BEYOND LIMITS

Beyond the limits of conventional support

REDUCING RESTRICTIVE PRACTICE POLICY

Beyond Limits is committed to reducing restrictive practice across its services. This policy provides a framework which offers guidance to staff, who may face the possibility of using restrictive practice techniques to support the safe management of the behaviour or actions of people being supported.

Review: May 2027

INTRODUCTION

Beyond Limits will always seek to minimise or reduce the use of restrictive interventions.

The policy does not provide step-by-step guidance for managing individual situations requiring restrictive practices, as these form part of individual support plans. Instead, it is intended to provide clarity about:

- **Key principles upon which the policy has been developed**
- **Legal issues that underpin the policy**
- **Approaches that will be employed to train employees and develop practice skills**
- **Employees support and development**

RESTRICTIVE PRACTICE

The use of restrictive practices represents a complex area of practice. Any restriction of liberty must always be justified, or it may be deemed unlawful or illegal. The legal and ethical principles underpinning the use of restrictive practices and physical interventions in care settings are complex and the assumption that restrictions can always be avoided is simplistic. It is intended that this policy will provide the foundation on which clear guidelines and good practice can be developed. Restrictive practices should always be 'last resort' preceded by a fully documented risk assessment and preventative strategies.

The approach to the use of restrictive practices will fit with legal guidance and the aims and objectives of Beyond Limits. These objectives include protecting and improving the well-being of people we support and contributing to the promotion of social inclusion for people who present challenges. Beyond Limits promote approaches to supporting people whose distress may present as behaviour that challenges using the Public Health Model. See Table below.

Table 1: Primary, Secondary and Tertiary responses to behavioural disturbance adapted from the Mental Health Act Code of Practice (Department of Health, 2015)	
Primary	Primary preventative strategies aim to enhance a person's quality of life including developing connections and relationships with others in order to meet their unique needs.
Secondary	Secondary preventative strategies focus on recognition of early signs and how to respond to them. Secondary strategies include de-escalation.
Tertiary	Tertiary strategies may include, summoning assistance, removing sources of environmental stress or removing potential targets for aggression from the area. Where it can reasonably be predicted, based on a risk assessment, that the use of restraint including the use of restrictive interventions may be a necessary and proportionate response, clear instruction on their pre-planned use must ensure that any proposed restrictive interventions are used in such a way as to minimise distress and risk of harm to the person and others.
Recovery	A pre-planned strategy designed to prevent further incidents, through debriefing, re-establishing emotional and behaviour regulation and rebuilding relationships.

DEFINITIONS

The *Human Rights Framework for Restraint (2019)* by the Equality and Human Rights Commission (EHRC) defines restraint as:

"As an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently. This may or may not involve the use of force. Restraint does not require the use of physical force, or

resistance by the person being restrained, and may include indirect acts of interference for example removing someone's walking frame to prevent them moving around" (EHRC, 2019)

Restraint may sometimes involve the physical holding of another without their consent and against their resistance, when it does it is then described as a Restrictive Physical Intervention.

Restrictive Physical Intervention is defined as:

Any method of responding to behaviour which is often described as 'challenging' that involves some degree of direct physical force to limit or restrict movement or mobility. This can include direct physical contact, use of barriers, materials or equipment which restrict or prevent movement and medication used to gain compliance.

There is also distinction between planned restrictive intervention and emergency or unplanned use of force:

- **Planned restrictive intervention refers to *"pre-arranged strategies and methods which are based on a risk assessment and risk management intervention detailed in an individual's guidelines or risk management strategies".***
- **Emergency or unplanned use of force refers to *"the use of force which occurs in response to unforeseen events".***

Beyond Limits will ensure that the use of any of the above will only take place as a last resort and only take place following multi-disciplinary discussion, best interest decisions (when required) and under the framework of clear guidance and support.

