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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. Introduction / Policy Statement

Purpose: This policy describes Western Care's approach to listening and responding to people who engage in behaviours of concern and whom the service finds a challenge. It promotes the importance of supporting people in a safe, positive, respectful, empathic and non-judgemental way.
It also defines practices that are viewed as prohibitive and which must never be used and practices that are considered restrictive which may be used in supporting a person from time to time.

Western Care Association is committed to ensuring that adults and children who engage in behaviours of concern are entitled to the same rights and safeguards as any other adult or child in society and that they are supported in environments that are safe, positive, empathic, respectful and inclusive.

The purpose of a Policy around how we support people who challenge us is to make sure that the practices, strategies, plans and interventions that we use to work with people are of the highest standards.

a) All people within the organization are not the subject of dehumanizing practices.
b) Procedures that limit or restrict personal freedoms are only carried out in accordance with the national and international laws governing such actions.
c) To ensure a collaborative and consistent approach to supporting people who may engage in behaviours of concern.

Promoting positive behaviour and preventing and managing behaviours of concern in a safe non-aversive way is vital for the safety of those we support and for their supporters.

2. Values Informing Practice

Respect the Rights of the Person Served
The human rights, safety, and well-being of the individual are paramount. Each individual is treated with the same degree of respect and dignity that would be accorded to any citizen. In particular, the dignity, feelings, values, personal and lifestyle choices of the individual must be respected and safeguarded. The person's culture, ethnic background, heritage, religious and spiritual beliefs, must also be respected.

Positive Focus on the Interests and Quality of Life of the Person Served
Service users and staff are people first; all people are valuable and have strength and abilities Support must focus on benefits for the individual through increased quality of life and independence. It should support the growth and learning of the individual as a whole person, within a positive environment. It must be appropriate to the age, maturity and understanding of the individual involved.

Limit Use of Restrictive Practices
Restrictive practices may only be used within an individual's Personal Risk Management Plan (PRMP) or in an emergency. Restrictive practices are only included in the PRMP when circumstances are serious enough to justify them, and there must be a clear plan in place to

address them. The principle of "there is no alternative" should apply to any intervention that places limits or restrictions on an individual.
The decision rule to follow for when restrictive practices (as defined in this Guide) are used is that the least intrusive responses must be used for de-escalating the behaviour while providing safety for the individual and others. (See Section 8 for further information)

Prohibited Practices are never to be used
Prohibited practices are never to be used. Use of any prohibited practices constitutes abuse and staff and service providers must report it immediately, as outlined in the Association's Protection and Welfare policy.

It is prohibited to use any practice whose purpose is to demonstrate power, enforce compliance, inflict pain, harm, to punish or discipline an individual.

Examples of practices which would be considered prohibitive are:

a) Restrict food, drink, clothes, choice, and information for the sole purpose of trying to encourage 'good behaviour' i.e. obedience
b) Shout at service users, swear at them or strike them.
c) Deny or restrict the basic rights of everyday life such as food or drink
d) Talk about them as if they were not present
e) Treat someone as if their feelings do not matter.
f) Withdraw the things that people value, own or are entitled to, as a punishment for bad 'behaviour'.
g) Any instance where fear is deliberately induced in an individual.

3. Protecting Peoples Rights / Role of the Rights Review Committee

It is the policy of Western Care Association to ensure that the rights of people using services are upheld in accordance with the Irish Constitution, the Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities. The organisation has a Rights Review Committee (RRC) comprised of various community members.

The Terms of Reference of the RRC as follows:

- To promote and protect the rights of people using Western Care Association services through scrutiny, advice and guidance and to promote positive practices that assert the rights of people using services. In the conduct of its work, the Committee will make formal recommendations, both for the individual and for the organisation. Management and staff of the organisation are obliged to consider how best they can implement the recommendations made by the Rights Review Committee; Ultimately, the leadership of the organisation and its staff have the responsibility to ensure that the rights of each individual using the services are promoted and protected;

- The Rights Review Committee has an advocacy role, with the organisation, with respect to those individuals whose rights are being infringed and to whom the Rights Review Committee have become aware and involved. There is an obligation on the leadership of the organisation to keep the Rights Review Committee systematically informed on how its recommendations have been implemented. If, for whatever reason, the organisation decides not to implement a recommendation, it should explain its reasons for this to the Rights Review Committee to keep it informed.

- To provide an avenue for service users to raise perceived restrictions in Western Care Association

- To promote fair treatment for people using services, both through direct referral and through review of cases.

- To support organisational efforts to learn and improve its practice in the areas of Rights.

4. From Challenging Behaviour to Behaviours of Concern

The term ***behaviour that challenges the service*** began to be adopted in the field of intellectual disability in the 1980's. At that time it was considered a progressive development, as it was a move away from stigmatising individuals who may at times be compelled to display severe behaviours because in some-way their needs were not being met.

Internationally there is now a move away from the term challenging behaviour to 'behaviours of concern', this is an endeavour to ensure that an individual will not have the stigmatising and devaluing label challenging behaviour attached to them as a person.

When considering a person's behaviour of concern we always need to consider who the behaviour is a problem for? Is it a problem for the person, a problem for those supporting the person, a problem for those living with the person or for those who come into contact with the person in the community?

