Positive Behaviour Support & Reducing Restrictive Practice Policy & Procedure

Purpose

This policy outlines Embrace Care's Positive Behaviour Support (PBS) Model, which forms part of its wider Therapeutic Model. The PBS Model is implemented across its CQC and Ofsted regulated services. The aim of this policy is to ensure that all employees understand how PBS is embedded throughout the organization, so that individuals who present with behaviours of concern are supported in a proactive and respectful manner. The PBS approach is designed to enhance the quality of life and reduce the likelihood of behaviours of concern occurring.

The policy is underpinned by legislation, national guidelines, and best practice evidence from leading health and social care bodies. It reflects an evidence-based, person-centred approach, as recommended by key frameworks such as the Health and Social Care Act 2008 (Regulations) and the Children's Homes (England) Regulations 2015. (See appendix for a full list.)

Scope

This policy and procedure applies to all employees who directly support young people and adults across the organisation.

Aims of the Policy

The aim of this Positive Behaviour Support & Reducing Restrictive Practice Policy is to ensure that;

1. Staff, individuals supported risks of injury are kept to a minimum.
2. Embrace Care fosters a culture of Positive Behaviour Support where positive behaviour is actively encouraged and supported, reducing the need for restrictive practices.
3. Embrace Care promotes the use of Proactive, Active and Reactive (where necessary) interventions, in-line with the PBS three-tiered model of interventions—proactive

(preventing behaviours of concern from occurring), active (addressing behaviours as they happen), and reactive (managing behaviours after they occur).

4. Embrace Care works to understand the function of behaviours. Through better understanding of the purpose of a behaviour, we are better able to address the underlying need, and therefore will be more effective in reducing the occurrence of behaviours of concern.

5. Embrace Care encourages a holistic approach to Trauma Informed and Attachment Based Care, understanding that challenging behaviours often stem from past trauma. At Embrace Care, this is achieved through the application of the Embrace Care Therapeutic Model. The Embrace Care Therapeutic Model outlines the following process, which must be adhered to, to achieve the safe and effective delivery of Positive Behaviour Support, that is both Attachment Based and Trauma Informed.

What is PBS?

Positive Behavioural Support (PBS) is a person-centred framework for providing long-term support to people with learning disabilities and/or autism, particularly those at risk of developing behaviours that challenge. PBS is grounded in a rights-based and values-led approach, and its ultimate goal is to enhance quality of life for both individuals and those who support them (Gore et al, 2022).

"Behaviour that challenges refers to behaviour of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities." (Source: BILD, originally based on Emerson, 1995).

Common examples include:

- Physical aggression (e.g. hitting, biting, throwing objects)
- Self-injurious behaviour
- Property damage

These behaviours are often a form of communication, particularly when a person's needs are unmet. The biopsychosocial model provides a framework for understanding why behaviours of concern occur

in people with learning disabilities (Hastings et al., 2013). This model identifies that such behaviours are influenced by three key areas:

- Biological factors – e.g. physical health issues, pain, sensory differences, and genetic influences.
- Psychosocial factors – e.g. experiences of trauma, limited communication skills, impoverished social networks, lack of meaningful activity, and mental health difficulties such as psychiatric or mood disorders.
- Functional factors – i.e. behaviours of concern may serve a purpose for the individual, effectively meeting a specific need.

This model underpins Positive Behaviour Support, that aims to understand the root causes of behaviour, it's function, and to develop pro-active strategies that support the individual's well-being and autonomy.

