

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

BEHAVIOUR MANAGEMENT POLICY and PROCEDURE

Summary	This policy shows how Care Quality Support exercises support staff and young people in its service to manage behaviour that challenges and the use of least restrictive force. Physical restraint will only be used as a last resort as per the company guidance. The policy gives guidance on what action to take.
Scope	The following people may be affected by this policy: All staff. Whether temporary or permanent, Local Authorities, Commissioners. Families, NHS, and Service users.
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POLICY STATEMENT

The term “challenging behaviour” has a variety of definitions. The most commonly used is:

“Severe challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities.” Emerson et al (1987)

Behaviours such as physical and verbal aggression, self-injury, or which result in damage to property are commonly, but not exclusively, associated with the term “challenging behaviour”. Whether someone is described as having challenging behaviour depends on the situation they find themselves in and the perception of others. A person described as having challenging behaviour by one person may not be similarly described by another person. This is not to deny the real difficulties often being experienced by the person.

It is important that staff recognise that challenging behaviour is often defined in service terms rather than personal terms, i.e. a person is deemed to have challenging behaviour mainly if the behaviour is a challenge to others. Behaviours that may severely impair a person’s ability to interact with others and limit community activity will not be described as challenging if they do not challenge others apart from themselves.

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The aim of **Care Quality Support's** Managing Challenging Behaviour Policy is to ensure that;

- Staff and service users risks of injury are kept to a minimum
- To adhere to the following legislation;

EQUALITY AND HUMAN RIGHTS

Care Quality Support recognises that some sections of our society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation, and transgender.

The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

Care Quality Support

is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as an employer.

Care Quality Support

believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Care Quality Support

also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires organisations to uphold and promote Human Rights in everything they do. It is unlawful for an organisation to perform any act which contravenes the Human Rights Act.

Care Quality Support

is committed to carrying out its functions and service delivery in line with the Human Rights based approach and the FREDA principles of Fairness, Respect, Equality Dignity, and Autonomy.

References to Legislation and Quality Standards

Children's homes (England) Regulations 2015 Regulation 11

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Quality Standard	Positive Relationships
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Legal Considerations

- Anti-Social Behaviour,
- Crime and Policing Act 2014
- Domestic Violence,
- Crime and Victims Act 2004
- Health and Safety Executive's Health and Safety in Care Homes (HSG220)
- *security policy*
- Skills for Care guidance, (2013) *Work Smart, Work Safe: Combating Violence Against Care Staff — A Guide for Employers*

Regulation Context and Principles

The positive relationships standard

11.—(1) The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—

(a) mutual respect and trust;

(b) an understanding about acceptable behaviour; and

(c) positive responses to other children and adults.

(2) In particular, the standard in paragraph (1) requires the registered person to ensure—

(a) that staff—

(i) meet each child's behavioural and emotional needs, as set out in the child's relevant plans;

(ii) help each child to develop socially aware behaviour;

(iii) encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding;

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- (iv) help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;
 - (v) communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding;
 - (vi) help each child to understand, in a way that is appropriate according to the child's age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful;
 - (vii) help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship;
 - (viii) strive to gain each child's respect and trust;
 - (ix) understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children;
 - (x) are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same;
 - (xi) de-escalate confrontations with or between children, or potentially violent behaviour by children;
 - (xii) understand and communicate to children that bullying is unacceptable; and
 - (xiii) have the skills to recognise incidents or indications of bullying and how to deal with them; and
- (b) that each child is encouraged to build and maintain positive relationships with others.

Health and Safety at Work Act

The Health and Safety at Work Act 1974 places duties upon **Care Quality Support** as an employer. Those that are applicable to this procedure are:

- ensuring, so far as is reasonably practicable, the health, safety, and welfare at work of all employees
- conducting our undertakings so as to ensure, so far as is reasonably practicable, that people other than employees (e.g. service users, visitors, members of the public and trespassers) who could be affected are not exposed to health or safety risks.

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- The Management of Health and Safety at Work Regulations 1999 (MHSWR) places a duty on employers to make a suitable and sufficient assessment of the risks to the health and safety of employees whilst they are at work.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires that injuries that fall into the list of reportable categories, and are a result of a violent act, be reported.
- Violence and aggression in the workplace falls under the remit of the Health and Safety at Work Act and requires you as employers create a safe working environment and safe processes. The intention is for all staff who are supporting someone with challenging behaviour to know:
 - how to work safely and properly with the person
 - the reporting processes
 - how they themselves will be supported.

POLICY

Currently the law views the use of physical intervention as a trespass against a person on the basis of assault and battery or false imprisonment.

