

**Bridgend County Borough Council**  
**Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**



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**Social Services & Wellbeing Directorate**

# **Positive Behaviour Support/Management and the use of Restrictive Practices**

**September 2023**

<b>Updates, Revisions and Amendments</b>		
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## 1. Introduction

- 1.1 This policy aims to provide a clear and comprehensive account of Bridgend County Borough Council's Social Services and Wellbeing Directorate's approach to Positive Behaviour Support/Management and the use of Restrictive Practices.
- 1.2 This policy is the overarching policy document that applies to all Adult's and Children's regulated Care Services. Service specific guidance and procedures remain in place which provide the specific arrangements that are in place and relevant to that individual service regarding positive behaviour support/management and the use of restrictive practices. These service specific procedures are not policy and are to be read in conjunction with this policy.
- 1.3 Positive Behaviour Support/Management is about working in partnership with people, treating them with dignity and respect and enabling them to have a better life. All behaviours have a meaning, Positive Behaviour Support/Management aims to understand what behaviours of concern tell us so that the person's needs can be met in better ways. The way the person is supported often must change to achieve this and this needs to be regularly reviewed by all the people involved.
- 1.4 Positive Behaviour Support/Management is an approach that puts the person at the centre to make systems work for the person. It focuses on providing the right support at the right time so people can reach their potential.
- 1.5 The Welsh Government Reducing Restrictive Practices Framework defines Restrictive practices as:  
"Restrictive practices are a wide range of activities that stop individuals from doing things that they want to do or encourages them to do things that they don't want to do. They can be obvious or very subtle." (Care Council for Wales, 2016)"
- 1.6 This term covers a wide range of activities that restrict people. It includes:
- Physical restraint - a means of purposely limiting or obstructing the freedom of a person's bodily movement.
  - Chemical restraint – the use of medication to restrict the freedom of movement of a patient or in some cases to sedate the person.
  - Environmental restraint - a practice or intervention that restricts, or involves restricting, a person's free access to all parts of their environment (including items and activities).
  - Mechanical restraint - the use of a device (e.g., belt or cuff) to prevent, restrict or subdue movement of a person's body, or part of the body. Licences are required for mechanical restraints. Bridgend CBC do not

hold these licences and as such is never to be used in any of its regulated care settings. Any incident whereby a mechanical restraint is used must be reported to management and safeguarding immediately.

- Long Term Segregation - a situation where, in order to reduce a sustained risk of harm posed by the person to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a person should not be allowed to mix freely with other people supported by that regulated care service on a long-term basis. This is a restraint due to its removal, deprivation of and impact upon a person's liberty.

- 1.7 Bridgend CBC are committed to ensuring that all staff are working in a manner whereby they utilise the lowest level of intervention that they can always and only as a last resort should they use a restrictive practice to prevent harm to the individual or others. This policy and the associated framework ensure that this is informed by person centred planning, within the context of the service setting and in a way which safeguards the individual, those whom they interact with, and those who provide services to them.
- 1.8 This policy acknowledges that whilst the Restrictive Practices Framework is not statutory guidance, it sets out Welsh Government's expectation for policy and procedures in reducing restrictive practices across social care settings as part of a person-centred approach. It also acknowledges that it is the approaches within this Framework that compliance will be based against during Inspections by the Care Inspectorate Wales (CIW).

