



Communities Directorate

**Prevention of Exclusion from Building Based
Services and Withdrawal of Services from
Individuals' Homes**

Policy and Procedure

Draft 2011

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INFORMATION SHEET

Service area	All Halton Borough Council Internal Adult Services
Date effective from	November 2011
Responsible officer(s)	Policy Officer – People and Communities Policy Team Divisional Manager – Community Services
Date of review(s)	November 2012
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) 	Mandatory
Target audience	All employees of Halton Borough Council working with adults with learning disabilities, mental health issues, physical and sensory disabilities and older people.
Date of Committee/SMT decision	9 th November 2011
Related document(s)	Safeguarding Adults in Halton Interagency Policy, Procedures & Guidance.
Superseded document(s)	Protection of Vulnerable Adults Exclusion from Building Based Services and Withdrawal of Services from Individuals' Homes. Policy & Procedure – Sept 2007
Community Impact Review & Assessment completed	2011
Adult Safeguarding Audit Tool Completed	2011
File reference	

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1.1

Introduction

This policy describes the approach to be taken when the need arises to consider:

- Whether an individual should be temporarily or permanently excluded from a building based service such as a Day or Residential Service.
- Whether services provided to an individual in his or her own home should be temporarily or permanently withdrawn.

The policy seeks to reflect:

- The preference for solutions other than exclusion or withdrawal of services such as behaviour contracts or adapting service or staffing arrangements
- Halton Borough Council's duty of care to staff providing services and to other people accessing services, who may be put at risk.
- Where exclusion or withdrawal of services is the only option, the need to identify alternative solutions and where needs are critical or substantial under Fair Access to Care Services, to put suitable alternative services in place.
- The importance of good communication and the involvement of people who access services and their carers at all stages of the process

It is intended that this policy be compatible with:

- Safeguarding Adults in Halton, Interagency Policy, Procedures & Guidance 2010
- Anti-Bullying Policy
- Care Management Procedures including Fair Access to Care Services
- Risk assessment and management procedures
- Health and safety legislation and associated policies and procedures intended to protect staff, such as Violence at Work
- Carer support policies
- Valuing People
- Health & Social Care Act 2008
- National Minimum Standards for Domiciliary Care
- National Minimum Standards for Care Homes for Older People and Adults
- Day Services Standards (under review)
- Warning Notes Procedure
- Human Rights Act 1998
- Mental Capacity Act
- Relevant PCT policies and procedures e.g. zero tolerance
- Positive Behaviour Support Service Policy (in draft)
- Corporate Caution Policy Procedure

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- Development of an Advocacy Hub

It is acknowledged that there are wider issues of social exclusion. This Policy does not apply to social exclusion but a commitment is given to consider social exclusion issues in the organisation of in-house and contracted services.

1.2 Background

Historically, exclusion or withdrawal of services has taken place when an individual, usually with behaviour which challenges service delivery, has behaved in a way which constitutes a risk to themselves, to staff providing the service and in the case of building based services to other people accessing the service.

Exclusion /withdrawal of services has often resulted in the individual having no alternative provision of service which may mean that carers have to assume the full responsibility of providing care and support. This could place a burden on carers and may result in a later breakdown of care arrangements.

The modernisation of services in line with relevant National Service Frameworks, Independence Matters and the Valuing People agenda, means that there is a range of options for meeting people's needs and responding to the challenges, which were previously confined to one service provision.

Values

1.3

All agencies involved in the provision of services to vulnerable adults should share a common set of values to ensure that vulnerable adults have:

- The same **human rights** as everyone else to not live in fear and to be free from bullying and harassment.
- The right to live as a valued and equal member of the community while being shown **respect** and afforded privacy and dignity.
- The right to exercise informed **choice** about the way they live their lives and in the take-up of services.
- The right to high **quality**, flexible and accessible services and a support network of professionals.
- The right to their **independence**, to achieve their full potential and to live according to their wishes and beliefs.
- The right to have a **voice** and their views listened to and be

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acknowledged in the planning and provision of services available.

- The right to have the same **opportunities** in life as others and not be bullied, harassed or discriminated against because of their disability.

This Policy seeks to uphold these values whilst addressing those circumstances where service provision becomes more challenging because of the risks presented to the individual and to others, including staff, through continuing to provide services.