Embrace Care PBS Assessment Process:

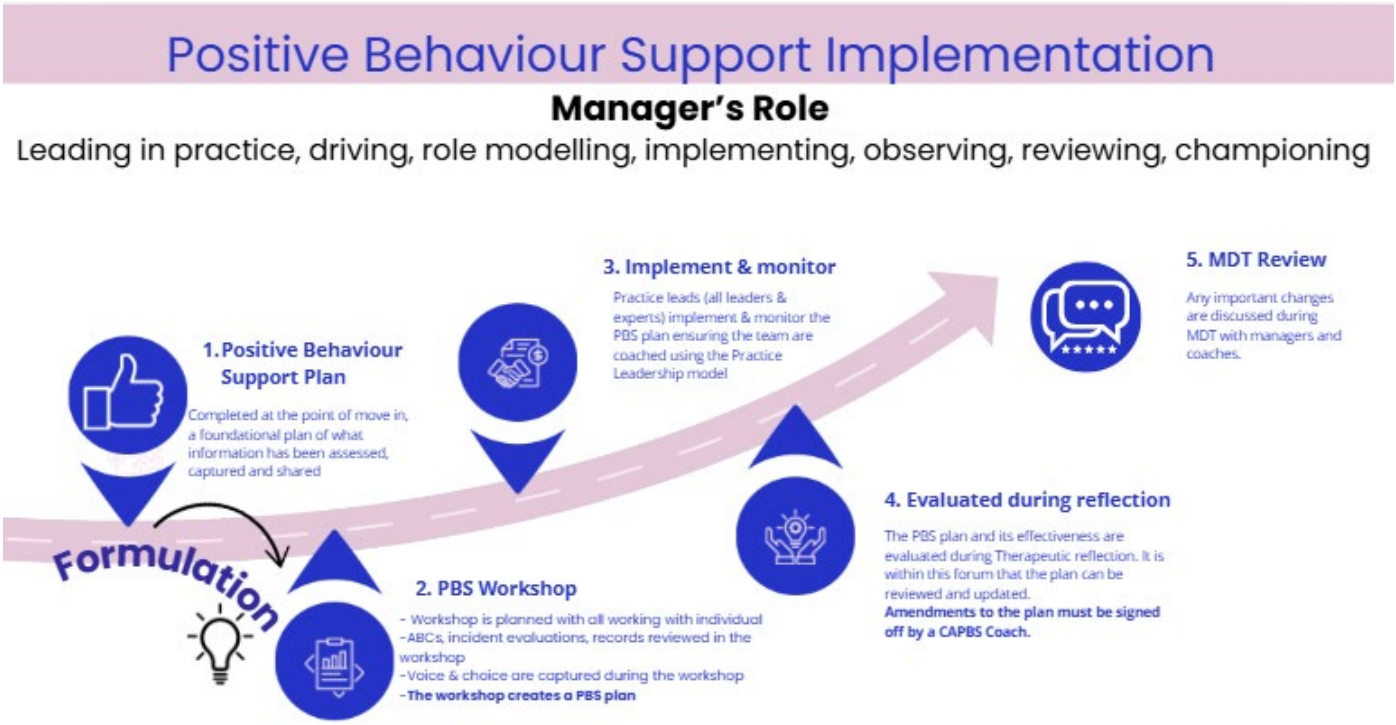
When an individual first becomes open to potentially moving to Embrace Care, an Assessment of Need and Impact Risk Assessment will be conducted by the Home/ Services' manager, in liaison with the Responsible Individual and the Embrace Care Therapeutic Team. This is to ensure a shared-risk management approach and a strong foundation of understanding of the individual, on which to build their Positive Behaviour Support Plan.

