



**PHYSICAL INTERVENTION
POLICY AND PROCEDURE**

ASPECTS CARE PHYSICAL INTERVENTION POLICY

1. INTRODUCTION

As Aspects Care we believe that every service user has a right to be treated with respect and dignity, deserves to have their needs recognised and be given the right support. All staff need to be able to safely manage behaviour and understand what a service user is seeking to communicate through difficult or dangerous behaviours.

Parents and Carers need to:

- know that their family member is safe whilst being supported;
- be properly informed if their family member is the subject of a restrictive intervention (including the nature of the intervention); and
- know why a restrictive intervention has been used.

This policy is designed to reduce the incidents of, and the risks associated with restrictive interventions - and to eliminate unnecessary and inappropriate use of restraint.

The use of restrictive intervention will only be needed for a very small minority of service users. We know that the use of restraint and restrictive interventions are traumatising and this particularly so for service users, who are limited in their developing both physically and emotionally. We know that the use of restraint and restrictive interventions can be traumatic - and have long-term consequences on the health and wellbeing of service users. It can also have a negative impact on staff who carry out such interventions.

Service users with learning disabilities, autistic spectrum conditions or mental health difficulties may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others and are at a heightened risk of restrictive interventions. Wherever possible, restrictive interventions should be avoided and proactive, preventative, non-restrictive approaches adopted.

Whenever considering restrictive interventions, the key question for everyone involved with Service users whose behaviour is difficult or dangerous should be: -

“What is in the best interest of the Service user and/or those around them in view of the risks presented?”

A positive and proactive approach to behaviour

We operate a clear behaviour policy for meeting Service user's individual needs, promoting positive relationships and emotional wellbeing.

Behavioural difficulties may signal a need for support and it is essential to understand what the underlying causes are. For example, a service user may exhibit such behaviours as a result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. Behavioural difficulties may also reflect the challenges of communication, or the frustrations faced by service user with learning disabilities, autistic spectrum conditions and mental health difficulties - who may have little choice and control over their lives. Service users with behavioural difficulties need to be regarded as vulnerable rather than troublesome and Aspects Care has a duty to explore this vulnerability and provide appropriate support.

Behaviour that escalates and becomes difficult or dangerous may result from the impact of a service user being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited. Service users exhibiting difficult or dangerous behaviours need support and differentiation of support and learning to have their needs met and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate.

We support the use behaviour analysis to understand service user's needs and the causes of poor emotional wellbeing.

By anticipating situations that may cause distress, and agreeing the steps to address them, whilst assessing, managing and reducing risk it is possible to reduce the use of restraint or restrictive intervention.

We aim to reduce restrictive practices by the proactive use of risk reduction plans drawn up with the involvement of the service user and their parents/carers. Co-produced risk reduction plans aim to better understand the experiences of parents/carers and service users as well as the agreement of the steps that should be taken to avoid escalation and promote emotional wellbeing.

2. DEFINITIONS

The term service user refers to all adults and younger people supported by Aspects Care staff.

The term physical intervention is used to describe contact between staff and a service user where no force is involved (e.g. comfort, affirmation, facilitation).

The terms restrictive intervention and restraint are used interchangeably in this policy to refer to:

- planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently; and
- the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so).

In this policy restrictive interventions and restraint can include, depending on the circumstances:

- Physical restraint: a restrictive intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.
- Restricting a service user's independent actions, including removing auxiliary aids, such as a walking stick, or coercion, including threats involving use of restraint to curtail a Service user's independent actions.
- Withdrawal: removing a service user involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.
- Forceable seclusion: supervised confinement and isolation of a service user, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely dangerous behaviour which poses a risk of harm to others.

Although it may not be necessary to make physical contact in cases of Withdrawal or Forceable seclusion, these are still regarded as forms of restrictive intervention.

The term difficult used throughout this policy refers to behaviour that a service user displays that does not cause harm or injury. Staff may find these behaviours challenging.

The term dangerous used throughout this policy refers to behaviours that cause evidenced injury to self or others, damage to property, or committing a criminal offence.

The term 'parent/carer' used throughout this policy refers to all those with parental responsibility, including parents and those who care for their service user.

3. ACCEPTABLE FORMS OF PHYSICAL INTERVENTION

There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention with service users; however, it is crucial that this is appropriate to their professional role and in relation to the individual's needs.

Occasions where staff may have cause to have physical intervention with a service user may include:

- To comfort a service user in distress (so long as this is appropriate to their age or stage of development).
- For affirmation/praise.
- To gently direct a service user.
- For curricular reasons (for example in PE, Drama, etc.).
- First aid and medical treatment.
- In an emergency to avert danger to the service user.