## 2. Legal and Regulatory Framework

- 2.1 The following set of legislation and policies have contributed to and been considered in developing the Reducing Restrictive Practices Framework, and as such, have been considered in the production of this policy.
- Special Educational Needs Code of Practice for Wales (Welsh Government, 2004)
  - Mental Capacity Act, 2005
  - Equality Act, 2010
  - The Public Sector Equality Duty, Equality Act 2010 (EA 2010) s149
  - Together for Mental Health (Welsh Government, 2012)
  - Safe and Effective Intervention - Use of Reasonable Force and Searching for Weapons (Welsh Government Guidance, 2013)
  - The Social Services and Well-being (Wales) Act 2014
  - Part 4 Code of Practice (Meeting Needs), Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2015)
  - Working Together to Safeguard People Volume 1: Introduction and Overview (Welsh Government, 2016)
  - Mental Health Act 1983: Code of Practice for Wales (Welsh Government, 2016)

- Mental Health Units (Use of Force) Act, 2018
- The Learning Disability – Improving Lives Programme (Welsh Government, 2018a)
- Working Together to Safeguard People Volume 5: Handling Individual Cases to Protect Children at Risk (Welsh Government, 2018)
- Working Together to Safeguard People Volume 6: Handling Individual Cases to Protect Adults at Risk (Welsh Government, 2018)
- Dementia Action Plan for Wales (Welsh Government, 2018)
- Additional Learning Needs and Education Tribunal (Wales) Act 2018 (as requirements come into force)
- Additional Learning Needs Code (as requirements come into force)
- Regulation and Inspection of Social Care (Wales) Act 2016
- Statutory Guidance for service providers and responsible individuals on meeting service standard regulations for: Care home services; Domiciliary support services; Secure accommodation services; and Residential family centre services. This statutory guidance relates to Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended, (Welsh Government, 2019)
- The Local Authority Fostering Services (Wales) Regulations 2018 and associated Code of Practice
- [United Nations Convention on the Rights of the Child](#)
- [United Nations Principles for Older Persons](#)
- United Nations Convention on the Rights of Persons with Disabilities
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

This is not an exhaustive list, and the Directorate will ensure that it complies with all statutory requirements placed on it through legislation and guidance.

### 3. Definitions

**Person centred** - The practice of ensuring the individual is kept at the centre and involved, where appropriate, in the planning of care and support for them. This includes inclusion of relatives or advocates where appropriate and applicable. This applies to all persons or people as per the below definition.

**Person or people** - This includes all children (up to the age of 18 years) and adults (age of 18 years or over).

**Behaviours of concern** - The term 'behaviours of concern' is the preferred term used by BCBC when supporting people with complex needs, but this can often be interchanged with the terms, 'challenging behaviour', 'behaviours that challenge', and 'distressed or risky behaviour'. Behaviours of concern are escalated behaviours that can impact the wellbeing or physical safety of the individual or people around them. The behaviour could be a result of medical, environmental, or psychiatric factors which are negatively impacting upon them. Behaviours of concern include indicator and pre-cursor behaviours that are known and identified for that individual. Through staff being able to observe, identify and positively react to these antecedents, they will be able to

reduce the severity of the exhibited behaviour and ensure the intervention is at the lowest possible level.

**Challenging behaviour/behaviour which challenges** – “Behaviour that can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion”. (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007)

**Personal Plan** – The term ‘personal plan’ includes:

- a care and support plan
- care and treatment plan
- plan for a child in a childcare setting and/or
- individual education plan

**Social Care Practitioners** - By practitioners, we mean all people who are paid to work with people in:

- childcare
- social care settings
- domiciliary care settings

This includes agency or sessional workers.

For the purposes of this policy the term practitioners also include:

- foster carers.
- adult placement carers.

It does not include unpaid carers.

**Restraint** – Restraint is any act or omission which restricts a person’s freedom of movement whether they resist or not. The Mental Capacity Act (2005) defines Restraint as “The use or threat of force to help do an act which the person resists, or the restriction of the person’s liberty of movement, whether or not they resist. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm.” There are several different kinds of restraint including:

- Physical restraint such as holding someone, preventing, or limiting movement, stopping someone from leaving an area, placing someone in a position which limits their ability to move such as a low chair from which a person cannot rise without difficulty, or removing walking aids.
- Mechanical restraint such as lap straps, bed rails or chair trays
- Forced care such as washing or dressing someone against their will.

