

DOCUMENT CONTROL	
Title:	Client Focused Physical Intervention Policy for Adults and Children (L D Directorate)
Version:	3
Reference Number:	CL115
Scope:	
This policy applies to members of the Physical Intervention Training Teams that sit within Pennine Care Learning Disability Services, who are responsible for providing training in Positive Behaviour Management (PBM) including physical intervention.	
Purpose:	
The purpose of this policy is to highlight how the Physical Intervention Team will work with clients and carers to support individuals who present behaviours that challenge in community settings, through the implementation of Positive Behaviour Management (PBM) techniques.	
Requirement for Policy	
<ul style="list-style-type: none"> • Health & Safety Executive • Best Practice 	
Keywords:	
Physical Intervention, Positive Behaviour Management, Positive Response Training	
Supersedes:	
Version 2	
Description of Amendment(s):	
Date changes to Associated Documents	
Owner:	
Specialist Nurse Complex Interventions – Andy Stewart	
Individual(s) & group(s) involved in the Development:	
This document has been developed in collaboration with the following interested parties: <ul style="list-style-type: none"> • Physical Intervention Trainers 	

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> • Physical Intervention Trainers Forum • Governance Leads 	
Equality Impact Analysis:	
Date approved:	2 nd January 2019
Reference:	CL115-EIACL115
Freedom of Information Exemption Assessment:	
Date approved:	28 th November 2018
Reference:	POL2018-84
Information Governance Assessment:	
Date approved:	28 th November 2018
Reference:	POL2018-84
Policy Panel:	
Date Presented to Panel:	6 th December 2018
Presented by:	Andy Stewart
Date Approved by Panel:	6 th December 2018
Policy Management Team tasks:	
Date uploaded to Trust's intranet:	4 th January 2019
Date uploaded to Trust's internet site:	4 th January 2019
Review:	
Next review date:	December 2021
Responsibility of:	Specialist Nurse Complex Interventions
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL002	Consent to Examination and Treatment Policy
CL122	Safeguarding Families Policy
CO010	Incident Reporting, Management and Investigation Policy
CO038	Managing Violence and Aggression Policy
RM001	Records Management Policy

Policy Associated Documents:	
TAD_CL115_01	Additional Terms and Conditions for Direct Care Organisations
TAD_CL115_02	Training Agreement for Families
TAD_CL115_03	Screening Tool for Physical Intervention Referrals
TAD_CL115_04	Initial Training Needs Analysis
TAD_CL115_05	Annual Training Needs Analysis
TAD_CL115_06	Pre-Training Information
TAD_CL115_07	Pre-Training Letter Register
TAD_CL115_08	Confirmation of Receipt of PBM Pre-Training Instructions
TAD_CL115_09	Health Screening Form B
TAD_CL115_10	PBM: Non Participation Form
TAD_CL115_11	PBMplus Training – Checklist of Moves
TAD_CL115_12	Practical Assessment Summary
TAD_CL115_13	PBM Trainee Evaluation Form
TAD_CL115_14	PBM Incident & Near Miss Form for All Trainers and Trainees
TAD_CL115_15	Audit Tool
TAD_CL115_16	Guidance for using the Risk Screening tools for assessing participants health status in relation to Physical Intervention Training
TAD_CL115_17	Health Screening Form A
TAD_CL115_18	Course Report – Team Physical Interventions
Other external documentation/resources to which this policy relates:	
	<p>NICE (2015a) NG10 Violence and aggression: short-term management in mental health, health and community settings https://www.nice.org.uk/guidance/ng10</p> <p>NICE (2015b) NG11 Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges https://www.nice.org.uk/guidance/ng11</p> <p>NICE (2015c) QS101 Learning disabilities: challenging behaviour https://www.nice.org.uk/guidance/qs101</p> <p>NICE (2018) NG93 Learning disabilities and behaviour that challenges: service design and delivery https://www.nice.org.uk/guidance/ng93</p>

CQC Regulations	
This guideline supports the following CQC regulations:	
Regulation 9	Person centred care
Regulation 10	Dignity and respect
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment
Regulation 17	Good governance
Regulation 18	Staffing