Not all service users feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, staff should seek the service user's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

Staff should acknowledge that some service users are more comfortable with touch than others and/or may be more comfortable with touch from some staff than others. Staff should listen, observe and take note of the service user's reaction or feelings and so far as is possible, use a level of contact and/or form of communication which is acceptable to the service user.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with a service user, in one set of circumstances, may be inappropriate in another, or with a different service user. In all situations where physical contact between staff and service user takes place, staff must consider the following:

- The Service user's age and level of understanding.
- The Service user's individual characteristics and history

- The duration of contact.
- The location where the contact takes place (it should not take place in private without others present).
- The purpose of the physical contact.

Staff need to be clear and open about why they are using touch and be able to explain their practices.

There must be clarity and transparency in issues of touch.

Wherever possible, a description and rationale for physical contact and the details of how this contact is made should be documented in the service users support plan following discussion with all other relevant people.

The use of touch should be discussed openly and regularly between staff. People of any age can want and need physical support / touch. Staff are often concerned about the issue of age-appropriateness. However, the developmental age, emotional and communication needs of the individual are far more important than actual age.

While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration. It should always be considered by staff that for touch to provide positive experiences it should be consensual. As far as possible, the service user involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched.

Staff should be sensitive to any changes in the service user's behaviour (e.g. over-excitement or negative reactions) that might indicate the need to reduce or withdraw touch, particularly during play or Intensive Interaction. Significant changes in behaviour should be clearly recorded.

The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any service user. Attention should always be given to ensure that both parties are safe and happy with this.

Physical intervention must not become a habit between a member of staff and a service user. Physical intervention should always be in the service user's best interest and staff must have an awareness that the service user may not have secure primary attachments. Staff must have an awareness of the need to differentiate physical intervention to ensure that service users are able to distinguish and separate the attachment to staff from the primary attachment to key adults such as parents/carers and siblings.

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact must not be made with the service user's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints.

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook.

4. RESTRAINT OR RESTRICTIVE INTERVENTIONS

Restraint or restrictive interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including de-escalation techniques (appropriate to the service user), to minimise the likelihood of, and avoid the need to use, restraint.

There will, however, be times when the only realistic response to a situation will be a planned restraint or restrictive intervention

Before implementing a planned restraint or restrictive intervention it is necessary to undertake a careful risk assessment. This will need to include a record of the service user's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others and the extent to which a restrictive intervention would be in the service user's best interests.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the service user's support plan.

The planned intervention will be based on the following principles: -

- The assessment of risk to safeguard the individual or others i.e. restraint will only be used where it is necessary to prevent the risk of serious harm, including injury to the service user, other service users, staff or the wider community (as opposed to if no intervention or a less restrictive intervention was undertaken).
- An intervention will be in the best interests of the service user - balanced against respecting the safety and dignity of all concerned.

- Restraint will never be used to force compliance or with the intention of inflicting pain, suffering or humiliation.
- If restraint is appropriate then techniques used will be reasonable and proportionate to the specific circumstances and risk of seriousness of harm; they will be applied with the minimum force needed, for no longer than necessary, by appropriately trained staff.
- When planning support and reviewing any type of planning document that references restraint or restrictive interventions (such as risk reduction plans) service users, parents/carers and where appropriate (for example, where the service user or parent/carer wants it) advocates should be involved.

In an emergency such as a service user running into a road, or a service user attacking a member of staff and refusing to stop when asked, then reasonable force may be necessary. This would be an unplanned intervention which: -

- requires professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand.
- will include judgements about the capacity of the service user at that moment to make themselves safe.
- requires responses which are reasonable and proportionate and use the minimum force necessary in order to achieve the aim of the decision to restrain.

An unplanned intervention should trigger a multidisciplinary discussion to look at what support is needed to reduce the risk of future incidents. Staff should update the service user support plan and complete an incident and/or accident report depending on the circumstances of the unplanned incident.

Staff should not be expected to put themselves in danger and that removing other service user and themselves from escalating situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for all service users.

The circumstances when reasonable force may be used will need to meet the following criteria: -

- To prevent a service user from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a service user from injuring themselves or others

- To prevent or stop a service user from causing serious damage to property (including their own property)

Legal defense for the use of force is based on evidence that the action taken was:

- Reasonable, proportionate, and necessary

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it is necessary to prevent serious harm, including risk of injury to the service user or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable, and proportionate.

Since service users often have limitations to developing both physically and psychologically this makes them particularly vulnerable to harm. The potentially serious impact of restraint on their development and wellbeing requires that the service user's best interests is the paramount consideration when reaching a decision on whether to, and how to restrain a service user. However, this does not mean that the service user's best interests automatically take precedence over other considerations such as other people's rights, but they must be given due weight in the decision.

Deprivation of liberty or segregation

Deprivation of liberty is unlawful – unless sanctioned by process of law (Mental Health Act 1983, Mental Capacity Act 2005 – Deprivation of Liberty Safeguards) and / or by way of court order (inherent jurisdiction – or s16 Mental Capacity Act Order); Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

5. ASSESSING AND MANAGING RISKS

Staff will use the minimum force needed to gain safe outcomes.