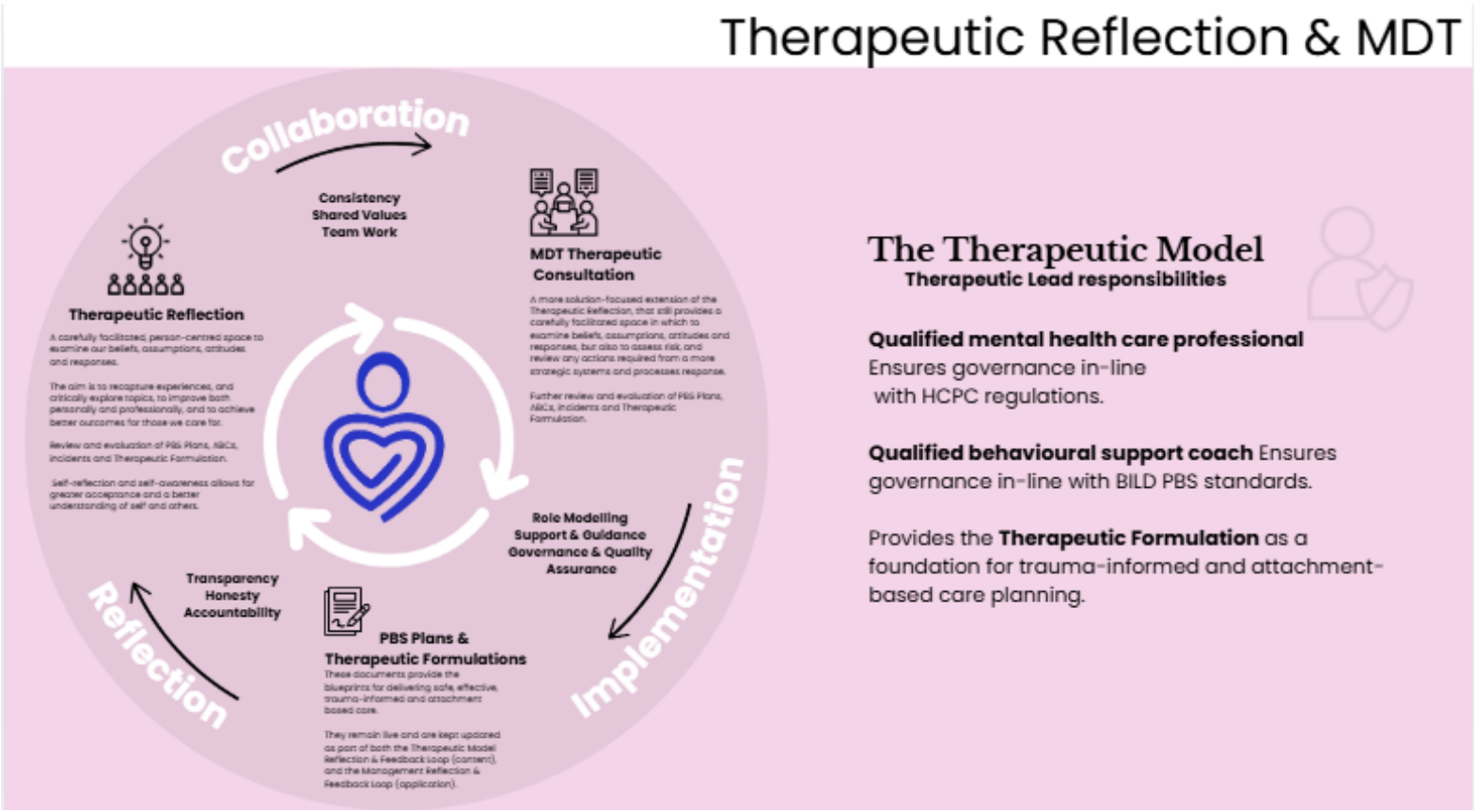
12-week PBS Assessment:

1. Obtain consent - Ensure informed consent is gained before beginning the assessment process. If the individual lacks capacity, follow best interest decision-making procedures in line with the Mental Capacity Act (MCA).
2. Gather information – Collect historical and current information relating to the behaviours of concern.
3. Develop a working hypothesis – Formulate a hypothesis about the function (s) of the behaviours of concern using a functional assessment approach.

