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Guidance on the use of positive handling strategies and the use of physical interventions within Adult Social Care & Children's Residential Care

People Directorate

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Coventry City Council

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Introduction

This document has been produced to provide guidance to staff on how to use proactive and reactive positive handling strategies as a method for preventing behaviours that challenge our services. Appropriate use of these methods should mean that the use of a physical intervention is used as infrequently as possible.

However, there will be instances whereby positive handling strategies have not been successful and a physical intervention is employed in the best interests of people who use adult social care services and children's residential care. This guidance clearly identifies acceptable and non-acceptable forms of physical intervention.

This guidance is not exhaustive and cannot cover every single possible circumstance. However, we hope that by reading and understanding the principles expressed in this document, care and support staff will be enabled to make sensible, reasonable and safe decisions that deliver the best, and least restrictive, outcomes for people who use our services.

Alongside this guidance, appropriate learning and development will be provided to staff based on their job role and this will include training about specific approaches/strategies adopted with individuals that may involve physical intervention techniques.

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1. Aims of the guidance

The overall aims of this guidance are:

- To outline proactive and reactive positive handling strategies that try and prevent behaviours that challenge our service areas
- To outline acceptable and non-acceptable forms of physical intervention
- To ensure that physical interventions are used as infrequently as possible, that they are only employed in the best interests of people who use services, and that when they are used, everything possible is done to prevent injury and maintain the person's sense of dignity

2. Scope of guidance

This guidance applies to all care and support staff working within the following settings. All external providers must have their own procedures which must have an operational fit with the practice outlined in this document.

- All Council provided Adult Social Care services
- All Adult Social Care Services purchased with monies from Coventry City Council (including those directly purchased by the Council and those purchased indirectly with direct payments).
- Children's Homes including residential short break specialist services and providers

The information in this guidance may also be helpful to:-

- Independent advocates
- People who use services
- An individual with a Lasting Power of Attorney
- Court Appointed Deputy
- Social workers
- Independent Reviewing Officers
- Parents/Carers

3. Values to support the use of positive handling strategies when supporting people who use services

Coventry City Council believes that everyone is entitled to:

- Be safeguarded
- Be treated with dignity
- Privacy
- Lead an independent life and be enabled to do so
- Be able to choose how they lead their lives
- The protection of the law
- Have their rights upheld regardless of their ethnic origin, gender, sexuality, impairment or disability and age
- Benefit from the assumption that all individuals have capacity to make decisions until it is established that they do not

All care and support should be designed to promote independence, choice and inclusion, and to contribute to a culture that enables an individual to maximise opportunities for personal growth and emotional well-being.

Positive handling strategies should be informed by an understanding of the effect of personal and environmental factors on challenging behaviour and seek to reduce or remove the causes for concern. The strategies used and the outcomes achieved must reflect the best interests of the Individual and be consistent with the values outlined above.

Whenever possible, positive handling strategies, including physical interventions, should be used In a way that is sensitive to, and respects the cultural expectations of individuals and their attitude towards physical contact.

4. Health and safety and legal considerations

The use of physical interventions raises important health and safety and legal considerations for both the Council as an employer and staff as employees.

4.1 Health and Safety

The Health and Safety at Work Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others, which includes people who use services and any visitors to adult social care services. The Council is required to assess risks to both employees and people who use services arising from work activities, including the use of any physical interventions.

The Council has corporate guidance on Prevention of Work Related Violence **t**o address the Council's health and safety duties towards its staff, as an employer, in relation to their contact with violent and challenging individuals and to ensure the well-being of staff. This guidance should be read and understood in conjunction with the **Prevention of Work Related Violence** guidance.

4.2 Legal considerations

All staff should be aware of the following:

- The legal protection afforded to all individuals and the laws which may be infringed by the use of physical intervention
- The responsibility of all staff to act in the best interest of people who use services

The following are considered unlawful under criminal or civil law, it should be noted that this is not an exhaustive list:

- Assault – showing of a fist or throwing of an object

- Battery – holding, pushing, touching, stitching up clothing and putting in bed against an individual's will

- False imprisonment – preventing a person leaving a room
  Section 6(4) of the Mental Capacity Act states that someone is using restraint if they use force or threaten to use force – to make someone do something that they are resisting, or restrict a person's freedom of movement, whether they are resisting or not (**Mental Capacity Act 2005**)

  2.9 Paragraphs 6.40 to 6.48 of the main Code contain guidance about the appropriate use of restraint. Restraint is appropriate when it is used to prevent harm to the person who lacks capacity and it is a proportionate response to the likelihood and seriousness of harm. Appropriate use of restraint falls short of deprivation of liberty

Preventing a person from leaving a care home or hospital unaccompanied because there is a risk that they would try to cross a road in a dangerous way, for example, is likely to be seen as a proportionate restriction or restraint to prevent the person from coming to harm. That would be unlikely, in itself, to constitute a deprivation of liberty. Similarly, locking a door to guard against immediate harm is unlikely, in itself, to amount to a deprivation of liberty.

