



## Restrictive Practices Review

Whilst the term 'restrictive practice' has been widely used to cover physical, chemical, mechanical restraint and seclusion, using a broader definition, *A Positive and Proactive Workforce* uses 'restrictive practice' to mean:

*"Making someone do something they don't want to do or stopping someone doing something they want to do".*

## The types of restraint



<b>Definitions of restrictive interventions</b>	
<b>Physical restraint</b>	Any direct physical contact that restricts or subdues movement of the body or part of the body of another person.
<b>Chemical restraint</b>	Use of medication to control or subdue or get someone to comply.
<b>Environmental restraint</b>	The use of obstacles, barriers or locks to prevent a person from moving around freely.
<b>Seclusion</b>	The supervised confinement and isolation of a person, away from others, in an area from which the person is prevented from leaving.
<b>Psychological restraint</b>	Using communication strategies to make a person do something they don't want to do or stop them from doing something they do want to do.
<b>Mechanical restraint</b>	The use of a device to prevent, restrict or subdue movement of a person's body, or part of the body.
<b>Cultural restraint</b>	<p>Using dominant social and cultural norms to make a person do something they don't want to do, or stop them from doing something they do want to do.</p> <p>This might include:</p> <ul style="list-style-type: none"> <li>• Stopping a person from expressing their cultural views.</li> <li>• Stopping someone doing something that is important to them, their values, ethnicity and/or culture.</li> <li>• Making someone feel ashamed, inferior and/or humiliated because they are different to someone else.</li> </ul>
<b>Technological restraint</b>	The use of surveillance devices to monitor a person's actions with the purpose of preventing them from doing something they want to do or making them do something they don't want to do. <i>Please note: observations can also be regarded as a restrictive practice.</i>
<b>Blanket restrictions</b>	Rules that apply to everyone regardless of individual risk.

We want to use this broader definition of restrictive practice to ensure that people are not being stopped from doing something they want to do or made to do something they don't want to do, unless there is a clear reason why this is unavoidable.

The process of identifying all restrictive practices and then assessing their appropriateness, apart from being the right thing to do aims to:

- comply with national policy
- ensure standards in quality of practice
- reduce risks to individuals
- encourage staff teams to consider their practice
- flag up the need to be able to justify restrictions
- reduce the risk of 'low-level' restrictions developing into greater restrictive practices
- raise the issue of restraint during personal care
- establish restriction reduction plans

We need to ensure that any restriction which is part of someone's planned support is sound, reasonable and legal. If staff use restrictive practices (and the person doesn't have capacity to consent to the restriction) we need to follow a Best-Interest decision making process. We need to *"consider whether it is the least restrictive option, in terms of the person's rights and freedoms, by which to meet the person's need."* (Ch. 5 Mental Capacity Act 2005 Code of practice).

We have established a criteria to apply to any restriction proposed as part of someone's planned support, in order to decide whether the restriction is ethical and justifiable. However, we are also clear that an intervention in an emergency to prevent immediate harm is part of our duty of care and may be outside of these criteria. Applying these criteria to restrictions means that the least restrictive intervention is employed in order to achieve a legitimate aim. For any restriction to be part of someone's support it must:

1. Be necessary in order to avoid significant harm to the person.
2. Take account of the emotional effect of the restriction on the person.
3. Be proportionate – the issue is important enough to justify the restriction.
4. Ensure appropriate consent or best interest decision/legal justification is in place.
5. Be the least restrictive option – no more than necessary and there isn't an alternative.
6. Be imposed for no longer than necessary.
7. Balance the interests of the individual and those of others.
8. Be within the context of a warm, person centred approach.

## Stage 1: The restrictive practice audit meeting

The meeting to audit what restrictive practices are in place for the person is likely to last at least one hour and as many of the team who support the person should be present.

The reviewer should explain that restrictions are not necessarily a bad thing and are, in some cases, an important part of someone's support – especially in relation to safety – and encourage staff to be completely honest when discussing their practice.