- Chemical restraint such as using medication without consent.
- Environmental restraint such as locking doors or using coded keypads or complicated door handles.
- Long term segregation such as an individual being kept away from others for extended periods of time.

**Control** – Where an individual is not free to do as they choose.

#### **4. Policy Statement**

- 4.1 Bridgend County Borough Council is committed and complies with the Welsh Government Reducing Restrictive Practices Framework.
- 4.2 Staff are to always utilise the least restrictive possible method of behaviour support and only as a last resort should they use a trained restrictive practice. Staff are expected to always be vigilant, observing for all known antecedents, and utilise identified preventative strategies to their fullest extent.
- 4.3 The purpose of restrictive physical intervention is firstly to take immediate control of a serious, significant, or dangerous situation and secondly to contain or limit the person's freedom for no longer than is necessary to end or significantly reduce the threat to themselves or those around.
- 4.4 Restrictive physical interventions must be regarded in the same way as any skilled clinical intervention with an individual. At all times the human and legal rights of the individual must be respected. The objective must be to meet identified need within the context of the aims and objectives of the service setting, whilst at the same time safeguarding the individual, those they interact with and those who provide services to them.
- 4.5 The person in control of the incident will have to carefully assess the situation and use their own judgement as to what may be deemed 'serious' or 'significant' before using such interventions.
- 4.6 As per the Restrictive Practices Framework, any act of restrictive practice has a potential to interfere with a person's fundamental human rights and everyone has an obligation to respect human rights. All acts of restrictive practice must be:
- lawful
  - proportionate and
  - the least restrictive option available
- 4.7 Restrictive practices should only be used within the appropriate legal frameworks, and each service area should ensure that they are aware of and operating within the parameters of the legislation and guidance relevant to them, to the people they support and those for whom they provide services.

- 4.8 Furthermore, any physical intervention must be justifiable, appropriate, reasonable, and proportionate to a specific situation and be applied for the minimum possible duration.
- 4.9 Where a situation has demanded the use of a taught restrictive practice, staff must ensure that they follow all behaviour plans, risk assessments, training and ensure that this is the only last option available to them to utilise.
- 4.10 Staff are never to utilise a restrictive practice that involves taking an individual to the floor.

#### 4.11 **Roles & Responsibilities**

##### **Corporate Director of Social Services and Wellbeing**

Is responsible for:

- Ensuring that arrangements are in place for identifying, reducing, and managing risk associated with violence and aggression at work.

##### **Heads of Services**

Are responsible for:

- Providing resources in support of the policy and making sure that there are arrangements for monitoring incidents of violence and aggression.

##### **Responsible Individuals (RI)**

Are responsible for:

- Specifying the appropriate type of Restrictive Physical Intervention (RPI) training for each service.
- Developing localised protocols for the use of Positive Behaviour Support/Management and the use of Restrictive Physical Intervention, where appropriate.
- Ensuring that this is communicated to Senior and Line Managers.
- Ensuring that robust mechanisms are in place to deliver the appropriate training (e.g., corporate training, cascade training, external contract).

##### **Registered Managers**

Are responsible for:

- Ensuring that all staff are aware of this policy and associated service specific procedures.
- Ensuring that risk assessments are carried out and reviewed regularly, including implementing control measures to ensure that staff unable to participate in RPI do not do so (e.g., pregnant staff, those with health conditions which prevent safe participation).