The European Court of Human Rights has also indicated that the duration of any restrictions is a relevant factor when considering whether or not a person is deprived of their liberty. This suggests

that actions that are immediately necessary to prevent harm may not, in themselves, constitute a deprivation of liberty.

Importantly, however, where the restriction or restraint is frequent, cumulative and ongoing then care providers should consider whether this has gone beyond permissible restraint, as defined in the Act. If so, then they must either apply for authorisation under the deprivation of liberty safeguards or change their care provision to reduce the level of restraint.

Social care staff and managers have a **duty of care** towards people they support, which requires that reasonable measures are taken to prevent harm. In some circumstances, it may be appropriate to employ certain kinds of physical intervention to prevent a significant risk of harm, for example:

- To prevent an individual running towards a busy road
- To prevent an individual from self-injuring
- To prevent an individual from injuring another person

Physical intervention should be regarded as illegal unless there is clear justification as outlined within this guidance that can withstand examination, either in an internal disciplinary or capability process or even in a court of law.

The above does not mean that the legal rights of staff members to take action to protect themselves or others from significant harm is negated but any intervention used must be a last resort and the minimum necessary, justifiable and proportionate to the circumstances.

Physical interventions should only be used as a last resort when:

- Other positive handling strategies have been tried and found to be unsuccessful and/or
- The risks of employing an emergency physical intervention are outweighed by the risks of not using physical intervention

5. Levels and methods of intervention

Proactive and Reactive Prevention Strategies (Positive handing strategies)

Proactive and reactive prevention strategies are usually used by employees and carers to gain control over, or avoid, behaviour which is likely to cause injury. It is the explicit intention of this guidance, that the use of proactive and reactive strategies will ensure that physical intervention is not required. The methods are appropriate for use in local authority provision for both adults and children in responding to aggression or violence which puts the person or others at risk.

5.1 Proactive prevention may be achieved by one or more of the following:-

- Talking to people who use services, their families, advocates and other representatives about the way in which they prefer to be managed when they pose a significant risk to themselves or others. Some people prefer withdrawal to a quiet area to an intervention which involves bodily contact
- Helping people who use services to avoid situations which are known to provoke violent or aggressive behaviour, for example, busy noisy environments for an activity that could take place at a quieter, less busy time of the day
- Ensuring that staff recognise signs of pain, that the cause of their behaviour is not due to being in pain and not being able to communicate this in any other way

- Helping people who use services to become more resilient to the factors that may cause them distress. It may not be possible or appropriate to attempt to avoid situations that cause a person distress but everyone can learn strategies for coping with stressful situations

- Creating opportunities for people who use services to engage in meaningful activities which include opportunities for choice and a sense of achievement. Boredom and unfulfilment in a person's life can lead to an escalation of behaviours

- Rewards for positive behaviour are a natural driver in all of our lives and we must ensure that positive reinforcements are considered, planned for and present for individuals we support. Sometimes we need to be creative, to ensure that rewards are attainable and consistently achievable

- It is important to ask the question "how does the person benefit from the behaviour they exhibit? Does it get them out of doing something they may not like or does it get them something they want?" (This often includes getting 1:1 attention). Can the benefit that the person experiences from behaviours that are considered challenging be replaced by more appropriate behaviours? As part of a strategy it may be important that someone has free and easy access to what gives the benefit to them rather than as a reward for using positive behaviour

- Consider whether you can change environmental factors e.g. physical barriers, the design of rooms and reviewing areas where locked doors are necessary. You may not be able to change an environmental factor but you may be able to plan and recognise the impact that a poor environment may have on an individual

- Support Plans and Positive Handling Strategies that are responsive to individual needs. These plans will need to be reviewed and shared with relevant parties to ensure they are person centred and developed to become more effective. This may include the use of visual guides/care plans so the person knows how certain situations will be managed and what will happen next

- Ensuring that the number of staff deployed, and their level of competence, corresponds to the needs of individuals and the likelihood that physical interventions may be needed

- Developing employees expertise in working with individuals who present challenging behaviours

- **Adult Social Care Guidance only** - in certain circumstances, medication may be prescribed to proactively manage behaviour. Any behaviour modification medication should only be administered in accordance with an agreed and written protocol from the prescribing doctor. A service provider should ensure that all alternative options for managing an individual's behaviour are employed before behaviour modification medication is used. Please refer to the Council's guidance on the safe management on medication. **Adult Guidance Ends**

- Where medication is used, regular reviews with the relevant health clinician should be carried out to ensure the continued appropriateness of use of that medication

5.2 **Reactive strategies** involve recognising the early stages of a behavioural sequence which is likely to develop into violence or aggression and employing 'de-escalation techniques' to avert further escalation or risk.

