Supplementary Course Information Wales



The National Assembly for Wales (commonly known as the Welsh Assembly or Senedd) is the devolved parliament of Wales, with power to make legislation separate to the rest of the United Kingdom.

This information sheet contains legislation specific to Wales. For specific information for Children's Homes and Education Establishments in Wales, please see our other information sheets.

Independent Health Care (Wales) Regulations 2011.

Safeguarding patients from abuse

- (1)The registered person must make suitable arrangements to ensure that patients are safeguarded against the risk of abuse by means of:
 - (a) taking reasonable steps to identify the possibility of abuse and prevent it before it
 occurs
 - (b) responding appropriately to any allegation of abuse
- (2) Where any form of control or restraint is used in the establishment or for the purposes of an agency, the registered person must have suitable arrangements in place to protect patients against the risk of such control or restraint being:
 - (a)unlawful
 - (b)otherwise excessive
- (3) The registered person must have regard to any guidance issued by the registration authority or appropriate expert body, in relation to;
 - (a) the protection of children and vulnerable adults generally
 - (b) in particular, the appropriate use of methods of control or restraint

Can be read in full here:

http://www.legislation.gov.uk/wsi/2011/734/contents/made

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The appropriate use of control and restraint

- 29. (1) Care and support must not be provided in a way which includes acts intended to control or restrain an individual unless those acts
 - (a) are necessary to prevent a risk of harm posed to the individual or another individual
 - (b)are a proportionate response to such a risk
- (2) Control or restraint must not be used unless it is carried out by staff who are trained in the method of control or restraint used.
- (3) The service provider must have a policy on the use of control or restraint and ensure that any control or restraint used is carried out in accordance with this policy.
- (4) A record of any incident in which control or restraint is used must be made within 24 hours.
- (5) For the purposes of this regulation, a person controls or restrains an individual if that person

- (a)uses, or threatens to use, force to secure the doing of an act which the individual resists
- (b)restricts the individual's liberty of movement, whether or not the individual resists, including by the use of physical, mechanical or chemical means.

The regulations can be read in full here:

https://www.legislation.gov.uk/wsi/2017/1264/contents/made

Positive Approaches: Reducing Restrictive Practices in Social Care (2016) Welsh Assembly Government

https://socialcare.wales/cms_assets/file-uploads/Positive-Approaches-Final-English-June-2016.pdf

This overview has copied sections of the above document. We see it as essential reading for all working in social care in Wales. Section four has a lot of useful information and resources, including legislation, policy and practice and Restorative Approaches.

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Part 1 - Understanding and using the learning resource

1.3 What do we mean by positive and proactive approaches?

Positive and proactive (or preventative) approaches are based upon the principles of person-centred care:

- getting to know an individual
- respecting and valuing their histories and backgrounds and understanding;
 - their likes and dislikes
 - their skills and abilities
 - their preferred communication style and support structures
- understanding the impact of their environment upon them and using this to identify ways to support people consistently in every aspect of the care that they receive
- developing and monitoring plans which outline an individual's needs, desired well-being outcomes and the ways that they will be supported to achieve these.
- Developing good relationships is fundamental, and positive and proactive approaches should be used at all times. They are essential when someone is stressed; distressed; frightened; anxious or angry and at risk of behaving in such a way that is challenging to their safety and/or to the safety of others.

There are a number of frameworks and models to support the use of positive approaches and the reduction of restrictive practices. Their use will differ according to service setting, but these are some examples of evidenced based models currently used in Wales:

- Positive Behaviour Support (PBS) is a framework used to support people with a learning disability. The values and principles that underpin PBS can be used across the sector.
- Active Support is a person-centred model of how to positively interact with individuals combined with a daily planning system that promotes participation and enhances quality of life and the development of independent living skills.
- Restorative Approaches allows an individual to reflect on their behaviour and provides an opportunity to put what has happened right or empathise with others' emotions and

feelings. It aims to manage conflict and tensions by repairing harm and building relationships.

1.4 Restrictive interventions must never be used to punish or for the sole intention of inflicting pain, suffering, humiliation or to achieve compliance.

If restrictive interventions are used in an emergency, or if an individual is going to seriously harm themselves or others, they should always:

- be used for no longer than necessary
- be proportionate to the risks and the least restrictive option
- be legally and ethically justifiable
- be well thought through and considered when all other options have been tried or are impractical
- be made in a manner transparent to all, with clear lines of accountability in place
- be openly acknowledged and never hidden
- be determined by local policy and procedures
- be recorded appropriately
- be monitored, planned and reviewed to find a more positive alternative on a longer term basis
- include debriefing and support offered to all involved.

Restrictive interventions, other than those used in an emergency, should always be planned in advance and agreed by a multi-disciplinary team and wherever possible, the individual, and included in their behaviour support or behaviour management plan. They should always be recorded in an individual's care plan.

Part 2 - Values and principles of social care and support in practice

2.3 Well-being

The core purpose of all care and support is to help people to achieve the outcomes that matter to them in their life. In doing so we must all promote an individual's well-being when carrying out any of their care and support functions.

Well-being is a broad concept including:

- physical and mental health and emotional
- well-being protection from abuse and neglect
- support to access and receive education, training or recreation
- support for domestic, family and personal relationships
- social and economic well-being
- having suitable living accommodation, and
- securing rights and entitlements.