For the context of this document behaviour of concern is defined as: "*behaviour of such intensity, frequency and duration that the physical safety of the person or others is placed or is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in the person being denied access to ordinary community facilities, services and experiences".* (Emerson 1995).

Some people have developed 'behaviours' over many years and may be part of the person's coping mechanism or a means of escaping from situations that they found stressful or fearful. These behaviours serve a purpose for the person and whilst we should always 'listen deeply' and seek to understand what the person is trying to communicate via their behaviour, we must always be extremely cautious about interfering in a person's life and seeking to change their behaviour just because it does not fit with what we believe to be 'normal behaviour'. A real danger in trying to extinguish behaviour without fully understanding it from the person's perspective is that it can be replaced by more extreme and more dangerous behaviours.

People may engage for instance in behaviours on an episodic basis e.g. loud vocalisations, these may be long-standing and they require those supporting the person to be patient, tolerant, empathic, supportive and resilient. Other people living with the person during those times also will need additional support including the opportunity to spend quality time away from the person who is experiencing difficult times.

When a person engages in behaviours of concern we support them by trying to understand the reason for these behaviours. We develop a plan that is appropriate to the particular behaviours of concern. We track how the plan is working through the use of evidence such as data gathered for that specific purpose. For directly provided centre based services we also use the Associations Incident reporting system to provide data to flag concerns and track whether our plans help to reduce the frequency or severity of incidents are working.

This Policy sets out the various approaches that are used to address behaviours of concern as they escalate. It provides some background on the approaches used and some detail regarding specific elements of these approaches. All approaches are based in the same set of Person/Family Centred values.

5. Positive Behaviour Support

Positive behaviour support (PBS) comes from the perspective that there is not a simple answer to the complex reasons why people show behaviours of concern. PBS has emerged from three main sources; the movement towards inclusion, applied behaviour analysis and person centred approaches which has as a primary goal the enhancement of the quality of life of the person with a disability.

Carr describes PBS in the following manner:
"Positive Behaviour Support is less a process of selecting an intervention, and more the construction of a comprehensive set of procedures that include change of the environment to make the problem behaviour irrelevant, inefficient and ineffective, and helping the person to achieve his or her goals in a socially acceptable manner". Carr et al (2002).

Western Care Association embraces a non-aversive multi-element Positive Behaviour Support (PBS) approach to understanding the function of behaviour in the context of a person's life.
The PBS approach is a framework within which we, the person's supporters (paid and unpaid), try to understand what the person is communication via his/her behaviour(s) of concern.
PBS is an evidence based approach which includes the systematic gathering of relevant information, conducting a functional assessment, designing support plans, implementation and on-going evaluation.
PBS approach is in line with WCA's individual planning process, and this should be referred to in the first instance.
First and foremost people are kept safe. People's behaviour of concern, their associated risk and response strategies are identified in their *Personal Risk Management Plan*
The PBS approach places a strong emphasis on proactive and reactive strategies to behaviour(s) of concern. At times these strategies may not be available or effective and in these situations crisis management strategies may be required, see section 'The Components of a Multi Element Positive Behaviour Support Plan'
PBS also takes into account the behaviour and wellbeing of the person's supporters (paid and unpaid).
This approach emphasises the person and their supporter's participation to ensure that assessments, interventions and outcomes are meaningful. PBS is 'done with' the person.

This approach places an emphasis on the need for responsiveness to a person's feelings and needs and has the following defining features:

- Valuing the person, deliberately building a sense of self-worth, acknowledging all attempts at positive interaction
- Creating situations that enable the person, regardless of the behaviours of concern that they show, to be seen in a positive light
- Acknowledging and trying to interpret what the person is communicating via their behaviour rather than just stopping the behaviour
- Analysing the function(s) (meaning) of the behaviour(s)
- Teaching the person other ways to meet their need or communicate their feelings
- Creating a supportive and person centred environment and service that meets the persons needs and recognised their individual differences.
- Gently supporting and leading the person to a calmer state
- Providing encouragement and praise to the person about any person successes they may achieved and any difficult situations they may have handled well.

6. Listening to the Person with Behaviours of Concern

People who engage in behaviour(s) of concern always do so for a reason and the challenge for those supporting them is to listen deeply and continue to seek to understand why the person is engaging in the behaviour.

The way we behave around other people and the relationships we establish are a critical factor in determining and achieving our goals, hopes and dreams. People with behaviours that others find difficult to understand often find that their relationships are difficult to maintain and their goals, hopes and dreams can be difficult to ascertain or achieve.

It is important to consider the environmental factors that can exist in any given situation around a person. This can include the physical environment that the person experiences, the range of activities available to the person, the predictability of the person's day and the person's communication system. It can also include the rules, routines and restrictions present in the environment. Also the relationship that exists between the person and other people that may share the environment needs to be considered.

An important consideration is the quality of the relationship between the person and their supports both paid and freely given. Is there consistency in the people providing supports or is there a lot of turnover which provides staff coverage but does not foster continuity, security or strong relationships. Good practice would always place a high priority to achieving a 'good match' between the person and his or her supporters and on sustaining this relationship.

Supporters who want to 'walk a mile' in the person's shoes and try to understand the chaos the person is experiencing, and who are prepared to give the person ' a break' in terms of their behaviour, are the ideal people to be around the individual. Empathy, positivity, optimism and resilience are vital characteristics in those supporting a person who is in crisis.