- Redirection of the person away from the issue that is causing the person distress to something that will calm the person down or cause them to forget the source of their distress

- Active listening can be used where you suspect that the person has not understood what is expected of them or what the situation may expose them to. When you understand what is

causing the person to display the behaviours you are better placed to de-escalate the behaviours

- Environmental management may be needed if you suspect the surroundings are causing the person distress. Is it too noisy or cramped? Does it remind the person of a time when they were unhappy or of a significant upsetting event? If you can, help the person to move away from the environment or change the environment to enable the person to relax and therefore avoid an escalation of behaviours. On occasions, it may be other service users that are causing the distress. If appropriate it may be worth redirecting the other people away in order to calm the person down. As a staff member, it is worth considering if you are the cause of the person's anxiety. Would swapping with another staff member be worth considering? If you are on your own and the person would be safe to be left on their own for a short period of time, it may be worth retreating to a safe place and calling a colleague or manager for assistance

5.3 Physical intervention

When there is clear documented evidence that particular sequences of behaviour are likely to escalate into serious violence, the use of a **restrictive physical intervention** may be justified at any stage, if it is judged that:

A proactive strategy has not been effective or is considered unlikely to be effective **and**:

- The risks associated with not using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention

- Other appropriate methods, which do not involve restrictive physical interventions, have previously been tried without success

Children's Guidance Only Methods to de-escalate confrontations or potentially violently behaviour are used wherever appropriate to avoid the use of physical restraint. Restraint is only used in exceptional circumstances, to prevent injury to any person (including the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained).

Restraint is not used as a punishment, nor to force compliance with instructions where significant harm or serious damage to property are not otherwise likely. Use of restraint is set up out in the home's behaviour management policy and is in line with any relevant government guidance on restraint and approve approaches to the application of physical intervention and restraint. **Children's Guidance Ends**

There may be instances where behaviour may be expected to escalate rapidly, leaving limited time for the use of positive handling strategies and that early use of a restrictive physical intervention may be justified if the risks of not intervening are outweighed by the risk of intervening.

Staff members who have been trained to use physical interventions should be alerted to a developing situation whereby the use of a physical intervention might be required.

The two types of physical intervention are summarised in the table below.

Type	Bodily Contact	Mechanical	Environmental Change
Non Restrictive Interventions	Manual guidance to assist a person walking	Use of a protective helmet to prevent self-injury	Removal of the cause of distress, for example adjusting temperature, light or background noise

Restrictive Interventions	Holding a person's hands to prevent them hitting someone	Soft appropriate physiotherapy equipment to prevent self-injury	Use of locked doors (see below and paragraph 5.4)

The table above shows examples of the two types of physical intervention and the difference between **restrictive** forms of intervention, which are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact, and **non-restrictive** physical interventions which do not involve the use of force.

Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to a person's environment and will temporarily affect personal freedom and choice.

Restrictive physical interventions can be employed to achieve a number of different outcomes:-

- To break away or disengage from dangerous or harmful physical contact initiated by an individual
- To separate the individual from a "trigger", for example removing one person who responds to another with physical aggression
- To protect an individual who uses services from a dangerous situation, for example, the hazards of a busy road

Locked Doors (Also see section 5.4). In certain circumstances locked doors can be used to prevent someone accessing a particular room to prevent them coming to harm. For example, a kitchen door may be locked to prevent someone from scalding or cutting themselves, a bathroom door may be locked to prevent someone being scalded or a front door may be locked to prevent someone wandering.

It is helpful to distinguish between **planned interventions**, in which employees follow Individual Reactive Strategies, and methods based upon risk assessment, and **emergency or unplanned interventions** that occur in response to unforeseen events.

Even when a physical intervention is required the actions employees take must be guided and constrained by the following principles:

- **The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual and the nature of the harm they might cause**

- **Physical intervention methods can only be carried out by staff that have been trained in the use of physical intervention by the Council's or service providers agreed training provider**

5.4 Methods of physical intervention which are potentially dangerous and cannot be justified include:

- **One or more employees sitting on an individual)**
- **Holding someone face down on the floor**
- **Any procedure which involves pressure, flexing or extension against the joints**
- **Any procedure, which restricts breathing or impedes the airways**
- **Pressure on the neck, chest, abdomen or groin areas**
- **No moves or holds should go against 'normal' body movements**
- **Locking someone in a room with no available exit (this is false imprisonment and is a Criminal Offence) unless this is to prevent serious harm or to save life.**

5.5 Summary table of the levels and methods of intervention

The following table should be used as a planning tool to support these strategies as outlined above.

Proactive Strategies			**Reactive Strategies**
Environmental Changes	**New Skills**	**Focused support**	
Settings **Interactions** **Activities** **Choices** **Variety**	**General Skills** **Functionality equivalent skills** **Coping & Tolerance skills**	**Reinforcement/ Reward plans** **Stimulus change** **Antecedent control**	**De-escalation techniques** **Redirection strategies** **Active listening** **Environmental management** **Physical intervention**

5.6 Emergency use of physical interventions

Emergency use of a physical intervention strategy may be required when individuals who use services behave in unpredictable or unforeseen ways. Research evidence shows that injuries to employees and people who use services are more likely to occur when physical interventions are used in an emergency and for this reason great care should be taken to avoid situations where unplanned physical interventions might be needed.

