



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Framework for Restrictive Physical Intervention Policy and Practice

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INTRODUCTION

This guidance note, provides a framework for the development of policies on restrictive physical intervention within statutory agencies.

Restrictive physical interventions must be regarded in the same way as any other professional involvement with an individual. At all times the human and legal rights of service users must be of paramount importance. The objective of policies and procedures for restrictive physical intervention must be to meet the identified need of any service user, at any given time, within the context of the particular service setting, whilst at the same time safeguarding the individual, those they interact with and those who provide services to them.

This should be done by organisations having a threefold focus:

- Preventing the necessity for physically restrictive intervention through the development of preventative strategies.
- Working with the individual towards reducing the level of response needed where a potential need for restrictive physical intervention is identified as part of the individual planning and service delivery process.
- Where situations requiring restrictive physical intervention are identified as unavoidable, ensuring that there is prior planning and training to ensure safer outcomes for all concerned.

Purpose of Framework

1. The Welsh Assembly Government considers that guidance it issues on restrictive physical intervention policy and practice for professionals who work with children, young people, adults and older people in health, education and social care settings¹ should share a common framework of principles and expectations.

2. This reflects the fact that certain fundamental rights are common to all individuals in Wales, under the European Convention on Human Rights and Fundamental Freedoms and the Human Rights Act 1998. This consultation document sets out the Welsh Assembly Government's views on those general principles and expectations.

¹ For the purposes of this Framework, adult refers to 'Vulnerable Adult' as set out in the Welsh Assembly Government Guidance 'In Safe Hands', and children and young people are those aged under 18

3. The intention, following consultation, is to review existing guidance in the light of agreed principles and expectations. It is anticipated that the framework will prove useful for commissioners of services and that providers will consider when drafting policies and procedures, reviewing current arrangements and arranging or commissioning training. The Framework does **not** advise on individual actions required in specific circumstances or specific service settings nor does it recommend specific methods of restraint. The Welsh Assembly Government is **not** able to accredit specific restraint techniques.

Definitions

4. Physical interventions cover a range of professional actions and behaviours. The appropriateness of such action should always be contingent upon the specific needs of an individual and others who actions may impact upon them. The appropriateness of the physical intervention must always be related to the age, maturity, understanding and capacity of the individual. It should be consistent with their education, care or treatment plan and the role of the service setting.

5. A number of terms are used to describe professional action to prevent serious harm. These terms include amongst others “restraint”, “care and control” and “crisis intervention”. Many of these terms, particularly “restraint”, can have negative connotations for individuals and professionals² alike. Additionally they can appear to focus on physically restrictive methods and techniques, such as holds, which are only part of the continuum of strategies that are needed to manage challenging behaviour.

6. For these reasons the Welsh Assembly Government has elected to use the term “restrictive physical intervention” to describe direct physical safeguarding action.

7. The term “Restrictive physical interventions” is defined as:

“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.”

2 Used in this Framework to refer to all those who provide services or have a role of responsibility and/or care for a child, young person or vulnerable adult

Examples of harmful behaviour and the need for this approach include significant destruction of property, violence directed towards others, violence that arises from panic, distress or confusion, self-directed violence or self-injury. In service settings that are intended, for whatever reason, to restrict liberty, such as a secure unit, harmful behaviour extends to situations where staff believe that a child or adult may have a realistic chance of success in absconding.

8. Managers of services are advised to take legal advice when devising a physical intervention policy for their own organisation. Consideration should always be given to alternative non-physical action, e.g. the use of supervision or diversion. What might be considered reasonable force will differ from case to case. The principle that should guide professionals considering the application of reasonable force is to use the minimum intervention (in terms of force and time) necessary to prevent harm and reduce damage. The force used must be consistent with the intended outcome, e.g. the force used to stop a very young child hitting another will differ significantly from that needed to prevent a violent attack from a physically strong adult.

PRINCIPLES AND EXPECTATIONS

Service Context

9. All services should be provided within the context of constructive relationships that engage and empower individuals as far as possible and promote their care and welfare. However, children, young people and vulnerable adults can sometimes present challenging behaviour that places themselves and others at risk of serious harm. Responding to this behaviour requires a range of strategies that may involve the need to intervene physically. This framework does not give advice on individual actions required in specific circumstances or specific service settings.

Children Looked After

10. Any child looked after should have relevant information around the possible use of restrictive physical intervention made available to them as well as information about the complaints system and the support available from an advocate.

11. Following any incident of restrictive physical intervention for a looked after child in a residential establishment or foster care placement, that child's field worker or key worker must be informed. The field or key worker should be part of any debrief or discussion around the management of the child's behaviour.

12. If restrictive physical intervention has been used, it should be discussed during any statutory review process when considering if a placement is able to meet a child's needs and this discussion should be reflected in the child's care plan. There should be a clear written record of these events in the social work file in accordance with the authorities recording procedures.