- Putting procedures and safe systems of work into practice which are designed to eliminate or reduce the likelihood of violence and aggression.
- Ensuring that, where identified through risk assessment, the techniques of physical interventions are taught to all staff and used safely, minimally, and appropriately.
- Ensuring that training and competency levels of staff are appropriate, in line with divisionally agreed requirements.
- Ensure that all staff groups at risk are provided with appropriate information, instruction, and training, including updates and refresher training where necessary. This includes providing at risk staff with adequate time to carry out appropriate training.
- Ensuring that, where bank or agency staff are used, these staff are recognised as competent with the appropriate training for their service if they may be required to participate in any restrictive physical intervention.
- Facilitating formal debriefing sessions when restrictive physical intervention has been used.
- Providing support to staff exposed to violence and aggression.
- Liaise with health and safety representatives when required, for example with work related incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### **Social Care Practitioners**

Are responsible for:

- Taking reasonable care of themselves and other people who may be affected by their actions.
- Co-operating with procedures designed for safe working.
- Reporting all incidents involving verbal abuse, threats, and physical assault.
- Ensuring their fitness to work.
- Ensuring they are competent and up to date with their Positive Behaviour Support/Management training.
- Ensuring they use proactive strategies to prevent or avoid escalations in behaviours which could lead to the need for physical intervention.
- Ensuring that physical interventions are only used as a last resort and the interest of the individual we support remains paramount.
- Ensuring that, when they use physical intervention, this is comprehensively documented in accordance with policy requirements.
- Reporting any dangers they identify, or any concerns they may have about potentially violent situations or the environment in which they work via their line manager and Bridgend County Borough Council (BCBC) incident reporting system.

- Using Positive Behaviour Support/Management techniques to proactively support people and as a means of preventing physical damage, attack, injury, or self-injury.
- Only using physical interventions as a planned clinical intervention to support an agreed care and support plan.
- Reporting any skill deficit to their manager.

## **Trainers**

Responsible for:

- Providing training on Positive Behaviour Support/Management
- Providing advice on the use of RPI, both general and to support incident investigations, where appropriate.
- Undertaking risk assessments to support safe practice.
- Working to standards set by training leads.
- Restricting training provision to BCBC employed staff only and Break Away techniques for students and volunteers in the service.

## **5. Key Principles**

- 5.1 This policy sets out the approach that Bridgend County Borough Council's Social Services and Wellbeing Directorate takes towards restrictive practices and the steps that it is taking towards reducing restrictive practices.
- 5.2 The reduction of restrictive practices will be kept at the centre of person-centred planning.
- 5.3 The use of restrictive practices will only ever be as a last resort. Each regulated care service provided by BCBC is committed to identifying and utilizing proactive and preventative behaviour management strategies for all individuals. As part of the training provided to staff, the main focus is placed upon being proactive and utilizing preventative strategies at all times and only using an approved restrictive technique in the last resort where there is the likelihood of danger or injury to arise to the individual, their supporting staff, or the public around them.
- 5.4 Each service area has a service-specific guidance relating to the use of restrictive practices.
- 5.5 The use of coercion and other forms of social, mechanical, and psychological restraint are not used within Bridgend County Borough Council's Social Services and Wellbeing Directorate as these are never an acceptable option.
- 5.6 Risk assessments relating to restrictive practices will be completed before any practice is implemented and used. These will include assessments of the risks to individuals and of their environments and where any practice increases the

risk to an individual's safety, the practice will not be used. Person centred assessments will be completed for all individuals who are at risk of restrictive practices. These person-centred assessments will also be detailed within the individual's care plan.