Contents Page

1.	Introduction	6
2.	Purpose	7
3.	Responsibilities, Accountabilities & Duties	8
4.	Statement Regarding Reasons for Declining to Undertake Physical Intervention Techniques Training	9
5.	Key Definitions	9
6.	Procedure for Screening Referrals for Client Focused Physical Intervention Training the Screening Process	10
7.	Procedure for Structuring and Maintaining a Physical Intervention Care Plan	11
8.	Procedure for Obtaining and Maintaining Accreditation as a Physical Intervention Trainer	12
9.	Procedure for Planning & Delivering Client Focused Physical Intervention Training	12
10.	Equality Impact Analysis	14
11.	Freedom of Information Exemption Assessment	14
12.	Information Governance Assessment	14
13.	Safeguarding	14
14.	Monitoring	15
15.	Review	15
16.	References	15

1. INTRODUCTION

Carers sometimes have to respond to aggressive behaviour that is linked to the skills deficits and health needs of people who have learning disabilities. In many cases aggressive behaviours can be a means of getting needs met in the absence of more socially appropriate ways of communicating. As advisers in the field of learning disabilities, the learning disability physical intervention team in close cooperation with the wider multidisciplinary team, can assist carers to learn how to manage this behaviour using a programme called Positive Behaviour Management.

The Positive Behaviour Management programme explains to carers how to cope with behaviour that is aggressive, by a combination of approaches that include:

- Explaining the Principals of Positive Behavioural Support (PBS)
- Teaching Distraction and de-fusion techniques
- Teaching self-protective breakaway techniques
- Teaching safe holding

Pennine Care NHS Foundation Trust (PCFT) is committed to providing Person Centred Support to Children and Adults with Learning Disabilities. This involves providing Positive Behaviour Management (PBM) and Physical Intervention Techniques that have been recognised as an assessed need. They will be clearly described in the individual's Person Centred Support Plan.

Physical Intervention must be regarded in the same way as any other professional intervention with an individual, child or adult. At all times the human and legal rights of children and adults must be of paramount importance. The objective of this policy is to meet the needs of the child/adult, parents and caregivers, whilst at the time safeguarding the child or adult and those involved. Robust risk management underpins the delivery of all physical intervention work undertaken.

Physical Intervention Teams operating within Pennine Care's Learning Disability Directorate believe that the following approaches are integral to delivering positive behaviour management:

- Physical Intervention should always be provided sensitively and appropriately maintaining the privacy and dignity of the individual receiving the support.
- Prevention of violence, and injury and aggression must be the fundamental objective.
- Physical Intervention should only be used as a last resort, graded in response and never as a matter of course. It should only be used when all other appropriate alternatives have been exhausted.
- Preventing aggressive or violent behaviour occurring by recognising and influencing possible triggers in the environment is the first priority. Where an individual is displaying signs of aggression there is a need to intervene early to avoid the behaviour escalating to violence or injury.
- If Physical Intervention is considered as part of the management procedure, then specific training will be provided by the locally designated "Physical Intervention trainers" who will be trained and accredited by Positive Response Training (PRT) based in Truro.

- Physical Intervention should only be used as part of a comprehensive intervention package including a functional analysis of behaviour and supported by a proactive behaviour management strategy and risk assessment.
- Physical intervention does not on its own solve behaviour problems. It should therefore only be used as part of a wider management strategy that attempts to take account of the causes of the child/adults behaviour and employs proactive strategies for preventing the behaviour occurring.

There is a requirement within Learning Disability Services that physical intervention techniques used by staff are British Institute for Learning Disability (BILD) accredited. The Positive Behaviour Management Model taught by Positive Response Training (Truro) is currently BILD accredited until September 2019 and will be reviewed every three years. The techniques and training materials developed by Positive Response Training were devised in 1989 -1990 and have been updated over the years. The following individuals, organisations and interested parties were involved in designing the training package and bio-mechanically evaluating the techniques:

- Abertawe Bro Morgannwg University Health Board
- Positive Response Training – Truro
- The Royal Society for the Prevention of Accidents

The effectiveness of the PBM model is continually researched. Research published in peer-reviewed journals (Allen et al 1997; Allen & Tynan, 2000) has shown that the introduction of the training can result in:

- Lower rates of use of restraint
- Lower rates of use of emergency medication
- Reduced injuries to service users
- Reduced injuries to staff
- Increased staff confidence and knowledge

The PBM model has had significant influence on the successful British Institute for Learning Disability (BILD) and National Autistic Society (NAS) publication entitled 'Physical Interventions: A Policy Framework' (Harris et al. 1996), the BILD publication 'Ethical approaches to physical interventions' (Allen 2002): the BILD 'Code of Practice for Trainers in the Use of Physical Interventions' (BILD, 2001a) and 'Training Carers in Physical Intervention' (BILD, 2001b).

