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Background

The use of restrictive practice, including the use of medications, had been identified in care settings in SARs, Serious Incidents and safeguarding referrals.

The ICB Safeguarding Team approached the Advancing Quality Alliance (AQUA) to support a system response to SAR learning.

Restrictive practice means any practice or intervention that restricts rights or freedom of movement of a person & can result in little choice or control in their lives.

Every person has a right to be treated with respect, dignity & deserves to have their needs recognised & be given the right support.

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Why it matters

Some people may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others & are at heightened risk of restrictive intervention to minimise the impact of their behaviour, on them and on other people.

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

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Information

Restraint, seclusion, & segregation are more extreme forms of restrictive practice, but there are more subtle forms that become day-to-day normal responses to perceived risk or lack of time. e.g. not being able to make hot drinks after a specified time, denying people access to visitors, friends, or food due to a lack of staff or time.

It is important that services are person centred, truly trauma informed and tailored to people's needs.

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Restrictive interventions may be strategies/care plans used in situations of risk and during situations where it is in the individual's best interest to support them to lead a fulfilled and meaningful life. They involve managing a challenging situation to minimise the immediate risk. Patient safety is key part of safeguarding practice and patient centred care delivery. If you are concerned, please report it to LCC [Are you concerned about a vulnerable adult? - Lancashire County Council](#)

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Care plans must be person centred & 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.

De-escalation techniques and positive behaviour support should be used throughout any intervention when restrictive intervention is used.

It is vital staff listen and try to understand people, including what has happened to them in their lives that might affect how people communicate their needs, emotions, or distress. This understanding supports adjustments that reduce the use of any restrictive practice.

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What to do

Promote a trauma informed approach and culture, aligned to personalised care; Walkarounds (15 step challenge approach - see through an appreciative lens; Promote what safety looks like to families and visitors; Put staff wellbeing and safety huddles in place that are safe spaces to bring ideas/approaches to care; Focus on quality intervention rather than task; Ensure observations are meaningful, interactive & add structure to someone's day.

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Questions to consider

Do I know what restrictions are?

Will I be confident, openly discussing this, promoting awareness amongst my peers?

Will I be sensitive and proactive when working with individuals?

Do I need further trauma informed training?

Do current support plans represent the person's needs?

Is there a positive behavioural support plan with clear proactive strategies?

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

Is additional support required to update plans?