Even in an emergency, the force used must be **reasonable and proportionate** with the desired outcome and the specific circumstances in terms of intensity and duration and **must not** include physical intervention methods which are potentially dangerous (see section 5.4).

Before using physical interventions in an emergency, the staff member should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences which would have occurred without the use of physical intervention.

All incidences of emergency use of physical intervention will be investigated, where it is deemed that the action taken is not proportionate or reasonable then employees may be subject to a formal investigation. The above does not mean that the legal rights of staff members to take action to protect themselves or others from significant harm is negated but any intervention used must be a last resort and the minimum necessary, justifiable and proportionate to the circumstances.

6. Post incident management

6.1 Immediate steps

It is important that immediate protection from further harm is implemented. This may entail contacting the emergency services (999) in order for the police to intervene.

If there is any reason to suspect that a person who uses services or employee, carer or visitor has experienced injury or severe distress following the use of a physical intervention, they should receive prompt support e.g. medical attention. In the case of a Coventry City Council employee a referral can

be made to Occupational Health, Safety and Wellbeing Service for follow up, for non-Council employees, their employer should ensure their employees are able to access medical support as appropriate.

6.2 Post incident follow up

Following an incident in which restrictive physical interventions are employed, both staff and people who use services should be given separate opportunities to talk about what happened in a calm and safe environment. Staff can also be offered access to counselling and support.

Conversations should only take place when those involved have recovered their composure. Post incident conversations should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved but to determine any learning derived out of every incident.

Reviewing any current management plans and proactive strategies to ensure that any learning from the response informs the development of a person's support plans, risk assessment.

Reviewing any current management plans and proactive strategies to ensure that any learning from the response informs the development of a person's support plans

6.3 Reporting Requirements - Health and Safety

Incidents in which an employee or a member of the public is injured or it is possible that the service may be at fault could be reportable to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, known as RIDDOR. Within the Council such incidents must be recorded on the Council's Accident and Incident on-line reporting Assure system. More information about what incidences are RIDDOR reportable is available via the HSE website using the link below.

http://www.hse.gov.uk/riddor/index.htm

All other incidents need to be recorded on the Provider Services Incident Database (PSID) system.

Other externally commissioned providers must have their own reporting arrangements.

6.4 Reporting Requirements - Safeguarding and/or Care Quality Commission (CQC) and Ofsted

If a person using the service has been injured the safeguarding contact point (usually the social work team) needs to be alerted within the same working day. Adult Providers that are registered with CQC and Children's Homes that are registered with Ofsted may also need to report the incident to them.

As per Safeguarding Protocol, the social work team will lead on any investigations and providers should apply caution to ensure that any post incident conversations do not destroy or invalidate potential evidence. This should not prevent people being reassured or comforted.

6.5 Recording process

The use of physical interventions, whether planned or unplanned (emergency), should always be recorded on the Adult Provider Services Incident Database by completing the ST002 Form or in accordance with the Children's Homes (England) Regulations 2015 (Regulation 20). The written record should indicate the names of the employees and individuals involved, the names of other people present, the reason for using a physical intervention (rather than another positive handling strategy), the type of physical intervention employed, the date, time and the duration of the physical intervention, whether the individual or anyone else experienced injury or distress and, if they did, what action was taken.

If a physical intervention has occurred and this has resulted in injury or assault on a Council employee or member of the public, or if litigation against the Council could be considered, then the incident should be recorded on the Council's Accident and Incident reporting Assure system.

External agencies should ensure they have a similar system in place for recording the use of physical interventions.

7. Restraint Considerations for those who lack capacity

Section 6 (4) of the Mental Capacity Act 2005 defines restraint as a person using force (or threatens to use force) to make someone else do something they are resisting and when a person's freedom of movement is restricted, whether they are resisting or not.

Restraint can be appropriate, when used from time to time, to prevent serious harm to a person who lacks capacity. If it is a proportionate response to the likelihood and seriousness of the harm, and all other less restrictive means of achieving this have tried. Records will need to show this.

Appropriate use of restraint in this way is not always a deprivation of liberty. Guidance issued by the Law Society in 2015, Deprivation of Liberty a Practical Guide, is quite clear, that techniques involving physical restraint and interventions including positive behaviour programmes do constitute liberty restricting measures. This guidance along with the revised test for deprivation of liberty as laid down in the Judgment of the Supreme Court P v Cheshire West and Chester Council and another P and Q v Surrey County Council now means that services must consider whether the person meets the new criteria for deprivation of liberty.

If it is felt that the care provider or social worker do meet the criteria the care provider or social worker must apply for authorisation under the deprivation of liberty safeguards OR change the way they care for the individual person to reduce the restrictions of liberty.

These decisions will always be taken in consultation with professionals, members of the person's family, and relevant representatives and advocates.

Please find below a link to a guide on identifying and reducing restrictions under DOLS:

https://www.local.gov.uk/sites/default/files/documents/promoting-less-restrictiv-b0f.pdf

8. Relationship to other Council Policies and Guidance

This guidance is intended to comply with all other relevant Council Policies and Guidance. External agencies are expected to have their own equivalent policies and guidance in place.