Beyond Limits recognises the use of restrictive practices is necessary in certain circumstances, however if ever used, the reasons for use must be:

- **Clear and be for the benefit of the person**
- **Fully explored and agreed with the person's multi-disciplinary team with reference to safeguarding and best interest guidelines**
- **In keeping with the Health & Safety procedures for Beyond Limits**

Beyond Limits also acknowledges that restrictive practices may be used inappropriately and illegally, including but not restricted to the following:

- **Chemical:** inappropriate administration of medication, particularly 'as required' (PRN) medication.
- **Physical:** e.g. removal of a walking aid for someone with reduced mobility; unnecessary use of a lap belt on a wheelchair; inappropriate/unnecessary use of locks/keypad controls.
- **Seclusion:** involving 'the supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving'. (Department of Health (2015) Mental Health Act 1983 Code of Practice Section 26.103)
- **Enforced segregation:** e.g. by using a door the person cannot open themselves, or otherwise preventing them from leaving an area, for example by the use or threat or force but in an area which staff are present (EHRC, 2019).

Beyond Limits does not support the use of seclusion or enforced segregation

Any form of restrictive practice intending to cause pain or discomfort is not acceptable practice and any use of such practice would be fully investigated and may lead to disciplinary action. Any action taken to restrict a person's freedom of movement must be the least restrictive option that will meet the need. The use of Restrictive Intervention must comply with the relevant Human Rights Legislation but Beyond Limits starts from the principle that we must always seek to support people with compassion, dignity and kindness but especially so where their distress may present as behaviour that challenges.

Beyond Limits has the following framework:

Policy to Practice Framework

Three separate but related levels of policy and practice requirements provide guidance for employees, people we support and others on the use of restrictive practice.

Policy for Beyond Limits on Restrictive Practice

Service Provision agreements – contracts with funding authorities about the nature of the service to be offered to people will include information regarding the methods/ approaches to be employed when working with individuals who exhibit behaviours that challenge or other risky behaviour.

Guidelines/risk assessments and risk management strategies will include a clear statement about the method / approach to be used to physically control the person's behaviour. These documents will include information about the method of training employees have received. Training will make clear permissible restrictive practice techniques and offer employees opportunities to develop practice skills in the use of these techniques. These documents will always emphasise a reliance on prevention strategies and de-escalation techniques as opposed to physical intervention, which is always the last resort (in-line with the Restraint Reduction Network).

All the guidelines for Beyond Limits including risk assessments and risk management strategies with regards to restrictive practice will be shared with the individual's multi-disciplinary team and will be in addition to the individual's working policy.

LEGAL FRAMEWORK

People with a learning disability who are in hospital, care homes, or receiving care in their own home retain their full human rights unless they have been restricted by a legal process and only then to the extent allowed by the law.

Therefore, any restrictive practice must be consistent with:

- **The legal obligations and responsibilities of employees**
- **The rights and protection afforded to people with a learning disability under the law**

It is generally accepted that employees have the same rights as any other citizens in using the minimum force necessary to prevent someone from harm. However, the law requires that where restrictive practice is justified, *the force used must be sufficient to achieve its purpose and no more and should be proportionate to the behaviour of the individual and the nature of harm they might cause*.

The Mental Health Act 1993, Code of Practice states that restrictive practice should be used only *"As a last resort and never as a matter of course. It should be used as an emergency when there seems to be a real possibility that significant harm would occur if intervention were withheld"*

It also requires that:

"Any restrictive practice must be reasonable in the circumstances. It must be the minimum necessary to deal with the harm that needs to be prevented".

It is difficult to specify before an incident precisely what actions the law would deem to be acceptable. The law will retrospectively judge each incident on its individual merits against the principal of "*reasonable*" action as judged by prevailing practice standards. Effectively the law will ask the question "What would the average professional employee have done in these circumstances?"

The use of restrictive practice by Beyond Limits is underpinned by a number of organisational measures:

CONSULTATION & REPORTING

The use of restrictive practice by Beyond Limits is underpinned by a number of organisational measures:

A. Consultation

The person supported, as far as is reasonably practicable, should always be involved in any discussion on the use of restrictive practice. Self-determination and freedom of choice and movement should be paramount unless there are viable reasons why this should not be so.