The Code of Professional Practice for Social Care sets out the standards of practice that are expected of social care workers but the following sets out a range of ways that people can be placed at the centre of their care:

• by recognising that everyone is different and unique

- by taking time to get to know someone
- by listening to, understanding and valuing their history and life story
- by supporting individuals to make decisions and have control over their lives
- by focusing upon an individual's own skills, abilities, resources, knowledge and wishes
- by recognising and accepting people's weakness as well as strengths
- by involving the individual and their support network including family members, friends and others who know them from their community and other professionals
- by considering and respecting the individual's beliefs, gender, race and culture
- by developing holistic strengths based behaviour support plans based on rigorous evidence
- focusing upon the preferences and needs of the individual and not just available services.

Balancing safety from harm with freedom of choice and positive risk taking

Social care services must support people to balance safety from harm with the freedom of choice. We do not and cannot live in a world that is free from any risk or harm and it is important that we are all able to make choices, take risks and learn from our mistakes.

2.4 Co-production

Co-production is about developing equal partnerships between people, families, carers and professionals whereby everybody works together on an equal basis to create a service or come to a decision which works for them all. It is built on the principle that those who use a service know what works, so are best placed to help design it.

Co-production is based upon the acceptance that no one is any more important than anyone else in the partnership. Developing positive relationships based upon mutual respect and an understanding of what each has to offer, is crucial to its success

Consistent approaches

Developing good trusting relationships with social care workers who offer care and support is really important to people, families and carers. Offering consistent support is essential so that people can get to know and trust the workers caring for them and they in turn are aware of and able to implement any approaches or techniques that have been planned to avoid difficult situations and the need for restrictions.

2.7 Definitions and examples of restrictive interventions

Physical restraint is defined by the Welsh Assembly Government as:

'direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual.'

Mechanical restraint can be described as the:

'use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control' Examples of mechanical restraint might include: the use of arm splints; cushioned helmets; wheelchair lap straps and the misuse of mobility aids, such as sliding sheets and handling belts or raised bed sides.

Use of medication refers to:

'the use of medication which is prescribed, and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formerly identified physical or mental illness'

Psychosocial restraint refers to the:

'use of coercive social or material sanctions, or verbal threat of those sanctions, in an attempt to moderate a person's behaviour'.

It is important that any sanctions used are appropriate and are directly relevant to the specific unwanted behaviour. They should be used as a short term response to negative behaviours and part of a longer term process to help the individual understand the impact of their behaviour and why it might be unacceptable or dangerous.

Sanctions should not be given in the heat of the moment; the social care worker needs to be able to reflect on an appropriate sanction and discuss with colleagues and / or their manager. They should be imposed within a reasonably short time after the event.

Seclusion

Seclusion is against the regulations and should not be used in any social care setting.

Time out or time away

Asking or steering an individual to a quiet or different area, when they are upset or are being agitated by others or the environment, can be a good strategy, if the individual has the ability and skills to calm themselves. This offers the opportunity for them to regain control in an area where they can be quiet, calm down and where possible think about what has happened. It will also prevent the situation from escalating.

Time out or time away does not mean isolation and banishment. The individual should be supported in a quiet area with a calm and caring social care worker.

Environmental Interventions

Environmental restraints describe changes or modifications to an individual's surroundings to restrict or control movement; for example, a locked door or handles placed out of reach of residents.

Part 3: Support and training

3.1 Supervision

Supervision is essential to the ongoing support and training of social care workers to enable them to develop and maintain positive ways of working and reduce the use of restrictive practices. Line management and clinical supervision is a two way process, which supports, motivates and enables the development of good practice for individual social care workers. It is a way of regularly monitoring an individual's performance, setting targets, checking workloads and responsibilities, celebrating success and achievement, and highlighting any development needs.

More importantly supervision is an opportunity for essential reflection on practice and any feelings that are brought up.

Supervision should be:

used to support positive practice

- prioritised, with protected time for it to happen and in a quiet place with no opportunity for interruptions
- regular, planned in advance but also available informally when needed
- high quality, undertaken by someone who has been trained to provide supervision, including specialists as required
- structured around a shared agreed agenda

Other forms of support may be available within services and teams which could include:

- team meetings
- the use of peers and buddies
- coaching
- shadowing

- co working
- mentoring from champions or specialists within own or other services

3.2 Debriefing

It is essential to offer support and debriefing in all situations where restrictive interventions have been used or their use avoided.

Using restrictive interventions can be very distressing and frightening for all involved, so debriefing immediately or shortly after an event, is a way to offer support and reassurance. Debriefing should be available to the social care workers involved, the individual, their families and carers, the wider staff team and other people being supported if relevant.

It is an opportunity to identify any learning or good practice that can inform or amend the existing person centred care plans and / or restrictive practice reductions plans.

Debriefing of social care workers following an incident or a 'near miss' should:

- be led by the needs of the worker
- be undertaken by a skilled and trained practitioner with a 'no blame' attitude, emphasising any learning and considering the psychological impact on the people involved
- identify any further or on-going support and learning that is needed

Part 4: Information and resources

Section four has a lot of useful information and resources, including legislation, policy and practice and Restorative Approaches.

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Further Reading

Safe and Effective Intervention: Use of Reasonable Force and Searching for Weapons. Welsh Assembly Government (2013)

https://beta.gov.wales/safe-and-effective-intervention-guidance-schools-and-local-authorities

Mental Health Act 1983: Code of Practice for Wales. Welsh Assembly Government (2016)

https://gov.wales/mental-health-act-1983-code-practice