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Safe use of Physical Restraint Techniques

Supporting Behaviours that Challenge (BtC)

Ref CLIN-0019-002 v2

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1 Purpose

Following this procedure will help the Trust to:-

- Provide guidance in relation to the nature, circumstances and use of approved physical restraint techniques currently adopted by the Trust.
- Its aim is to help all involved act appropriately in a safe manner, thus ensuring effective responses in potential or actual difficult situations.
- It sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been taken into consideration.
- Recognise that as a 'last resort' in certain situations, the application of a physical restraint technique is the only option available to staff charged with the prevention of harm to the patient or others.
- Acknowledge the need for reducing restrictive intervention, and using the 'least restrictive option' for supporting episodes where behaviour may challenge.
- It is acknowledged that the application of physical restraint can present a high level of risk to the patient and to the staff participating, which may be required to justify that these risks are less than the risk of not applying restraint.

2 Related documents



The Person Centred Behaviour Support Policy , Ref: CLIN-0019-v6

<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1278.pdf&ver=9772> defines the standards for care and treatment in support those with behaviours challenge which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Harm Minimisation Policy: Ref CLIN-0017-v8.1
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1265.pdf&ver=10297>
- ✓ Rapid Tranquillisation (RT) Policy CLIN-0014-v8.1
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1300.pdf&ver=7234>
- ✓ Blanket restrictions: Policy on the use of Global Restrictive Practices (Blanket Restrictions) in In-Patient Units Ref: CLIN-0089-v2
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1304.pdf&ver=10345>
- ✓ Tear Proof Clothing Use Procedure Ref: CLIN-0019-004-v1
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n3181.pdf&ver=6731>
- ✓ Safe use of Physical Restraint Techniques Procedure, Ref CLIN-0019-002 v1
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1303.pdf&ver=9778>
- ✓ Seclusion and segregation Procedure , Ref CLIN 0019 001 v2
<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1312.pdf&ver=3436>

- ✓ Procedure for addressing verbal aggression towards staff by patients, carers and relatives

Ref CLIN-0019-003-v1

<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1334.pdf&ver=3449>

Privacy and Dignity Policy Including Eliminating Mixed Sex Accommodation Requirements

Ref: CLIN-0067-v4

<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1298.pdf&ver=8350>

Human Rights, Equality and Diversity Policy, Ref: HR-0013-v8

<https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jjm4n1360.pdf&ver=7521>

3 Guidelines for the use of Physical Restraint

3.1 Introduction

The Trust is committed to developing alternative approaches that will reduce and eliminate the need for physical restraint.

As part of the organisations aims to deliver services that are both recovery focused and trauma informed the trust provide an overarching framework of Restrictive intervention reduction in the form of the Trust wide Positive and Safe Plan.

The Mental Health Code of Practice (2015) and NG10 Short term management of violence and aggression (2015) provide clear recommendations for the short term use of physical restraint techniques. This procedure aims to inform Trust-wide staff of these requirements.

3.2 Implementing a physical restraint intervention

Physical restraint will only be considered when all other practical means of managing the situation, such as de-escalation, distraction or consented medication administration, have failed.

Any of physical restraints carried out by staff should maintain the patient's well-being and be respectful to maintain their dignity at all times.

Consideration should be made to a person's protected characteristics

Any use of physical restraint should be considered from a human rights and trauma informed care perspective.

A member of staff up-to-date with Positive Approaches Training (PAT) training should be identified as the co-ordinator of the tertiary intervention.

The identified member of staff (lead) should, where possible;

- Be familiar with the patient,
- Use clear, direct, uncomplicated communication throughout the incident,
- Have knowledge of the risks associated with physical restraint, both in general and any highlighted health risks for that individual patient.
- The lead should continually communicate with the patient throughout any use of physical restraint
- Continue to use de-escalation techniques irrespective of the stage of the physical restraint process.
- Ensure that privacy and dignity is maintained throughout
- Consider the impact on service users who may have heard or witnessed the incident

If a patient is involved in multiple incidents of physical restraint, the MDT should consider the development of Behaviour Support Plan or the provision of support using one of the speciality specific Pathways that support behaviours that challenge.

