

An abstract, hand-drawn style grey line drawing occupies the upper left portion of the page. It consists of several interconnected, wavy, and looping lines that form a complex, organic shape, possibly suggesting a stylized figure or a network of connections.

Restrictive Intervention Information

Information about Restrictive Practice for
Families and Members of the Public

June 2020

2. Families and Members of the Public Guidance – Restrictive Intervention Information

Restrictive Practice, what is it and why is it used?

Restrictive practice means any practice or intervention that has the effect of **restricting** the rights or freedom of movement of a person with disability. It is used for a number of reasons including to manage behaviours that challenge, to keep people safe and also to help people live a more positive life.

What does restrictive practice look like?

Restrictive practice can include a range of interventions. These can range between environmental, mechanical, pharmaceutical and physical interventions. Examples of the different interventions are listed below (please note this is not an exhaustive list).

Environmental

- 24 hour support/observations/1:1
- Key pad access
- Access to space
- Locked doors/drawers/medication cabinets
- Seclusion
- Segregation
- Assistive technology
- Non inclusive environments (access)

Mechanical

- Bed rails
- Lap straps
- Arm cuffs/splints to reduce self-injury
- Grab belts
- Harnesses in vehicles
- Use of mittens

Pharmaceutical (medication)

- Regular sedative medication
- As required sedative medication

- Rapid tranquilisation (N.B this practice tends to be used in clinical settings and under very specific guidelines)
- Covert medication (medication given without the persons' knowledge)

(Any form of pharmaceutical intervention must be agreed within a multi-disciplinary meeting with minimum membership of GP, provider and pharmacist).

Physical

- Proactive working practices i.e. manual guidance/assistance and ensuring staff are prepared for potential situations.
- Keeping safe techniques i.e. breakaway techniques.
- Person specific interventions i.e. hair pull release.
- Restrictive person specific i.e. anything that would restrict the individual's freedom of movement, such as 2 person escorts.

Legalities

Some people have the capacity to make decisions about their care and treatment, including restrictive interventions. Where this is the case the person will be involved in the planning of their care involving any restrictive practices. This should be clearly documented within their care and support plans and reviewed on a regular basis with the individual.

Other people may lack the capacity to consent to restrictive interventions being used as part of their care. The Mental Capacity Act (2005) is the legal framework that is used in order to ensure any restrictive interventions used are done so legally. There are a number of legal processes that must be completed under the Mental Capacity Act (2005) before any restrictive interventions are used with a person who lacks capacity to consent to them. These include a capacity assessment and a best interest meeting. These processes ensure that the rights and safety of the person are upheld at all times and that any restrictive interventions are used in the best interest of the person.

Restrictive practice can be daunting to hear of or indeed witness, especially if this is new to you. The strict legal requirements and frameworks help to ensure that restrictive interventions are used appropriately, safely and with dignity and respect at all times.

The law says that:

'Anybody considering using restraint must have objective reasons to justify that restraint is necessary. They must be able to show that the person being cared for is likely to suffer harm unless proportionate restraint is used. A carer or professional must not use restraint just so that they can do something more easily. If restraint is necessary to prevent harm to the person who lacks capacity, it must be the minimum amount of force for the shortest time possible'

(The Mental Capacity Act, 2005)

When restrictive intervention is used, services must ensure that the techniques and methods used to restrict a person are:

- Proportionate to the risk and potential seriousness of harm it is intended to prevent.
- The least restrictive option to meet the need.
- A last resort.

- Used for no longer than necessary and take account of the service user's preferences.

Safeguarding

It is important that anyone subject to any form of restrictive interventions is safeguarded at all times. If any restrictive interventions are carried out without the correct legal framework having been implemented, this could amount to a safeguarding matter and should be reported via the appropriate Local Authority safeguarding mechanisms.

Resources and Guidance

There are a number of guidance documents and information resources available for people to access for further information on restrictive practices/interventions.

<https://pathways.nice.org.uk/pathways/violence-and-aggression#path=view%3A/pathways/violence-and-aggression/managing-violence-and-aggression-in-adults.xml&content=view-index>

<https://www.nice.org.uk/guidance/ng93/resources/learning-disabilities-and-behaviour-that-challenges-service-design-and-delivery-pdf-1837753480645>

<https://restraintreductionnetwork.org/know-the-standard-2/>

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/mca-dols/lcab-restrictive-practice-guidance.aspx>