Restrictive intervention which have any of the following 3 effects are wholly inappropriate:

- If there is a negative impact on the process of breathing
- The service user feels pain as a direct result of the technique
- The service user feels a sense of violation.

Clearly the use of a restraint technique that negatively impacts on a service user's breathing presents a real risk of causing serious harm. The following interventions have elevated risks and can result in a sense of violation, pain or restricted breathing and must be avoided:

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury and must also be avoided:

- Forcing a service user up or down stairs
- Dragging a service user from a confined space
- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Intervention are as follows: -

- Restrictive intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- Restraint or restrictive intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Staff will take steps in advance to avoid the need for restrictive Intervention through dialogue and diversion.
- The service user will be warned, at their level of understanding, that restrictive intervention will be used unless they stop the dangerous behaviour.
- Staff will use the minimum force necessary to ensure safe outcomes.
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the service user's and/or other service user's best interests for staff to intervene physically.

- Staff will be able to evidence that the intervention used was a reasonable response to the incident.
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- As soon as it is safe, the restrictive intervention will be relaxed to allow the service user to regain self-control.
- Escalation will be avoided at all costs.
- The age, understanding, and competence of the individual service user will always be considered.
- In developing a risk reduction plan, consideration will be given to approaches appropriate to each service user's circumstance.
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing service users and staff after every incident of restrictive intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

6. DEVELOPING A RISK REDUCTION PLAN IN SUPPORTED LIVING PLACEMENTS

If a service user is identified as presenting a risk that restraint or restrictive intervention may be required, a risk reduction plan will be completed. This plan will help the service user and staff to avoid situations that escalate through understanding the factors that influence the behaviour and identifying the early warning signs in an effort to manage and reduce risk.

The plan will consider the following as deemed necessary by the health care professionals involved with the service user: -

- Anxiety mapping to understand the factors that underlie or influence the behaviour as well as the triggers for it (e.g. staff, peers, activity, location etc. Annex 2)
- Analysis of both conscious and subconscious behaviour with solutions and differentiation of environment or teaching and learning
- An understanding of the wider causes of behaviours - such as those that stem from medical conditions, sensory issues and unmet need or undiagnosed conditions.

- Recognition of the early warning signs that indicate that poor emotional wellbeing is beginning to emerge.
- Alternatives to restraint, including effective techniques to de-escalate a situation and avoid restrictive interventions.
- Details of the safe implementation of restraint, including how to minimise associated risks, particularly taking into account the growth and development of service user.
- Details of a communication plan with the service user including for those who are non-verbal (including those with speech, language and communication needs).
- Co-produced with parents/carers and the service user to ensure their views and experiences are considered.
- A dynamic risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- Explanation of how to record any planned or unplanned interventions.
- How to find the record in school of risk reduction options that have been examined and discounted, as well as those used.
- A clear description stating at which point a restrictive intervention will be used.
- Identification of key staff who know exactly what is expected and how to build positive relationships.
- A system to summon additional support if needed
- Identification of training needs or unresolved risk factors

7. TRAINING AND DEVELOPMENT OF STAFF

Guidance and training are essential in this area. We adopt the best possible practice in Aspects Care and provide training for all staff at several levels including: -

- Awareness of issues for managers and support staff,
- Positive Behaviour Management to all staff
- Emotional well-being and trauma informed practices to all staff

Date Policy Implemented December 2009 –by Paul Graham, Director of Services
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- Managing conflict in difficult situations to all staff

Training and development play a crucial role in promoting positive behaviour and supporting those whose poor emotional wellbeing has the risk of becoming difficult or dangerous. Settings have a statutory responsibility to enable staff to develop the understanding and skills to support service users and help parents/ carers to secure consistent approaches.

Additional training should be tailored to take account of the needs of the service user being taught and/or cared for and the role of the specific tasks that staff will be undertaking.

8. RECORDING AND REPORTING

The use of a restraint or restrictive intervention, whether planned or unplanned (emergency), must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident on incident report. The written record should include:

- the type of restrictive intervention employed;
- the reason for using a restrictive intervention (rather than non-restrictive strategies);
- how the incident began and progressed, including details of the Service user's behaviour, what was said by all those involved, and the steps taken to defuse or calm the situation;
- the degree of force used, how that was applied, and for how long;
- the date and the duration of the whole intervention;
- whether the service user or anyone else experienced injury or distress and, if they did, what action was taken.

All records should be open and transparent and enable consideration to be given to the appropriateness of the use of restraint.

Directors and senior managers must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in the company are always effective and comply with the law.

Directors and Senior Managers have quarterly senior management meetings which review physical intervention incidents and review the arrangements in place.

9. COMPLAINTS

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the safeguarding arrangements within Aspects Care.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies are in place for such concerns to be raised with the company's leadership team.

If staff members have concerns about another staff member, then this should be referred to the Director of Care. Where there are concerns about the Director of Care, this should be referred to the Director of Services as appropriate.

Staff can also make complaints to the local authority Safeguarding Team.