1.4 Principles

1. All services should be inclusive and exclusion or withdrawal of a service from any individual should only take place after all other options for resolution of difficulties have been pursued.
2. Inclusive services means that no individual should be excluded on the grounds of race, religion, sexual orientation, gender, age or disability. Careful consideration should be given to these issues in managing difficulties arising from behaviour which challenges service delivery and seeking a resolution.
3. Any individual subject to the processes outlined in this Policy should have access to an advocate.
4. No exclusion or withdrawal of a service should take place, even on a temporary basis, unless every attempt has been made to provide a robust and consistent service and until the carers have been consulted (where the individual has a carer) and a risk management strategy put in place. For Adults with Learning Disabilities whose behaviour challenges service delivery, the case should be referred to Positive Behaviour Support Services. For details of the range of options available see Appendix 1
5. No long term or permanent exclusion or withdrawal of services should take place until a full re-assessment of need has been completed, including a risk assessment in relation to the individual's and their carer's needs and an appropriate support plan has been put in place.
6. No individual should be put at risk by being excluded from services or having services withdrawn which are essential to their health and well-being. Conversely, if the loss of a service does not result in critical or significant risks for the individual or their carer, there is no obligation on the Directorate to replace it.

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See HBC document Development of an Advocacy Hub

Appendix 1 Details the training currently available from the Positive Behaviour Support Services Team

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7. Confidentiality of information will be considered at all times and information will only be shared on a need to know basis in line with information sharing policies and protocols.
8. Any monitoring / reporting arrangements should protect the identity of the individual.

1.5 Categories of Exclusion/ Service Withdrawal

The categories of exclusion/ service withdrawal established by this Policy are:

Temporary

This means that an individual would be excluded from a service for a specified period of time, provided that the principles in 1.4 are met. The maximum period of temporary exclusion /withdrawal allowed within this Policy depends on the type of service (see table below). A reassessment of need must be completed and a meeting convened immediately to construct a person centred Support Plan

Partial

This means that an individual would continue to use the service but may have a reduction in the times and/or days of attendance.

Long term

A long term exclusion or service withdrawal means that an individual would be excluded from a service or have services withdrawn for more than the maximum period of time allowed for a temporary exclusion /service withdrawal. The period of time allowed for a temporary exclusion /service withdrawal will vary according to the type of service (see table). 6 weekly reviews/reassessments must take place during the period of the exclusion/ service withdrawal.

Permanent

A permanent exclusion /withdrawal means that the individual would no longer be able to use or attend the service. This may occur where all alternative strategies, including temporary and partial exclusions have been tried and have failed and / or the individual poses a very critical risk to themselves, to other people accessing the service or to staff. Risk Enablement Panel will decide whether the risks are very critical on the basis of a completed Level 2 risk assessment and management plan or its equivalent. Very critical risks must be included on the risk log held by the Operational Directors. The Divisional Manager responsible

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for the care service will make the decision as to whether the level of risk necessitates permanent exclusion from the service, taking into account of the views of the Risk Enablement Panel.

Type of Exclusion/ Service Withdrawal	Day Services	Short Stay Residential Service	Services provided in users homes
Temporary	Time period maximum 5 working days	Time period maximum 2 weeks	Time period maximum 5 working days
Partial	Time period maximum 5 working days	Time period maximum 2 weeks	N/A
Long term	Any exclusion lasting longer than 5 working days	N/A	Any service withdrawal lasting longer than 5 working days
Permanent	Applies to all services – see definition /criteria (above)		

1.6

Criteria for Exclusion

1. An individual should only be considered for exclusion or withdrawal of services if they present **a critical or substantial and continuing risk** of significant harm to themselves, other people accessing the service or staff providing the service, which cannot be managed within the service. This may include when under the influence of alcohol or illicit drugs. This may include critical or substantial and continuing risks to the individual and to staff resulting from an individual’s behaviour relating to the use or non-use of equipment.
2. Oppressive and or discriminatory behaviour may result in exclusion or withdrawal of services in line with Halton’s Anti-Bullying Policy.
3. A Level 2 risk assessment and management plan or equivalent must have been completed by the relevant social work team in respect of the individual, their carer and others, and identified actions implemented. The completed Level 2 risk assessment and management plan must be signed off by Risk Enablement Panel.
4. Carer(s) must have been consulted and be able to care for the person during the period of exclusion/service withdrawal, or where needs or risks are critical or substantial, suitable alternative services must be arranged. Even if the individual has a carer, it

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This policy is not intended to supersede any policy already adopted by the PCT regarding withdrawal of services. It is to outline best practice to support vulnerable people.

Anti- Bullying Policy

This policy sets out what constitutes bullying and harassment and what to do if an incident occurs.

Care Management Risk Assessment Policy and Procedure

This policy and procedure sets out the policy and procedure to be followed in respect of

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is important that they have access to an advocate.

