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## Reducing the use of restraint, seclusion and other restrictive practices

This information sheet may be useful for families who are:



- Wanting to reduce the use of restraint and seclusion when supporting a relative with a learning disability.
- Looking for less restrictive practices.

### Responding to challenging behaviour

Behaviours that challenge can be stressful, upsetting and pose risks to the person with a learning disability and to those who provide their care and support. A good behaviour support plan gives families and staff a set of strategies to use that help reduce



these risks when challenging behaviours occur, along with many more strategies to help people behave in non-challenging ways. One of the best ways to reduce the risks associated with challenging behaviours is to support the person to learn an alternative way of communicating or a new skill instead. The terms 'Proactive (or GREEN) Strategies' and 'De-escalation (or AMBER) Strategies' are often used to describe the things we can do to prevent challenging behaviours happening in the first place. Examples are provided in the table overleaf.

Proactive (or GREEN) Strategies	De-escalation (or AMBER) Strategies
Used to: Help the person stay calm and happy	Used to: Restore calm if the person starts to show early warning signs of distress or challenging behaviour
May include: Making changes to a person's environment so that the possibility of challenging behaviour is reduced Teaching the person new skills so that they no longer have to use challenging behaviour to get their needs met	May include: Removing any known triggers, including activities, things and carer's actions or demands Diverting the person to an activity or situation they enjoy and will take their mind off whatever is causing them distress
Example: Joe knows that Lucy can become agitated during car journeys when he takes a different route to usual, so he makes sure that he drives the same route whenever possible to reduce the chance of her becoming upset.	Example: Lucy starts to become agitated during a car journey because her usual route is closed because of road works. Joe sings silly songs as this usually distracts Lucy when she starts to become anxious.



These strategies are described in more detail in the ['Positive Behaviour Support Planning'](#) information sheet. Unfortunately, it is not always possible to control triggers and keep someone happy and calm, so challenging behaviours may occur, even when everything has been done to try to prevent the person from

becoming distressed. When this does happen, families and support staff will need to make sure that the person and those around them are kept safe. The ways that we react to behaviours that challenge need to be as well planned and thought about as the proactive strategies described above, so everyone who supports the person knows what to do.

## Reactive Strategies

The strategies that are used when a person is behaving in a challenging way are called 'Reactive (or RED) Strategies'. These can range from increasing someone's personal space to physically restraining them. The remainder of this information sheet will provide you with information about responses to challenging behaviour including: physical restraint, seclusion and mechanical restraint. Reactive strategies, as their name suggests, are used once challenging behaviours occur and provide carers with clear plans for how to respond when they do. These strategies will not lead to any future change in the pattern of a person's behaviour; their goal is to keep everyone safe. Because they do not help the person learn or develop skills, reactive strategies must never be the only support or intervention

planned for someone with a learning disability but should be used as part of an overall positive behaviour support plan. Having a clear plan helps those supporting the person to act quickly, work together and very importantly, to remain calm and in control. Being calm, or at least appearing calm, will help the person displaying challenging behaviour with their anxiety levels. Many people with learning disabilities and/or autism find it helpful to be supported in a 'low-arousal' way. This may involve decreasing the number of people present, the demands placed on the person, noise level, eye-contact and physical touch. Carers may also adjust their speech, expression and body language or stance to provide less stimulation.

## 'Hands-off' reactive strategies

A good reactive plan should make sure that the least restrictive interventions are used first. These should be personalised to the individual and may include:

- Distraction, such as turning on a song or video the person likes
- Redirection, such as offering to go to find a favourite treat item or snack
- Responding to what the person is communicating with their behaviour, by helping them to do or not do something
- Leaving the area to give them space and time alone

**Least restrictive:** Before a decision is made about how to respond to challenging behaviour thought must be given to whether there is a less restrictive way of responding which will be effective but have less impact on the person's rights, freedom, or movement.