3.3 Physical Restraint Types

All Trust staff is expected to only use physical holds approved by the General Services Association and taught with their Positive Approaches Training.

When using physical interventions staff must adopt a graded response to their approach, the different types of techniques will be categorised as follows:

Restricted escort	Any restrictive hold where an individual is moved/ re-located from one area of a unit to another or between units regardless of level of hold.
Standing Restraint	Where the patient is restrained in a standing position.
Seated Restraint	Where the patient is held in a seated position.
Supine Restraint	A physical restraint where the patient is held on their back.
Prone Restraint	A physical restraint in a chest down position, regardless of whether the person's face is down or to the side.

All taught techniques will require patients to bear their own weight at all times. None of the Trust approved techniques can be utilised in the moving and handling of Patients.

If services identify that use of a specific technique does not support a situation they are providing support to, they should make a referral to the Positive Approaches Team.

3.4 Seated Restraint

In situations where physical restraint is deemed necessary staff should aim to utilise a seated approach, preventing the need for a floor restraint.

To support this technique services are encouraged to utilise a Trust approved PAT Bag, further support available via the Positive Approaches Training Team.

Ward Managers are required to regular check Bags for signs of wear and tear and arrange appropriate servicing when necessary.

3.5 Prone/ Face down or Prolonged restraint

Any form of continuous restraint lasting for 10 minutes or longer constitutes a prolonged intervention.

Where possible, restraining patients in prone positions should be avoided. In exceptional situations where the restrained person needs to be held in prone position for the safety of themselves and/or others, this should be for the shortest time possible.

All use of prone or prolonged restraint will be reviewed by the Locality Head of Nursing and the Trust wide Positive and Safe Lead Nurse

If services become aware that a patient has been restrained using prone or is at high risk of been held in a prone position, they should

- highlight within the patients safety Summary
- Escalated as part of a multi-disciplinary team discussion
- Seek the support of the Positive Approaches Training Team (PATT) for support and guidance on developing alternatives.

3.6 Physical restraint use for planned care or treatment

At times physical restraint will be identified as a necessary intervention to support a specific need of a patient i.e. Nasogastric tube feeding, venepuncture or personal care

Any use of physical restraint as part of a persons planned care or treatment should be clearly detailed in a multi-disciplinary approved behaviour support plan which including the steps taken to reduce or eliminate the need for the restrictive intervention.

Involve the service user where possible in the decision making and planning

All planned use pf physical restraint should be reported in accordance with Trust policy

3.7 Risks associated with Physical Restraint

Patients should not be deliberately restrained in a way that impacts on their airway, breathing or circulation. The mouth and/or nose should never be covered and there should be no pressure to the neck region, rib cage and/or abdomen. Unless there is a rational for doing so, there must be no planned or intentional restraint of a person in a prone position (whereby they are forcibly laid on their front) on any surface, not just the floor.

The potential risk to physical health and the consideration of iatrogenic harm must be considered within a patient Safety Summary and Safety Plan, consideration of an individual's age, physical and emotional maturity, health status, cognitive functioning and any disability or sensory impairment, which may confer additional risks to the individual's health, safety and wellbeing in the face of exposure to physical restraint.

Throughout and following any period of physical restraint staff must monitor for sign of physiological distress, pain or injury. Nominated staff will need to carry out and record the following:

Throughout and following any period of standing or escorted restraint	
During the restraint	Continually monitor for signs of pain or discomfort, respiration and complexion
Following the restraint	Carry out detailed examination for signs of injury as a result of physical restraint been used
Throughout and following any period of Seated or Floor based restraint	
During the restraint	Observations, including vital clinical indicators such as pulse, respiration and complexion (with special attention for pallor/disco colouration), consider the use of a pulse oximeter
Following the restraint	Observation as above every 15 minutes in accordance with (NEWS) for 60 minutes following the incident or until the patient is ambulatory. Consider the need for medical review in order to identify any potential injury as the result of physical restraint been used.