7. A Step by Step Guide in responding to Behaviours of Concern

a) Role of Direct Support Staff: When someone's behaviour changes, we need to pay attention to what might be causing them to act like this. We also need to acknowledge that we support people in the Association who engage in particular behaviours either on an on-going basis or periodically. These behaviours may be long-standing and in may take a long time to change. Those supporting the person will need to be tolerant, empathic, supportive and resilient. Special consideration must be given to those who share the same environment with the person and they may need to spend quality time away from that location to reduce their stress and any distress that they may be experiencing as this may be their home and they may not have had a choice with whom they live with.

b) Look at any changes that may have taken place in their lives recently. What is different in their life now and how are we going to manage this?

c) Consider their health and what might be causing them to feel differently – *(see Western Care Intranet - Health-Indicators of a Possible Underlying Health Problem which includes guidance from the work of Dr Ruth Ryan).*

d) Review their IP and use the principles set out by O'Brien and Lyle O'Brien below when considering their overall life circumstances. Develop an Action Plan to comprehensively address what is happening for person.

e) If the situation persists and the behaviour continues or escalates, all those who are closest to the person (Circle of Support) should come together and review how life is for the person using the IP process and try to develop solutions.

f) The strength of this approach is it assumes capacity in the local team and Support Network to address situations based on their knowledge of and relationship with the person, their experience and training and their ability to respond rapidly as a staff team who see the person on a daily basis. Ownership and implementation of solutions closest to the source of occurrence is an empowering model for the person's supporters. It also represents a more targeted use of resources so that referrals to more specialised functions occur only when local efforts require additional support.

g) If the situation is not resolving and the behaviour continues and/or escalates staff will need to consider onward referral to another source. At this point a referral form is completed using Western Care Association referral form (internal). This form is then forwarded to the Regional Service Manager (R.S.M.) who will sign it and make a decision as to who might best respond to the referral at this time.
Note: Consent for the referral is required and must be obtained by the person making the referral.

CHANGE IN BEHAVIOUR NOTICED; BEHAVIOUR OF CONCERN APPEARS	Those closest to the person should consider why and pay close attention to: • Changes in their life • Health	Develop Action Plan to address what is happening.
IF THE BEHAVIOUR OF CONCERN CONTINUES	Overall review of I.P. and what is happening in the person's life	Develop plans to address priorities.
IF THE BEHAVIOUR OF CONCERN CONTINUES AND ESCALATES	Forward referral to R.S.M.	

Using the framework above as a reference guide, select the appropriate level of review, planning or intervention based on the nature of the concerns. For behaviour(s) of concern, the response hierarchy might look as follows, beginning with the most straightforward response and moving to more complex ones if the behaviour of concern continues or escalates:

- Review the person's overall life circumstances through the IP; Staff Team/Support Network
- Apply a Low Arousal Approach as appropriate to the circumstances; Staff Team/Support Network
- Develop or update the person's Personal Risk Management Plan and additional documents e.g. Intimate Care Plan, How I like to be supported to ensure people's safety if this is a concern; Staff Team/Support Network

- Staff Team/Support Network may seek support of BSS in developing a PRMP
- Onward referral to support:
    - Complete a formal Functional Assessment
    - Develop a more comprehensive Behaviour Support Plan/Stress reduction Plan; BSS / Psychology
    - Seek additional or bespoke training; BSS / Psychology / SLT / ETD
    - Develop an alternative support arrangement; Management/Social work.

If the behaviour of concern continues or escalates or is of such intensity from the outset, the point of action may be elevated directly to one of the more comprehensive responses. In Children's Services, particularly services provided to families, the issues may present differently given the different dynamics and the approach needs to be adapted accordingly.

8. Responses are informed by a Low Arousal Approach

What is a Low Arousal Approach?
Low Arousal is a way of managing your own behaviour in order to diffuse a potentially challenging situation; it is a style of interacting with a person who is highly anxious/stressed and not in control of their behaviour at that time

a) Low Arousal is a non-confrontational way of managing situations which challenge us
b) A philosophy of care which is based on valuing people
c) An approach that specifically attempts to avoid aversive interventions
d) An approach that requires staff/carers to focus on their own responses and behaviour and not just locate the problem in the person with the label
e) A collection of strategies specific to the person supported that are designed to rapidly reduce aggression.

A Low Arousal Approach identifies a number of specific practices that support a calming and low key way of interacting with a person who may be in a heightened state of arousal or stress. These include managing your own body language, eye contact, physical proximity/distance, tone of voice, communication, distraction, etc.
An example is provided in Appendix E.

However, there has been some confusion and mixed messages around what is meant by Low Arousal. *Do not misinterpret Low Arousal to mean No Arousal.*

Low arousal is not:
A low arousal approach does not mean *NO* rules/guidance, *NO* structure/demands or *NO* boundaries.

It is clear that rules and demands that arise from service related routines are often the source of conflict.
For many people who are going through a difficult and stressful time it is really important we should be aware that they need to have fewer demands on them during times like this.
However, some people, particularly those on the autism spectrum require structure and boundaries in their life. Implement the degree of routine and structure that is required based on your knowledge of what helps the person.