5. A full risk assessment and management plan must be carried out for any alternative services arranged, in order to avoid transferring the risk.
6. The individual and carer(s) must be informed in writing of the decision to exclude the person from / withdraw the service. This should include:
 - Details of the category of exclusion/service withdrawal, the period of exclusion/service withdrawal and the reason(s) for the decision
 - Review/reassessment arrangements
 - Details of any alternative services arranged for the period of exclusion/service withdrawal
 - The name and telephone number of the person they should contact if they wish to appeal against the decision. This will usually be the Principal Manager or equivalent senior manager within health services who is responsible for the care service.
7. An email should be sent by the relevant Divisional Manager to the Operational Director for Commissioning and Complex needs, giving details of the service user and the case for exclusion.

1.7 Capacity

This policy /procedure upholds the following principles (from the Mental Capacity Act 2005)

- It should always be assumed that a person has capacity to make decisions unless there has been a formal assessment that shows that this is not the case
- People have the right to be supported to make their own decisions
- People should not be treated as lacking capacity merely because they have made an “unwise” decision
- Everything that is done for people without capacity should be done in their best interest.
- All decisions must be made in a way that is least restrictive of an individual’s freedom.

The two stage mental capacity test considers whether the individual understands the risk and whether a capacity assessment needs to be undertaken by an appropriate mental health professional.

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risks resulting from a person’s behaviour due to their lack of understanding or insight or tendency to self harm and risks from the harm the person could inflict on others due to their behaviour which challenges service delivery.

The Mental Capacity Act (2005) establishes

A checklist for establishing what is in the best interests of a person lacking capacity as criteria for taking actions or decisions on that person’s behalf

For guidance see Mental Capacity Act 2005 Overall Policy, Procedure and Guidance Appendix 3 - 2010

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1.8 Appeals Procedure

Appeals against exclusions must be considered by the Divisional Manager or Health Manager responsible for the care service and responded to in writing within 10 working days

1.9 Monitoring

Divisional Managers should be notified by the Principal Managers of any exclusions/service withdrawals to ensure that the policy is being used appropriately.

Divisional Managers should report monthly to the Divisional Management Team of any exclusion in their service area.

An annual report, produced by Policy section, should be presented to the SMT and the relevant Partnership Board detailing:

- The number of exclusions/service withdrawals
- The reasons for exclusion/service withdrawals
- The profile characteristics of individuals who have been excluded/had services withdrawn
- The outcomes for the individuals concerned

SMT and the Partnership Board should consider how the information could be used to enhance the development of competent local services reducing the risk of further exclusions/service withdrawals.

For Adults with behaviour which challenges services, the Positive Behaviour Support Services has been developed to minimise exclusion from services.

2 PROCEDURE

QUICK GUIDE

Stage 1

If an individual is presenting critical or significant risks within any service setting, a Level 2 risk assessment and management plan should be completed, led by the relevant social work team and any identified actions to manage the risk implemented. The Level 2 risk assessment and management plan must be signed off by Risk Enablement Panel. The appropriate alerts should be added to Care First in line with the Warning Notes Procedure.



Stage 2

If the risks continue or escalate to a level which presents a risk of significant harm to the individual, other people accessing the service or staff providing the service, despite the implementation of the risk management plan, the Principal Manager (or equivalent senior manager within health services) responsible for the care service should consider whether:

- There are any contributing factors to the problems which would indicate whether they are likely to be temporary or long –term or permanent e.g. a change in home circumstances, physical illness etc.
- Use of a behaviour contract would be appropriate
- Services could be adapted to minimise the presenting risks
- Staffing arrangements could be adapted to minimise the presenting risks.
- Training is required to meet a particular need. For Adults whose behaviour challenges services, Positive Behaviour Support Services have developed a training plan.



PROCEDURE

Stage 3



1. The Principal Manager (or equivalent senior manager within health services) should consult with their line manager and with the relevant Social Work Team. Following consultation, if it is decided that no actions can be taken within the service to reduce the immediate risks and that a period of exclusion /service withdrawal is required, this period should be **temporary** for a maximum of 5 working days or 2 weeks within short stay residential care while an assessment of need is completed.
2. Before any exclusion or service withdrawal, even on a temporary basis, takes place, the Principal Manager (or equivalent senior manager within health services) responsible for the care service should ensure that:
 - Carers have been consulted (where the person has a carer).
 - Alternative support arrangements within the service have been fully explored.
 - Discussions have taken place with the relevant Social Work Team as to whether (if needs and /or risks are critical or substantial) suitable alternative services need to be arranged.
 - If an adult whose behaviour challenges services warrants exclusion then it would be appropriate to refer them to the Positive Behaviour Support Services.
3. The Principal Manager (or equivalent senior manager within health services) responsible for the care service should notify the Divisional Manager of the period of exclusion/ service withdrawal using the prescribed form (Appendix 1). This form should be completed and sent to the Divisional Manager on the day the decision is made.
4. The Principal Manager (or equivalent senior manager within health services) responsible for the care service should ensure that the person being considered for exclusion /service withdrawal has access to an advocate.
5. A referral should be made to the relevant social work team on the day the exclusion /service withdrawal decision is made for a re-assessment of need and development of a Support Plan focussing on the needs of the individual.