Staff must be aware that patients will often refuse these types of interventions during these periods. We would recommend that, as a minimum standard, staff visually monitor respiration levels at these times both during and following the use of any physical restraint

The patient's physical observations need to be recorded on their News chart and in their Paris record for that day. Staff should be trained so that they are competent to interpret these vital signs

Emergency resuscitation devices should be readily available in the area where restraint is taking place, and a member of staff should take the lead in caring for other patients and moving them away from the area of disturbance.

3.8 Observations

Levels of observation should be set in the least restrictive form, within the least restrictive setting to protect the safety of the patient, safety of others and to promote positive therapeutic engagement.

It is necessary to balance the service user's safety, dignity and privacy with the need to maintain the safety of the service user and those around them ([Supportive engagement and observations Procedure](#)).

Following any use of physical restraint the clinical team providing care and support at that time should review the patients prescribed observation level and alter where necessary.

Any changes to a patient's observation levels must be recorded in the patient's notes specifying the reason for the change.

3.9 Post-Incident Review

Following the use of any physical restraint all staff involved should immediately carry out a post-incident review once the risk of harm has been contained.

The post-incident review should identify and address physical harm to the patient and staff, ongoing risks and the emotional impact on the patient and staff members involved including witnesses.

The patient involved in the physical restraint is to be offered the opportunity to discuss their experiences with staff were not involved in the physical restraint.

The post-incident review for patients, staff or witnesses should only be carried out after each party has recovered their composure with the aim to:

- Acknowledge the emotional responses to the incident and assess whether there is a need for emotional support for any trauma experienced
- Promote relaxation and feelings of safety
- Support a return to normal patterns of activity
- Learn lessons and consider future actions if similar incidences were to occur.

Staff together with the patient, their families and advocates, where appropriate, should consider whether the patients PBS plan or other aspects of the patient's care plans need to be revised/updated in response to the information from the post-incident review.

Completion of a post incident review may at times identify that due to the severity or circumstance of the incident, additional support may be required. Service leads should seek the support of Psychology services to carry out a formal de brief with staff and patients

Consider the support needs offered to service user who may have heard or witnessed the intervention

3.10 Iotragenic Harm & Trauma informed Care

Physical restraint is often a major contribution to delaying recovery, and has been linked with causing serious trauma both physical and psychological, to patients and staff.

Individual risk factors, which suggest a patient is at increased risk of physical and/ or emotional trauma, must be taken into account when applying physical restraint.

The post incident review should identify if there is a need and if so, provide counselling or support for any trauma that might have resulted. It is important to establish whether anything could be done differently to make a physical restraint less traumatic.

3.11 Positive engagement following the use of physical restraint

Patients should be empowered to actively participate in their care, rather than “having things done to them”. Patients should be encouraged to participate in activities that are therapeutic, engaging and meaningful to them.

Activities should instil hope in the patient, allowing them to address their difficulties constructively. Where appropriate, patients should be encouraged to participate with ward activities, their hobbies and interests and engage with their fellow patients and staff in order to facilitate their recovery journey.

3.12 Reporting and recording Physical Restraint

Tees, Esk and Wear Valleys NHS Foundation Trust will comply with the reporting requirements relating to the use of physical restraint as required

All incidents that involve any form of physical restraint must be reported via datix and a detailed record of the incident must be included within the patients Paris Record.

Depending upon the incident type staff should include the following:

Reporting Requirements for planned physical restraint use

- Staff involved in implementing the intervention
- Details of the type of intervention , including duration
- Planned care that the physical restraint was required for
- Any monitoring carried out during and following the physical restraint

Reporting Requirement for emergency use of physical restraint

- Details of the incident that led to the use of Physical restraint

- Secondary preventative strategies used prior to physical restraint
- Staff involved in implementing the intervention
- Details of the type of intervention , including duration
- Planned care that the physical restraint was required for
- Any monitoring carried out during and following the physical restraint
- Post incident review completion and any actions identified as a result

If either the patient or staff has been injured as result of the incident t, an additional Datix report needs to be completed for each individual.