For example – John (autism) appears stressed in the morning and horse riding is on the schedule. Staff believes he shouldn't go / doesn't want to go or can't go because of how he is, and yet completing the routine of the day is necessary for John because predictability of routine is as necessary to the person with autism as 'air is for breathing'.

Supporting John in an autism-informed manner tells us that:

a) We shouldn't assume he doesn't want to go horse riding
b) If he doesn't go horse riding he needs to do another meaningful predictable activity
c) Doing a Physical activity will help John when he is in a stressed state and is necessary to help him work off the levels of cortisol that are in his system.

9. Development of a Personal Risk Management Plan

Activities are planned based on the priorities and preferences as defined by the person using the services. Whether risk arises from the pursuit of a personal goal or from the places and activities the person participates in their day to day routines and environments, the nature of the potential risk needs to be considered. The Personal Risk Management Plan (PRMP) should be completed by the Frontline Manager to manage a situation of risk that has arisen in the course of providing support to Individual using services.

The PRMP is used to:

- Describe the risk/ vulnerability for the person and the harm can happen to the person or others
- Set out existing controls in response
- Assess the likelihood and severity of harm occurring with these controls are in place
- Assess whether this is sufficient
- Decide whether additional controls are needed
- Rerate the risk once additional controls are in place
- Decide whether this issue should be escalated through the line management structure for resolution.

As part of the Personal Risk Management Plan (PRMP), it may be necessary to direct staff to supporting documents/plans that provide detailed guidance in certain situations, i.e. Stress Reduction Plan, FEDS plan. Actions that even for safety reasons restrict rights should be set out in the Rights Checklist and forwarded where necessary to the Rights Review Committee for review. For Further information on the PRMP, see the Risk Management Policy (WCA 1.8)

10. Developing a Behavioural Support Plan/Stress Reduction Plan

When a person has been referred to BSS/Psychology because of their behaviour(s) of concern, those supporting the person may be asked for additional information via a questionnaire (responding to referral form), phone conversation or initial meeting. This information will shape the initial focus and will be the first step in the information gathering process.
Information gathering is necessary for the development of a behaviour support plan or stress reduction plan where this is deemed necessary.

Functional Assessment
"It is not a matter of what causes self-injury or what causes aggression or what causes stereotyped or repetitive movements but for each of these forms of difficult behaviour, what does it do for the individual, what purpose does it serve for them in life?" Brown and Brown (1994).

Behaviours of concern usually occur for a reason and it is our collective role as people's supporters to try to understand the meaning behind these behaviours. PBS functional assessment is in line with WCA Incident Reporting Procedure and this should be engaged with in the first incidence.

Behaviour(s) of concern may not always be explained by a single factor or cause. The same behaviour of concern may serve one function or many functions for a person. A functional assessment seeks to clearly determine what function(s) the behaviour(s) of concern is serving for the person.

The Functional Assessment aims to define the behaviour of concern and identify specific events that predict (antecedents) and/or maintain (consequence) the behaviour of concern. In other words, what happens before and what happens after the behaviour of concern occurred. It also takes into account the person's motivation to engage in the behaviour of concern by looking at the broader context of the person's life and at other things which might affect the person. Examples of these may be:

- Physical health including; (dental, ears, nose and throat, constipation and gastric issues and the endocrine system)
- Mental Health conditions
- Medications including side-effects
- Communication
- The person preferences e.g. likes and dislikes
- Relationships and sexuality issues
- What are the current stressors in the person's life?
- Are the person's needs been met
- The importance of syndrome specific detailed characteristics eg. Fragile X syndrome, Rett's syndrome, Angelman syndrome, Autism, etc.
- Impact of trauma, e.g. people feeling excluded and different, people that have experienced abuse or the loss of a close family member, etc.
- Impact of attachment, e.g. adults who experienced serious medical conditions in early life and were kept in hospital often show high levels of anxiety. People who have lost one parent may be extremely anxious about the health of the remaining parent.
- Ability to express emotions
- Seeking control in their lives

Function assessment methods used to gather the information may vary across circumstances, but typically include:

- Review of existing records and information e.g. the person's IP and main file, incident injury reports etc.,
- Interviews with people who know the person well and represent a range of environments the person uses
- Direct observation. The assessment may range from highly precise and systematic to relatively informal. Particular tools and strategies used will be based on the circumstances, individuals involved, and goals of the intervention. Regardless of which methods are used, the aim of the assessment is to answer certain questions:

1. Under what circumstances is the behaviour most/least likely to occur (e.g., when, where, with whom)?
2. What outcomes does the behaviour produce for the person (i.e. what does the person get or avoid through his or her behaviour)? Another way to say this is what is the person trying to communicate?

The information gathered is then used to develop a reasonable proposition (hypothesis) based on evidence of the function or purpose the behaviour is serving for the person. Some common functions that behaviours of concern can serve for people are:

- To escape from undesired or feared situations
- To gain/access something tangible e.g. food, drink, preferred items
- To gain social attention/interactions, positive or negative
- For non-social reasons e.g. nothing else to do, repetitive behaviour, enjoys it, sensory stimulation
- For physical reasons e.g. in pain or discomfort
- To reduce their stress and anxiety.
- In response to their individual experience e.g. sensory processing (sight, sound, smell, touch, taste, proprioception: sense of own body regarding its position, motion, and equilibrium.)