4. Collaboratively develop a Trauma Informed Intervention Plan - Design a intervention plan that combines the findings from the Therapeutic Formulation, with input from the individual, their support network, and relevant professionals.
5. Create an easy read PBS Plan - Produce a simplified, accessible version of the PBS Plan (based on the BSP CAT).
6. Train Staff and Stakeholders – Deliver training on the PBS Plan to all staff and stakeholders involved in supporting the individual to ensure consistent and effective implementation.
7. Ongoing implementation and reflection – Monitor the plan regularly through Monthly Therapeutic Reflection and MDT Therapeutic Consultations.

Structured reflections will evaluate the PBS plan, allowing for the plan to be actively reviewed and signed off. This also ensures that the PBS plan has clinical oversight from the Therapeutic Lead or a PBS Lead and reflections are used as a structured time to review and sign off.





Timescales have been identified for best-practice purposes, allowing for a sufficient period of information gathering whilst the individual begins to settle-in to their new home. Whilst Embrace Care endeavour to meet this timeframe in all circumstances, there are factors which may delay the process from time to time. For example, key members of the Therapeutic Team or Management taking a period of annual leave, the requirement for further assessment in complex circumstances and delays in obtaining the individual's views due to communication barriers. In all cases of a delay, stakeholders will be kept informed of the reasons for this and a proposed completion date will be provided wherever possible.

Embrace Care adheres to legislation to ensure all PBS practices are ethical, safe and effective. This involves understanding and complying with current legal standards regarding the rights of individuals, particularly in relation to the use of restrictive practices, safeguarding, and promoting dignity and respect.

PBS Training

All staff members to receive face-to-face training in PBS and The Embrace Care Therapeutic Model during induction into their roles. Ongoing training to be provided to ensure Continuous Professional Development (CPD).

Including PACE within PBS

PACE is a therapeutic parenting model that stands for Playfulness, Acceptance, Curiosity, and Empathy. It is a framework for understanding and responding to the needs of person supported who have experienced trauma or attachment difficulties.

Playfulness:

Incorporating playfulness into the environment can help to create a sense of safety and promote positive relationships between care team members and person supported. This can be achieved through activities such as art, music, sports, and games. Playful interactions can also be used to de-escalate challenging behaviour and redirect the person's attention in a positive way.

Acceptance:

The acceptance component of PACE emphasises the importance of accepting a person for who they are, without judgment or criticism. This can be achieved by creating a non-judgmental environment where the person feels safe to express themselves and their feelings. Care team members can model acceptance by actively listening to the person and validating their experiences, even if they do not agree with their behaviour.

Curiosity:

Curiosity involves an attitude of openness and willingness to learn about the person's experiences and needs. Care team members can demonstrate curiosity by asking questions, observing the person's behaviour, and trying to understand the underlying reasons for behaviours of concern. This can help the care team to identify triggers and develop strategies to support the person.

Empathy:

Empathy is an essential component of PACE, as it helps the care team to understand and connect with the individual's feelings and experiences. Care team members can demonstrate empathy by acknowledging the person's feelings, validating their experiences, and responding with warmth and compassion. This can help to build trust and promote positive relationships between staff members and the person being supported.

Serious Incidents and Physical Interventions

The Department of Health (DH), the Restraint Reduction Network (RRN) and the National Institute for Clinical Excellence (NICE) all highlight the importance of preventive/proactive approaches and de-escalation – as opposed to restrictive interventions - for managing behaviours of concern.

Embrace Care acknowledge that In the event of any serious incident (e.g. accident, violence or assault, damage to property), the staff team should take what actions they deem to be necessary to protect the person supported and themselves from immediate harm or injury. Any form of Physical Intervention used must be the least intrusive necessary to protect the supported person, carer(s)/staff team or others.

The staff team should endeavour to deal with as many of the challenges that are involved in caring for individuals with complex needs without recourse to the involvement of the Police, who should only be involved in two circumstances.

- An emergency necessitating their immediate involvement to protect the supported individuals or others;
- Following discussion with the supported individuals social worker and/or relevant senior manager from the local authority.