- An “assault” takes place when a person is in reasonable fear of the use of force. No physical contact is necessary for an assault to have been deemed to have taken place.
- “Battery” takes place where the direct and intentional use of force is used on another without legal justification.
- False “imprisonment” occurs when a person is either compelled to move or prevented from moving without lawful justification.
- Whilst assault and battery and false imprisonment can be seen as a trespass against the person, the use of physical intervention (including restraint) can be lawful where the circumstances allow for reasonable defence. Examples of reasonable defence would include:
 - **Consent** – Providing a person freely gives consent without unfair or undue pressure, then physical intervention can be used. Consent is never given once and for all, or for all situations. Consent does not have to be verbalised and can be implied from gestures. If an individual cannot give consent, arrangements can be made to seek consent from an advocate or next of kin. Circumstances will vary from person to person, but it should be remembered

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that each person can indicate some consent in some circumstances depending on the issue being addressed.

- **Necessity** – In certain circumstances, such as the prevention of significant harm to the individual, others or property, a duty of care may mean touching a person without their consent.
- **Duty of Care** – Staff have a duty of care towards service users that requires that reasonable measures are taken to prevent harm to service users. 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 a child or adult running into a busy road
 - to prevent a child or adult self-injuring
 - to prevent a child or adult injuring another person
 - to prevent a child or adult causing serious damage to property
- **Self Defence** – Self defence can be used to prevent the unlawful use of force, to rescue another from attack, or to escape from unlawful detention. However, staff are seen to be in a privileged position and are expected to anticipate and plan for events, and to retreat at the earliest possibility.
- **Prevention of a crime** – Reasonable force can be used in the prevention of a crime, or the prevention of a breach of the peace. The physical intervention must be relative to the actual or perceived harm and must cease as soon as possible.

The Ethical Context For Physical Intervention

When determining local policies and service user plans, especially where physical intervention may be being considered, it is important that staff, carers, the person and other professionals, e.g. social worker, or community nurse, are given the opportunity to discuss the ethics of a particular course of action in relation to another course of action. This will be viewed positively in a legal sense and should result in a greater certainty and commitment to a particular course of action and its consequences. It will provide enhanced safeguards both for the person and for staff.

PROCEDURE**Our Organisation's Preparation And Response To Challenging Behaviour**

We aim to meet our requirements (both under legislation and as an example of good employment practice) in preparing staff for, and responding to, challenging behaviour

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Policy Review

This procedure should be reviewed every 12 months by a designated individual. A copy of the policy should be available to all staff, and the Service Manager of the service should ensure that a record is kept showing that staff have read, understood, and agreed to abide within its guidelines.

The policy on challenging behaviour should be reviewed every 12 months or sooner if dictated by changes in operational circumstances by the Service Manager. The policy should give due regard to:

1. the care management assessment/care plan
2. Young person plans and young person risk assessments
3. a functional approach to assessing behaviour
4. the purpose and function of the service
5. Home's registration category
6. staffing structure
7. skills and training of staff
8. design and location of the service
9. outside agencies and other local guidelines for working with people with challenging behaviour

A copy of the policy should be available to all staff, and the Home Manager should ensure that a record is kept showing that staff have read, understood, and agreed to abide within any guidelines.

Training

Our training strategy is as follows:

1. All staff should receive skills training appropriate to their needs in how to best support and develop the skills, knowledge, and experiences of supporting young people who may exhibit behaviour that challenges.
2. Training should meet the Crisis Prevention Institute Framework. (Management of Actual or Potential Aggression)(MAPA)
3. More intensive training should be provided to those staff working in services where the expected level of challenging behaviour is high. It should be tailored to meet the specific needs of the individual whose behaviour is identified as being challenging. The basis for the

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provision of this training should be the support management assessment/care plan, service user plans and service user risk assessments.

4. Training should also include the management of complex situations including the use of physical intervention in line with the Crisis Prevention Institute code of practice for trainers in the use of physical intervention.

Counselling and Support

Where an incident of challenging behaviour has occurred in our service, counselling and support should then be provided as appropriate. Depending on the nature of the incident, this should include all or some of the following:

- colleague and peer support
- line management support and supervision
- independent counselling
- access to specialist support services as appropriate and available.
- It is the responsibility of the Service Manager to:
 - ensure that the appropriate levels of counselling support are identified after an episode of challenging behaviour. Consider employing an organisation that offers counselling to staff.
 - assess the risk of further episodes of challenging behaviour
 - ensure guidance is in place and understood on how to manage the behaviour in the future.