When a hypothesis as to the function(s) of the behaviour(s) of concern has been determined, then strategies for enabling the person to more effectively achieve the same function without engaging in the behaviour can be identified.
In summary a functional assessment is a broad term referring to the information gathering and hypothesis development process around the behaviour(s) of concern.

Resulting from this process a support plan/stress reduction plan is designed, in line with the components of a Multi Element Positive Behaviour Support Plan, to effectively address various aspects of the behaviour of concern and provides an alternative way of achieving the same thing for the person.

The support plan/stress reduction plan will be centred around meeting the person's needs by building on the person's strengths. It will contain relevant information gathered during the assessment process. The plans will have proactive strategies that are designed to lessen the possibility of behaviours of concern occurring and may also contain reactive strategies. Crisis management strategies specify the least restrictive way that person and others can be kept safe

during a crisis situation. Any useful strategies already in place should be added to the support plan/stress reduction plan.

The most effective plans are those that are developed in consultation with the person and the person's supporters. The responsibility for implementing the plan rests with those directly working with the person, but with support from members of the Behaviour Support Service. The member of the Behaviour Support Service (BSS) will offer practical 'on the ground' support in implementing the plan, modelling and coaching will be important components of that practical support.

Plans, where appropriate, should be written in accessible person-centred language devoid of jargon and should be easily understood by the person and their supporters. A multi-element plan will look at a person's life in a holistic manner and will identify different areas of their lives where they require support.

Note: Permission should always be sought from parents in the case of a child and where possible, the person themselves or their advocate when it's an adult before any assessment work is undertaken. The primary aim of assessment is to identify what the behaviour means for the person. Behaviour may be the person's sole way of communicating physical, mental or emotional illness and/or stress.

The Components of a Multi Element Positive Behaviour Support Plan
Behaviours of concern that are complex and severe may need to be addressed in a comprehensive and systematic manner and may require multidisciplinary input. When responding to such behaviours of concern, Western Care Association embraces a non-aversive multi-element Positive Behaviour Support (PBS) approach *to understanding the function of behaviour in the context of a person's life*. The multi-element approach considers the life of a person under the following important areas:

<u>Proactive strategies</u>

Environmental strategies. Note: Environment refers to the person's immediate surroundings which includes the place and the people and things in it.

- Personal factors e.g. health, medication and side effects, hunger, sensory issues and communication difficulties, etc.
- Predictable environments and consistent approaches and routines
- Opportunities to sample new activities
- Improve interactions, and realistic expectations
- Improve relationships
- Increase opportunities to exercise choice
- Know the person's likes dislikes and motivations.

Teaching Skills

- General life skills
- Communication skills
- Self-managing, coping and tolerance skills including managing stressful situations
- Functionally equivalent skills.

Preventative strategies

- Avoiding situations or environments that can trigger behaviours of concern
- Dos and don'ts when supporting an individual
- Increase the reinforcement value of desired/alternative behaviour for the person
- Work out what the person is communicating
- Increase access to what the person wants/needs

Reactive Strategies

Secondary preventative strategies

- Practice low arousal. This includes managing your own behaviour so you appear calm in order to manage the situation and support the person
- Respond to early indications of the behaviour
- Prompt coping skills, communication etc
- Change environment
- Removing things or others that may be causing concern

Reactive Strategies

- Practice low arousal with the person
- Endeavour to de-escalate the situation
    - Give the person what they want
    - Redirection / Distraction,
    - Offer an alternative

Crisis management

If the behaviour of concern escalates, more restrictive measures may be warranted including:

- Administration of PRN-Psychotropic if prescribed. The PRN protocol should be followed that will clearly specify when the administration will take place
- Use of physical restraint but only if the person or others are in immediate danger and there is no alternative. If physical restraint is specified as part of the reactive strategies, then the physical restraint protocol must be completed.
- Provide a recovery strategies and debriefing for all involved

These elements of a comprehensive Multi Element Behavioural Assessment may be used to match the particular circumstances. Each component does not require to be used for each person. The framework provides a set of options that should inform enquiry for solutions.

All of the above strategies must be located in the person's Relational Environment as the wider context for understanding the person, their needs and why they behave the way they do. Consider who are the people in the person's life, how strong is their support network, do they have many/any positive relationships, are there positive relationships with family and/or unpaid supporters and peers, do they feel safe around the people they spend time with, are they suffering through loss or bereavement, have they continuity and stability in their relationships, do they have positive relationships and strong champions in their staff supports, are they a valued part of a their community, do they see enough of the people they love to see?

11. Supporting the Supporters

A key part of any behaviour support plan/ stress reduction plan should be clear strategies that enable the person's supporters be they paid or freely given to keep the person safe in a crisis and for them to stay safe also.

Supporters who are valued and treated in the most respectful way or more likely to also treat those they support in a comparable manner. In the words of the educator Jean Clarke *"People's needs are best met by those whose own needs are met"*.

De-Briefing
Right Relationships is the foundation of any supporting relationship such as that between staff and person supported.

Staying positive all the time is not easy. We all have ups and downs. Whenever you are working with people your tolerances may well be challenged. The way other people do things, the choices they make, their preferences, may well be different to what you would do. We are all influenced by the emotions these situations generate.
This is especially evident in our decision making. How often have you made a bad decision in a bad mood? Or a good decision in a good mood?