3.13 Legal context of physical restraint

Any use of Physical restraint must be carried out within a legal context and any use should be based upon a clinical decision considered with the following legislation:

- The Human Rights Act 1998
- The Mental Capacity Act 2005
- The Criminal Law Act 1967
- The Duty of Care and Clinical Negligence
- The Mental Health Act Code of Practice (2015)
- Mental health Units Use of Forces Act (2019)
- The Equality Act (2010)

Where physical restraint has been used, staff should record the decision and the reasons for it, including details about how the intervention was implemented and the patient's response. If an individual is not detained under the Act, but physical restraint of any form is necessary, consideration should be given to whether the criteria in sections 5 and 6 of the Mental Capacity Act (2005) apply (restraint to be used in respect of people aged 16 and over who lack capacity) and/or whether detention under the Act is appropriate (subject to the criteria being met).

Staff may have to account for any use of force in the courts. They will need to know the legal authority for their actions and be able to explain why these were necessary, reasonable and proportionate in the circumstances.

3.14 Police support in the use of physical restraint

Guidance from the Policing College 2017 identified that local policing services may be able to assist and offer support to healthcare staff when a serious crime may have been committed, examples with guidance include:

- An immediate risk to life and limb
- Immediate risk of serious harm
- Serious damage to property
- Offensive weapons
- Hostages

Throughout any incident in which police respond and assist nursing staff to regain control the responsibility of the patient's health and safety remains that of the nursing staff. Where no significant threat of harm or commission of crime is present, the police will not attend to assist in restraining patients who are receiving treatment or assessment either as compulsory or voluntary patients.

It is unlawful for the police to restrain a patient on the basis that they might be violent if not restrained. Therefore police involvement in restraint is confined to:

- As part of structured handover under Section 136 of the Mental Health Act 1983
- Or
- Where the offending behaviour has reached such a serious level that the person needs to be arrested and dealt with under the criminal justice system

Staff need to be aware that local agreements may be in place with Local Policing services where they work, which outline standardised process for joint working, reporting and review following incidents.,

4 Definitions

Term	Definition
Restrictive Interventions	An intervention that prevents a person from behaving in ways that threatens to cause harm to themselves, to others, or to Trust property and/or equipment.
Physical Restraint	Any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person. Physical restraint covers anything from guided walks, arm holds, seated/mova bag restraint to in circumstances of severe risk use of supine and prone restraint.
Prone Restraint	Prone restraint, or face-down restraint, is when a person is positioned on a surface face down on their stomach preventing them from moving out of this position
Supine Restraint	Supine restraint is when a person is placed on a surface on their back and prevented from moving out of this position.
Behaviour Support Plan	Positive Behaviour Support is an evidence-based approach with a primary goal of increasing a person's quality of life and a secondary goal of decreasing the frequency and severity of their challenging behaviours.
Verbal de-escalation	The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.
PRN medication	The use of As-required medication (PRN) can be utilised as part of a de-escalation strategy but PRN medication used alone is not de-escalation. PRN should always be considered prior to any administration of Rapid Tranquillisation.
Rapid Tranquillisation	Rapid tranquillisation Use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not

	possible or appropriate and urgent sedation with medication is needed. (NICE NG10 May 2015)
Advanced decision	A written statement made by a person aged 18 or over that is legally binding and conveys a person's decision to refuse specific treatments and interventions in the future.
Tertiary Interventions	Guidance as to how people should react when a person's agitation escalates to a crisis where they place either themselves or others at significant risk of harm. This may include the use of restrictive interventions.

5 How this procedure will be implemented

<ul style="list-style-type: none"> This procedure will be published on the Trust's intranet and external website.
<ul style="list-style-type: none"> Line managers will disseminate this procedure to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> Attendance at training is monitored via Human Resources who send attendance reports to managers to ensure mandatory training needs are met.