All training is evaluated by staff and carers undertaking the instruction. The effectiveness and use of the techniques is evaluated on a continuous basis. This data is analysed and feedback is utilized to improve service delivery and training methods.

2. PURPOSE

The purpose of this policy is to highlight how the Physical Intervention Team will work with clients and carers to support individuals who present behaviours that challenge in community settings, through the implementation of Positive Behaviour Management (PBM) techniques.

Positive Behaviour Management (PBM) techniques comprise both proactive and reactive elements. Physical intervention is a reactive strategy that should be part of a wider proactive approach. This policy and associated protocols outline the approaches for delivering, monitoring and recording physical intervention training and is the key to maintaining consistency of approach and adherence to good practice recommendations issued by British Institute Learning Disabilities, National Institute for Clinical Excellence (NICE 2015a, NICE 2015b, NICE 2015c and NICE 2018) and the Department of Health.

This training is generally provided to Non-Pennine Care staff and carers supporting service users who are 'open' cases to the local learning disability team, **i.e. they have been referred to the team, are on the team's 'active' caseload and have been assessed as requiring physical intervention as part of a wider positive behaviour management plan.**

The Physical Intervention Trainers are accountable to the Clinical Manager of the Learning Disability Service. **Permission must be sought from PRT (the licence holders) to train staff not employed by Pennine Care (as per the training licence agreement).**

Key Aims of the Policy

Physical Intervention training will:

- Ensure that the rights of the client are respected
- Maintain the individual's dignity
- Protect the individual against intrusion and abuse
- Be thoroughly quality assured, with 'built in' evaluation procedures
- Support the mitigation of risk
- Continually work towards reducing the need to physically intervene with children and an adult as far as is practicable
- Always meet nationally recognised Physical Intervention guidance
- Ensure that physical intervention techniques are accredited for use with people who have learning disabilities are taught in conjunction with preventative behaviour management strategies.
- Be supported by a written Physical Intervention Care Plan outlining how to apply the techniques taught.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Physical Intervention Trainers

These individuals are trained and accredited / re-accredited by Positive Response Training (Truro) who are accredited by the British Institute for Learning Disabilities (BILD). The training team are responsible for assessing, developing and evaluating physical intervention support plans. The physical intervention training team will also deliver client focussed physical intervention training to a variety of audiences. The Physical Intervention Training Team will ensure all paper records relating to training are stored in a lockable filing cabinet.

PCFT Staff Receiving Training

Pennine Care staff are responsible for adhering to the individual service users Physical Intervention Support Plan. These individuals are also responsible for actively seeking advice and support from the Physical Intervention Team in relation to matters relating to physical intervention training and implementation of techniques.

Senior Manager/Head of Service

It is the responsibility of the Senior Manager to disseminate the Policy.

Team Leader/Coordinator

The Team Leader/Coordinator is responsible for the implementation of the policy.

4. STATEMENT REGARDING REASONS FOR DECLINING TO UNDERTAKE PHYSICAL INTERVENTION TECHNIQUES TRAINING

Not all referrals for physical intervention will be accepted. The training team are committed to signposting referrers on to more appropriate supports. In some situations Physical Intervention will be contra indicated. Such situations may include instances where:

- There is evidence that the behaviour could be managed by other non-aversive Constructional / Functional / Socially Valid measures
- Parents and care givers have a history of displaying low levels of compliance with preventative strategies / intervention and other forms of support
- There is an indication of Emotional, Psychological, Physical or Sexual abuse that requires further investigation under 'safeguarding' policies.
- Parents or care givers would be placed at unacceptable risk of injury to themselves by carrying out the techniques
- Application of techniques would be likely to increase the risks of a client incurring injury or significant deterioration in their medical condition.
- Where the behaviour could be managed by other alternative measures
- The service requesting the training is already implementing a different model of physical intervention

5. KEY DEFINITIONS

Physical intervention refers to a range of techniques, which involve bodily contact between clients, parents and carers, for the purpose of escaping from assault or attack and / or safeguarding the person and others.