If any serious incident occurs or the Police are called, the social worker or duty must be notified without delay and will then notify the relevant senior manager within the local authority and arrange for a full report to be made of the incident and actions taken.

Restrictive Physical Intervention

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 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 the person receiving support that 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.
- **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.
- **Inherent Jurisdiction** – to protect those at risk of harm of themselves or others. Where necessary reasonable force may be used if it is deemed in the safety and others and is assessed as 'reasonable and proportionate'.

Overall policy – 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 Registered 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 managing behaviours of concern should be reviewed every 12 months or sooner if dictated by changes in operational circumstances by the Registered Manager. The policy should give due regard to:

1. The care management assessment/care plan
2. Risk Assessments
3. Functional Behavioural Assessment
4. Positive Behaviour Support Plan
5. The purpose and function of the home
6. If a residential home, its registration category
7. Staffing structure
8. Skills and training of staff
9. Design and location of the service

10. 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 Registered Manager should ensure that a record is kept showing that staff have read, understood, and agreed to abide within any guidelines.

3. Physical Intervention Training

Our training strategy is as follows:

- All staff should receive skills training appropriate to their needs in how to best support and develop the skills, knowledge, and experiences of supporting individuals, who may exhibit behaviour that challenges.
- Training should meet BILD's accreditation, Embrace Care currently operates Team Teach training. Embrace Care is currently in the process of a self-assessment period for the use of 'Positive Experiences and Reflective Learning' PEaRL accreditation with BILD which meets the Restraint Reduction Network standards.
- Embrace Care is currently a member of Restraint Reduction Network which offers seminars and additional training and guidance.
- More intensive training should be provided to those staff working in the person supported homes 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 provision of this training should be the support management assessment/care plan, placement plans and individual's risk assessments. This will be delivered by a qualified training instructor.
- Training should also include the management of complex situations including the use of physical intervention in line with the BILD/Restraint Reduction standards code of practice for trainers in the use of physical intervention.

Risk assessment

Whenever it is identified from the need's assessment/support planning process that an individual might require physical intervention, a 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 a 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 plan to identify the level of support and intervention the individual will require to manage incidents of behaviour of concern. It is important that appropriate steps are taken to minimise the risk to staff, the individual, and others.

Among the main risks to the individuals supported 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 young people 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, a child or young person, or otherwise humiliating or degrading those involved
- Creating distrust and undermining personal relationships.

De-escalating Behaviour

One of the most effective ways of preventing a challenging situation is through ensuring that effective needs assessment, person supported or young people's 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 dislike 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.

- **Allow the person time** – Access to a quiet place and giving the person some time to recover 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.

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 child or young person. 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 child or young person, staff and others as far as possible.

Planned physical intervention

Planned physical intervention, where staff employ pre-arranged strategies and methods, is differentiated from emergency or unplanned physical intervention. Planned interventions should be:

- Agreed in advance by a multidisciplinary team working in consultation with the person supported, and key stakeholders.
- Implemented under the supervision of an identified member of staff who has relevant qualifications and experience.
- Recorded in writing so that the method of physical intervention and the circumstances when it is sanctioned for use are clearly understood.
- Included as part of the individuals plan. Where planned physical interventions are employed, there should be one component of a broader approach to treatment or therapy. For some people physical intervention will form part of the individuals plan.

It should be noted that seclusion, to the extent that it involves restricting a person's freedom of movement, should also be considered a form of physical intervention. The use of seclusion is for

people detained under the Mental Health Act 1983, and strict criteria for its use is laid out in the Code of Practice (1999).

Planned physical intervention, including restraint, can only be agreed as part of a full multidisciplinary team. The meeting will involve the Registered Manager, keyworker, the individual supported (given their capacity to understand and agree) and/or their representative, who should be involved as far as practically possible.

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.

Final agreement to any planned physical intervention must be sought from the placing authority and the Registered 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 person supported's home.
- 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 family members.

