All forms of restrictions

For any planned intervention, a Positive Behaviour Support Plan will be in place which explains how, and when a restrictive intervention might be necessary. Any agreed restriction must:

- Only be used as a last resort (no other immediate alternatives exist or all other strategies have been tried without success).
- Be the least restrictive option that will meet the need and never be imposed for any longer than absolutely necessary.
- Be recorded in detail on a Behaviour Report Form and on the appropriate Restrictions Form that are examined by the service manager and are also copied to Sense’s Quality Team to enable organisational monitoring.

If you have any concerns about the Positive Behaviour Support approaches that Sense is using when supporting any individual, then you should bring these concerns to the manager of the service as soon as possible or to another senior manager. You could also use Sense’s Complaints Procedure through our website at https://www.sense.org.uk/

Keeping people safe and reducing restrictions

Sense aims to support people to be able to express themselves, make choices and take calculated risks.

- We have a duty to safeguard people from harm and distress.
- To balance these important factors we occasionally consider putting some agreed restrictions in place for particular people.
- Agreeing to restrict someone’s rights can raise difficult questions and requires careful and transparent discussion.
- Involving the person and their circle of support in planning agreed responses is essential, whenever possible.
- This leaflet highlights some restrictions that might be needed (for some people) and what Sense’s approach is to these.
- If restrictions are agreed, Sense will focus on trying to reduce these as soon as possible.
Positive Behaviour Support

Sense uses a proactive, person centred and value-led approach called Positive Behaviour Support (PBS) to support people who may communicate their feelings and needs through behaviours that cause concern. Please ask to see Sense’s Behaviour Support Procedure and Guidance if you would like more information.

We need to:

- Recognise that behaviour always has a meaning and cause; understanding this can lead to positive change.
- Understand why someone shows particular behaviours and address aspects of their life that they find difficult.
- Enhance quality of life through increasing choice, empowerment and independence, working in partnership with the person, family, carers and other professionals.
- Support people to develop new ways to meet their own needs.
- Spot when someone becomes upset, offering early and appropriate support.

3) The use of items or objects

Items such as a harness or arm splints that affect someone’s free bodily movement in order to lower the risks from their behaviours may represent a restrictive practice (Mechanical Restriction).

Sense only accepts the use of such items after Capacity & Best Interest Assessments involving those who know the person well and relevant medical practitioners.

4) Environmental restrictions

These can occur when locations are modified with locks or barriers to stop someone accessing or leaving an area due to their potential behaviours.

Whilst some people may calm more easily if they withdraw from an area and spend time alone, this must be their own choice. Sense will not accept the use of “seclusion” or “time out” procedures where someone is isolated against their will.
Restrictive physical interventions must:

- Never be used with the intention of inflicting pain or discomfort.
- Only occur where there is a real risk of harm to the person or to others if no action is undertaken, and be proportionate to that risk.
- Never impact on the person’s airway, breathing or circulation or involve them being held in a prone/face down position on the floor or any other surface.

2) Use of medication

If medications are used to control or subdue high risk behaviours this may be a restrictive practice (Chemical Restriction).

Everyone has the right to receive appropriate mental health support, and medications may be prescribed by medical professionals who assess that this is in someone’s best interests.

Specific protocols must be created for PRN medications – that is medications taken when needed - so that they are used appropriately.

Examples of when restrictions might need to be considered?

There must always be a clear and valid reason for any form of restriction. The following scenarios may be relevant to some people.

On rare occasions Chris can become violent and may try to injure other people. His supporting staff members are trained to hold him safely by the arms until his flatmates have been guided to a safer area.

A psychiatrist has prescribed ‘as needed’ (PRN) medication for Rick, who quickly stops self-injuring when he takes it. He used to injure himself so badly that he had to attend A & E regularly.
Due to her history of taking off her seatbelt, standing up and opening the doors whilst the car is moving, an OT has recommended that a particular vehicle harness is introduced in order to keep Stella safe.

Oprah runs into roads if her staff team do not intervene (by standing in the way or by holding her arms). It has been agreed that this is a less restrictive approach than her not going out into the community.

Since childhood, Herman has worn a helmet to prevent self-injury. He is now very reluctant to remove it but he is regularly encouraged to take it off. If he self-injures staff will still offer it back to him so that he can choose to wear it if he wishes to.

**Types of restrictive intervention**

1) **Physical intervention**

This is when staff members use direct physical contact with someone (holding them) and controlling that person’s movement because of high risks from the behaviour they are showing.

This can be unpleasant for everyone involved, lead to someone feeling humiliated or abused, undermine relationships and create a risk of injury. In order to minimise these risks, Sense provides British Institute of Learning Disabilities Accredited Physical Intervention training to relevant staff.

Involving the supported person and their circle of support is essential when agreeing the planned use of any Physical Intervention.