Physical Interventions may include:

Breakaway Techniques:

Where minimum physical force for the shortest duration required is employed to escape from an assault or attack. This can involve blocking or deflecting a punch or grab. In other instances it may involve affecting a release from a grab or hold.

Physical Restraint:

Where minimum physical force for the shortest duration required is employed to physically prevent an individual in crisis from placing themselves in danger, injuring themselves or others.

Removal Techniques:

Where minimum physical force for the shortest duration required is employed to assist an individual to move from an environment where they are at risk or are presenting a risk to others.

The correct use of physical intervention requires skill and judgement, as well as knowledge of non-harmful methods of restraining. Only approved techniques designed and developed by British Institute for Learning Disabilities (BILD) accredited training organisations will be taught by the Physical Intervention Trainers.

6. PROCEDURE FOR SCREENING REFERRALS FOR CLIENT FOCUSED PHYSICAL INTERVENTION TRAINING

Screening will only take place after a written referral has been received by the Physical Intervention Training Team. A screening assessment will be conducted by a trainer from the Physical Intervention Training Team.

Using the **Screening Tool for Physical Intervention Referrals** (see TAD_CL115_03) and the PRT Pre-Training Audit (see TAD_CL115_04 & 05) the person conducting the screening will establish:

1. That the client for whom the physical intervention training is being requested, meets the Learning Disability Team's general referral criteria
2. If the client's physical condition contra-indicates the use of physical intervention. (Use the health screening tool and prepare a detailed risk assessment – (See TAD_CL115_03).
3. That the referring agent has sufficient resources to enable the safe implementation of a physical intervention care plan.
4. If the next of kin, case manager, person with power of attorney or parental responsibility have been made aware of the referral.
5. The nature and risks of existing violent and untoward incidents presented by the client.
6. If formal assessments and proactive intervention work has been implemented and what is the impact of this work on the clients behaviour
7. What training has already been carried out with the staff team.

The findings of the screening visit are then brought to the Physical Intervention Training Team meeting for discussion and a decision is made regarding the appropriateness of the referral. A decision is then taken to formally offer or decline training.

The trainer who screened the referral is responsible for contacting the referring agent and notifying them of the decision. This decision is then followed up in writing if it is decided that training will not be provided, the decision is explained and recommendations will be made regarding future management of the behaviours of concern.

Should physical intervention be deemed appropriate arrangements will be made to deliver the training as soon as is practical. A letter will be sent to the client's G.P stating intent to train the client's support/care staff in physical intervention techniques. Staff being trained will be sent pre-training information and a time and a date for the training to be delivered (see TAD_CL115_06)

Any documentation associated with the Physical Intervention screening process will be filed as follows:

- a. If the referral is accepted by the training team the documentation will be stored in the client's Case Notes.
- b. If the referral is deemed inappropriate, the related documentation will be stored in a file marked "Inappropriate Referrals File" kept by the lead physical intervention trainer/Physical intervention coordinator

7. PROCEDURE FOR STRUCTURING AND MAINTAINING A PHYSICAL INTERVENTION CARE PLAN

Physical Intervention Care Plans and associated training paperwork will comprise of the following sections:

The sections will be structured as follows:

- Identifying Information
- Letters & Correspondence
- Completed Screening Tool
- Risk Assessments
- Physical Intervention Recording Sheets
- Pre-Training Health and Safety Considerations / Health Checks
- Physical Intervention Protocol
- Physical Intervention Training Records
- Practical Assessment Summary Sheet
- Pre & Post Training Checklist
- Training Reminder Checklist

The paperwork and forms used to record information relating to physical intervention training and the application of physical intervention techniques will be developed and approved via the physical intervention trainers meeting, in accordance with any good practice / health and safety guidance provided by:

- British Institute for Learning Disabilities
- PRT Training
- Pennine Care NHS Foundation Trust
- NHS Counter Fraud and Security