For Coventry City Council employees, in particular this Guidance should be applied in the workplace such that it is compatible with the following Policies and Guidance:

- **Employee Code of Conduct**
  https://coventrycc.sharepoint.com/Shared%20Documents/Code%20of%20conduct.pdf#search=employee%20code%20of%20conduct

- **Prevention of Work Related Violence Guidance**
- **https://coventrycc.sharepoint.com/Shared%20Documents/Prevention%20of%20workplace%20violence%20policy.pdf#search=prevention%20of%20work%20related%20violence**

- **Guidance on the safe management of medication**

https://coventrycc.sharepoint.com/_layouts/15/WopiFrame.aspx?sourcedoc=%7B152265DA-5635-49B0-90D2-61807F2B6792%7D&file=Safe%20handling%20of%20medicines%20policy.doc&action=default&DefaultItemOpen=1

External Guidance

- **Mental Capacity Act (2005) http://www.justice.gov.uk/guidance/protecting-the-vulnerable/mental-capacity-act/index.htm**
- **Multi-Agency Procedures for Safeguarding Vulnerable Adults www.scie.org.uk/publications/reports/report60/**
- **Essential Standards of Quality & Safety, Care Quality Commission http://www.cqc.org.uk/file/4471**
- **Working Together to Safeguard Children 2015 http://www.workingtogetheronline.co.uk/index.html**
- **Quality Standards for Children's Homes – 1 April 2015 http://www.legislation.gov.uk/uksi/2015/541/contents/made**
- **Safeguarding Disabled Children - https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance**

9. Risk assessment

It is important that appropriate steps are taken to minimise the risks to both employees and people who use services. Both employees and people who use services require a risk assessment to be undertaken.

The main risks to people who use services are that a physical intervention will:

- Be used unnecessarily, when other less intrusive methods could have achieved the desired outcome
- Cause injury
- Cause pain, distress or psychological trauma
- Become routine, rather than exceptional methods of management
- Increase the risk of abuse
- Undermine the dignity of people who use services or an employee, or humiliate or degrade those involved
- Create distrust and undermine personal relationships

The main risks to employees include the following:

- As a result of applying a physical intervention they suffer injury
- As a result of applying a physical intervention they experience distress or psychological trauma
- The legal justification for the use of a physical intervention is challenged in the courts
- Disciplinary action

The main risks of **not** intervening include:

- Employees will be in breach of their duty of care (section 3)
- People who use services, employees, or other people will be injured or abused
- The possibility of litigation in respect of these matters

Risk assessments for staff should be shared with employees and health and safety representatives. They should determine how an employee may be harmed, the likely outcome, and identify whether current arrangements and control measures are adequate, and if not what measures can be implemented. Risk assessments should be a true reflection of the current work situation and should be regularly reviewed, including when job roles change. Risk assessments should be conducted by managers who have received risk assessment training.

Employees have a duty to contribute to the risk assessment. In the rare event that there is a disagreement with the outcome of the risk assessment, staff would be expected to challenge this via the line management structure. Managers would be expected to engage in dialogue and reviews based on these discussions. If following this process a consensus is not reached staff members of course have the right to challenge the decision through whichever forums they feel appropriate.

10. Positive Handling Plans

Wherever it is foreseeable that an individual might require physical intervention, a Positive Handling Plan (PHP) form must be completed which provides an opportunity to document risk and decide what restrictive strategies are to be used to support that person and why. (See Appendix 1). An ABC recording sheet can be used to document any subsequent incidents which will then be used to shape and adapt the Positive Handling Plan (PHP). PHP forms should be conducted by managers who have received risk assessment training.

If a Positive Handling Plan is advocating the use of a restrictive physical intervention then the PHP will need to be taken to a multi-disciplinary meeting in order for the contents to be reviewed and approved. An ABC recording sheet is an intrinsic part of the PHP form.

An **effective PHP** will help to keep emergency use of any physical intervention to an absolute minimum. **However, employees should be aware that in an emergency the use of force is permissible if it is the only way to prevent injury.**

11 Management responsibility

It is the responsibility of managers to ensure that:

- Suitable and sufficient risk assessments are made of all foreseeable risks arising from violence at work which their staff may encounter whilst undertaking their duties. The reduction of identified risks is achieved by adopting any agreed preventive/control measures that could include a review of the continuing service arrangements (See Appendix 3 Children's Homes)

- All employees are informed of the arrangements that have been made in connection with reducing the risk of violence from occurring. Information to new employees should form part of their induction programme

- Appropriate and ongoing support is given to employees involved in any incident of violence at work; including access to corporate support services e.g. Counselling/Legal Advice

- Any incident of violence at work is recorded (following the Council's on-line Accident and Incident reporting system Assure procedures) and is investigated in order to prevent a recurrence

- Risk assessments and preventive measures are reviewed at least annually, following any incident of violence, or any significant change to working procedures