Identifying Needs Prior To Entry Into The Service

Prospective young people's needs must be fully assessed prior to entry into the service. This will normally be done by social services care and where service users are referred under care management arrangements, i.e. those who require funding by local authorities. a summary of the care management assessment/support plan produced for care management purposes will be made available to the Service Manager.

The support management assessment/support plan will need careful consideration with regard to any aspect of the management of challenging behaviour. The Service Manager will need to determine whether the needs of a prospective young person can be met at our service.

The following should be considered:

- Are the stated aims and objectives of the service applicable to the young person?



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- Will it be possible to meet the person's developmental, and support requirements?
- Will the level of staff support be commensurate with the support needs of the prospective young person and the service user group?
- Will the accommodation and environment meet the needs of the prospective young person?
- What influence will the current service user group likely to have on the potential young person and vice versa? The service must demonstrate its capacity to meet the assessed needs. This includes:
 - staff having the experience and skills necessary to deliver the services and support offered
 - how the specific needs of individuals are met, e.g. challenging behaviour.

Meeting Needs After Entry Into The Service

If the needs of the young person change after admission, then the Service Manager must reassess the needs and review whether the service still has the capacity to meet the revised assessed needs. If behaviour changes, the Service must use the Mapping Tool form to capture and formulate a plan of effectively supporting the staff and the young person to manage the behaviour.

**** "Behaviour that challenges": assessment and positive behaviour development tools (Appendix 1)**

Risk Assessment

Whenever it is identified from the needs assessment/support planning process that a young person might require physical intervention, a service user risk assessment must be carried out. This will identify the benefits and risks associated with different intervention strategies and ways of supporting the person concerned. Therefore:

- all identified hazards/risks and the corresponding risk reduction actions must be recorded using service user risk assessment.
- consideration must be given to any previous management of the hazard/risk(s) and how successful any previous control measures have been in managing and reducing any hazard/risk(s)
- it will also be necessary as part of the service user plan to identify the level of support and intervention the individual will require to manage their challenging behaviour. It is important that appropriate steps are taken to minimise the risk to staff, the individual service user, and others.

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- Among the main risks to the young people are that a physical intervention will:
- be used unnecessarily, when other less intrusive methods could have achieved the desired outcome
- cause injury
- cause pain or distress
- become routine, rather than exceptional methods of management
- increase the risk of abuse
- undermine the dignity of the staff or service users or otherwise humiliate or degrade those involved
- create distrust and undermine personal relationships.
- The main risks to staff 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.
- The legal justification for the use of a physical intervention is challenged in the courts.
- The main risks to others include:
- causing injury
- causing pain or distress
- increasing the risk of abuse
- undermining the dignity of the staff or service users, or otherwise humiliating or degrading those involved.
- creating distrust and undermining personal relationships.

Prevention Of Challenging Behaviour –General Life Situation

The first priority for staff is to prevent a challenging situation from either occurring or worsening. There are essentially 3 ways of addressing prevention of challenging behaviour:

1. addressing a person's general life situation

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2. acting to diffuse a challenging situation at its earliest stage
3. managing one's own behaviour appropriately.

People whose behaviour challenges often have the control of their environment taken away by others. Staff need to be sensitive to this and to consider, both individually and as a team, how best to provide an environment that offers the greatest control possible for an individual whose behaviour challenges. Staff also need to provide the best possible opportunities for an individual to communicate their needs and feelings in all aspects of their life. It is also important that a balance is maintained when considering a person's general lifestyle. Too much stimulation can be as damaging to the individual as a lack of stimulation. This is the same in all areas, e.g. social contact, and task requirements. However, by giving as much thought to a person's lifestyle as possible, many instances of challenging behaviour will be eradicated or diminished.

Prevention Of Challenging Behaviour – Diffusing The Challenging Situation

One of the most effective ways of preventing a challenging situation is through ensuring that effective needs assessment, service user planning and risk assessment are in place to prevent and minimise such situations. Should a challenging situation occur, there are a number of techniques and approaches that can be used to diffuse the situation and reduce the possible consequences of any challenging behaviour. Some of these are identified below; the list is not exhaustive. Any technique should not be without first having it agreed as part of a planned management strategy.

