

## **'Restrictive Practices' - Transcript**

### **Introduction**

[00:00] This video is all about restrictive practices, what they are and what we should do about them.

[00:06] As with all of our videos, this one is sponsored by Norfolk County Council.

[00:14] This video is introduced by me, Jo Coulson.

[00:18] I'm a board certified behaviour analyst and a UKBA cert.

[00:22] I've worked within health and social care for twenty years and have been using the positive behaviour support model as a clinician for fifteen.

[00:30] I work across a range of settings for adults and children and I help develop strategies and service level support to improve people's quality of life.

[00:40] I deliver lots of clinical supervision to enhance other people's practices and I sit on the UK Society for Behaviour Analysis Board.

[00:49] Along with that, I'm a co-presenter for PBS Matters podcast alongside Paddy, who is doing the other videos for Norfolk County Council.

### **What are Restrictive Practices?**

[01:02] One of the misconceptions around positive behaviour support is that we should never use restrictive practices.

[01:08] However, as we'll go through in this video, we can use restrictive practices as long as they're proportionate, the least restrictive, and there are plans to remove that restriction.

[01:17] So, firstly, what do we mean by restrictive practices?

[01:20] I always think about, are we stopping someone doing what they want to do, when they want to do it?

[01:26] If we are, we are using a restriction.

[01:31] So sometimes, when I talk to people about restrictions, you hear them say, 'oh, well, that's needed to keep this person safe.'

[01:39] That doesn't mean it's not a restriction.

[01:41] So we're going to talk a little bit about why restrictions are needed and then what we do about them.

### **Big and Subtle Restrictions**

[01:47] There are some restrictions that we can call, like, big restrictions.

[01:50] They're really obvious, things like physical interventions, locking a door, using a harness in a car, they're all really obvious ones.

[02:02] We sometimes have subtle restrictions.

[02:05] So some of the examples for these are things like blanket rules that are applying to everyone.

[02:11] Example, I once worked in a service where no one in that service was allowed to give a high five.

[02:16] I'm not really certain why that was, but it was something that was applied to everyone.

[02:22] Another example that we might see is restricting access to certain items.

[02:27] So, for example, you're only allowed one coke this week.

[02:31] That means a person isn't able to have the coke whenever they want it, and if there is no medical need for it, we really need to be questioning why that is in place.

### **Social Control and Using Technology**

[02:44] Some other restrictions that we can see is social control.

[02:48] So this we might think about, like coercion.

[02:51] So we might not be laying our on someone to block access.

[02:54] But the way that we stand and position ourselves means that that person is not able to freely move about, or we're saying things like, 'no, stop, sit down,' when that person stands up.

[03:07] We can also see that technology can be a restrictive practice.

[03:11] So the use of door alarms, for example, if then people are coming out to say, 'get back into your room,' or 'we know that someone is leaving the front door because of the alarm sounding,' we can also see that things like CCTV can be restrictions.

[03:27] We're watching someone's movements and then that means that that person is not able to move about of their own free will.

### **Positive and Proactive Care**

[03:36] So there is a documentation called 'Positive and Proactive Care' and that has eight overarching principles around when restrictions should be used and things that we need to consider.

[03:47] Number one, the restriction should never be used to humiliate or punish the person that we're supporting.

[03:53] Point 2, there must be a real possibility of harm to the person themselves or to others if the restriction was not used. So, for example, if the person was about to run onto the M 25, we intervened there, there was a real possibility of physical harm.

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[04:11] Point 3, the restrictive practice should be proportionate to that risk of harm.

[04:16] So if you've got someone who's running onto the M 25, it would be perfectly proportionate to sort of like pick them up to prevent that from happening.

[04:24] If, however, that person's about to run into a quiet cul de sac, you probably want to use your words first.

[04:31] Point 4, any restriction that's put in place must be the least restrictive possible to keep that person safe.

[04:38] An example I always think about here is a gentleman that I worked with who would eat raw meat.

[04:44] They locked the kitchen door.

[04:45] It might seem like quite a good idea. However, it would have been a lot less restrictive to have just the fridge locked or the meat placed into another area in the service that the person didn't have access to, for example, the staff's sleeping room.

[05:00] Point 5, the restrictions should be in place for the least amount of time possible, so once that person's safe, has calmed down, the restrictions should be lifted.

[05:11] Point 6, data should be taken about when restrictions are being used.

[05:16] This allows us to review the restriction.

[05:19] Has it been used proportionately, at the right time?

[05:21] And then we can also use that data to evidence that it is being reduced over the long term.

[05:27] Number seven, they should only be used as a last resort.

[05:30] We should have tried other things first.

[05:33] And finally, point 8, organisations that are using restrictions should use information from people who have experience of having their freedom of movements restricted.

[05:44] This ensures that we can support people with empathy when we're using restrictions.

