

## **Tower Hamlets Adult Social Care Pan-Providers Forum**

Monday 19<sup>th</sup> January 2015

### **Theme: restraint and alternatives for challenging behaviour**

Question 1 – Does your organisation have a restrictive practices policy? If so, when was this guidance last reviewed?

There were a few services that said they did have a restrictive practices policy, however, most services said that it was included in other policies i.e. health and safety, safeguarding, risk assessment or in individual care plans.

Policies are generally reviewed on a 2 year basis. Safeguarding policies are reviewed annually. A significant event or incident may lead to a review.

Question 2 – How could services in this area be improved in the future?

- Further training for staff e.g. in response to challenging behaviour so as not to make a situation worse
- MCA/DOLS
- Emotional support for staff
- Allow staff time for reflection following a situation/incident
- Catalyst for staff supervisions – regularly reflect/feedback
- Open communication with carers/families
- Consistent training for services in Tower Hamlets for physical intervention/restraint
- Police – lack awareness of challenging behaviour
- Commissioning to look into more specialised residential/respite services for clients with challenging behaviour
- Train up more trainers in Tower Hamlets to reduce costs of physical intervention training
- GPs and other health professionals sometimes have a lack of understanding of challenging behaviour – better communication between professionals i.e. Police
- Consistent levels of support for clients with challenging behaviour between services
- Transition – visit – drop in – building gradually – hospital to home
- Regular activities – change gradually
- Social work practice – understanding and supporting individuals to make change
- Clearer processes for assessing/formally diagnosing autism

- More focussed forums relating to specific user groups i.e. LD Provider Forum – promised but not met yet.
- More effective means of matching potential service users to available services/voids
- Accessing support needed (via CLDS/MDT) now more frequently comes about through a crisis/safeguarding issue – we would welcome more partnership working earlier to prevent crises
- Opportunities to share training, resources, experience and good practice.
- Risk assessment and management is critical
- Debate about whether something is restrictive or a good thing e.g. lap belts, chains, cot sides
- Cost cutting issues to be addressed e.g. training
- Sharing ideas across LD/OPC dementia
- Addressing public perception of behaviour that challenges
- For all staff to know policy and to be regularly updated
- Training
- Smaller, more specialised services – less risk of people being missed
- Involving family
- Multi-agency meetings/forums
- Regular auditing from the local council on policies and procedures
- Invest in people
- Invest in services
- Involve all family and staff
- Always have RP policy – protects client and staff
- LD day services – transitions between services needs LD – Older People
- Flexible respite for people with dementia otherwise end up crisis, more restrictive
- Environment (inpatients)
- Managing transitions better
- Challenging behaviour policy
- Better handovers of LHP/PALS when moving between services – what works/what doesn't – better communication
- Training in bio/psyc/social model
- Training in understanding what challenging behaviour is and how to address it
- Day opportunities training and support in dementia and challenging behaviour – like in care homes
- Support areas for improvement such as occupation, environment