- 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 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 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, Registered 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.
- ❖ 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.

There are four broad categories of Physical Intervention:

1. **Restraint**: Defined as the positive application of force with the intention of overpowering someone. Practically, this means any measure or technique designed to completely restrict a person's mobility or prevent them from leaving, for example:
    - Any technique which involves a person being held on the floor ('Prone Facedown' techniques may not be used in any circumstances);
    - Any technique involving the person being held by two or more people;
    - Any technique involving a person being held by one person if the balance of power is so great that the person is effectively overpowered;
    - The locking or bolting a door in order to contain or prevent a person from leaving.

    The significant distinction between this first category and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a person. The intention is to overpower the person supported, completely restricting the person's mobility. The other categories provide the person being supported with varying degrees of freedom and mobility.
2. **Holding**: This includes any measure or technique which involves the individual being held firmly by one person, so long as the individual retains a degree of mobility and can leave if determined enough.
3. **Positive Touching**: This includes minimum contact in order to lead, guide, usher or block an individual; applied in a manner which permits the individual quite a lot of freedom and mobility.

4. **Presence**: A form of control using no contact, such as standing in front of a individual or obstructing a doorway to negotiate with a individual; but allowing the individual the freedom to leave if they wish.

Restraint also includes restricting the person's liberty of movement. Restriction on liberty of movement can involve adaptations to the environment such as using high door handles or removing physical aids, but it also refers to behaviour support strategies such a requiring a person to take 'time out' in a specific area of the home.

Where the likely application of this strategy is a reasonable assumption due to a child's previous behaviour or level of emotional needs, this should be included in the PBS plan/Care plan. This should be monitored as part of the normal review process. This strategy should be clearly recorded on the individuals Individual Behaviour Support Plan. In this instance, there is no requirement to complete an incident report, unless the behaviour displayed is new, unusual or falls under any other category of incident.

If an individual has an PBS plan in which a specific type of restraint/ physical intervention is used as part of the day-to-day individuals routine, the home is exempted from the recording requirement. An example of this may be a therapeutic intervention such as linking arm through guiding through the environment. Where these plans provide for a specific type of restraint that is not for day to day use, the restraint used must be recorded. Any other restraint used must always be recorded.

Who may use Physical Interventions?

Trained care team should only use Physical Intervention if they have undertaken approved training. However, where care team/carers have not undertaken such training, the use of minimum force may be justified if it is the only way to prevent injury or damage to property and must be *reasonable and proportionate* to the situation. Teams are covered under inherent jurisdiction in circumstances to prevent harm to self and others.

Where care team have not undertaken such training, the use of force may still be justified if it is the only way to prevent injury to themselves or others. In these circumstances, care team must always act in a manner consistent with the values and principles set out in this manual. Any intervention used must:

a. Not impede the process of breathing;
b. Not be used in a way which may be interpreted as sexual;
c. Not intentionally inflict pain or injury or threaten to do so;
d. Avoid vulnerable parts of the body, e.g. the neck, chest and intimate areas;
e. Avoid extending the joints beyond the normal limits or range of motion (hyperextension or hyperflexion), and pressure on or across the joints;
f. Not employ potentially dangerous positions.

Criteria for Using Physical Interventions

There are different criteria for the use of Restraint and Holding, Touching and Physical Presence/proximity:

1. Restraint may only be used where there is likely significant injury or serious damage to property;
2. Holding, Positive Touching or Presence are less forceful and less restrictive and may be used to protect person supported or others from injury which is less than significant or to prevent damage to property which is less than serious;
3. Before any other form of Physical Intervention is used, all of the following principles must be applied:

1. For the intervention to be justified there must be a belief that injury or damage is likely in the predictable future;

    2. The intervention must be immediately necessary;
    3. The actions or interventions taken must be a last resort;
    4. Any force or intervention used must be the minimum necessary to achieve the objective.
    5. The force or intervention used must be proportionate to the incident

A person can be prevented from leaving the home if it is felt they are at significant harm in the following circumstances:

- Sexual Exploitation;
- Gang Related Activities;
- Use of drugs or other illicit substances.