5.1 Training needs analysis

All clinical staff within the Trust will be trained in a range of strategies to support patients displaying behaviours that challenge, including:

- Using a Behaviour Support Framework
- Developing behaviour Support Plan
- Safewards
- Verbal Desiccation
- Physical Restraint techniques (Restraint techniques supplied by the General Service Association GSA).
- Risks of Restrictive Interventions
- The Law in relation to the use of restrictive intervention (including the Human Rights Act 1998, and the relevant rights in the European Convention of Human Rights).
- Post incident support, including review
- Reporting & Recording of Restrictive Intervention

Staff/Professional Group	Type of Training	Duration	Frequency of Training
PAT Level 1 : Staff working in Community Services or working in inpatient service but have limited direct	Face to Face	3 day introductory training Update training 2 days	Annually

contact with patients			
PAT Level 2: Staff working in Inpatient services or complex community services providing direct care and support or staff working in enhanced community services.	Face to Face	5 day introductory training Update training 3 days	Annually

All TEWV Positive Approaches Training Curriculums will be reviewed annually as part of the Organisation Plan for reducing the use of restrictive Intervention and will be amended accordingly.

6 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Restrictive intervention usage monitored via the Positive & Safe Dashboard	Board : every 6 months Directors of Operations: Quarterly Clinical Directors : Quarterly Heads of Service Monthly Modern matrons/teams Managers : Weekly	QuAC LMGB SDG QuAG Leadership Huddles/ Supercells
2	Positive & Safe Audit	Annually	Linked to the Positive and Safe plan reviewed annually and approved via QuAC
3	BtC Specialty Specific pathway Audit	Every 2 years	Actions to feed into the Positive and Safe Advisory Group

7 References

- Department of Health (2013), Positive and Safe – letter from Norman Lamb MP. Whitehall, London
- NICE NG10: Violence and aggression: short-term management in mental health, health and community settings (2015)
- NICE NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015)

- Huckshorn, K. A. (2004). Reducing Seclusion & Restraint Use in Mental Health Settings: Core Strategies for Prevention. Journal of Psychosocial Nursing and Mental Health Services, 42 (9),
- Positive and Proactive Workforce,
<http://www.skillsforcare.org.uk/Documents/Topics/Restrictive-practices/A-positive-and-proactive-workforce.pdf>
- Department of Health, 2014. Positive and Proactive Care: reducing the need for restrictive interventions, London: DH.
- British Institute of Learning Disabilities (2001) BILD Code of Practice for Trainers in the use of Physical Interventions: learning disability, autism, and pupils with special educational needs www.bild.org.uk
- Francis, R 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, London, HMSO
- Mental Health Act Code of practice 1983 (2015), Department of Health, The Stationary Office, London
- College of Policing , (2017), Memorandum of Understanding – The Police Use of Restraint in Mental Health & Learning Disability Settings http://www.college.police.uk/News/College_news/Pages/Mental_health_restraint_MoU.aspx
- MIND, 2013. Mental health crisis care: physical restraint in crisis, London: MIND.
- Transforming Care: A national Response to Winterbourne View Hospital: Department of Health Review Final Report, 2012, Department of Health
- Department of Health and Department for Education and Skills. (2002) Guidance for Restrictive Physical Interventions for employees working with children and adults who display extreme behaviour in association with Learning Disabilities and/or Autistic Spectrum disorders HMSO. London
- Department of Health (2003) The Independent Inquiry into the Death of David Rocky Bennett.
- General Services association (2017) Core Curriculum Physical Skills, www.thegsa.co.uk
- General Services Association (2003) Position request on pain, www.thegsa.co.uk
- Health and Safety at Work Act (1974), Health and Safety Executive www.hse.gov.uk
- Mental Capacity ~Act 2005, Code of Practice
- NHS Security Management Service (2005) Promoting Safer and Therapeutic Services. Implementing the National Syllabus in Mental Health and Learning
- NIMHE (2004) Mental Health Policy Implementation Guide 'Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-Service user Settings'