Debriefing is a term used to describe talking about how you feel so that the emotion you feel towards person following an event is gone.

An incident is usually "an emotional event" and we need to be able to talk about how we feel following its occurrence to ensure our relationship with the person is not impacted on and we maintain our rapport with the person.

To find effective solutions for how to manage situations, strategies have to be discovered that deal not only with the event but also the emotions that these events generate.

These emotions need to be aired in a constructive way so that our decisions or judgements are not clouded by fear, guilt, anger or doubt.
There will be some times when you feel that something needs to be done about a person because of the way that they behave. The best way to resolve this issue is to:

a) Find a way to resolve your emotions
b) Find a positive approach to the situation after reviewing all the facts.

For debriefing to occur successfully there are some conditions for success that must be paid attention to:

- Confidentiality - It is understood that this is a space whereby the emotions person has around what has occurred are spoken about freely; confidentiality is respected unless there is a disclosure made that person is obliged to report under organisation protection and welfare guidelines.
- Trust - Person who is debriefing must trust person they are debriefing to
- Comfort and free from distraction - occur in a comfortable setting where neither party is likely to be disturbed
- No judgement

- Solutions to the incident are not considered at this stage
- Opportunity to share how you feel about what occurred
- A space is provided for the persons concerned to heal.
- Debriefing is part of a Risk Management Strategy.

Debriefing has to occur respecting confidentiality as it's your time to talk. It's best done with someone you feel comfortable with and this does not have to be your line manager. The purpose is to off load your emotions not to find a new way of doing things. It is not a problem solving meeting it's talking about how you feel.

Debriefing can occur in the following ways:

- Talking to a trusted colleague
- Talking to line manager
- Talking to relevant others within organisation e.g.: BSS, Social Work
- Talking to EAP (Employee Assistance Programme).

The organisation recognises the necessity of debriefing for staff and has established systems of support to enable it to happen. It is an activity that all staff recognises as important and is critical to maintaining our wellbeing in our day to day lives.

If someone is debriefing to you then remember:

- Don't judge, just listen
- Don't try and find solutions, just listen
- Don't try and fix, just listen
- Give feedback that shows you are listening.

There are also advantages to debriefing before your meetings where problem solving and creativity are required. Both the emotional and creative aspects of the mind use the same side of the brain to process the information. It can be hard to focus on the task at hand if you have unresolved emotional issues relating to an individual you support.

Working Alone

A number of people using the services of Western Care Association have informed us that living and spending time with other people with a disability is not what they want. Consequently, individual support arrangements have been designed around specific individuals. In many of these situations, the people supported find it stressful to have more than one staff member supporting them at a time. This necessitates staff members working in 'lone situations'. Staff members working in such arrangements need to have effective systems in place for calling for support when there is a crisis. In order to work well they need to feel they are not alone and have someone they can call on in the event of crisis.

Some examples of support arrangements include; a back-up system of staff members in a locality who are available to respond to crisis situations in relation to specific individuals. Service Managers, BSS, Psychologists and Social Work frequently respond to crisis situations including times that are out of normal hours.

12. What are Restrictive Practices?

Restrictive practices are techniques or strategies that limit a person's behaviour or freedom of movement, in order to keep them safe and prevent them from harming themselves or others.

If restrictive practices are in place then they must be highlighted on the rights checklist, reviewed by the Rights Review Committee and clearly outlined in an individuals' PRMP.

Restrictive practices are never the preferred option, and should only be used as a last resort in extraordinary circumstances where personal safety is at risk to keep the person and/or others safe.

Under HIQA regulations, Interventions prescribed by healthcare professionals regarding the health of person are not notifiable events e.g.: aids and appliances prescribed to maintain postural care of person. However a written report must be provided to the Chief Inspector of HIQA at the end of each quarter in relation to "any occasion on which a restrictive procedure including physical restraint is used".

Examples:

- Prevented from accessing places in community that others can
- Not being able to freely access their own possessions
- Not having access to all areas of their environment through locked doors, areas, etc. and not having keys or codes to freely come and go
- Being able to access and use all appliances in their environment as they wish, e.g. If they wish to make a cup of tea, having access to kettle to do so
- Access to food and choices being limited
- Concealed medication
- Access to money to purchase items of their choosing
- Limits being placed on someone around how much they smoke drink tea/coffee/alcoholic drinks
- Consequences used in relation to their behaviour, e.g. If you do that, you won't be allowed ring/visit/talk to your mother
- Not allowed pursue intimate relationships if they wish
- Inappropriate use of devices to manage safety of an individual, e.g. lap-belts, modified seat belts/harnesses.

13. Use of Restraint in Western Care Association

The legal position on restraint can be summarised as:

In general, the application of restraint on a person, without their consent, is unlawful.

The use of restraint must be considered in the wider context of rights conferred under the Irish Constitution (*Bunreacht Na hÉireann*) and in the context of the European Convention on Human Rights (ECHR). From these, the following principles can be said to derive:

a) Use of restraint on another person is, on its face, an interference with the person's constitutional right to bodily integrity/personal liberty

b) Interference with a person's right to bodily integrity/personal liberty may be permissible, if necessary to protect another constitutionally related right - for example to protect a person (either the person in question or another) from imminent risk of harm

c) The extent of the restraint used must be proportionate to the risk of harm or injury

d) From the perspective of the European Convention on Human Rights, in the absence of detention in a criminal or similar context, the use of restraint (physical or chemical) can only be justified if it is a medical or therapeutic necessity. The standard of proof required to establish this is high

e) The use of restraint beyond what is necessary to meet this purpose, may be found to be inhuman and degrading treatment of a resident and constitute a violation of the residents human rights under Article 3 of the European Convention on Human Rights.

