

Reducing the Use of Restrictive Practices - 6 modules Programme

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Reducing the Use of Restricted Practices Brochure

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Learn about our authors - [click here](#)





REDUCING THE USE OF RESTRICTED PRACTICES

The National Institute of Intellectual Disability Studies is an Irish company, with a deep commitment and proven track record of reducing the use of restrictive practices in services for people with disabilities and schools. We are BILD certified and accredited with the Restraint Reduction Network UK

Governance arrangements must be in place within the centre, to monitor the use of restrictive practices and ensure that the rights of individuals using the service are always protected and promoted. The setting must promote a restraint-free environment for children and adults in their service with a specific aim to reduce or eliminate the use of restrictive practices wherever possible. The centre must ensure that the appropriate resources, such as trained workforce, are in place.

What is Restrictive Practice?

Restrictive practices in health and social care refer to the implementation of any practice or practices that restrict an individual's movement, liberty and/or freedom to act independently without coercion or consequence (RCN, 2013).

HIQA's thematic approach will focus on the following types of restraint:

1. Physical restraint, which includes Mechanical restraint
2. Environmental restraint
3. Rights Restrictions which will include, note exhaustive list:
 - Psychosocial restraint
 - Overly Risk Averse
 - Power Control
 - Consequence Control
 - Blanket restrictions

The biggest governance and management challenge in any organisation, is monitoring the rights restrictions, particularly when staff are not trained to know what they are.

IS THE USE OF A RESTRAINT PROCEDURE EVER THE RIGHT THING TO DO?

Sometimes restriction and restraint is the only right thing to do. HOWEVER, "Any potential episode of restraint must be considered only where there is clear evidence that the potential benefit of restraint to the individual person, and the risk involved if restraint is not used, outweigh the possible negative effects on the person subject to the restraint." HIQA 19

LEGAL ASPECTS OF USING RESTRICTIVE PRACTICES

Any intervention employed which compromise a person's liberty should be the safest and least restrictive option necessary to manage the immediate situation. It must be proportionate to the assessed risk and employed for the shortest possible duration. Mental Health Commission 2015.

In addition to this is the assertion that a person's fundamental human rights are violated when they are restrained. The importance of good quality training and education is a recurring theme in the literature. Studies have shown that targeted education and training programmes have proved effective in the reduction of the use of restrictive practices in care settings. Effective governance and management is also critical in monitoring the use of restrictive practices and promoting a restraint-free culture. However, even if it is the right thing to do, it is still a complex legal issue.

ETHICAL ISSUES IN RELATION TO THE USE OF RESTRICTIVE

Whilst some examples of Restrictive Practice can be clearly identified, with safeguards in place, in other instances, less immediately harmful actions can be carried out to vulnerable adults and children with intellectual disabilities which can in the medium to long term negatively impact on their emotional and physical health.

RESTRICTIVE PRACTICES CAN ALSO BE OVERUSED OR MISUSED

Reasons for this vary, but here are some examples. They are used

- Without the proper authorisation
- Without knowing that something is a restrictive practice
- For too long, and without being regularly reviewed
- For reasons other than keeping people safe
- To control people or to make people act in a certain way
- As a form of abuse and neglect
- Due to a lack of training, knowledge, or reflection about less restrictive alternatives



REALITIES FOR SERVICE USERS WHO ARE RESTRICTED OR RESTRAINED

Research which sought to find the views and experiences of service users on the use of restrictive practices, was conducted by the National Disability Service in Australia. The following are their key findings. There is very little literature and research about the views and experiences of people with disabilities and family carers in Ireland in relation to restrictive practices, however these findings can inform policy and practice.

Some people with disabilities:

- Do not know their rights
- Do not complain out of fear or resignation
- Have no access to advocacy
- Are simply unseen and unheard by all but those in direct support roles
- Find that advocates and families often have to fight to the very top for their views to be heard
- Find that communal settings multiply behaviours which make them feel unsafe
- Undergo many "informal restrictions" that are never recorded, but are implemented by staff to maintain overall control of a setting. (Ramcharan P. 2009)

COMMITMENT TO REDUCING THE USE OF RESTRICTIVE PRACTICES

The reduction of the use of restrictive practices can be a complex undertaking and requires several strategies to embed a culture of commitment to Human Rights and Promote a Restraint-Free Environment within Disability Centres, such as:

- A strategy that involves all stakeholders including residents, frontline staff, PPIM and families
- Database of all the restrictive practices used within the organisation – this in itself requires that residents and all grades of staff can identify and recognise all types of restrictive practices.
- Review mechanism of the restrictive practices to examine whether they fall within an acceptable legal and ethical framework – this requires residents and all grades of staff to understand the law and human rights.
- Data informed approach – to increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs.
- Incident Management – this requires competence at all levels of the organisation to recognise, report, manage, investigate and close the management loop on supporting residents who engage in behaviour which puts them or others at risk.
- Governance and Leadership - Providing a supportive environment for residents and frontline workers through incident management, review, supervision, and debriefing.
- Alternative Strategies – this requires competence in developing creative strategies to supporting service users without the use of restrictions or by minimising them.



For more information - [click here](#)