Managers must identify appropriate staff are identified to be trained.

9.3 Managers are responsible for ensuring that all staff that work with people supported who have breakaway or restrictive physical interventions in their care and support plan attend training every 12 months. Staff whose training is out of date increase the risk of injury or inappropriate use of techniques.

9.4 Managers are responsible for staff welfare and this includes the completion of accident/incident reports, debrief and potential changes to the care and support plan post incident.

9.5 To support staff who wish to make a complaint to the police.

## **10. Staff Responsibilities**

10.1 Staff should always use proactive strategies whilst providing care and support

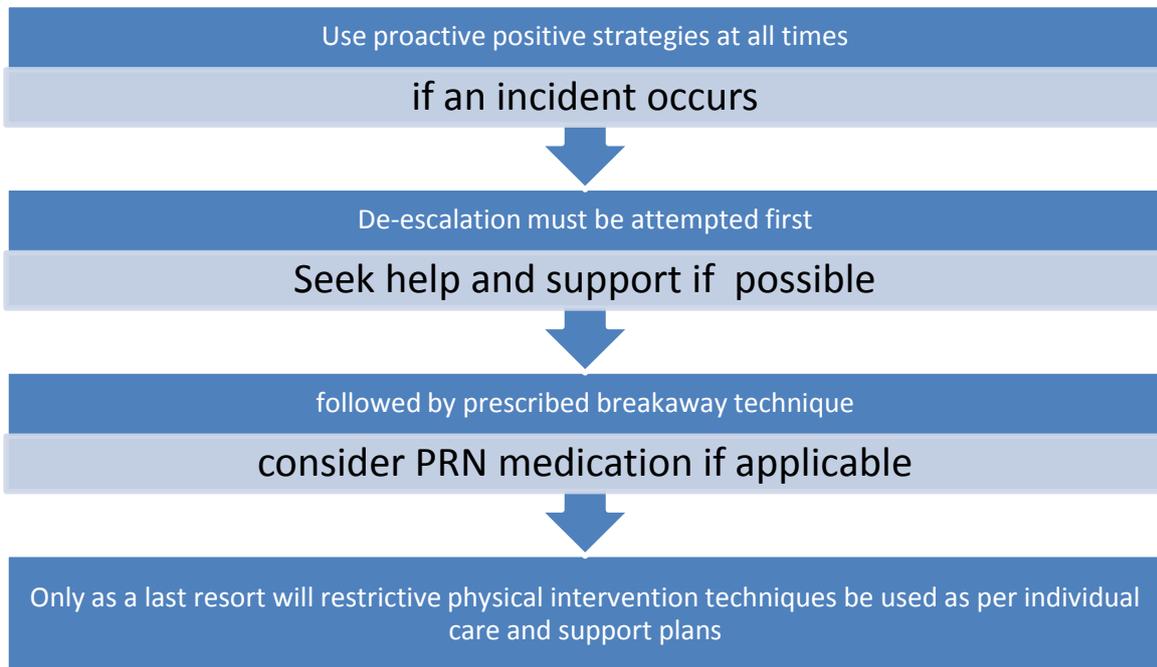
10.2 Staff must familiarise themselves with the policy and work within the boundaries.

10.3 All staff have the responsibility to use only the defined technique that has been taught and is documented in care and support plans of the individual they are supporting.

10.4 Staff are responsible for the implementation of the agreed behaviour management plans and risk assessments.

10.5 Staff must use a graduated response using the least restrictive form of intervention where possible when working with people who may have behaviours that challenge.

10.6 Staff must comply with the council's safeguarding procedures in relation to incidents of this nature.



10.6 Staff will not teach others these techniques

10.7 Staff to use supervision sessions to discuss concerns or issues to identify if they require additional support or training.

10.8 Staff must report any concerns regarding a colleagues practice and inappropriate use of restrictive physical intervention.

## 11. Breaches of the policy

Breaches of this policy should be dealt with through Human Resources policies and where appropriate adult safeguarding procedures.

For registered services serious breaches of the policy may require reporting to CQC or other regulating bodies.

## 12. Summary

This policy provides a framework that aims to protect the safety of both people supported by adult social care and staff. In the event of an issue that is not adequately covered by this policy, then further advice/guidance should be sought