Duty of Care

13. Integral to any physical intervention is the duty of care that is exercised by a professional toward an individual. When dealing with situations requiring protective action, duty of care does not imply that the needs of one individual automatically override the safety needs of others (including staff members) placed at risk. Threatening or reckless behaviour needs to be managed to minimise harm to all concerned. Any action that involves the restriction of choice and movement must be commensurate with a professional duty of care and proportionate to the level of risk presented.

14. The professional's duty of care extends to ensuring that an individual is monitored and cared for throughout any incident. Autonomy, commensurate with their age and understanding, is returned to them as soon as it is safe to do so. Clear policies and practice guidance together with prior consultation, preparation, planning, training and supervision will do much to enable staff to exercise their duty of care even where rapid decisions are needed in response to imminent dangers. It will enable them to manage in a way that seeks safer outcomes for the individual concerned, themselves and others.

15. Duty of care extends to corporate responsibilities in meeting health and safety requirements. Therefore, employers must at all times ensure that they maintain their duty of care to employees whose work includes physical intervention. The expectations placed upon staff using restrictive physical intervention should not contravene health and safety requirements.

16. Organisations should have written policies and procedures that include agreed definitions of what constitutes restrictive physical intervention; set out how staff will be supported personally and professionally in the use of restrictive physical intervention and how staff will be deployed so that they can effectively respond to any incident which requires such intervention. Policies will need to address ethnic and cultural issues including discrimination, harassment and stereotyping.

The Exercise of Professional Judgement

17. Whilst exercising their duty of care, individual members of staff must use their professional judgement. Professional judgement is the process of informed decision making which draws on relevant experience and accredited knowledge within an understanding of existing professional guidance, practice, standards, legislation and research. Professional judgement is key to deciding upon the most appropriate course of action to ensure safer outcomes for individuals and others in situations that pose a risk of serious harm. The purpose of this guidance is to set out the overarching framework of principles and expectations within which professional judgement should be applied, rather than attempt to remove completely the need for its use.

18. In setting out this framework it is important to address the criticism, often raised by professionals, that guidance fails to give direction on the methods and techniques professionals should use in particular situations. The provision of such specific direction is not possible or desirable for two reasons. First, such an approach constrains the capacity of a trained and competent person to use their professional judgement. Second, the combination of different service settings and the wide variations in need and abilities, even within recognised groups such as learning disabilities or looked after children, make this an unrealistic task. However, only, professionally recognised and approved strategies methods and techniques must be used. These must be appropriate to the setting and the individuals likely to be affected.

Constraints

19. Where the potential exists for the use of restrictive physical intervention, a number of important factors have to be balanced. These factors include:

- knowledge of the individual and their history;

- knowledge of the impact and effects of physical intervention techniques and methods;
- ensuring the welfare and safety of all those involved;
- ensuring professional transparency and accountability; and
- ensuring that all actions are appropriate and acceptable within recognised professional practice, civil law and criminal law.

20. Restrictive physical intervention is only to be used to prevent serious harm and is consistent with the promotion of an individual's welfare. The application of restrictive physical intervention must always be an option of last resort and must always be the minimum action necessary to manage the situation as safely as possible and taking account of any known health problems. The use of restrictive physical intervention should be minimised through preventative strategies and alternative approaches.

21. Professionals should avoid the use of restrictive physical intervention methods and techniques which are reliant on pain to gain submission or compliance, unless as an act of last resort to protect against serious injury to life or limb. Under no circumstances, should any individual ever be restrained in a face down position. In all situations, behaviour and action must be reasonable and proportionate with regard to action, force and duration. It must also be intended to protect and safeguard individuals either from themselves or others. The principles outlined in this document will apply equally across the whole range of circumstances requiring restrictive physical intervention and the interventions used regardless of the level of danger or threat.

22. Under no circumstances should restrictive physical intervention be threatened or used as a disciplinary sanction, or as a means to intentionally humiliate, degrade or to discriminate. Guidance already issued for health, education and social care settings proscribes the actions that are not acceptable in professional practice. These actions include:

- corporal punishment, deprivation of food or sleep, inappropriate clothing and restrictions on visits;
- behaviours that would fall within Area Child Protection Committees' thresholds of significant harm, and the definition of abuse in "In Safe Hands"; or
- those which are contrary to the Mental Health Act Code of Practice.

When drafting policies and reviewing practice, service managers should refer to existing guidance and professional codes of practice, as well as liaising with their relevant local child protection committees, forums and the Mental Health Act Commission.

Training and Supervision

23. Staff must have had adequate and appropriate training. They must only use the restrictive physical intervention methods and techniques in which they have received training and in which they have demonstrated competence in use and application. The only exception to this is where it is imperative to use other methods/techniques to avoid greater, imminent harm than the harm that is likely to be caused to the individual.

24. Training in strategies, methods and techniques must include the potential health impact of such interventions and include monitoring the individual's health during and post incident and knowing how to respond appropriately should health problems occur.

25. Training should be available to all staff as appropriate and regularly updated and provided by a trainer with appropriate experience and qualifications. As a minimum requirement such training will be structured to incorporate knowledge, skills and values alongside organisational policies, procedures and practice. Any training package chosen should be reviewed annually and staff should undergo regular refresher courses, with input from occupational health departments.

