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Centre for the Advancement of Positive Behaviour Support

## Restrictive practices review procedure

Whilst the term 'restrictive practice' has been widely used to cover physical, chemical, mechanical restraint and seclusion, *Positive and Proactive Care* refers to these as 'restrictive interventions'. 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'.

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. This is in line with our overall PBS approach.

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' (Chapter 5, Mental Capacity Act 2005 Code of Practice).

We have established 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. 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, adult to adult approach

The PBS practitioner should attend the team meeting (the review typically takes one hour) and explain the process of reviewing restrictions (as above). They 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.

At the team meeting discuss the list of potential restrictions, typical of those that people with learning disabilities living in services might experience, using the *list of restrictive practices* form, making any notes as necessary.

After the team meeting complete the summary of restrictive practices form.

Arrange the restrictive practices review meeting, inviting the relevant front line and senior managers and any other stakeholders or staff for whom it may be relevant to attend.

## NB:

Holding someone using any degree of force to perform a care task: need to demonstrate the difference between benign force/compliance, and force against resistance.

**Devices that may be used as mechanical restraint**: 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.