The courts have recognised that within the bundle of personal rights guaranteed under Article 40 of the Constitution, is included a right to bodily integrity. The European Convention on Human Rights, which following the passing of the European Convention on Human Rights Act 2003, has been implemented in Ireland, provides at Article 3 that:

"No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

Government policy on restraint is summarised as:

"To eliminate the use of restraint or where this is not possible, to restrict the use of all forms of restraint to those exceptional emergency situations where it is absolutely necessary. Where restraint is deemed as necessary it should only be applied in accordance with the law and best professional practice".

Paramountcy Principle
In unplanned emergency situations, staff may be faced with situations where the safety and well-being of the person or others are at serious risk, staff in those circumstances are authorised under Duty of Care to follow the Paramountcy principle that is - they can use the minimum amount of reasonable force for the shortest time necessary to protect the person or others from serious harm.

Incident Review
After such an event, debriefing must be offered to all people involved.
An Incident Form must be completed and if the incident is in the highest Severity Level 5 category a Critical Incident Review must take place in line with the Incident Reporting Procedures. This review meeting will be chaired by the Regional Services Manager.
If the incident is at Severity Level 4 category a Critical Incident Review will take place at local team level and will be chaired by the Frontline Manager. For further details, see the Incident Reporting Procedure.

Physical Restraint Protocol
The following safeguards must be strictly adhered to:

a) A physical restraint protocol must be completed detailing the circumstances and practice permitted
b) This protocol must be attached to the person's *personal risk management plan and* consent for its use must be obtained from the person or the person's advocate
c) The safety of the person and of those carrying out the procedure must be paramount at all times
d) After all instances where physical restraint has been employed an incident injury form must be completed
e) All instances of physical restraint in the Association must be collated and a report must be submitted to the Executive Director on a quarterly basis.

14. Types of Restraint

Physical Restraint

Physical restraint is the use of physical intervention (by one or more persons) for the purpose of preventing the free movement of an individual's body.

Use of Physical Restraint
Physical Restraint must only be used when an individual poses a significant threat of harm to self or others and it is considered the safest intervention at that time. It must only be considered when all other options have been exhausted and only then for the least time necessary in order to prevent immediate harm.

Where the use of physical restraint is foreseeable a risk assessment must be undertaken and a *Personal Risk Management Plan* (PRMP) is completed for the person concerned.

The potential hazards associated with each physical intervention must be identified and the level of risk associated with each intervention determined for.

Except in the case of extreme emergency the use of restraint should be discussed with the individual and their Circle of Support as part of the development of their *Personal Risk Management Plan* (PRMP) and recorded.

There must be evidence that the consent process has been adhered to the specific service user on which it is being applied.

In the event that this communication regarding prior consent does not occur, a record explaining why it has not occurred must be entered in the individual's record.

Special consideration should be given when restraining individuals who are known by the staff involved in applying the restraint, to have experienced physical or sexual abuse.

The individual must be monitored throughout the use of restraint to ensure his or her safety, dignity, health and wellbeing.

Only staff that have completed the three day course are authorised to engage in physically restraining a person. Western Care Association and Studio III also stipulate that only the procedures that have been taught on designated courses or during bespoke training events must be used.

An incident form must be completed after every instance of physical restraint.

- If the incident severity is at level 4 or 5 a Critical Incident Review should be held in accordance with the Incident Reporting Procedure guidelines. The purpose is to assess the circumstances, to learn from the event and examine all options that might lessen the need for similar events in the future. However if there is an incident in which this type of physical restraint is used even if it is scored lower than severity level 4 there should be a review of the practice by the Frontline Manager with the staff involved because of the particular and unusual nature of this response. The review of the incident should follow the same process used in Critical Incident Reviews.

Occasions where physical restraint must never be used:
There are circumstances where physical restraint must never be used and these include:

a) To demonstrate authority, enforce compliance, inflict pain, harm to punish or discipline an individual
b) Solely for the convenience of staff including where there are staff shortages
c) Where an individual has a known psycho-social/ medical condition in which physical restraint would be considered detrimental
d) Where the risk of harm from the restraint becomes greater than the risk posed by the physical aggression.

Chemical Restraint

Chemical Restraint is the use of medication to control or influence behavior, mood or level of arousal.

Psychotropic Medications

Definition: "*Psychotropic medication is any medication capable of affecting the mind, emotions and behaviour".*

a) When psychotropic medications are prescribed by a suitably qualified professional to treat a defined mental health condition it is not considered a restrictive practice. People prescribed psychotropic medication in this instance should have the benefit of being assessed by a psychiatrist and the medication must be reviewed within the recommended time periods

b) Where psychotropic medicines are prescribed to assist with the management of behaviour of concern it is considered a restrictive practice and the person's life must be examined in detail and practical ways of enriching the person's life must be identified and systematically implemented

c) Ideally each person's that is prescribed psychotropic medication in relation to behaviours of concern should have a multi-element Behaviour Support Plan/Stress Management Plan that includes strategies that enable the person to de-stress and to reduce their anxiety

d) The person's medication should be reviewed at the recommended times by the Consultant Psychiatrist.