- **Talk to the person** – Speak with the person and try to find out what they are thinking or feeling. Find out if the person is hurt, upset, annoyed or in pain. Try to discover from the person what has happened to trigger the behaviour.
- **Comfort the person** – Often the person will be upset. Seek to comfort the person both verbally and, if appropriate, by gentle physical contact. It is important that touching is appropriate and not interpreted as an invasion of space. Some people hate being touched and will react adversely.
- **Ignore the behaviour, but not the person** – Treat the person as if the behaviour is not occurring. There is a risk that this approach will lead to an escalation of the challenging behaviour or additional challenging behaviours.
- **Interrupting and deflecting** – Try to get the person to focus on another person, task, or situation. Use humour or introduce something new to the situation. Doing something different can often be enough to deflect behaviour and to change the focus of a person's attention. This technique cannot be used too often without the underlying functions of the behaviour being addressed, or it will lose its impact.
- **Rewarding positive behaviour** – Try to reward appropriately, with praise or attention, any positive behaviour the person may be showing.

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- **Allow the person time** – Access to a quiet place and giving the person some time to recover themselves can be helpful.
- **Use the physical environment** – Make sure that the type and layout of furniture and space enhances positive behaviours – neither too cluttered nor too sparse. If a person is being aggressive and it is safe to do so, place a table or chair to act as a natural barrier.
- **Monitor others' behaviour** – Challenging situations often happen with others around. There is a need to clearly manage them as well in challenging situations, and to ensure that they do not make the situation worse.
- **Monitor and review** – Try to constantly monitor and review the situation. Subtle changes in behaviour or the environment can be used to deflect attention.

Prevention Of Challenging Behaviour – Managing Your Own Behaviour

How you appear and behave are key variables in preventing the onset and escalation of challenging behaviour. Try to be aware of yourself and in control. In short, when faced with a challenging situation try to:

- acknowledge personal prejudices, emotions and feelings
- appear calm and confident
- be aware of not appearing arrogant, challenging or aggressive
- consider the causes of previous episodes of challenging behaviour
- move slowly and purposely
- identify a safe exit
- keep proper space and distance
- speak clearly and calmly
- remain relaxed and breathing normally
- maintain eye contact but do not stare or show anger.

Physical Intervention

In exceptional circumstances an episode of challenging behaviour may occur that requires physical intervention in order to prevent likely injury to the person or to others. All physical interventions should be properly planned, recorded, and agreed in advance. Staff and Home Manager should be aware



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that team or multidisciplinary decision-making does not absolve a person of individual responsibility for their actions in this situation. However, where proper consideration, risk assessment and planning have taken place then any individual intervention should be justified and supported.

Definition of Physical Intervention

Physical intervention refers to the use of force to restrict or restrain movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by a service user. Physical intervention differs from manual guidance or physical prompting in so far as it implies the use of force against resistance. The main difference between “holding” and “physical intervention” is the manner of the intervention and the degree of force applied.

Physical intervention involves the application of the minimum degree of force needed to prevent injury or serious damage to property.

Some incidents of challenging behaviour may require physical intervention. The following guidelines should be applied in all situations:

- Physical intervention will always be a last resort, except where the person, staff or others are in immediate and serious physical danger.
- The least restrictive procedures will be used at all times, with the minimum force for the shortest period of time.
- Physical intervention will seek to maintain the dignity of the service user, staff and others as far as possible.
- Physical intervention will take into account the person’s physical characteristics, behaviour, and location, as well as the wider context and location of the event.

XXXXXPlanned Physical Intervention,

Planned physical intervention, including restraint, can only be agreed as part of a full multidisciplinary service user planning meeting. The meeting will involve the Service Manager, key-worker, the service user (given their capacity to understand and agree) and/or their representative, who should be involved as far as practically possible. In the case of a child (under the age of 18), the person with parental responsibility must be involved.

Significant professional input should also be involved in the planning process, e.g. social worker, or community nurse. Any guidelines set out by statutory agencies with policies in place for conducting such meetings and developing plans should be complied with.

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Final agreement to any planned physical intervention must be sought from the placing authority and the Home Manager. Any planning meeting considering physical intervention for challenging behaviour should also discuss the following areas:

- policy and law duties owed to the person, staff, community
- code of practice, local authority/health authority guidelines
- aims of the service
- ethical issues of autonomy, protection, duty of care.
- If it is foreseeable that a person will require some form of physical intervention, then for that person there must be instructions or a written record that includes:
 - the names and responsibilities of the people present at the planning meeting
 - a description of the behaviour sequences and settings that may require physical intervention
 - the results of an assessment to determine any alternative actions to the use of physical intervention
 - details of previous methods that have been tried with or without success
 - a risk assessment that balances the risk of using a physical intervention against the risk of not using a physical intervention
 - a record of the views of those with parental responsibility in the case of a child, or family members in the case of an adult
 - a description of the specific physical intervention techniques that may be used
 - record of which staff are authorised and who are judged competent to use these methods with the person
 - the ways in which this approach will be reviewed, the frequency of the review meetings and members of the review team. An up-to-date copy of this record or these instructions must be included as part of the person's service user plan.

