

POLICY AND PROCEDURE



SoLO
Life
Opportunities

38 Walnut Close
Chelmsley Wood
Birmingham
B37 7PU

Charity No. 1102297
England Company No.
5025939

Managing Actual & Potential Aggression

Category: staff and volunteers/members

Introduction

The following policy statement sets out the general position of SoLO Life Opportunities in relation to the requirement for management of challenging behaviour and use of physical intervention. It is essential that staff work within this policy and only use physical intervention as a last resort.

Position Statement

SoLO Life Opportunities has a clear policy on the standards of behaviour expected of service users, volunteers and staff, how these standards are maintained and how unacceptable behaviour is addressed.

In responding to unacceptable or dangerous behaviour, staff will be expected to pay due regard to the philosophies and values of the organisation. Specifically, there will be no practices which hurt members, no action which degrades any person, no discrimination against any person for any reason. SoLO Life Opportunities will be responsive to the needs and preferences of each individual.

All staff will receive training on managing challenging behaviour and nominated staff will receive extra training in the use of nonviolent physical intervention. Currently the training provider and guidelines followed is MAPA® (Managing Actual and Potential Aggression)

- Demonstrates compliance and commitment to BILD (British Institute of Learning Disabilities) and CQC (Care Quality Commission) regulations.
- Reduces risk of liability.
- Provides staff with an investment in their professional well-being.
- For those in our care, MAPA® will:
 - Maintain their dignity at all times.
 - Provide a positive and respectful environment.
 - Guide them towards making positive behaviour choices.

- Develop their coping skills for difficult situations.

Practice Guidelines

It is the philosophy and values of the organisation that all approaches to members are verbal de-escalation interventions aimed to de-escalate a situation and the use of positive reinforcement.

Positive behaviour should be encouraged by the following:

- Careful management of the whole environment to ensure that any known possible cause for risk behaviour is minimised, thus reducing the necessity for any intervention.
- Appropriate recreation and leisure facilities adapted to the level of development and understanding of each member attending the Project.
- Positive role models of appropriate behaviour from all Project staff.
- Effective levels of supervision by Project staff who remain alert at all times to matters of safety, discipline and care.
- An appropriate level of care towards the health and physical well being of every member attending the Projects.
- Co-operative relationships with parents and carers regarding all aspects of the Project's provision.
- Co-operation with appropriate support professionals for any known or suspected difficulty the member may be experiencing.
- Clear and understandable routines of good behaviour given to the member are consistently applied and planned corrective approaches are undertaken when inappropriate behaviour occurs, in accordance with the agreed measures.
- For members who present persistent unacceptable or dangerous behaviour the staff will, in conjunction with all relevant parties (including the member), review agreed measures to more appropriately support the service user.

Intervention

Despite our best efforts, situations could arise in which it may be necessary to intervene physically in order to safe guard the well-being of members, staff, volunteers or members of the public.

Although the vast majority of members attending the Projects will never require any form of physical intervention, staff may have to deal with some who exhibit disturbed, distressed, anxious and/or defensive behaviour. All

members will have a needs assessment carried out on registration with the Project.

Risk Assessment

In some cases this will prompt the need for a positive behavioural support plan to be carried out. The plan will determine the level of support that the service user will require to promote wellbeing in a person centred way and agreed measures to support each individual during the levels of a crisis.

All plans should detail the actions staff should take to reduce risk to all concerned, and detail any interventions that are deemed safe and appropriate to each individual. All plans will be set in full consultation with service users, parents and professionals.

The plan will be a live document that should be monitored and kept under regular review, in conjunction with any incident forms and should be amended as required.

Reactive Strategies including Physical Intervention

Physical intervention must never be used as a means of punishment.

Physical intervention should be used as part of a more general behaviour management strategy and must only be used as a last resort when the following judgements have been made:

- Alternative strategies have failed to de-escalate the situation
- This response is in the paramount interest of the individual, others and the environment
- Not intervening is likely to result in more dangerous consequences than intervening

It is helpful to distinguish between planned intervention, in which staff employ pre-arranged strategies and methods, and emergency or unplanned use of force.