Relevant individuals or agencies should be consulted with and informed about any intended restrictive practice of a person supported by Beyond Limits (i.e. family members, social worker, responsible clinician etc.). On any occasion where restrictive practice has been necessary, a careful explanation should be given to the person, in terms that he or she can understand.

B. Assessment of Risk/Best Interest Decision Meeting

Some degree of risk taking is an essential part of positive care and support. The principal aim underpinning the provision of support to any individual whose support plan may include restrictive practice is to find ways of supporting the person and improving the persons quality of life so that we can avoid having to use restrictive practices.

When the person's behaviour is such that the use of restrictive practices is contemplated, the first step should be to assess why the person is acting in the way that is causing concern (e.g. illness, fear, inconsistent support, loneliness, attachment difficulties or trauma) and seek to address the root causes through the development of a primary prevention strategy. The primary prevention strategy must be complemented by a secondary prevention strategy designed to avert an impending crisis. This will describe the early indicators that a person may be struggling and at risk of becoming emotionally and behaviourally dysregulated and identify how staff should respond, including specific de-escalation strategies to be used. Where the risk assessment suggests that even the application of a combination of primary and secondary support strategies may not be enough to prevent crisis than a tertiary plan will be needed. This will describe the non-physical and the physical responses to behaviour that poses serious risks. Any use of a physical intervention must be based on a risk assessment Only if the risks anticipated to be involved with the use of restrictive practice are likely to be less than those involved in the use of restrictive practice should a discussion of restrictive practices proceed. Any discussion of the restrictive practice of a person, or avoidance of restrictive practice should involve a Mental Capacity Act best interest meeting of:

- All relevant multi-agency workers
- The individual manager who had direct responsibility for the service
- Close relatives
- Significant others

Alternatives to restrictive practices should always be considered first. Restrictive practices should not be used to cover deficiency of service, lack of professional skill or defects in the environment (e.g. an inappropriate house). It is highly undesirable to restrain a person in a way that causes greater distress than the original problem. Assessment of the possible need for restrictive practices should include assessment of any possible benefits to the person as their interests and human rights are paramount.

C. Guidelines & Risk Management Intervention

The process for any physical intervention will be clearly documented in a person's Working Policy and risk management strategies/safety assessment. Its use must be based on a multi-disciplinary discussion and will be reviewed on a regular basis. A person's Working Policy and risk management strategies will give explicit instruction to those supporting the person as to when and how to use the restrictive practice that work for that person. These guidelines and risk management strategies will be drawn up in line with the Restraint Reduction Network (RRN) Training Standards (2019) multi-disciplinary discussion and in-line with advice and training delivered to Beyond Limits by an accredited trainer. They will be formulated in line with the guiding principle that restrictive practices must only be used as a last resort and after the range of 'tried and tested' de-escalation techniques have failed.

D. Reporting

Each incident of restrictive practice must be recorded in the standard format (refer to accident and incident reporting procedure/policy) including:

- A record of the reason why the restrictive practice technique was used
- A record of which of the restrictive practice's techniques were used
- A record of the length of time for which restrictive practice was applied

The On-Call Service Leader must also be informed

E. Debrief

Following the use of restrictive practice, those supporting, and the person being supported will be given the opportunity to talk with the line manager or the service leader on-call.

F. Complaints

People we support and/or their relatives should have access to the appropriate Complaints Procedure where required. Where necessary, allegations regarding the inappropriate use of physical intervention will be investigated under the relevant Beyond Limits procedure.

Refer to Complaints Procedure, Whistle Blowing Policy

Where there is a belief that restrictive physical practices are required to be used, key aspects of law need to be considered.