It is worth starting with a general discussion exercise about all the kinds of restrictive practices, including blanket restrictions, to check the level of knowledge.

Some points for discussion might include:

- Blanket restrictions – rules that apply to everyone.
- Dietary restrictions – who can impose these and why.
- Support during personal care – holding someone using any degree of force to perform a care task; you will need to demonstrate the difference between benign force/compliance and force against resistance.
- Devices that may be used as mechanical restraint. You will need to explain that these devices should be 'prescribed' or authorised by a physiotherapist. However, it is useful for staff to discuss whether they think the device is necessary or whether they can suggest safe alternatives.

It's best to be prepared with examples of each restriction.

It would be good to think through a person's average day/week and encourage the staff to put themselves in the shoes of the person and identify restrictions, some of which might be subtle/implicit, rather than explicit.

During the meeting complete the [Restrictive Practices Review: list of restrictive practices](#).

## Restrictive Practices Review: list of restrictive practices

<b>Service:</b>	<b>Staff present:</b>
<b>Date:</b>	
<b>Locked</b>	
Kitchen cupboards/drawers	
Fridge	
Wardrobe/chest of drawers	
Internal door	
Front/back door	
Garden gates	
Car 'child' lock	
<b>Restriction/limitation (by staff) of person's:</b>	
Access to food/drink (including quantities)	
Access to alcohol/cigarettes	
Money	
Ability to buy something	
Contact with people, family, friends	

Privacy	
Access to shared spaces	
Wish to do an activity	
Ability to go out at specific times	
Ability to refuse an activity	
<b>Holding someone using any degree of force to perform a care task:</b>	
Washing/bathing/showering	
Using toilet/pad change	
Dressing	
Hand washing	
Nails cutting/filing	
Shaving (men and women)	
Brushing teeth	
Hair cutting	
Eating/drinking	
<b>Devices that may be used as a mechanical restraint:</b>	
Bed sides/rails	

Wheelchair lap belt	
Wheelchair foot or thigh straps or overhead harness	
Comfy chair lap belt	
Commode lap belt	
Helmet	
Handling belt	
Arm splints	
<b>Other restraints:</b>	
Clinical holding	
PRN medication prescribed, re: behaviour	
Person to person restraint. re: behaviour	

## Stage 2: The restrictive practice review meeting

Arrange a Restrictive Practices Review inviting the relevant front line and senior managers and any other stakeholders or staff that it may be relevant to attend.

Each restriction should be discussed and reviewed using the seven point criteria and completing the [Restrictive Practices Review: summary of restrictive practices](#).

1. Be necessary in order to avoid significant harm to the person.
2. Take account of the emotional effect of the restriction on the person.
3. Be proportionate – the issue is important enough to justify the restriction.
4. Be the least restrictive option – no more than necessary and there isn't an alternative.
5. Be imposed for no longer than necessary.
6. Balance the interests of the individual and those of others.
7. Be within the context of a warm, person centred approach.

You will also need to ensure that each restriction has appropriate consent or has been a best interest decision.

If the restriction meets the criteria, it can become part of someone's agreed support plan, but must have a review date. If it doesn't meet the criteria, it may be possible to simply agree to remove the restriction.

If it is not possible to remove the restriction, the actions that should be taken to reduce the restriction should be recorded in section E.

Actions in section E should be kept under regular review until the restriction either meets the criteria or is removed.



## Restrictive Practices Review: summary of restrictive practices

<b>Name:</b>	
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<b>Sections A completed by:</b>		<b>Date:</b>
<b>Sections B and C completed by:</b>		<b>Date:</b>
<b>Present at restrictive practices review meeting:</b>		<b>Date:</b>

A	B	C	D	E
Restrictive practice	Why is it required?	Who agreed or authorised it?	Meets criteria?	Actions taken to reduce or remove restriction, including dates

Add rows as required.