Example: Tom lives in a care home and is restrained by staff on average ten times a week. A psychologist starts working with Tom, his family and paid carers. The psychologist observes that when Tom is becoming anxious, he will often pace up and down the room and open and shut the curtains repetitively before becoming challenging by grabbing and hitting staff. The psychologist writes a positive behaviour support plan which asks those supporting Tom to distract him or offer him a new activity when he starts to pace or open and shut curtains. The new plan is effective and over the next three months Tom is restrained on average twice a week. Distraction and diversion are less restrictive ways of responding, but if these are not effective and Tom becomes challenging towards staff the option of restraining Tom remains in the behaviour support plan as a last resort to keep everyone safe. The behaviour support plan will be regularly reviewed to see if the use of restraint can be reduced further over time.

Different types of reactive strategies are described in the section below:

## Physical interventions

Strategies that involve contact with the person are called physical interventions (also referred to as restraint). These include:

- Techniques for escaping from grabs or holds (sometimes called 'breakaway')
- Techniques for blocking blows
- Holds carried out by 1, 2 or 3 people, in a seated position, lying on the floor, standing or walking

## Mechanical restraint

This type of restraint describes the use of an object to limit the person's movement. Including:

- Strapping the person into a wheelchair or posture support chair to prevent them from getting out
- Pushing their chair up to a table so they cannot get up
- Arm splints that keep the person's arms straight (stop them bending at the elbow to reach something or hit themselves)
- Handcuffs, spit hoods and restraint belts

## Seclusion

Seclusion refers to isolating or confining a person, away from other people and preventing them leaving the area. Seclusion includes situations in which someone does not know how to leave a space where they have been placed or when they feel they cannot leave, e.g., they have been told to stay there or someone is in the doorway. There does not need to be a closed or locked door for someone to be secluded.

Seclusion can be called other things, such as time out, isolation, quiet time, being "nursed in your room" or segregation. It is important to look at it is how it is used: whether the person is alone in a space and unable to leave. If this is the case, then it is seclusion regardless of what it is called by the setting in which it is used. If someone takes themselves to a space or room, then it is not seclusion, but care should be taken to ensure they do not isolate themselves for too long. There are also many names for spaces or rooms in which seclusion may take place such as: calm room, quiet room, time out zone, or a specific name given by the service, e.g., 'the snug'. It is best to not make assumptions about these spaces, but to find out what they are like and how they are used.

## Medication

Certain medications can be used as reactive strategies, when they are given to calm or sedate the person. This use of medication is referred to as: 'as needed', 'as required' or 'pro re nata (PRN)'. See the information sheet [The Use of Medication for Challenging Behaviour](#) for more information.

## After using reactive strategies

Calming down (or **BLUE**) support strategies should be planned and used following a behaviour incident. These should help the person have the time and space they need to recover from the incident and ensure they do not go back into crisis and avoid reactive strategies being used again. It is important that the incident is recorded thoroughly and the information is shared with everyone who supports the person, to enable learning and changes to be made to the person's support if appropriate. When **restrictive interventions** have been used (physical intervention, mechanical restraint, seclusion or as needed medication), organisations must follow their internal procedures, which may include reporting to a manager and completing an incident form. The use of restrictive interventions may need to be reported to the Care Quality Commission.

## Use of Restrictive Practices

Positive and Proactive Care guidance (Department of Health, 2014) defines **restrictive interventions** as:

'Deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and
- end or significantly reduce the danger to the person or others; and
- contain or limit the person's freedom for no longer than is necessary.'



The use of restrictive interventions is an emotive topic with many ethical and practical concerns. Inappropriate and abusive use of restrictive interventions was highlighted by the Panorama programmes on Winterbourne View 2011 and Whorlton Hall in 2019 and in other reports and media coverage. Some care providers shy away from considering this issue, despite that fact that restrictive interventions will

almost certainly be used on an informal basis within a service supporting children or adults whose behaviour is challenging. Research by the Challenging Behaviour Foundation and PABSS found that 88% of families reported that their child had experienced physical restraint, with 35% reporting it is happening regularly.