MENTAL CAPACITY ACT 2005

Employees are protected under the Mental Capacity Act from legal action being taken against them should they be required to provide support to or on behalf of a person who has been assessed as lacking capacity around a specific issue. These 'issues' are as follows:

- Help with washing, dressing or attending to personal hygiene
- Help with eating or drinking
- Help with walking and assistance with transport
- Help with arranging household services such as power supplies, housework, repairs and maintenance
- Domiciliary related acts
- Acts associated with a change of residence
- Acts associated with the person's safety
- Acts associated with adult safeguarding procedures

As long as you can show:

- They are meeting the principles of the Mental Capacity Act
- They are working under a proper assessment of capacity and reasonably believe the person cannot take decisions about the relevant aspects of their care
- They reasonably believe that what you are doing is in the person's best interests
- Any restrictions of freedom are reasonable and proportionate

However, when restrictive physical intervention is being considered, the Act requires that two additional conditions must be satisfied for employees to be protected from legal action, when using active or passive means of restrictive practice.

- **Employees must believe that the restrictive practice is absolutely necessary to prevent the person coming to harm**
- **They ensure the restrictive practice used is reasonable and in proportion to the potential harm**

Using unnecessary or excessive restrictive practices could lead to Beyond Limits and individual employees liable to civil and criminal penalties including prosecution under the Mental Capacity Act for ill-treatment or wilful neglect of a person who lacks capacity.

DUTY OF CARE

This requires that reasonable care is taken to ensure that people we support are reasonably safe from injury they may cause to themselves because of their disability, including any inability they may have to fully appreciate the risks of activities or actions. Similarly, reasonable care should be taken to protect others form harm as a result of a person's actions/behaviour.

In situations where there is a "Duty to Take Care" and a physical intervention is used to prevent harm to the person (and is therefore in their best interests), it is unlikely to be considered unlawful. However, this would only be the case when physical intervention was used as a last resort (when other prevention measures are in place and all attempts to de-escalate have been attempted) and minimum force is used for the shortest period of time.

Under appropriate circumstances any failure to exercise a reasonable "duty of care" may be deemed to be negligent and subject to action under Civil Law.

Physical restrictive practices to prevent harm, in the context of the "Duty to Care" the use of physical restrictive practice may be justified to prevent a greater and significant harm. In this context, there are 4 broad categories of physical intervention:

1. Using manual guidance to prevent wandering into a busy road
2. Holding a persons' hand to stop stereo-typical movements, for example, repetitive movement of the arm or fingers where such movements might accidentally cause harm to the person or others
3. Holding a persons' arms and legs to prevent them attacking someone or injuring themselves
4. The use of barriers to limit freedom i.e. positioning door catches or bolts beyond the reach of the person supported, locking doors or using materials or equipment that restrict movement, such as strapping someone in a wheelchair or having a person wear a helmet to reduce the effects of head banging. Using medication as a restrictive practice, i.e. the use of a sedative or tranquilising drug for treating behaviours that challenge.

RESTRICTIVE PRACTICE – DEFINITION

What is a Restriction?

To "use force – or threaten to use force – to make someone do something that they are resisting, or to restrict a person's freedom of movement, whether they are resisting or not."
Section 6(4) of the Mental Capacity Act 2005

The guidance detailed in this document applies to many different types of restrictions, including, but not limited to:

- Restricting individuals' choices – such as locking doors/cupboards
- Supervision, pressure on individuals by more subtle means (e.g. reminding the individual what relatives and friends would approve of)
- Withholding information – such as not telling people about options
- Not offering choices

The main aim of this policy is to promote the prevention and to minimise the use of any restrictive practice.
The policy is set within a context of service philosophy of non-invasive interventions, increasing peoples' skills and status, and helping individuals and teams make sound judgements by taking only those actions that are appropriate in an assessed situation.

Appropriate actions are those which are legal and consistent with the aims and philosophies and values of Beyond Limits and which are in the best interests of the people we support. They should take full account of the principles set out in the Mental Capacity Act (Department of Health, 2005a) and other relevant legislation.

As a rule, any form of restrictive practice is not acceptable unless it has been agreed as part of the individual's Working Policy. Other options for managing the situation must have been considered first. Any restrictive practice must be agreed, risk assessed, recorded and reviewed by the provider and multi-disciplinary team.