Physical intervention protocols must be completed within two weeks following training. The trainers facilitating the training are responsible for this task. A copy of the protocol must be given to the organisation that requested the training as soon as the protocol is developed. A copy of the protocol must also be placed in the client's nursing notes with other

interventions. When a client's behaviour is such that their care staff no longer require training in physical intervention techniques, the individual's physical intervention care plan will be archived in accordance with PCFT Records Management Policy (CO020)

8. PROCEDURE FOR OBTAINING AND MAINTAINING ACCREDITATION AS A PHYSICAL INTERVENTION TRAINER

All trainers will initially attend the PRT 'Train the trainers' course and must complete it to the required standard.

Trainers must attend a PRT physical intervention techniques refresher course every year. Accreditation will expire if annual reassessment training is not undertaken.

All physical intervention trainers working within PCFT Adult & Child Care Services (Learning Disability) must adhere to this procedure for obtaining and maintaining accreditation as a physical intervention techniques trainer.

It is essential that trainers attend the First Aid at Work Course and pass the subsequent examination and reaccreditation every three years.

Any trainer leading Physical Intervention training around a child must have attended and be accredited in the Children's Physical Intervention Techniques programme delivered by PRT. Each trainer within PCFT's physical intervention training team is responsible for their own practice and must ensure that they make their own arrangements for obtaining and maintaining their individual physical intervention trainer status and accreditation.

The onus is on each and every trainer to record in their diary when they sat their training level exam and when they attended refresher training. It is also the responsibility of each trainer to know when their training status expires and to ensure that they renew their status before it expires or cease training.

Each trainer has a duty to practice techniques to maintain competency between re-accreditation.

9. PROCEDURE FOR PLANNING & DELIVERING CLIENT FOCUSED PHYSICAL INTERVENTION TRAINING

- When training staff in restraint techniques, trainers must ensure that the training environment floor is covered with suitable mats (at least 4cm deep.) There must be 4 square meters of mats for each participant. If only blocks, breakaways or deflections are being taught the use of mats is optional. However the use of mats does contribute to increased safety of trainees
- The trainers will check the trainee's 'Participant Risk Screening Checklist' (FORM PRS02 – See TAD_CL115 _09) to ensure that they are physically fit to train prior to any techniques being taught. If a trainee is unable to complete the training for any reason a Form 5 – 'PBM Non Participation Form' must be completed (see TAD_CL115_10)
- Training in Positive Behaviour Management (PBM) has two key components that consist of theory training and instruction in physical intervention techniques. The

theoretical element consists of an audiovisual presentation that is comprised of nine modules delivered over a day and a half covering a range of topics relating to the safe and ethical use of physical intervention. Staff and/or carers cannot undertake any training in techniques until they have attended the theory sessions.

- It is recommended good practice that staff attend the full one and a half day theory course every three years so that they can catch up on any developments or changes to the law that may have occurred. They will automatically have a brief refresher on some of the theoretical elements every year when they attend annual reaccreditation techniques. This brief annual theory recap covers health and safety issues; the stages of the 'time incident model'; proxemics and de-escalation
- The Trainers will then check that the trainees are suitably dressed and will ensure that jewellery & body piercings are removed or covered securely with Micropore tape to prevent injury to themselves and/or others.
- Training is then delivered as per PRT's 'Training Checklist', 'Checklist of Moves PBM Training' (see TAD_CL115_11)
 - Introduction
 - Boards
 - Perception
 - Proxemics
 - Stance
 - Warm Up
- The Trainers will then demonstrate the physical intervention techniques which are required and have been identified during the completion of the pre training audit (see TAD_CL115_04 & TAD_CL115_05)
- Trainees will then demonstrate and practice application of the technique under close supervision of the trainers
- Throughout the instruction in the techniques, the trainers will make repeated checks to ensure that trainees have not incurred injury and are still fit to continue.
- Once the trainers are confident that trainees have had sufficient instruction and practice in application of techniques, Practical Assessment Summary Sheets are then signed 'Practical Assessment Summary Sheet' (See TAD_CL115_12). Any trainee not able to demonstrate competence on that day in application of the techniques must be recalled for further instruction and their line manager will be informed in writing.
- Trainees will also complete an evaluation sheet once the practical training has been delivered. 'PBM Trainee Evaluation Form: Practical – (see TAD_CL115_13)
- Trainees are reminded again of the conditions for training staff and are informed that it is a requirement to keep a record of techniques used so that the use of physical intervention can be monitored and analysed.
- A final check is made of the trainees before they leave to ensure that they have not been injured. If any trainees are injured or any near misses occur, then 'PBM Incident & Near Miss Form For All Trainers and Trainees' (see TAD_CL115_14) is completed to this effect and must be signed by a trainer and a participant. Relevant Accident/Incident Forms to be complete if any injuries have been sustained.

