



Department
of Health



**How health and care services
should support people whose
behaviour is very difficult.**



This is an EasyRead version of:
Positive and Proactive Care: reducing the
need for restrictive interventions.

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Department
of Health



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Department of Health

About us

We are called the Department of Health.



We are in charge of health and adult social care and support in England.



We want to make sure abuse never happens.



This means services must understand better ways to support people.



We asked people about better ways of supporting people whose behaviour is very difficult.



This paper is about our new advice for making sure staff do this properly.

About this paper



In 2011 there was a TV programme about a hospital called Winterbourne View.



Some staff at Winterbourne View treated the people who stayed there very badly.



We looked at care in other services for people whose behaviour is very difficult.



We found many staff do not understand how to support people when they do things like:



- hurt other people



- hurt themselves



- run away.



Staff might stop them or make them do something they do not want to do.

This is called **restrictive intervention**.



We explain more about this in a moment.



Sometimes staff have to do this to keep the person or other people safe.



Sometimes it is wrong and is abuse.



This paper is about our advice for making restrictive intervention happen less in:



- health services



- adult social care.

About restrictive intervention



Restrictive intervention is when staff:



- make someone do something they do not want to do or



- stop them doing something they want to do.



They must only do this if there is no other way to keep people safe.

When we talk about restrictive intervention in this paper, we use **RI** for short.



We want health and social care services to:

- only use RI when other things have not worked



- understand other ways of supporting people when their behaviour is very difficult



- share good ways of working



- stick to the law and tell other people when they use RI.

Different types of RI

There are 4 main types of RI



- 1. Physical restraint or intervention** when you stop the person moving part of their body. For example, hold them so they cannot hurt other people.



Staff must keep talking to the person to calm them. They must check that they are safe.



- 2. Mechanical restraint** when you use something else to stop the person using part of their body. For example, a helmet, belt or splint on their arm.

Staff should only do this when nothing else stops the person hurting them self or other people.



3. **Chemical restraint** when you make someone take medicine to calm down.



Staff should only do this in a real emergency and use as little medicine as they can.



4. **Seclusion** when you keep someone away from other people, this could be in a locked room. It is usually so they cannot hurt them.



Staff can only do this if the law allows it.

About the Mental Capacity Act (2005)



In the advice we talk a lot about the **Mental Capacity Act (MCA)**.

When we write **MCA** in this paper we mean the Mental Capacity Act.



The **MCA** is a law about making decisions. **Mental capacity** means being able to make your own decisions.



Staff must tell you about treatment or care in ways you understand. They must ask if you agree with it.



The Act tells them how to find out if you can make your own decisions.

You might be able to make some decisions, but not others.



The Act tells people what to do if you cannot make some decisions for yourself.



People must think about 5 important things when they use the Act:



1. Start off by thinking everyone can make their own decisions



2. Give the person all the support they can to help them make a decision



3. No-one should be stopped from making a decision just because someone else thinks it is wrong or bad



4. If someone does something or decides for someone who does not have capacity they must think if this is what the person wants



5. If someone does something or decides for another person they must do it in a way that makes sure the person keeps as many of their rights and freedom as possible.



If you need treatment or care in a hospital or care home you should be free to do things you want to do.



The Act says what must happen if you can't make your own decisions and staff stop you from leaving a hospital or care home to give you care or treatment.

Who this advice is for



Services

Lots of different people must make sure services use RI well and give safe care.

This includes:

- people who run and manage services
- people who plan and buy services
- people who check how good services are
- staff who work in health and social care services wherever they give care





- local groups who check services are safe



- people who train health and social care staff



- people who train about RI.



The advice will help staff care for people whose behaviour can be very difficult because of:



- their mental health



- autism



- learning disability



- **dementia** an illness that can make people very confused. People over 65 are more likely to get it than younger people.



There are different rules for the police and prison staff.

The Care Quality Commission (CQC)



The CQC check health and adult social care services in England.



This advice will help them decide whether services give good safe care.



They will think about how services use **restraint** (hold people) to stop them hurting themselves or other people.



They will check that services write down every time they do this.



From October 2014 CQC will have a new **standard** or rule to check whether services give people the right type of safe care.

Other people



The advice might also help:

- people who use services



- families and carers



- advocates and advocacy organisations



- the police



- organisations that make rules about services



- councils



- lawyers



- security staff in health and social care services.

What our advice says



We want to make sure abuse never happens.



Staff need to understand why someone might hurt other people.



Some people do not get the right service or can't say what they need.



This can make them upset or angry.



This might mean they hurt themselves or other people.



Some services know someone might need RI.