This restriction of a person liberty should be for the minimum amount of time possible and in response to immediate danger. The care team will need to ensure that in the recording of this incident they clearly outline all the steps taken to prevent the need to restrict the person's liberty using physical means and the persons social worker must be informed at the earliest opportunity, along with the homes manager and On Call Manager if appropriate.

If a person continually requires this level of intervention to help them to remain safe, there must be clear evidence of a planning meeting with the multi-agency to consider the appropriateness of the plan. It may be recognised that this is a process of testing and an agreement regarding strategies will be set and reviewed in conjunction with the team around the person. A legal meeting may need to be convened to assess if the liberties of the person are being restricted and thus if a 'Deprivation of Liberty' order is required.

Locking or Bolting of Doors

It is acceptable to use mechanisms or modifications to a person supported's home which are necessary for security, for example on external exits or windows, so long as this does not restrict person supported's mobility or ability to leave the premises if it is safe for them to do so.

It is also acceptable to lock office or storage areas to which person supported are not normally expected to gain access.

If such mechanisms are used they must be outlined as follows:

In person supported's homes, if any such mechanisms or modifications are used, they must be set out in the home's Statement of Purpose and the arrangements for their use set out in the home's Care team Handbook.

A Deprivation of Liberty may occur where a person is not free to leave the home, or is free to leave but is under continual supervision. Modifications to a home's environment may also mean that residents are deprived of their liberty.

In the case of young people aged 16+ who lack capacity, a deprivation of liberty may be authorised by the Court of Protection following an application under the Mental Capacity Act 2005.

There may be circumstances where the plan for a child under the age of 16 involves their having to be cared for under circumstances in which a court order would also need to be obtained to authorise a deprivation of liberty.

Locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution if applied within the normal routine of the home.

Record Keeping and Monitoring

Full and comprehensive reporting is essential where an individual exhibits behaviours of concern. At Embrace Care, there are two ways staff should record behavioural incidents, either an ABC Form or Incident Form. ABC Forms are used to collect detailed information about specific behaviours of concern. This information supports the development of the Positive Behaviour Support (PBS) Plan and helps guide appropriate intervention strategies.

- **Antecedent** – What happened before the behaviour occurred? What factors could have contributed for e.g. hunger, tired, demand placed etc.
- **Behaviour** - What did the behaviour look like?
- **Consequence** - What happened immediately after the behaviour?

The criteria for ABC Forms is the following: any incident with a Low to Medium Level of risk (e.g. Incidents that have not resulted in any significant physical harm or injury), PBS Plan "Amber" behaviours (if the person has a PBS Plan), any behaviours that the PBS Lead/ Management requests requires further information on, and or any or new behaviours of concern the person displays. If

staff are unsure what behaviours should be recorded on ABC Forms, they should seek advice from the House Manager or Senior Support Workers.

Incident Forms are detailed written accounts of when a significant incidents. These are legal documents that could be shared with the social services, Local Authority or The Courts. The criteria for Incident Forms is the following: Any Incidents that have a high level of risk (e.g. person become injured, caused injury to others or is at significant risk of causing injury to themselves or others), if any physical Intervention has been used breakaway or holding techniques, PBS Plan "Red" behaviours (if the person has a PBS Plan), or any incident that occurs in the community.

Following an incident, where appropriate staff should complete a Person Supported De-brief to support emotional recovery, promote self-awareness and learning, build trust and strengthen relationships, and inform support plans.