26. Staff must have access to relevant professional supervision and support. Having the right staffing levels to cope with any incident requiring restrictive physical intervention is essential and this should be determined at the planning stage. Inexperienced staff especially should be supported and mentored by more senior staff members.

Planning

27. Forward consideration of the potential use of restrictive physical intervention should take place following assessment as part of the individual planning process. This should take account of personal history, and ensure that care is appropriate to specific individual needs including emotional, developmental, environmental, gender, cultural, communication and health needs. Planning should also take into account an assessment and evaluation of the risks involved in the use of restrictive physical

intervention, reference to a body of expert knowledge and established good practice and the ongoing responsibility to monitor and review the continued relevance and appropriateness of restrictive physical interventions. Advance planning also needs to consider the most effective use of available resources and staff.

28. Restrictive physical intervention must be approached in the same way as any professional intervention with a person through seeking to maximise the learning potential of the situation for the individual. This should be done by consulting and involving the individual throughout the assessment, planning and reviewing processes. This will help individuals to learn about their own challenging behaviour, seek alternative strategies and to retain as much autonomy and choice as possible.

29. Available research and professional experience strongly indicate that the most effective way to manage challenging behaviour that may require restrictive physical intervention is through a range of preventative and responsive strategies.

Preventative Strategies

30. Preventative strategies inform the comprehensive risk assessment process that is integral to planning and service provision for both individuals and groups. They are essential for building and maintaining constructive relationships which engage and empower children, young people, adults and older people in their own care appropriate to their age, understanding and capacity. Preventative strategies can also play a significant role in maintaining self-esteem, which is often lowered through the experience of direct restrictive physical intervention.

31. Preventative strategies will reduce the risk the use of restrictive physical interventions by:

- affecting the overall culture of interactions between professionals and groups/individuals to minimise the role of restrictive physical interventions;
- using assessment, planning and reviewing to avoid inappropriate provocation and encourage early non-physical actions to minimise the need for physical interventions;
- avoiding actions which might compound an individual's previous harmful experiences.

32. A key preventative strategy is the use of behaviour management therapies and de-escalation techniques to reduce the need for restrictive physical intervention, which should always be a method of last resort. This strategy requires full knowledge of service users' care plans and an awareness of "trigger" factors that can result in challenging behaviour. Any preventative or responsive strategy used to counter challenging behaviour should be included in individual service users' care plans.

Responsive Strategies

33. Responsive strategies are necessary because situations will always arise that require immediate and direct interventions. The need for such responses can often be predicted and planned for in the programme of care. There will also be exceptional circumstances, or circumstances which cannot be predicted, that require appropriate and proportionate responsive interventions.

34. The need for responsive strategies acknowledges that, despite the use of preventative measures, the behaviour of some individuals in particular situations will require a restrictive physical response to safeguard and reduce the risk of harm.

35. Where emergency situations arise, the welfare, safety and health needs of both individuals and professionals need to be protected. Any action taken needs to be properly recorded for accountability and lesson-learning purposes. The management of such situations must be open to scrutiny.

36. It is intended that the application of principles and expectations supported by service-specific guidance will reduce the need for restrictive physical intervention, achieve safer practice and result in better outcomes for service users.

Action following incidents

37. All incidents that involve restrictive physical intervention should be subject to a post incident de-brief that allows lessons to be learned for both individuals and professionals. Such debriefs, which should include the service user, must be recorded and can also act as a checklist to ensure that post-incident procedures are adhered to. Such procedures should include incident and care plan recording, monitoring the individual's welfare and health, responding to any injuries or health concerns and ensuring that the individual has the opportunity to make representation or complaint.

38. A permanent record, separate from any individual file or care plan, should be kept of all incidents involving restrictive physical intervention. Incident recording documentation must be timely, transparent and accountable. There must be a clear audit trail which is accessible to all involved, including individuals and their representatives/advocates and those agencies with a legal right to access such information.

39. Each incident of restrictive physical intervention should be documented and audited. There should be a monitoring of all incidents to check whether regular patterns in the use of particular intervention techniques are emerging. Continued use of any intervention technique should be subject to review.

Complaints and Advocacy

40. Service users and their representatives must have clear information about how to make their views known, how to make a complaint and how to access the services of an advocate.

Accountability and Monitoring

41. Accountability and transparency are essential in any service setting. All service settings must have explicit and visible statements of policy and practice on restrictive physical interventions that are consistent with their service aims and objectives. Physical intervention policies, practice guidance, training arrangements, arrangements for the recording of incidents and complaint processes must be accessible and known by staff, service users and their advocates/representatives.

42. Systems and processes must be put in place to monitor, evaluate and ensure that written policies and procedures continue to be relevant, fully complied with, that all incidents are recorded clearly, promptly and comprehensively and that complaints are followed up promptly and in accordance with statutory timescales where appropriate. Collated information should be used to inform individual care planning, the effectiveness of methods employed by staff to support and manage behaviour in the care setting, and wider policy and training issues.