- 5.7 Where appropriate and required, individuals supported by regulated care services will have written positive behaviour support plans which detail the de-escalation strategies to be implemented by staff to minimise the risk of escalating behaviours.
- 5.8 At the outset of service provision, consent will be sought from the individual or their family member or delegated individual, that holds power of attorney, where the individual lacks capacity, or from those that hold deputyships, for the utilisation of restrictive practice as a last resort to prevent harm to the individual or others where the need for this has been assessed. These discussions are to take place as part of a multi-disciplinary team considering the person-centred approach ensuring their voice is heard.
- 5.9 Bridgend CBC Social Services and Wellbeing Directorate employ Behaviour Specialists who provide practical and on the job advice and support to staff across both adults and children's services.
- 5.10 Following every incident involving behaviours of concern or behaviours that challenge, managers are to ensure they organise a full debrief for the staff members involved. Managers are to ensure they maintain a complete oversight of all positive behaviour support/management techniques being utilised, including de-escalation strategies and, when required, restrictive practices. This will enable to manager to ensure that lessons are learnt from each incident and meetings and discussions will be held with the relevant staff group as to how they can avoid repeated incidents.
- 5.11 Use of a restrictive practice could be classified as a deprivation of an individual's liberty. Therefore, consideration must be given as to whether there is a requirement to apply for a DoLS at the outset of provision or onset of behaviours that may require the use of a restrictive practices. For further information on the process for DoLS please refer to the CTM Safeguarding Board policy which can be found at <https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/AdultPoliciesandProcedures/AdultPoliciesandProcedures.aspx>.
- 5.12 Where a person is detained under the Mental Health Act (1983), the Code of Practice (2016) and associated legislation will apply and are to be followed.

## **6. Approved Approaches utilised by Bridgend County Borough Council Regulated Care Services**

- 6.1 Each service is responsible for choosing its method of Positive Behaviour Support/Management for behaviours of concern ensuring they are appropriate and in line with current legislation and guidance around the use of restrictive practices. Staff are trained in these specialised techniques and only staff that have been assessed as competent in those approved techniques are allowed to utilise them as and when necessary, in line with the behaviour plan for the individual.

## **7. Training**

- 7.1 All practitioners and carers will receive value-based training and ongoing support in developing skills to work within this preventative framework. Practitioners will not receive blanket training in the use of restrictive practices, training will be based on a training needs analysis and individual person-centred support needs.
- 7.2 There is a rolling programme of training in place relevant to each service area. Training is normally provided by Directorate staff who have been trained and accredited to deliver the models. External trainers are provided when and where there is a need or requirement. Specialist training will be commissioned where there is an identified need.
- 7.3 Bridgend County Borough Council has a partnership agreement with Cwm Taf Morgannwg University Health Board (UHB) to provide dementia training and development to social care staff. Person centred care and positive approaches in communicating with a person who has dementia underpin this training. Along with the use of a 'Positive Physical Approach' and 'Hand and Under Hand' techniques.
- 7.4 TRIBE training is available to Childrens Social Care staff. TRIBE uses an eight step Trauma Recovery Framework providing staff with knowledge and skills to support children who display complex emotional and behavioural challenges.

## **8. Reporting and Governance Arrangements for the Use of Restrictive Practices**

### **8.1 Recording Use of Restrictive Practices**

All instances of use of restrictive practices are to be recorded in accordance with the service-specific process. This will require the completion of all relevant paperwork, including incident and accident forms. These forms are to be fully completed with all details regarding the incident, as these can be used as evidence in courts of law if required. Following the use of restrictive practices, the relevant people/bodies should be informed, in line with the personal plan. Family members/unpaid carers should be informed unless the personal plan indicates otherwise.

## 8.2 Actions Following Use of Restrictive Practices

The following list sets out the requirements of actions to be completed following the use of a restrictive practice:

- Medical checks to be offered and/or completed on the individual on whom the practice was used.
- Constant monitoring will be in place for the first 30 minutes following the required use of a restrictive practice.
- Monitoring of the individual will then remain in place at regular intervals to ensure the safety and wellbeing of the individual. This will be in line with guidance specific to that practice and the service.
- Recording of the use of the restrictive practice in the relevant documentation as set out by the service.
- The relevant people/bodies are to be informed in line with the personal plan including family/carers unless the personal plan states otherwise.
- Organisation of post-incident review and support

## 9. Commissioning and Procurement arrangements

- 9.1 All contracts that are put in place with commissioned services and providers, set out BCBC's expectation to provide a service in line with all relevant and current national legislation, guidance, and frameworks.
- 9.2 All providers have been and are regularly made aware of the Reducing Restrictive Practices framework and the expectation by Bridgend County Borough Council to follow and be compliant with the framework.