- Employee recruitment, training and work rotas are monitored to ensure that employees with appropriate expertise are available to both people who use services and colleagues who may require/implement physical interventions

- Employees will receive the appropriate physical intervention training given the service user group and the service delivery needed. This includes updates and refresher courses, to a standard which is appropriate to their role and responsibilities within the service. Workforce Development in association with managers and health and safety advisor will seek evidence to support the suitability of particular approaches and training organisations

- Staff members are released to undertake the appropriate learning and development activity and ensure that they have opportunities to consolidate learning into practice

- Relevant recording processes are adhered to and ensure reports are checked periodically to interpret any rationale for behaviours. Service delivery may need to be changed as a consequence of incidences that are related

12. Learning, development and training

Learning, development and training are essential for developing an understanding of positive handling strategies and a commitment on the part of staff members to reduce the effects of those behaviours e.g. injury to staff, the person who uses services or others.

Appropriate learning and development will be provided to staff based on their job role. This will include training about specific approaches/strategies adopted with individuals that may involve physical intervention techniques.

Managers need to ensure that all members of staff (including Agency), apprentices, volunteers and students are appropriately briefed and trained in positive handling strategies relevant to the job role before they start working with people who use services.

If access to training is not immediately available, the staff member or student must have access to advice and support from a suitably trained employee.

For Coventry City Council employees, the Council has adopted a Train the Trainer approach, therefore, training is delivered by adult and children social care management.

13. Adult Social Care Provider Guidance Only - Staff working in community mental health teams

Coventry and Warwickshire Partnership NHS Trust, which provides mental health services for Coventry and Warwickshire residents, provides a thorough training programme on the Management and Prevention of Aggression (MAPA).

Council staff working within Community Mental Health Teams (CMHT's) should undertake the MAPA training most suitable for their role within their teams.

Social Care staff working within the Council's Mental Health Internally Provided Services should attend the Coventry City Council (Social Care) physical intervention course most suitable to their role within the team. **Adult Provider Guidance Ends**

Appendix 1

Positive Handling Plan

Name: DOB:

Set up Date:	To be reviewed every three months unless any significant chang occur, or if there is a rise in the number of positive handling / physical Interventions for the person.
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	

Please describe what positive behaviours and praise points or potential strengths of the person.

Please describe diversions and distractions that are of interest to the person including hobbies, interests, objects etc. that may be used to divert the person towards a positive interaction e.g. phoning family, going for a drive, walk, making a snack or drink, listening to music, watching a film, etc.

Current behaviour support incentives in operation (Detail reward, targets etc.)

What are common triggers, contexts or environmental factors which have led to a dangerous situation in the past? How can these be avoided?

What does the behaviour look like? Add (in bold) or delete accordingly.

Stage 1 Anxiety Behaviours	Stage2 Defensive Behaviours	Stage 3 Crisis Behaviours
Pacing. Changes in facial expressions & body language (Verbal assaults). Uncooperative responses. Clenched fists. Withdrawn. Tapping/ fidgeting. Sleeping difficulties. Colluding with others. Raised voice. Tone of voice.	Swearing. Shouting. Objects. Verbal threats. Intimidation. Refusing to move. Bullying. Damaging property. Disturbing of others.	Significant property damage. Barricading. Violent attacks on others. Self -harm.

Stage 1 De-escalation techniques

De-escalation techniques	Try	Avoid	Notes
Verbal advice/Support			
Giving space			
Reassurance			
Help scripts			
Negotiation			
Choices			
Humour			
Consequences			
Planned ignoring			
Praise			
Time out			
Supportive touch			
Prompt cards			
Success reminded			
Simple listening			
Acknowledgement			
Apologising			
Empathy			
Removing audience			
Others			

Stage 2 Defensive Behaviours.

De-escalation techniques	Try	Avoid	Notes
Summon additional support			
Ensure the person remains supervised			
Verbal challenge/tone of voice			
Reminder of consequences			
Remove potential weapons/manage environment			
Change staff (Switch)			
Isolate the situation			
Divert to another activity/time with staff			
Offer reassurances support and advice			
Attempt to resolve via discussion /negotiation			
Use of intermediate positive handling techniques			
Others			

Stage 3 Crisis Behaviours

Any medical conditions to be taken into account before using physical intervention? Including any feedback from the G.P. Are there any risks to the person or staff that need to be considered? What are the risks of not intervening?