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 Registered Manager within 24 hours. In some cases, the Registered Manager should be notified immediately, depending on the severity of the situation. Staff should always contact the Registered 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:
- the name of the person involved
- 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 or other people present
- the effectiveness and any consequences of the restraint

- any injuries caused to or reported by the individual or any other person
- a full debrief with the staff involved/witnessing
- a full debrief/restoration with the adults involved in the incident
- If appropriate the signature of a person authorised by the registered person to make the record.
- Carry out a review of existing risk assessments and update as necessary.
- Where applicable, the relevant incident and accident forms, Accident/Incident Reports (AIR) 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 Registered Manager of the home within 5 working days to discuss any 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 Registered 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 practices.

Monitoring and Analysis of Behavioural Data

The Home's Manager will review all reports ABC Forms and Incident Reports and input them into the supported individuals Behaviour Database. This will enable them to look for any trends or patterns or lessons to be learned. The data will be used to support proactive and individualized planning, such as updating PBS Plan, Care Plans or Risk Assessments.

Managers will carefully monitor all incident reports relating to violence or the use of restraint to ensure that both staff and young people 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.

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. Embrace Care 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.

Embrace Care's Restraint Reduction Strategy – (Based on the 6 Core Strategies developed by the Restraint Reduction Network)

1. **Leadership Toward Organisational Change**

   Embrace Care's Senior Leadership Team are committed to restraint reduction. The management team ensure staff, polices and procedures are focused on Positive Behaviour Support and on the Therapeutic Model, thereby reducing the need for restrictive interventions.

2. **Using Data to Inform Practice**

   Embrace Care will use data collection tools to measure the effectiveness of practice and efforts towards reducing incidents/ restraint.

3. **Workforce Development**

4. **Use of Restraint and Seclusion Reduction Tools**

   All individuals supported by Embrace have a PBS Plan that is regularly reviewed that emphasises the use of pro-active strategies, reducing the need for physical interventions.

5. **Client, family and stakeholder involvement**

   Embrace Care place great emphasis on giving clients choices to help them manage their own behaviour. Empowering and listening to the individual during a challenging situation is essential to person-centred care, and client involvement is an integral part of our debriefing process as well.

6. **De-briefing techniques**

The principle of post-incident review, support and learning is embedded within our work practice. Debriefing is a key tool for restraint reduction as it offers an opportunity to review what went well, and what did not go well, then make improvements based on this analysis.

Appendix 1.

CQC	Ofsted
Health and Social Care Act 2008 (Regulations)	Children's Homes Regulations 2015
Mental Capacity Act 2005	Human Rights Act 1998
Human Rights Act 1998	Mental Health Act 1983 (Amended 2007)
Equality Act 2010	Mental Capacity Act 2005
Care Act 2014	Care Act 2014 (England)
The Autism Act 2009	Children Act 1989 & 2004
NICE Guideline NG11 (2015)	Equality Act 2010
NICE Guideline NG93 (2018)	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
The Restraint Reduction Network (RRN) Training Standards (2021)	United Nations Convention on the Rights of the Child (UNCRC)
CQC's "Right Support, Right Care, Right Culture" Guidance (updated 2020) –	The Restraint Reduction Network (RRN) Training standards
PBS Competency Frameworks	British Institution of Learning Disabilities (BILD's) Accredited physical intervention training standards

CQC Regulations	
Regulation 9: Person-Centered Care	PBS Assessments and PBS Plans should be individualised and holistic, and include a functional assessment of behaviour./
Regulation 10: Dignity and Respect	Restraint or restrictive practices must only be used a last resort.
Regulation 11: Need for Consent	Consent should always be gained before completing a PBS Assessments and Intervention Plan, either through informed consent or best interest if they lack capacity (following MCA)
Regulation 12: Safe Care and Treatment	Behaviour that may cause harm will be assess and individuals will have strategies on how to support them safely.
Regulation 13: Safeguarding from Abuse	PBS helps to protect people from abuse and improper treatment, minimum use of restrictive interventions.
Regulation 17: Good Governance	Services must review incidents, update PBS Plans and train staff regularly.