

# Positive & Safe – Easy Read Guide

**“A positive and proactive workforce:** a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in health and social care.” By Skills for Health and Skills for Care.

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## A short summary



The guide is aimed at employers in all of social care and health. This means big or small services and people who employ their own staff or get support or care in their own homes.

The guide will help them **develop their workers** so that the use of **‘restrictive practices’** is minimised. This means using them as little as possible.


Employers can use the guide to decide how to train their staff or what training and learning to pay for.



**‘Restrictive practices’** means anything that stops someone doing something, or that makes them do something. It can be:

- holding someone down or holding part of their body (physical restraint), or
- using medication to make someone calm (chemical restraint), or
- taking things away from them that they need, like a walking frame or money or a key, or
- only allowing someone a safe amount of a food that they might eat too much of
- fastening someone in a wheelchair or bed or

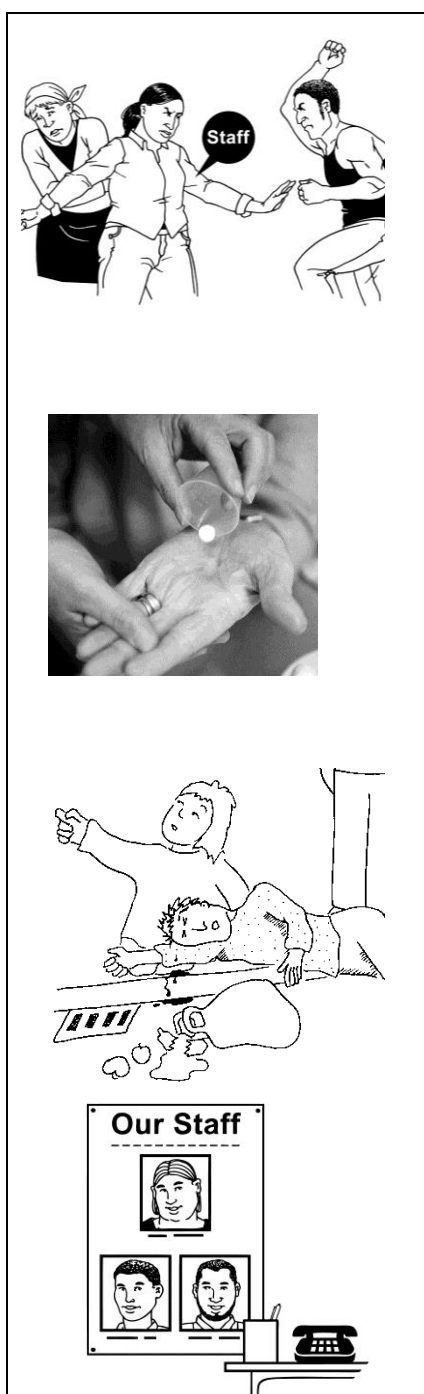
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	<p>in a room or isolating them on their own.</p> <p><b>‘Restrictive interventions’</b> are things which are done on purpose to take control straightaway of a situation when there is a real danger to the person or others.</p> <p>Some restrictive practices are a good thing – but they should always be in the person’s best interests and the least restrictive way of keeping someone safe.</p> <p>Some RPs happen by accident – for example a walking frame might get moved for cleaning and someone forgets to put it back, or a door is locked to keep one person safe but it restricts other people who live there, this can be called ‘de facto’ restrictions.</p>
	<p>We have written this guide with groups of people who:</p> <ul style="list-style-type: none"> <li>• get support from services</li> <li>• are carers*</li> <li>• work in social care or health</li> <li>• are trainers</li> <li>• who run services.</li> </ul> <p>They have thought about services and support for people who have a learning disability, autism, mental health problems, or dementia, They have also thought about people who might have a sudden serious accident or illness.</p> <p>*We use the word ‘carer’ to mean family or friends who provide social care or health support, as distinct from social care or health workers.</p>

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Some social care and health employers also tested the guide in their own situations. These 'test sites' included residential and community services, domiciliary and day services, and general hospitals, forensic care, mental health, and general health services for people with different needs.



Workers should only do any restrictive practices if it is absolutely necessary to stop someone being seriously hurt, and if there is no other way to deal with the situation—as a '**last resort**'. This might be because someone is angry and trying to hurt themselves or someone else, or it might be because they need important medical treatment or care and they don't have the '**mental capacity**' to agree to it. Sometimes workers don't know how to use restrictive practices safely or they use them when they could sort things out another way, or when the person *does* have the mental capacity to refuse treatment or care.

Our guide supports two other guides: the Department of Health's "Positive and Proactive Care: reducing the need for restrictive interventions" (DH 2014) and "Ensuring Quality Services" which has been developed by NHS England and the Local Government Association (NHSE LGA 2014).

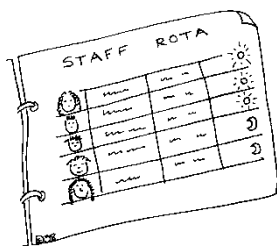
Those guides tell people how to minimise the use of restrictive interventions and/or use **positive behaviour support (P.B.S.)**, and our guide tells them how to develop their workers to get that right. We use the words **positive** and **proactive** because we want services to take a positive approach and be ready to

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deal with things instead of waiting for problems to happen.