8 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	10 March 2021	
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This document replaces:	Safe use of Physical Restraint Techniques Ref CLIN-0019-002 v1	
This document was approved by:	Name of committee/group	Date
	Positive & Safe Advisory Group	October 2020
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	Senior Leadership Group	10 March 2021
An equality analysis was completed on this document on:	28 February 2021	
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Change record

Version	Date	Amendment details	Status
1	5 th Apr 2017	New Procedure	Withdrawn
1	6 th May 2020	Review extended 5 th October 2020	Withdrawn
1	5 th Oct 2020	Review extended 24 th December 2020	Withdrawn
1	24 th Dec 2021	Review extended 28 th February 2021	Withdrawn
2	10 March 2021	Full review , language changed to reflect new national standards for reporting and training	Ratified
2	17 Jan 2025	Review date extended to 30 April 2025	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Trust-wide clinical services				
Policy (document/service) name	Safe use of Physical Restraint Techniques				
Is the area being assessed a...	Policy/Strategy		Service/Business plan		Project
	Procedure/Guidance				Code of practice
	Other – Please state				
Geographical area covered	Trust wide				
Aims and objectives	<ul style="list-style-type: none"> • To enable people whose behaviour challenges services to lead fulfilling and socially inclusive lives (to the fullest extent possible) by applying positive and proactive approaches to supporting their behavioural challenges • To provide evidence informed support and training so that employees can identify, assess, prevent and respond to potential or actual behavioural challenges. • To provide a behaviour support framework that provides human rights led and trauma informed care approach. • To provide services with behavioural approaches that reduce and limit the need for restrictive interventions • To ensure all staff and carers supporting people whose behaviour is challenging are themselves supported in their work/role. • To support all staff to work within the values described in this policy • To minimize the impact on other service users who may witness the control and restraint of others 				

Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	February 2021
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	March 2021

You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity team on 0191 3336267/3046


1. Who does the Policy, Service, Function, and Strategy, Code of practice, Guidance, Project or Business plan benefit?

People whose behaviour challenges services and the Trust staff who support them.

2. Will the Policy, Service, Function, and Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or	No

				civil partners)	
<ul style="list-style-type: none"> It is recognised that some behaviours are specific to certain cultures, religious beliefs and all behaviour needs to be interpreted in light of these personal characteristics. This is acknowledged in the policy and will be highlighted in training. Considerations will be made to a service user's protected characteristics to ensure that any negative impact is reduced or removed completely, for example with regards to 'Age', 'Religion and Belief', and 'Race' the gender of staff will be considered where possible. Racist abuse, sexual harassment, homophobic or other abuse related to someone's protected characteristics is recognised as behavioural challenges within the policy and reference is made to Equality and Diversity training in the proactive strategies to address such behaviour. The policy aims to support staff to recognise that behaviour is a message particularly for people with no or limited verbal communication or particular mental health conditions. It encourages staff to understand the message and not to merely respond to the behaviour. The policy is for all ages, and can be applied to all services within the Trust however considerations will be made on an individual basis to ensure that any negative impact is reduced or removed. 					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?		Yes		No	
Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 		<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) 			

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Experts by experience are involved, attending both steering group meetings and were members of the working group; they assisted in the development of resources and have been part of the consultation over the revisions made to the policy.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?

Yes/No	Please describe the identified training needs/service needs below <ul style="list-style-type: none"> • Training for staff is going to include awareness that some behaviours are specific to certain cultures, religious beliefs etc. and all behaviour needs to be interpreted in light of these personal characteristics • Racist abuse, sexual harassment, homophobic or other abuse related to someone's protected characteristics are recognised as being behavioural challenges within the policy and reference is made to Equality and Diversity training in the proactive strategies to address such behaviour 				
A training need has been identified for;					
Trust staff	Yes/	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					