- After delivering training in Managing Violence and Aggression (Both Theory and Intervention Techniques) a 'Course Report' (See TAD_CL115_18) must be completed and filed in the clients case file.

Following training all necessary paperwork must be complete as per **Procedure for Structuring and Maintainin a Physical Intervention Care Plan.**

10. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

11. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

12. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

13. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

14. MONITORING

The screening process and delivery of training in relation to physical intervention is supported by a robust documentation process. It is therefore possible to monitor the Screening, Training and Documenting of physical intervention care plans by auditing the records that comprise an individual's Physical Intervention Care Plan.

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place in partnership with the Clinical Effectiveness and Quality Improvement Team and the Service Manager at agreed intervals and will be reportable to the Trust Wide Quality Group.

The date of audit will be agreed two weeks in advance, with the Physical Intervention Lead based at the Learning Disability Team.

The Physical Intervention Lead must ensure that all 'active' physical Intervention care plans are accessible on the day of audit.

The audit tool must be completed for all 'active' physical Intervention care plans (see TAD_CL115_15).

15. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

16. REFERENCES

Allen, D et al 1997 Changing care staff approaches to prevention and management of aggressive behaviour in a residential treatment unit for persons with mental retardation and challenging behaviour. *Research in Developmental Disabilities* 18 (2) 101-112

Allen, D 2001 Recent research on physical aggression in persons with an intellectual disability: An overview. *Journal of Intellectual & Development Disability* 25 (1) 41-57

Allen, D, Doyle, T. & Kaye, N. 2002 Plenty of gain, but no pain: a systems wide initiative. In Allen, d. (ed.) *Responding to challenging behaviour in people with intellectual disabilities: ethical approaches to physical intervention*. Kidderminster: BILD.

Allen, D & Tynan, H. 2000 Responding to aggressive behaviour: the impact of training on staff knowledge and confidence. *Mental Retardation* 38 (2) 97-104

BILD 2001a Code of Practice for trainers in the use of physical interventions. British Institute of Learning Disabilities.

BILD 2001b Training carers in physical interventions: research towards evidence- based practice. Plymbridge Distributors: Plymouth.

BILD 2009 Ethical approaches to physical Interventions: changing the agenda Volume 2. Plymouth: Latimer Trend and Company Ltd

Harris, J., Allen, D., Cornick, M., Jefferson, A. and Mills, R. 1996 Physical interventions: a policy framework. Kidderminster: BILD Publications.

Emerson, E., Cummings, R., Barrett, S. et al, A. 1988 Challenging behaviour and community services: Who are the people who challenge services? British Journal of Learning Disabilities 16 (1) 16-19

NHS Security Management Service. 2001 Promoting safer and therapeutic services: implementing the national syllabus in mental health and learning disability services. NHS: London.

NICE 2015a NG10 Violence and aggression: short-term management in mental health, health and community settings. Available from: <https://www.nice.org.uk/guidance/ng10> [accessed 13/12/18]

NICE 2015b NG11 Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. Available from: <https://www.nice.org.uk/guidance/ng11> [accessed 13/12/18]

NICE 2015c QS101 Learning disabilities: challenging behaviour: Available from: <https://www.nice.org.uk/guidance/qs101> [accessed 13/12/18]

NICE 2018 NG93 Learning disabilities and behaviour that challenges: service design and delivery. Available from: <https://www.nice.org.uk/guidance/ng93> [accessed 13/12/18]

Positive Response Training and Consultancy. 2011 Positive behaviour management: preventing and responding to aggressive behaviour in persons with intellectual disabilities(Trainer Manual Revision IV). Positive Response Training and Consultancy: Truro