PROCEDURE
Stage 4



1. A planning meeting arranged by the relevant Social Work Team should take place involving all parties immediately following the decision to introduce a temporary exclusion/ service withdrawal. The meeting should consider the re-assessment of the individual's needs and construct a new person centred Support Plan. The Support Plan should address how the individual's eligible needs are to be met either within current service or within alternative services which are able to meet changing needs.
2. The Divisional Manager responsible for the care service should make any decision about extending the period of exclusion/ service withdrawal (i.e. a long term exclusion). Prior to a decision being made by the Divisional Manager to permanently exclude an individual from a service, Risk Enablement Panel should consider the proposal on the basis of a completed Level 2 Risk Assessment and Management Plan, indicating that risks are very critical.
3. A report should be made to DMT about the outcome of the exclusion using the prescribed form. (Appendix 2).

NOTIFICATION OF EXCLUSION FROM SERVICES/SERVICE WITHDRAWAL (FORM A)

Person's Details :	Care First No:		Gender:	M/F	Age		Ethnicity	
Service Provider:								
Date of Exclusion/Service Withdrawal:								
Reason for Exclusion/Service Withdrawal:								
Person's /Advocate's Views:								
Carer Consultation (Date & Outcome):								
Details of any Alternative Services Provided:								
Date of referral to Social Work Team:			Date of Planning Meeting:					
Exclusion authorised by:								
Date Notified to Divisional Manager (DM to notify DMT)			Date to be notified to Partnership Board /by whom:					

**EXCLUSION FROM SERVICES/SERVICE WITHDRAWAL – MONITORING OF OUTCOMES
(FORM B)**

Person's Details :	Care First No:		Gender:	M/F	Age		Ethnicity	
Service Provider:								
Date of Exclusion:								
Reason for Exclusion:								
Outcome of Re-assessment and Planning Meeting:	Service Provision re-instated		Date:					
	Long term - exclusion extended until (specify date)		Date:					
	Reasons for extension:							
	Permanent exclusion/ service withdrawal		Date:					
	Reasons for permanent exclusion:							
	Alternative services provided (provide details):							
	Other (provide details)							
	Divisional Manager's Signature/ Agreement		Date:					
Date to be notified to DMT/ and Partnership Board and by whom:								

Contact details of Advocacy Services in Halton

Halton Speak Out Tel: 01928 588526

Advocacy Matters Tel: 0151 257 9663

Other useful numbers

Age Concern Halton
Runcorn Office Tel: 01928 590 600
Widnes Office Tel: 0151 424 9000

Mencap Tel:01928 722910

MIND (National Association
For Mental Health) Halton and District Tel:0151 495 3991

Open Mind Service Tel: 0151 511 5687

Together Working for Well Being
(Independent Mental Capacity Advocacy) 0133 244 6992 (Northern Office – Local
number available in April 2011

Training Currently Offered by the Positive Behaviour Support Team:

(NB this may change in the future and be developed within the Joint Training Partnership).

- 1) **'An introduction to Autistic Spectrum Conditions'** : an examination of the Triad of Impairments (language and communication impairments, social interaction difficulties, rigidity of thought), stereotypy/repetitive behaviours, imagination difficulties, abnormal sensory reaction, problem behaviour e.g. Self Injurious Behaviour.
- 2) **'What is behaviour'**: an examination of behaviour definition and the three term contingency?
- 3) **'Considering consequences when dealing with behaviour that challenges services'**: an examination of different consequences (reinforcement, extinction, punishment), how such consequences impact upon behaviour and future occurrence. Exploration of ethical considerations.
- 4) **'Motivating Operations'**: the importance of motivation consideration when implementing procedures to reduce behaviour that challenges services.
- 5) **Functions of behaviour**: examination of core functions of behaviours, how interventions are planned with direct reference to function.
- 6) **Behaviour change procedures**: examination of prompting and chaining procedures that can be implemented to encourage new desirable behaviours.
- 7) **Data taking**: an introduction to data taking.
- 8) **Person Centred Active Support**: 1) an introduction to Active Support; 2) Full Active Support workshop
- 9) **Interactive Training**: On job training for staff supporting individuals. Strategies to increase engagement break down tasks to appropriate levels and incidentally reduce occurrence of behaviour that challenges.
- 10) **Maintaining and generalising behaviour change**: Follow up sessions- ensuring that training is maintained and applied. Teaching skills to recognise when an individual's behaviour is changing in frequency, duration or intensity and act at that point, rather than allowing it to continue and a crisis point being reached.