Technique	Try	Avoid
Arm Safe Disengagements:		
Side Step In		
Cross Step In		
Drop Elbow		
Pump		
Clock		
Neck Safe Disengagements:		
Fix and Stabilise		
Windmill		
Snake		
Neck Brace		
Elbow Guide		
Elbow Guide out of Headlock		
Clothing Responses:		
Tube Grips		
Close to the Neck		

Hair Responses:		
One Hand Grab		
Opening the Oyster		
Knuckle Slide		
Knuckle Squeeze		
Bite Responses:		
Technique	**Try**	**Avoid**
Eye Bulge		
Distraction		
Two Person Holds and Escorts:		
Technique	**Try**	**Avoid**
Friendly Hold		
Single Elbow		
Figure of Four		
Double Elbow		
Response to Spitting		
Single Elbow in Chairs		
Single Person Holds and Escorts:		
Technique	**Try**	**Avoid**
T-Wrap		
T-Wrap to chairs		
T-Wrap to ground		
Half-Shield		
Separating Fights:		
Technique	**Try**	**Avoid**
Steering Away		
Arm Waltz		
Rail Waltz		
Punches and Kicks		

Stage 4 – Post Incident Support

This is when the incident has happened and the person is starting to calm down. Still need to be cautious here as behaviour can escalate again quickly

- Make no demands
- Help the person recover
- Support to a new environment if appropriate

This section should identify the procedures to be followed immediately after the incident for both the carers and the person.

For the person this section should identify any immediate behavioural actions that need to be put in place following an incident for example:

- Giving the person more space
- Distraction by engaging in an activity
- Procedures for ensuring physical safety

Support strategies Things that we can do or say to support the person to become calm and relaxed	Behaviour What the person does, says and looks like that indicates that they are becoming calmer

Debrief: Capture learning to avoid/reduce likelihood of an incident in the future. Can the plan be adapted to better meet the person's requirements? If the person is going to be part of the debriefing, are there any communication aids or people we need to involve to help?

Names, Dates and Signatures of those involved in formulating *and agreeing to* this plan.

N.B Parent and person to be consulted as part of active participation but no need for them to sign or comment.

	Name	Consultation	Date
Person			
Parent/carer			
IRO			
Social worker			
Link worker			
Link worker			
Link worker			

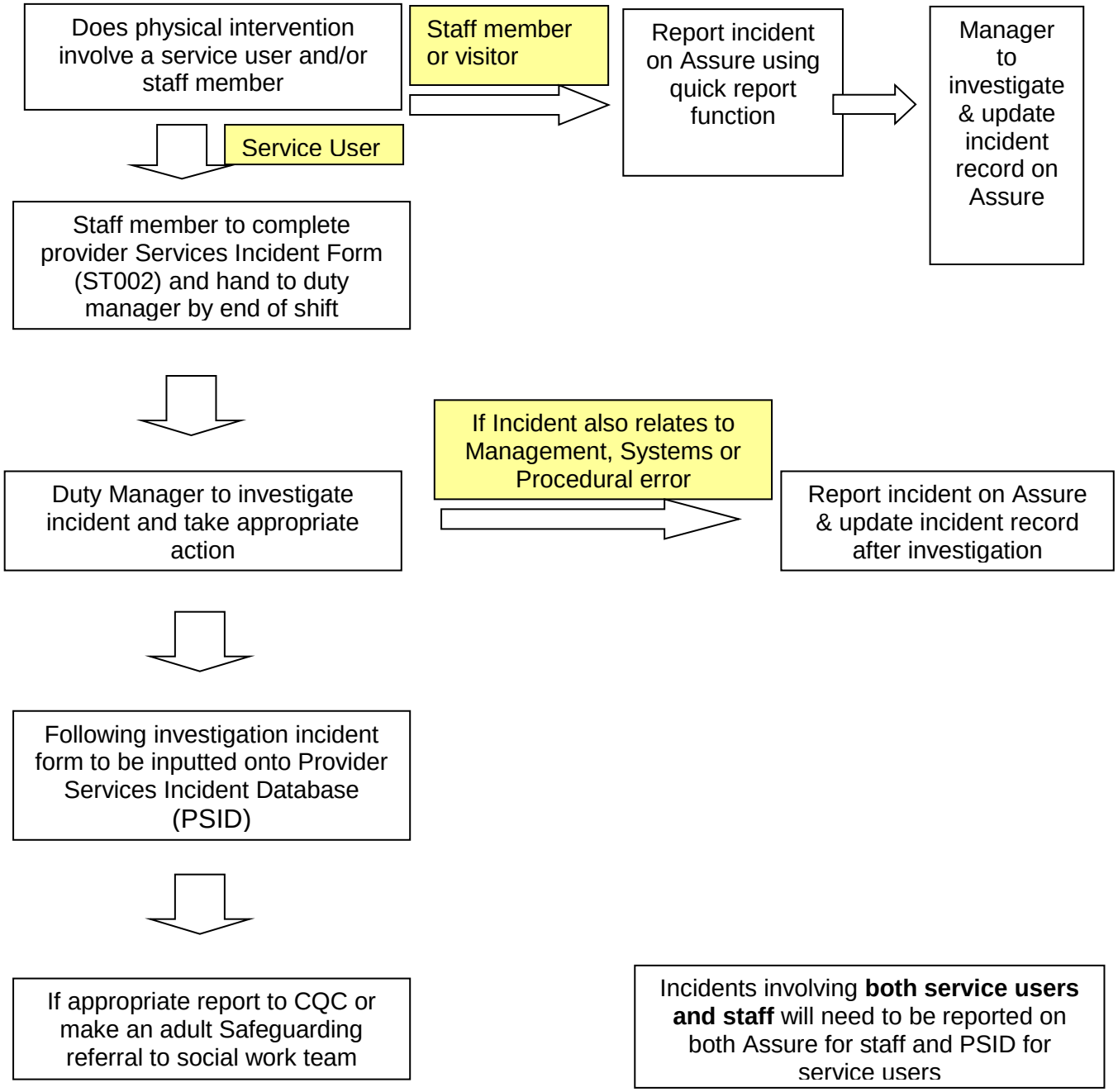
(Please ask all professionals to sign)

