

Hesley Group Restrictive Intervention Reduction Guidance

1 Introduction

This Guidance sits under the Positive Behaviour Support Policy as additional Guidance. It is based on the framework set out in Positive and Proactive Care DH 2014 and sets out how Hesley Group is to achieve a reduction in the use of restrictive intervention. An effective reduction programme can reduce the incidence of violence and aggression and ensure that less detrimental alternatives to restrictive interventions are used.

This programme will be underpinned by robust governance arrangements and a clear understanding of the legal context for applying restrictions and effective training and development for staff. The legal and ethical basis for Hesley Group to allow their staff to use restrictive interventions as a last resort is founded on eight overarching principles:

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.
- There must be a real possibility of harm to the person or to staff, the public or others if no action is undertaken.
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm.
- Any action taken to restrict a person's freedom of movement must be the least restrictive option that will meet the need.
- Any restriction should be imposed for no longer than absolutely necessary.
- What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent.
- Restrictive interventions should only ever be used as a last resort.
- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

If Hesley Group employees impose restrictive interventions on those in our care there **must** be a lawful basis for doing so. The law in respect of restrictive interventions, and the degree of restriction that might amount to an unlawful deprivation of liberty, continues to evolve and Hesley Group is keeping policy and guidance under review on an ongoing basis to reflect this. Restrictive interventions have the potential to cause harm including physical and psychological trauma. In some instances they have caused harm, and even death. All restrictive interventions can pose risks.

When confronted with acute behavioural disturbance, the choice of restrictive intervention **must always represent the least restrictive option** available to meet the immediate need. It should always be informed by the person's preference (if known), any particular risks associated with their general health and an appraisal of the immediate environment. Individual risk factors which suggest a person is at increased risk of physical and/or emotional trauma must be taken into account when applying restrictive interventions. For example, this would include recognising that for a person with a history of traumatic sexual/physical abuse, any physical contact may carry an additional risk of causing added emotional trauma. Or for a person known to have muscular-skeletal problems such as a curvature of the spine, some positions may carry a risk of injury. Please see DH 2014 Positive and Proactive Care for more information and your TCI training pack where these matters are covered in detail

2 What are Restrictive Interventions?

"Restrictive interventions" are defined in the DH (2014) Positive and Proactive Care guidance 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 reduce significantly the danger to the person or others; and
- contain or limit the person's freedom for no longer than is necessary'.