All employees affected by the policy have a duty of care to ensure the safety of the person they support. There may be occasions upon which it unexpectedly becomes necessary to restrict an individual in a way that has not been discussed or documented in their Working Policy. This would occur when they or someone else is in immediate danger. For example, it may be necessary to take action to stop an individual from placing themselves in significant danger. However, any restriction used in an emergency situation should still be carried out according to the principles of this policy and within the guidance provided by the Mental Capacity Act (Department of Health, 2005a).

In these circumstances, it is important that the incident is documented using an incident form. The incident should be reported immediately to the On-Call Service Leader. This information must be shared with any other professional involved in the person's support and the outcomes of any discussion documented in order that similar situations can be appropriately handled in the future.

A restrictive practice should always be the last resort, when all other less intrusive methods of management of the problem have failed to achieve desired outcomes. The least restrictive alternative for managing the situation should be used. The reasons for the restriction should be fully documented by Beyond Limits and the multi-disciplinary team. The use of a restriction must be honestly and openly acknowledged and documented. It is the intention of this policy to encourage openness and ensure robust monitoring and review of procedures.

RESTRICTIVE PRACTICE – CIRCUMSTANCES OF USE

Beyond Limits will support employees that use physical interventions appropriately. The types of restrictive practice that can be used and when and where it is appropriate to use restrictive practice with a person will be clearly documented in a person's Working Policy and risk management strategies.

It is, however, impossible to specify every circumstance in which restrictive practice may legitimately be applied. Therefore, the professional judgments of intervening employees are crucial. Situations in which physical intervention may be used will conform to the legal principal of "the prevention of a greater and significant harm" and restrictive practice may be necessary in response to situations which:

- **Could not reasonably have been predicted or expected (emergency, unplanned, reactive physical interventions)**
- **When previous patterns of behaviour suggest we may need to be prepared to intervene in certain circumstances (planned, pro-active physical intervention)**

In all cases, any restrictive practice that is used that does not fall into that which was planned in the person's Working Policy and safety assessment/risk management strategy. Beyond Limits will share and scrutinise the situation with all concerned parties (multi-

disciplinary team, the person, family members) the techniques used and the reasons why they were implemented.

However, any restrictive practice will not and must not be used when:

- **The Working Policy and/or safety assessment/risk management strategies does not clearly state action/s to be taken by employees when faced with the person's behaviour. Only action/s detailed in these documents are permitted. No other action/s are acceptable and may result in disciplinary action**
- **Other methods of restoring a safe situation are likely to be successful (distraction, re-direction)**
- **To gain compliance with employee's instructions**

> **Only employees who have received the approved training (CALM) should take the lead role in physical interventions, unless there is no other option.**

RESTRICTIVE PRACTICE AND RISK ASSESSMENT

There are particular circumstances that need to be taken into account when considering the use of physical interventions. Pro-active assessments should consider a number of factors. These will include:

The Environment

- Space
- Layout
- Exits
- Access
- Visibility
- Appropriate seating (e.g. figure four to seated)

The Employees

- Numbers
- Competency (training, regular (minimum 2 x year) refresher sessions)
- Confidence

The person being supported

- Age
- Gender
- Culture
- Medical conditions and physical health e.g. Asthma or respiratory difficulties, brittle bones, Epilepsy, Down Syndrome, significant chronic conditions, Obesity
- Levels of behaviour and motivation for seeking restrictive practice
- Psychological reaction (fear, anger, panic)
- History of physical or sexual abuse, employees should seek to avoid any technique or hold which may replicate a previous abusive situation

During restrictive physical interventions, employees should assess the person's response to the intervention and consider factors such as:

- Respiratory difficulties
- Seizures
- Vomiting

- Blue discoloration of hands, feet, or other body parts, indicating circulatory problems
- Mottling, paleness/yellowing of the skin indicative of circulatory problems
- Bone fractures

> **No restrictive practice technique will be used that places any emphasis on pain and/or compromises respiratory function.**

After the use of a restrictive practice, employees should always confirm the welfare of the person and if necessary, ensure the person supported receives a medical checkup.

