7 Minute Briefing
Restrictive Practice 2020

1 Background

Restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 certain restrictive practices are subject to regulation.

Historically, most people living in institutions had little choice or control in their lives. Most services have developed in that they have become more person centred and tailored to people's needs. We need to keep people safe whilst supporting them to make choices and **restrictive practice** is an area this applies to.

2 Why it matters

There are ongoing risks around restrictive practice, in ensuring that residents and staff within Care Homes, Acute and Community settings are supported within a positive culture and learn from experience.

Health and Social Care often work together in Lancashire when undertaking safeguarding, quality assurance and contract monitoring within Care Homes.

3 Information

Restrictive interventions are strategies used in response to situations of risk and during situations where it is deemed to be in the individual's best interest to support them to lead a fulfilled and meaningful life. They involve managing a challenging situation in order to minimise the immediate risk. These strategies are person centred and are used to manage an immediate risk and keep everyone safe. They do not aim to control the behaviour or deliver long term and lasting behavioural change.

4

Restrictive practice can include a range of interventions. These can range between environmental, mechanical, pharmaceutical measures up to physical interventions.

It is recognised that de-escalation techniques and positive behavioural support is used throughout any intervention, when restrictive intervention is used.

5

The Mental Capacity Act (2005) and its Code of Practice set out the legal information on restraint. Capacity tests (for a specific decision relating to restraint) need to be completed by a competent and experienced individual, along with any other relevant professionals or people who know the person well. If a person lacks capacity to consent, a best interest meeting needs to be scheduled. This needs to include all relevant professionals (MDT), advocates, family and if possible you should always consider the person to participate in the meeting.

6 What to do

The MCA sub group has developed a suite of tools to support providers in the application and audit of Restrictive Practice and Positive Behavioural Support: LSAB RP/PBS

Familiarise yourself with the legal requirements

Read the NICE guidelines available
> NICE violence and aggression
> NICE Learning Disabilities and behaviours that challenges services, design and delivery

7 Questions to consider

Do current support plans accurately represent the person's needs?

Is there a Positive Behavioural Support plan with clear proactive strategies?

Is Physical Intervention clearly detailed, e.g. how often or how long? Specific techniques, within the person's plans?

Is additional support required to update plans?

If yes, refer to appropriate team.

Is the person at significant risk of harm and a safeguarding alert needs to be raised?

Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership and Adult Safeguarding Boards