### **How to use Restrictions Correctly**

[05:50] So if your service is using restrictions, you should always make sure that they're proportionate, necessarily, used for the least amount of time and are the least restrictive that they can possibly be.

[06:02] If you've now assessed that you need to use restrictions, what are some of the things that you need to make sure you have documented in place to be using them correctly?

[06:10] So firstly, we have consent.

[06:13] Secondly, we need to make sure there are risk assessments and the restriction is reflected in the Positive Behaviour Support plan.

[06:21] And finally, we need evidence that alternative things have been planned and tried and that restriction is used as a last result.

[06:32] Okay, so the first thing that I mentioned there was consent.

[06:34] So does the person or the person around them agree to this level of restriction.

[06:40] If you've got someone who is over the age of 16, they need to consent or it needs to have been agreed to be in that person's best interest.

[06:48] If you've got someone who's under 16, the parents or legal guardians need to consent to the use of that restriction.

[06:55] In the documents below you will find a consent flowchart that you can use to make sure that the restriction has been put in place lawfully, taking account of the consent that is needed for the particular person that you're working with.

[07:11] So in a behaviour support plan, which is another one of the documentations that you need in order to use restriction, the things that we should be looking for is has it got proactive, active and reactive elements to it?

[07:23] So proactive, how do we support this person each and every single day to make sure that they're happy and have a good quality of life?

[07:30] If we do those things well, we will reduce the need of restrictions in the first place.

[07:35] Our active strategies, so behaviour is now beginning to increase.

[07:39] What do we do to bring it to a close as quickly, safely and respectfully as possible and prevent it from escalating up?

[07:46] If that fails, then we need our reactive plans and this may be where we see the restriction documented.

[07:53] The reactive plan should include clear steps to be taken before the restriction is applied, how to do it and then what the signs and indicators are that any restrictive practice that has been used can be reduced and removed.

### **How to Ensure Restrictions are used Correctly**

[08:11] So the things that we need in place to make sure that restrictions are used correctly is, firstly, staff training.

[08:18] Have staff been trained properly in how to use and when to use the restrictive practice?

[08:35] If they are using restricted physical interventions, have they had opportunity to practise how to do those so that in the incident that they need to use them, they're doing them correctly to reduce the risk of injury to the person themselves or to others.

[08:40] We also want to think about the environment.

[08:42] Is the environment set up in such a way that restrictions are not needed?

[08:47] If that person can freely move around their environment safely, then we find that restrictions can be significantly reduced.

[08:55] It's much better for a staff member to leave the environment than have the person we support held.

[09:01] In the case that you're using any form of restriction, they should be regularly reviewed.

[09:06] Are they being used as they're written?

[09:08] Are staff using them correctly?

[09:11] And then is the data indicating that it needs to continue to be used or that it can be reduced?

[09:18] And we should always be aiming for it to be reduced.

### **What Can You Do?**

[09:24] So now that we've spoken about restrictive practices, what they are and some of the legal considerations, how to make sure that they're being used properly, what are some of the things you can do?

[09:35] So, firstly, I want you to think about your own practice.

[09:39] Are there any restrictions that are in place that you didn't realise were restrictions?

[09:44] Think about some of those subtle things that we spoke about at the beginning of this video.

[09:48] Also think about some of those things that are in place that you believe are needed.

[09:52] Are they actually restrictions?

[09:55] Any time we're using restrictions, we should always question are they right?

[10:00] And just because no one has been flagging them up as a concern doesn't mean that they shouldn't be.

[10:06] So go back, think about what restrictions are in place and are you comfortable with them?

[10:11] Would you like them to be used on yourself or with a loved one of yours?

[10:16] Another thing you can do is go back to your service and familiarise yourself with what restrictive practices are in place.

[10:22] And then check, is the right documentation in place?

[10:26] Have staff been trained in how to do them and is it reflected in their PBS plan?

[10:31] And then finally, make sure as a team, you're going to team meetings and reviewing the use of any restrictive practices within your service and then plan for how to reduce use of them in the future.

### **Summary**

[10:47] So, just to summarise, everything that we've discussed in this video on restrictive practices, there needs to be an assessment of need and a risk assessment of that individual, their behaviour and the use of those restrictive practices.

[11:01] The restrictive practice needs to be clearly stated within that person's positive behaviour support plan.

[11:06] We need to ensure that they're the least restrictive practice is used and then finally, that the restrictive practices are regularly reviewed and there is a plan for the reduction of or removal of those restrictive practices from the person's support.

### **Conclusion**

[11:21] Thank you for watching this video.

[11:23] If you'd like further information you can go to [www.pbsuk.org](http://www.pbsuk.org), [www.supportingpositively.com](http://www.supportingpositively.com) or [www.pbsmatters.co.uk](http://www.pbsmatters.co.uk).