



Positive and Proactive Care: reducing the need for restrictive interventions

Guidance for all those working in health and social care settings: commissioners of services, executive directors, frontline staff and all those who care for and support people

Summary of key actions

Prepared by the Department of Health. April 2014

1. Across the full range of health and social care services delivered or commissioned by the NHS or local authorities in England, people who present with behaviour that challenges are at higher risk of being subjected to restrictive interventions. Many restrictive interventions place people who use services, and to a lesser degree, staff and those who provide support, at risk of physical and/or emotional harm.
2. Increasing concerns about the inappropriate use of restrictive interventions across health and care settings led to this guidance; including *Transforming Care: a national response to Winterbourne View Hospital* (DH 2012), *Mental Health Crisis Care: physical restraint in crisis* in June 2013 by Mind, and a recent inspection of inpatient learning disability services by the Care Quality Commission (CQC).
3. The aim is to provide a framework within which adult health and social care services can develop a culture where restrictive interventions are only ever used as a last resort and only then for the shortest possible time. It identifies key actions that will better meet people's needs and enhance their quality of life, reducing the need for restrictive interventions. It also sets out mechanisms to ensure accountability for making these improvements, including effective governance, transparency and monitoring.
4. This guidance forms a key part of the wider new *Positive and Safe* programme, which aims to end the unnecessary use of restrictive interventions across all health and adult social care.
5. It is essential that all those responsible for and working in health and social care services where people who are known to be at risk of being exposed to restrictive interventions are cared for, should review this guidance and integrate it into their services. These includes services for people with:
 - mental health conditions including detained patients
 - autistic spectrum conditions
 - learning disability
 - dementia
 - personality disorder; and
 - older people.But it also applies across any adult health and social care settings where people using services may, on occasion, present with behaviour that challenges but which cannot reasonably be individually predicted and planned for. This may include homes where individuals employ their own support staff, and primary, community and secondary care settings.
6. This guidance applies equally to health and social care staff working in non-health settings such as police cells, immigration removal centres and prisons. It does not apply to staff from other professions including the police and people working within criminal justice settings (for whom own professional guidance will apply).
7. The following actions will ensure that people's quality of life is enhanced and that their needs are better met. This will reduce the need for restrictive interventions, and make sure that staff and those who provide support are also protected.

Key actions

Improving care

- Staff must not deliberately restrain people in a way that impacts on their airway, breathing or circulation, such as face down restraint on any surface, not just on the floor. [Para 70]
- If restrictive intervention is used it must not include the deliberate application of pain. [Paras 58, 69, 75]
- If a restrictive intervention has to be used, it must always represent the least restrictive option to meet the immediate need. [Paras 64, 96]
- Staff must not use seclusion other than for people detained under the Mental Health Act 1983. [Paras 80, 89]
- People who use services, families and carers must be involved in planning, reviewing and evaluating all aspects of care and support. [Paras 25, 36, 42, 53, 58, 62, 108, 116, 118]
- Individualised support plans, incorporating behaviour support plans, must be implemented for all people who use services who are known to be at risk of being exposed to restrictive interventions. [Paras 35, 61, 65, 106, 108, 115]

Leadership, assurance and accountability

- A board level, or equivalent, lead must be identified for increasing the use of recovery-based approaches including, where appropriate, positive behavioural support planning, and reducing restrictive interventions. [Paras 29-31, 109]
- Boards must maintain and be accountable for overarching restrictive intervention reduction programmes. [Para 109]
- Executive boards (or equivalent) must approve the increased behavioural support planning and restrictive intervention reduction to be taught to their staff. [Paras 108, 119, 124, 125]
- Governance structures and transparent policies around the use of restrictive interventions must be established by provider organisations. [Paras 105-109]
- Providers must have clear local policy requirements and ensure these are available and accessible to users of services and carers. [Paras 114-118]

- Providers must report on the use of restrictive interventions to service commissioners, who will monitor and act in the event of concerns. [Paras 109, 128]
- Boards must receive and develop actions plans in response to an annual audit of behaviour support plans. [Paras 58, 109]
- Post-incident reviews and debriefs must be planned so that lessons are learned when incidents occur where restrictive interventions have had to be used. [Paras 46-53]

Transparency

- Providers must ensure that internal audit programmes include reviews of the quality, design and application of behaviour support plans, or their equivalents. [Paras 58, 109]
- Accurate internal data must be gathered, aggregated and published by providers including progress against restrictive intervention reduction programmes and details of training and development in annual quality accounts or equivalent. [Paras 111, 118]
- Service commissioners must be informed by providers about restrictive interventions used for those for whom they have responsibility. [Paras 109-128]
- Accurate internal data must be gathered, aggregated and reported by providers through mandatory reporting mechanisms where these apply, e.g. National Reporting and Learning Service (NRLS) and National Mental Health Minimum Data Set (NMHMDS). [Paras 110-112]

Monitoring and oversight

- Care Quality Commission's (CQC) monitoring and inspection against compliance with the regulation on use of restraint and its ratings of providers will be informed by this guidance. [Paras 8-10, 105, 106, 112]
- CQC will review organisational progress against restrictive intervention reduction programmes. [Para 108]
- CQC will scrutinise the quality of behaviour support plans which include the use of restrictive interventions. [Para 106]

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