**‘Positive behaviour support’ (PBS)** means supporting people well and helping the person themselves and the people who care for them to understand their behaviour.

When PBS is used people are less likely to become upset or angry and need a restrictive practice. If they do it will be carefully planned.



**Developing workers** means:

- Setting up people's jobs properly, deciding who should do what and when and having enough people to do it.
- Finding the right people and keeping them, giving them support and information and training.
- Making sure people are getting it right and changing things when people's need change, helping good staff become good managers or trainers.
- Dealing with workers who aren't getting it right; offering them help to get it right or not employing them anymore.

The people who are being supported and their families should be involved in all of this.

The guide tells employers how to do this well.

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The Department of Health's guide and our one share some key principles:

- Services must comply with the European Convention on Human Rights at all times.
- Understanding people's behaviour allows us to see their unique needs, hopes, experiences and strengths and to help them improve their quality of life.
- It's essential to involve people with care and support needs and their families, carers and advocates, wherever practicable, if the person wishes.
- People must be treated with compassion, dignity and kindness.
- Social care and health services must support people to balance safety from harm with freedom of choice.
- We must protect positive relationships between the people who deliver services and the people they support.

The key points in developing a positive and proactive workforce are:

- Anyone who might use a restrictive practice or provide learning about them should have had training in the Mental Capacity Act. This should cover the learning outcomes of the learning unit MCA01.
- Before people learn about how to use restrictive interventions they must learn about people's human rights and how to work with people in a non-confrontational way.
- Workers should spend a lot more time learning about positive and pro-active approaches and non-restrictive alternatives than they spend learning about restrictive

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interventions and how to support people well generally. They should never learn only about restrictive practices.

- Bank / agency / casual / self-employed workers should get the same training and support as all other workers in the team.
- A person who might have a planned restrictive practice done to them must be given the chance to learn about it. Their family carers or support network should be included in learning about it too, depending on how much they are involved in supporting the person.
- Anyone who has a restrictive practice done to them must be offered Information about how and when it should be done. Information must also be offered to people who might need a restrictive practice and to people's carers.
- Anyone who delivers training or assesses people's competence in restrictive practices should be able to do the job properly and have the right experience, skills, knowledge and attitude. This is called being '**occupationally competent**'. They must also have or be working towards achieving a recognised teaching or training qualification.
- All learning should include the voices of the people being supported and their carers. This must be in ways that suit them in the design, production, delivery and evaluation of the learning.
- Workers in all services must know about the specific needs of people who might use their services. How much they need to know will depend on how likely someone with that condition is to use their service. They might need to know about people with dementia, psychosis, autism, borderline personality disorder, head injury, trauma, anxiety, learning disability, and other conditions. They need to know how these conditions may lead to behaviour that challenges or to people resisting essential care.
- Workers should know how to get specialist advice and support for people such as advice about their culture and about how the environment might affect them.
- Executive board members (and their equivalents in non-regulated services) and other senior managers must authorise the use of any restrictive interventions in their



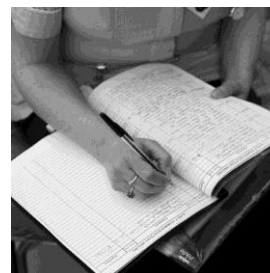
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organisations. They must fully understand **PBS** and any physical interventions they authorise.

- Services that offer PBS must meet the specifications for a well-trained workforce described in “Ensuring Quality Services” (EQS).

All training and learning activities about restrictive practices should:

- Be part of a learning pathway, based on evidence of what works in that situation. It should teach people positive communication, support for fulfilling lives and dignified care, and why people sometimes behave in different ways.
- Have the right resources (money, space and time). Services must think about the costs of *failing* to proactively develop the workforce.
- Be monitored and updated to adapt to changes to policy, practice and legislation. (At least once a year but more often as necessary.)
- Be based on a commitment to everyone using fewer restrictive practices, in all of the jobs across the whole of any social care or health organisation.
- Be seen as important by any organisation’s senior managers (for example, by chief executives and boards of trustees). They are responsible for approving the content of the training and learning.
- Be tailored to meet the needs of people with specific needs, (for example, for individuals with a learning disability osteoporosis, autism or dementia).
- Be assessed to work out how useful the learning and training is.
- Teach people to use only those physical interventions will not harm anyone’s body, and that are legal and ethical.



Finally

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There are social care and health learning units, and BTEC qualifications, about positive behaviour support and how to minimise restrictive practices.

People can take these units as part of a qualification or as part of continuing professional development.

The learning outcomes from the units can help to structure training programmes. These units and other qualifications are listed in Appendix B of the full guide.

- The guide doesn't give a set of standards for commissioners and employers, but some suggestions for what should be included can be found in Appendix E of the guide

The full guide can be downloaded free here; <http://www.skillsforhealth.org.uk/service-area/physical-intervention%10restraint/>

For further information or if you need a copy of the guide in an alternative format please contact:

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