PRN (Psychotropic) Medication

Definition: *From the Latin pro re nata: 'where necessary/needed'. Also can be referred to as 'Once off medicine'*

a) All persons living in our services who are prescribed PRN psychotropic medicine must have a PRN Protocol completed by their named staff.

b) All administrations of PRN of Psychotropic medication must be recorded on an Incident/Injury form and the PRN box must be ticked appropriately.

c) The name of the medicine and the dose administered must be recorded on the incident form.

d) The circumstances in which the PRN psychotropic medicine was administered must be fully explained in the narrative section of the Incident Form.

e) Where people are administered PRN psychotropic medicine prior to a medical/dental appointment ,staff must be able to show the alternative methods that have been tried to support the person with the stress and anxiety associated with medical/dental appointments.

f) All administrations of PRN Psychotropic that occur in the Association must be collated and presented to the Executive Director on a quarterly basis

Mechanical Restraint

Mechanical restraint is the use of devices, garments or equipment attached or adjacent to the individual's body that they cannot easily remove and prevents or limits the free movement of an individual's body.

Use of Mechanical Restraint

Equipment which promotes the independence, comfort and/or safety of an individual are prescribed for many individuals we support in Western Care. When seating system/positional devices are prescribed for a person the details of use should be documented by the prescribing therapist. There should be a clear rationale describing why the item has been prescribed for the

individual and in what circumstances it should be used and not used. This information should be held on the person's IP folder.

If equipment is being used in a service in a manner other than that for which it has been prescribed than it may constitute physical restraint

Any means of mechanical restraint used in an emergency situation must never compromise the safety of the individual being restrained.

Examples

- **Seating:** Chairs with tilt-in-space options, this means the seat can be tipped back as the backrest is reclined, potentially preventing the person from standing

- **Seat belts:** Seat belt is required as standard for safe transit on manual self-propelled and transit wheelchairs, in addition to several models of comfort chair. If the person is unable to have the belt opened at other times(when not in transit) or as they wish then belt can be viewed as restraint

- **Chest harness:** This is provided to people who are unable to independently maintain a midline seated position (i.e. if they fall to one side on sitting upright). The harness has clips at each hip and is fastened to the wheelchair. If the person wishes to open the harness then they should have support to do so or item may be considered restraint

- **Groin strap:** For use by people who may slope forward and slide out of the wheelchair. Two clips are fastened on each thigh. Should the person be unable to get support to unfasten the clips, then the device becomes a restraint

- **Splints:** Are prescribed when there is high potential that the person may lose range of motion, to protect joint integrity, to maintain palmer arches and to prevent pain and overuse in some instances. If they are used for any other purpose then they are considered a form of restraint

- **Lap trays:** These are used to enable feeding and a variety of other activities. They are secured using Velcro, being screwed into place, or by various other means of attachment. Where they prevent a person from getting out of their chair, their use may constitute a restraint. When in place on a person's seating system, their use must be for functional activities. Outside of requirements specified by the seating prescriber, lap trays should not be in situ on the seating system

- **Bed rails:** These are used where there is a known risk and/or high risk that someone may fall out of the bed through movements they make while sleeping .They should never be used to prevent someone from getting out of bed if they wish to.

In order to prevent use of equipment as restraint, then for each piece of equipment used there should be a clear rationale developed with prescriber as to why it is in use and when it is to be used. This information must be in the person's IP Folder

If equipment is being considered for use in any other circumstances then the following actions must take place:

a) The person's Circle of Support must be convened and the rationale for considering the use for postural support appliances in non-approved way must be fully outlined and all the alternative strategies that have employed must be listed and reasons why they did not succeed must be fully explained

b) The Occupational Therapist must be requested to visit the person and again the reasons for considering such action must be fully explained to the OT. If the OT objects to such planned use, then the planned use must not take place

c) If the OT approves the planned use, then the circumstances in which it may be employed must be fully written-up in the person's *personal risk management plan* PRMP

d) The Rights Checklist for the person must be completed and details of the use of postural support appliances in these circumstances must be highlighted in the checklist.

Environmental Restraint

Environmental Restraint is the intentional restriction of an individual's normal access to the environment, with the intention of stopping them from leaving, or denying them their normal means of independent mobility, means of communicating or the intentional taking away of ability to exercise civil and religious liberties.

Use of Environmental Restraint

These practices should never be the preferred option, and should only be used as a last resort in extraordinary circumstances where personal safety is at risk to keep the person and/or others safe.

It may be considered necessary to curtail a person's access to their environment for their own safety. If these practices are in place, then they must be clearly outlined in individual's PRMP and should be based on the risk of something that has occurred and have a clear plan for addressing this so that person is not curtailed indefinitely.

Some examples of these are:

- Prevented from accessing places in community that others can
- Not being able to freely access their own possessions
- Not having access to all areas of their environment through locked doors, areas, etc. and not having keys or codes to freely come and go
- Being able to access and use all appliances in their environment as they wish, e.g. If they wish to make a cup of tea, having access to kettle to do so.

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