Name of social worker or IRO commenting on this plan :			
Comment (if required)			
Signature		Date	

Name of Manager/ Deputy/Positive Handling Training Provider endorsing this plan :			
Comment (if required)			
Signature		Date	

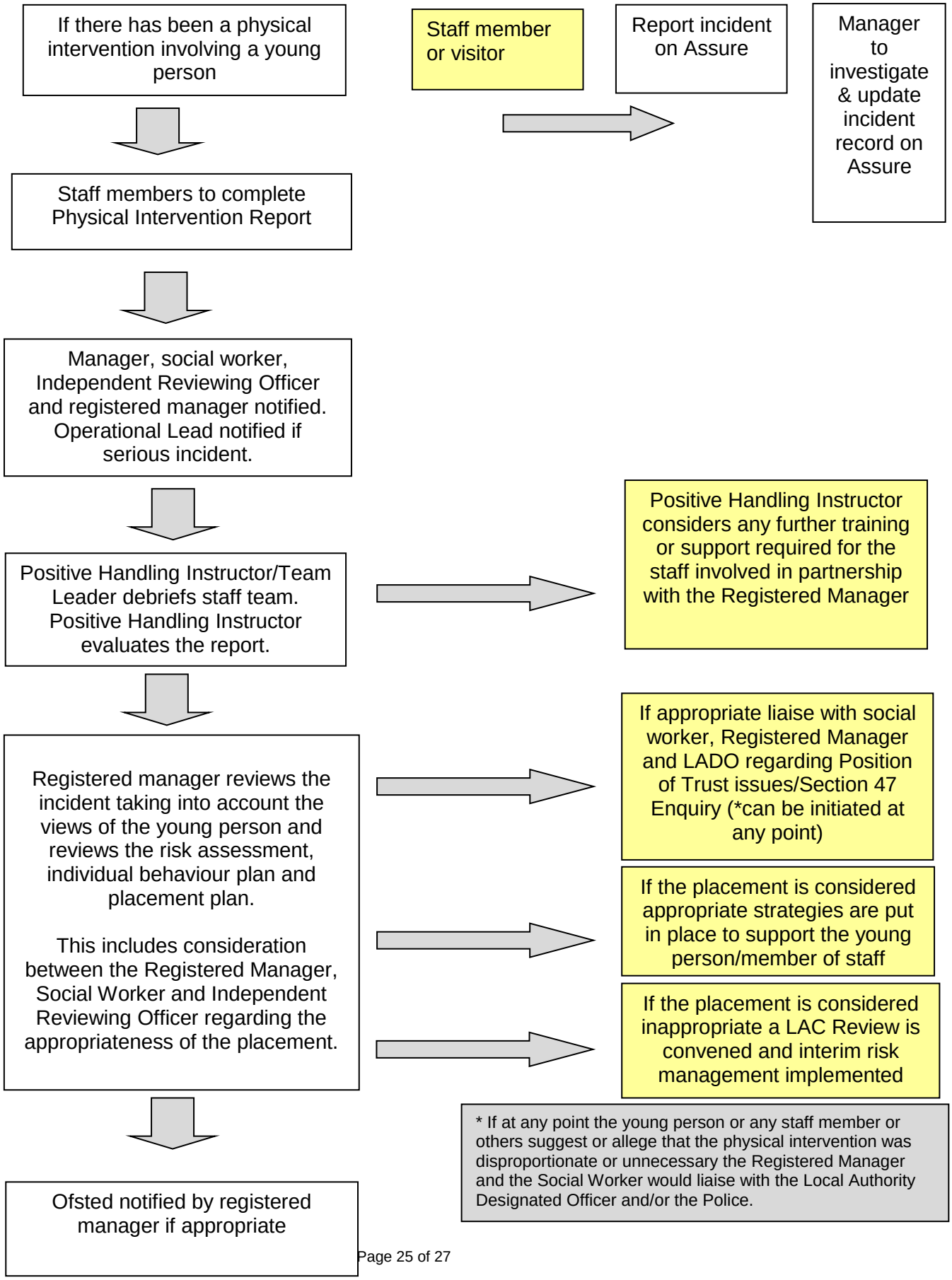
Appendix 2 - Adult Social Care

Figure 1 describes the processes for reporting incidents involving staff, visitors and people who use services.



Appendix 3 Flow Chart for Escalation – Children's Residential Care

Figure 1 describes the processes for reporting incidents involving staff, visitors and people who use services.



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