Planned physical interventions

Planned physical interventions must be:

- Agreed in advance by the staff who will be implementing the plan, the parent/carer and any other agencies involved in supporting the member
- Unless there is a good reason for not doing so, normal practice would be to involve the member
- Implemented by identified staff who have undergone training in the type and level of intervention required
- Recorded in writing so that the rationale, method of intervention and the circumstances when it is sanctioned for use are clearly understood

- Included as part of the care plan/individual support plan
- Used for the shortest amount of time using the minimum of force

It is also important to take account of the settings where behaviours are likely to occur, as the response to the behaviours may be different according to the setting. All planning must be individually based and in response to the likely actions of a particular person in a particular setting

Unplanned physical interventions

Emergency use of physical interventions may be required if service user is exhibiting risk behaviour, and all forms of verbal de-escalation techniques have been exhausted. An effective positive behavioural support plan together with well-planned preventative strategies will help to keep the use of crisis interventions to a minimum. However, staff should be aware that, in a crisis the use of “force” is permissible if it can be demonstrated that it is the only way to prevent injury to self or others or serious damage to property. Staff should judge that the adverse outcomes associated with the intervention (e.g. injury or distress) would be less severe than the adverse outcomes of not physically intervening.

The use of physical crisis intervention should be for the shortest amount of time and using the minimum amount of force.

Sometimes a person needs to be restrained in order to provide medical or nursing care. Other than to provide medical or nursing care, individuals should only be restrained when all of the following guidelines are met:

- The person is an immediate danger to themselves and/or others
- Other ways to manage the person’s dangerous behaviour have failed and
- Staff members are trained in the proper use of restraints

Once physical intervention has been used on an emergency basis, the parents/carers must be informed. It is important to learn from the incident and plan together how to avoid or minimise the chance of a repeat incident.

Reporting, Recording and Reviewing

Each member will have a profile containing information regarding behaviour management including planned interventions in consultation with parents and professionals. Staff will be briefed, at the beginning of each project, on individual service user’s needs.

All physical interventions must be recorded. Where required, planned and unplanned interventions will be recorded on the incident report form and reported back to all relevant parties.

Incident forms will be considered by the Project Manager who will determine if further action is required, and assess any trends. The Senior Management Team will review all incidents on a weekly basis.

The Law and Physical Interventions

This policy reiterates DfE/DoH (Department for Education / Department of Health) guidance in supporting the presumption that everyone is entitled to:

- respect for his/her private life
- the right not to be subjected to inhuman or degrading treatment
- the right to liberty and security
- the rights not to be discriminated against in his/her enjoyment of those rights

In protecting the rights of individuals the law makes an important contribution to establishing standards of care within the services. This can be summarised in the form of two key underlying principles:

- Any physical intervention should be consistent with the legal obligations and responsibilities of the service, their staff and the rights and protection afforded to people under the law.
- Working within the 'legal framework', services are responsible for the provision of care, including physical interventions, which are in a person's best interest.

Legal Considerations

The use of physical restraint may be associated with both criminal and civil liability.

Under law, every citizen is entitled to live without interference from others. Obvious forms of interference include imprisonment (the unlawful and intentional or reckless restraint of victim's freedom of movement), assault (when a person is in fear of being attacked by another) or battery (inflicting unlawful violence on another).

However, there are occasions in which there is "lawful excuse" or justification for the use of "reasonable force". There is no legal definition of "reasonable force" as this will always depend on all circumstances of the case.

In relation to this there are TWO relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore physical force could not be justified to prevent a child from committing a misdemeanour or a situation that clearly could be resolved without force.

- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force should always be minimum needed to achieve the desired result.

Whether it is reasonable to use force, and in what degree, might also depend on the age, understanding and gender of the service user.

The risk to the member of staff in using physical intervention is the definition of 'reasonable' as this is open to interpretation. It is therefore essential that members of staff who have to resort to the use of physical intervention should only do so as a last resort by a trained member of staff. Wherever possible all other behaviour management techniques should be explored to prevent a situation escalating into one where the staff or the service user is likely to damage themselves or others. If an un-trained member of staff uses any form of planned physical intervention, this will result in an investigation which may lead to disciplinary action being taken.

This policy supported by appropriate training and guidance must inform staff strategies and responses to the need for intervention in such a way that staff feel empowered within the policy to respond flexibly according to the needs of the situation thereby ensuring a safe, positive environment for all.

The risks to staff of not intervening could be:

- Staff will be in breach of the duty of care
- Member, staff or others will be injured
- Serious damage to property will occur
- The possibility of litigation

Minimising Risk

The following factors should be considered in minimising risk to the service user or staff;

- The number of trained staff available to intervene/monitor
- Spectacles, hearing aids, jewellery, clothing etc., worn by staff
- The staff's capacity to act calmly, systematically and pro-actively
- The location of the incident and the potential for the intervention to be carried out safely
- Knowledge of the member's previous experiences of intervention and their predicted reactions
- The presence of weapons
- Assessment of staff competence to physically intervene

Any physical intervention involves a degree of risk and the assessment of the level of risk is a calculation that must be made before deciding to intervene in a timely way, and only when all other strategies have been exhausted.

Links with: Behaviour Management and Exclusion