They will have a behaviour support plan that says:



- what might make them angry or upset
- how to help them get angry or upset less often
- how to calm them down



- what people who support them need. For example, training for support staff.



Some services like hospitals or the police do not know people well.

They must make things better for anyone who might get angry or upset.



For example, having food or drink or somewhere safe to go outside.



Their staff need to know about the MCA.

The most important things we believe



This advice is to help services only use RI when nothing else will work.



Think about **human rights** the things that every person has the right to expect.



For people whose behaviour is very difficult this means:



- being involved in thinking about risk and support



- staff who know about the law and human rights



- not being treated worse than anyone else because of who you are or what you believe in
- knowing about rights



- services that understand laws about treating people equally and fairly.



Understand the way people behave and help them do things that are important to them.



Involve people and their family or carers whenever they can.



Treat people kindly and think about what things are like for them.



Support people to be safe without taking away all their choices.



Make sure people who run services and people who use them can understand and trust each other.



Actions - the most important things to do



RI can be dangerous for both staff and for people whose behaviour is very difficult.



These things will help services:



- support people better



- keep everyone safe



- give people better lives



- use RI much less.

Make care better



People who might need RI must have a **behaviour support** plan about how to help them:



- not get angry and upset so often
- calm down if they get angry or upset.



This information will be in their care plan. It will help staff use RI less often.



Services will involve people, their families and carers in planning and checking all their care and support.



Staff must not hold people in ways that can stop them breathing.



Staff must not hurt people on purpose to make them do something unless someone's life is in danger.



Staff should only use RI if they really need to and for as short a time as possible.

Make sure services give good safe care



Directors or senior managers must show it is important to use RI less.



They will have a plan for this and check if it is happening.



They will also agree what training staff need.



Directors or senior managers must look at behaviour support plans each year.

They will use this to plan safer services.



Services must write down how to keep people safe when they use RI.



Services must have a plan for using RI that is easy for people and their carers to understand.



Services must tell **commissioners** if they use RI so they can check and act if they think this is wrong.



Commissioners buy services for local councils or health organisations.



Check what is happening

The CQC will:



- think about how services use RI when they decide how good they are



- check how a service plans to use RI less often to give safe care



- look at behaviour support plans when they check services.



Commissioners will:

- make sure services are safe and right for the person



- check staff are well trained.



Making sure RI happens less

RI should happen less because:



- it can hurt people



- sometimes it does not need to happen



- it stops people from doing what they want



- it can mean people are left out.



Services must have a plan that says:

- how managers will tell staff it is important to use less RI



- how staff will involve people, their families and advocates



- better ways to support people



- how they will talk about it and learn if they have to use RI



- how they will know RI happens less.



If staff need to use RI they must talk to the person afterwards about:



- what it felt like for them



- whether they need any help or support



- why they got angry or upset



- anything that could have been better



- how to stop it happening again.

If staff have to use RI



Some people have died or been hurt when staff did not use RI properly.



Services must stick to the law and:



- only use RI if they really need to



- only do RI for as short a time as possible



- write down what they do and talk about it afterwards



- be honest about what happened and why they did it



- never hurt someone to stop them doing something



- make sure the right staff are helping when they do RI



- always think about what the person wants.



There are laws about treating people and making them stay in hospital.



Staff must talk to the person about what they are going to do.



The MCA says what staff must do:



- if the person understands the decision and refuses



- if the person does not understand the decision.

What support organisations need to do



Services that support people need to:

- check plans about the support people need, like their behaviour support plans. CQC will look at these when they check services



- have plans to keep staff safe and make sure they know the best ways to support people



- write down when they use RI and why they have used it. Let the public see this information each year and say how they will make care safer



- services must also tell the NHS and other people who collect information so services can learn how to do things better



- have clear plans about using RI safely. They should involve people who use services and family carers or advocates in writing the plans and checking how they use them.

Training



Staff who might use RI need special training.



All staff need to understand RI and think about:



- what it is like for people who use services



- how to support people well



- what support staff need



- the law



- how to keep people safe



- how to talk to people after they have used RI.



The training must help staff understand the needs of people they support.



The training should involve people who use services and carers. This will help staff know what RI feels like for them.



Staff must only use RI that they have been trained to do.

What people who plan and buy services must do



Commissioners buy services for the NHS or local councils.



They must make sure services are safe and staff are well trained.



They must:

- only put people in services that have plans to use RI less often
- make sure the service can support them safely if their behaviour is very difficult





- check how the service is supporting the person



- make sure the service trains its staff well



- act quickly if they think a service is not safe.

Credits



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