## Guidance for adult health and social care services

In 2014 the Department of Health published “Positive and Proactive Care” which applies to all health and social care services for adults (age 18 years and over). It offers clear guidance for the use of restrictive interventions. Key points include that restrictions should:

- Only ever be used as a last resort when there is a real possibility of harm to the person, staff or the public if no action is taken
- Be proportionate to the risk of harm
- Be the least restrictive option
- Be imposed for no longer than necessary
- Never be used as a punishment or with the intention of causing pain, suffering or humiliation
- Be recorded and open to monitoring

Importantly the guidance also states that:

- The involvement of people who use services, carers and advocates is essential when reviewing plans for restrictive interventions
- People should not be restrained in a ‘prone’ (face-down) position. This position results in a higher risk of injury and can impair the person’s breathing and therefore poses a risk of death
- Staff must not use seclusion unless a person is detained under the Mental Health Act
- Oral medication should always be considered before injections.

## Guidance for children and young people’s services

In 2019 the Department for Education and the Department of Health published “**Reducing the need for restraint and restrictive intervention**”. This guidance is relevant to children and young people with learning disabilities, autism, and mental health difficulties up to 18 years old. It does not cover all settings; further details are provided in the box below.

### **Settings covered by “Reducing the need for restraint and restrictive intervention”**

- ✓ Special needs schools
- ✓ Social care settings e.g., short breaks services
- ✓ Health settings e.g., inpatient units
- ✗ Mainstream schools
- ✗ Mainstream early years settings

The guidance emphasises the need to respect the rights and dignity of children and young people and consider the potentially serious impact of restraint on them. In an echo of the guidance for adults this document sets out that restraint should never be used to punish or with the intention of inflicting pain, suffering or humiliation.

#### **Key points are to:**

- Promote a positive approach to behaviour and develop behaviour support plans with children and young people and parents
- Use individual risk assessments
- Provide high quality training for staff
- Only use restraint when there is a serious risk of harm to the child/young person, other young people, staff or the public and this is necessary, reasonable, and proportionate
- Ensure techniques are applied with the minimum force necessary and for no longer than necessary
- Ensure an intervention is in the best interests of the child/young person
- Document and monitor restraint. Set out how information about restraint will be shared with parents or carers
- Avoid deliberately restraining a child or young person in a way that affects their airway, breathing or circulation, for example by covering the mouth and/or nose or applying pressure to the neck region or abdomen. If a child or young person is unintentionally held on the ground, staff should release their holds or re-position into a safer alternative position as quickly as possible.

Whilst much of the guidance above mirrors the guidance for adults there is a different approach regarding seclusion. The guidance states that:

- Seclusion or isolation rooms can be used as a disciplinary penalty in schools without this being considered a form of restrictive intervention

- Staff should “normally” stay with the child when they are placed in seclusion to support and monitor them until they are ready to resume their usual activities. Seclusion should never be used solely as a means of managing self-harming behaviour. It should only be used when the professionals involved are satisfied that the need to protect other people outweighs any increased risk to the individual’s health or safety arising from their own self-harm and that any such risk can be properly managed
- All settings should publish a policy or rules about seclusion
- Schools can ask parents to state explicitly that they are aware of the rules or policy and to accept that sending their children to the school means their children will be subject to them and that they have granted consent
- If staff anticipate that seclusion is likely to be necessary the details should be discussed with the child and their parents and noted in the individual’s support plan

## Legal Issues

The law surrounding the use of restrictive interventions is complex. Some key issues to consider are:

- Is the person 16 years or older? Do they have capacity to agree to the use of the restrictive interventions? When a person is 16 years or older and lacks capacity to consent to a restriction the Mental Capacity Act (2005) must be followed, including making “best interests’ decisions” and using the “least restrictive” option. See [Using the Mental Capacity Act](#) by HfT for further information.
- Do restrictions alone, or in combination amount to a “deprivation of liberty”? If so the Deprivation of Liberty Safeguards (DOLS) may apply or it may be necessary for an application to be made to the Court of Protection. See Deprivation of Liberty Safeguards (DOLS) at a glance guide by SCIE for [further information](#).
- Is the person detained under the Mental Health Act (1983)? If so the Mental Health Act Code of Practice must be followed. There is detailed guidance on the use of restrictive practices. The code of practice can be found [here](#).