Unplanned Physical Intervention

The unplanned use of physical intervention refers to the use of force by one or more persons to restrict movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by another person without there being an explicitly agreed plan permitting its use. Whilst there will be occasions where unplanned physical intervention is needed to protect a person or



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others from significant harm, physical intervention should ideally be planned as far as possible, and the different aspects discussed.

It should be exceedingly rare for staff to have to physically intervene in unplanned situations. In general, Home Managers will normally be aware of the possible need for intervention and should have plans in place to manage the situation. When physical intervention is required, regardless of whether the physical intervention is planned or unplanned, it should be undertaken within the guidelines stipulated in a physical intervention policy

Guidance Where Physical Intervention Is Required

- When staff are required to physical intervene with a person they should always:
- keep the person's airways clear
- not inflict pain on the person to gain control or use as punishment
- use deflection and redirection over continuous contact with the person
- hold clothing, not the person, wherever possible
- consider their size, weight, and height relative to the individual
- consider the behaviour of the individual and others
- consider the location and context of the situation
- take account of ethics and the law

Recording And Reporting

Full and comprehensive reporting is essential where an individual exhibits challenging behaviour, especially if it is potentially or actually physically harmful or has involved the use of physical intervention.

After the use of physical intervention, the following actions should be taken:

- Everyone involved should be checked for injury and treated accordingly.
- A verbal report be made to the Home Manager within 24 hours. In some cases the Home Manager should be notified immediately, depending on the severity of the situation. Staff should always contact the Home Manager if in doubt.
- Within 24 hours a written record of the use of restraint, kept in a separate dedicated bound and numbered book, should be made that includes:

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- the name of the service user or child
- the date, time, and location – details of the behaviour requiring use of restraint
- the nature of the restraint used
- the duration of the restraint
- the name of the staff member(s) using restraint
- the name(s) of any other staff, service users/children or other people present
- the effectiveness and any consequences of the restraint
- any injuries caused to or reported by the child or any other person
- the signature of a person authorised by the registered person to make the record.
- Carry out a review of existing risk assessments and service user plan and update, as necessary.
- Where applicable, the relevant incident and accident forms (AIRS) should also be completed and forwarded as required.
- Check whether the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).
- A meeting should be arranged by the Home Manager of the service within 5 working days to discuss the need for future action. This meeting should be fully recorded and identify any future action and how such behaviours will be managed in the future. The Home Manager will monitor the record books on restraint, and any other measures of control, to ensure compliance with national and local policies and procedures and to review current care practice.

Monitoring

The appropriate manager will review all reports of aggression and violence or potential aggression and violence and look for any trends or patterns or lessons to be learned. This is done with reference to the service's *security policy* and might require a review of security procedures and precautions.

Managers will carefully monitor all incident reports relating to violence or the use of restraint to ensure that both staff and service users are being appropriately protected. Any suspicion of abuse by staff or by others, or any whistleblowing by other staff, will be investigated and acted upon in accordance with the service's safeguarding policies.

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This policy, and policies on restraint and abuse are regularly reviewed. If all policies and procedures are working adequately and are being properly applied, the service would expect abusive behaviour and violent incidents to be rare and the appropriate use of restraint to be a last resort used only in exceptional circumstances **Care Quality Support** always requires the regular and proactive review of care and support plans to ensure that the most appropriate level of care is being provided and the use of restraint avoided.

Training

Care Quality Support ensures that all staff are trained to show respect for others and to expect the same respect from others as described in this policy.

How to respond appropriately to verbal abuse, aggressive or potentially violent behaviour is included in the induction training for all new staff.

All staff are trained to recognise the early warning signs of potential aggression and how and where to seek support if needed, including in high risk situations the use of panic alarms.

In-house training sessions are conducted at least annually, and all relevant staff will attend.

Care staff training includes guidance in the use of physical interventions and restraint in the care of service users. Where required, staff are trained in a range of intervention strategies that have developed in respect of socially inappropriate behaviour. This training includes:

- de-escalation techniques
- the concept and use of “minimum force”
- approved and acceptable breakaway techniques
- inappropriate or unacceptable techniques.

Managers are trained in the management of abusive behaviour, violent or emergency situations and in appropriate post-incident follow-up.

Getting Help

If you require any help with any matters relating to this policy and procedure, please speak to your line manager or Senior manager.

It is the responsibility of every member of staff to ensure that they are working within this policy and keep up-to-date with changes in policy that may affect their practice at work.

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