Mental Health Act 2007

It is likely that if an individual requires regular or repeated use of a restrictive practice that legal provisions should be seriously considered (guardianship or detention under the Mental Health Act 2007). Managers should regularly audit patterns of restrictive practice and relevant incidents or accidents. These audits should be recorded and will be used to inform subsequent reviews of this policy.

Methods of Restrictive Practice

Beyond Limits recognises that where physical intervention is necessary only approved techniques may be used (CALM) These techniques are those specified and taught as part of the positive intervention techniques system. The system was developed through expert collaboration and has been extensively evaluated in operational use. All techniques are based on specific principles:

- No deliberate use of pain
- No pressure on or across joints
- Minimise risk to employees
- Minimise square on contact
- Range of techniques which allow for escalation and de-escalation
- Minimal hand movements between levels
- Ergonomic principles of moving and handling

TRAINING

Restrictive practice training is delivered in the context of a quality assurance system, designed to maximise the safety of the techniques and ensure consistent delivery of training. This includes:

- All techniques subject to bio-mechanical evaluation
- Expert scrutiny
- Comprehensive manual
- Independent external verification
- Comprehensive national database of accredited trainees and instructors
- Time limited certification (one year)
- All techniques subject to ongoing evaluation and review

The use of restrictive practice by Beyond Limits is based on a number of key operational principles:

- De-escalate – this is your primary responsibility
- Know the person you are supporting. Ascertain what their behaviour is communicating and know their triggers
- Follow the person's Working Policy and safety assessments. Always use the principles of SMART (**S**tay one step ahead, **M**ove one step at a time, **A**ttend 100%, **R**efocus attention, **T**ogether)
- Stay calm
- Use restrictive practice only as a last resort
- Use minimum and proportionate force
- Keep talking to the person and colleagues
- Avoid the use of counter threat
- Do not discuss the trigger incident or respond to threats during the restrictive practice
- As soon as the person shows signs of calming, de-escalate in a safe and staged way
- Avoid descents to the floor where possible

The use of restrictive practice by Beyond Limits is based on a number of key technical principles:

- **Use of technique not strength**
- **Keep the person off balance**
- **Always use the principles of SMART (Stay one step ahead, Move one step at a time, Attend 100%, Refocus attention, Together)**
- **If injury seems likely, release the hold**
- **Avoid square on contact**
- **Relax – don't rush**
- **Use the lowest level of effective intervention**
- **Practice on a regular basis**

It is essential that whenever using restrictive practice techniques that employees have a positive and non-punitive attitude. If an employee is feeling agitated, angry, upset or

frustrated with the person they are supporting then they are expected to contact their Line Manager/Service Leader on call and discuss their feelings with them, as it is not safe for them to be practicing restrictive practice techniques when feeling this way.

The positive intervention techniques system constitutes a menu and Beyond Limits takes responsibility, with guidance from multi-agency team and our accredited trainer, to select the techniques appropriate for each person (based on individualised risk assessment) and to monitor and evaluate their use. The minimum number of techniques possible will be selected as appropriate for use with a person and employees will only be trained in these techniques. In all cases there will be a clear individualised Working Policy and safety assessment/risk management strategies in place for each person.

SUPPORT FOR EMPLOYEES

If an employee is involved in an incident where they are subject to any physical or non-physical assault, they must report immediately to their line manager or the Service Leader on call. Employees can expect support, advice and guidance regarding what appropriate action needs to be taken. In addition to this an employee can expect the opportunity to have a formal debrief with a Service Leader or Director.

There is also the opportunity to speak with the Mental Health First Aider, Ester Coules and/or the CALM Trainer, James Vickery.

Assault is a criminal offence and employees who are victims of physical assault should be encouraged to report this to the police if it was unprovoked and they were following the Working Policy at the time.