In addition to ensuring people are not unnecessarily deprived of their liberty the Human Rights Act also protects people from:

- torture or inhumane treatment
- the right to respect for private and family life including their moral and physical integrity.

Inhumane treatment can include using excessive force to restrain someone. For further information see [Learning disability, autism and human rights](#). (Accessible resource by The British Institute of Human Rights).

Depending on the circumstances the inappropriate use of restrictive practices may be unlawful.

Following an investigation, a range of charges could be considered including:

- Assault or battery (if the person has mental capacity to refuse the proposed restrictive practice)
- Willful neglect or ill treatment of people lacking mental capacity (an offence under section 44 of the Mental Capacity Act)
- False imprisonment

Legal action may be possible to prevent further breaches of a person's rights. Seek independent advice about how these laws apply to individual circumstances.

## **Restrictive interventions in the family home**

Families may need to use restrictive interventions as a last resort at home and they should get support with this from health and social care professionals. Many families find it very difficult to access training. A small number of physical intervention training providers and behaviour consultants do offer training for family carers.



A social worker, learning disability nurse or psychologist may be able to help find (and fund) suitable training. If the person with a learning disability is supported by a care provider, the family may be able to join the physical intervention training that staff members attend.

## **Reducing the Use of Restrictive Interventions**

The use of restrictive interventions should reduce over time with effective Positive Behaviour Support leading to a better quality of life for the person. Unfortunately, in many services, their use appears to remain very frequent. We do actually know a large amount about what to do in terms of reducing the use of restrictive interventions at an organisational level. Their use can be significantly reduced in services that:

- have leaders and managers that have reducing restrictive interventions as a clear priority
- use data to closely monitor how often they are used
- use specific procedures such as risk assessment and management tools
- involve service users in planning how to reduce restrictive interventions
- follow good debriefing procedures that ensure that lessons are learnt when things go wrong (and right!)
- invest in developing appropriate skills (especially those to do with proactive, preventative approaches) in staff.

## Steps to consider

In summary, it is important to consider:

- How often the restrictive interventions are being used
- The length of time they are used for
- The number of people involved in physical intervention
- Where these are higher than necessary, then the following steps can be considered to reduce the use of restrictive practices:

Where these are higher than necessary, then the following steps can be considered to reduce the use of restrictive practices:

Increase proactive strategies to improve the quality of life of the person with a learning disability

Plan reactive strategies as part of a positive behaviour support plan

Use a consistent approach across family/school/college/support services

Get appropriate training for the use of physical interventions and do not cover more restrictive techniques than advised to be necessary

Follow the Mental Capacity Act (for people aged 16 years or older) to use the least restrictive option and strategies that are in the person's best interests

Carefully record incidents when reactive strategies are used and review how effective they are

If restrictive interventions are being used frequently or more often than in the past, inform the social worker or SENCO and ask for the behaviour support plan to be reviewed

If you are concerned that restrictive interventions are causing harm then contact the person's social worker, local safeguarding team or police immediately

## Further Reading

Department of Health (2014) Positive and Proactive Care: reducing the need for restrictive interventions. Available from: [www.official-documents.gov.uk/s/](http://www.official-documents.gov.uk/s/)



BILD (2010) Code of Practice for the use and reduction of restrictive physical interventions. Kidderminster: British Institute of Learning Disabilities.

'Key considerations in physical interventions' and 'The use of seclusion, isolation and time out' available from British Institute for Learning Disabilities (BILD) at: <https://www.bild.org.uk/resource>

CBF (2016) Statement on restrictive physical interventions with children. Available on the CBF website [here](#)

CBF and PASABB (2019). Reducing Restrictive Intervention of Children and Young People Case study and survey results. Available on the CBF website [here](#).

Department for Education and Department of Health & Social Care (2019). Reducing the need for restraint and restrictive intervention. How to support children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties who are at risk of restrictive intervention. Available on the government website [here](#).

[Learning disability, autism and human rights](#). Accessible resource. The British Institute of Human Rights.

Various resources available from the Restraint Reduction Network: <https://restraintreductionnetwork.org/toolsandresources/>

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We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email [info@theCBF.org.uk](mailto:info@theCBF.org.uk), or visit our website: [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)

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