

Restraint  
Reduction  
Network



Ariennir gan  
Lywodraeth Cymru  
Funded by  
Welsh Government

# Reducing Restrictive Practices Framework

Identifying restrictive  
practices in childcare,  
education, health and  
social care settings



This is part of a set of information about **identifying restrictive practice**. There is a:

- Explainer called, '**Reducing Restrictive Practices Framework**'. It helps to identify restrictive practices in childcare, education, health and social care settings.
- Poster called, '**Reducing Restrictive Practices Framework**'. This defines what restrictive practices are, summarises the main types of restrictive practices and gives advice about who to speak with if you are worried about the inappropriate use of restrictive practices.
- Animation called, '**Reducing Restrictive Practices Framework**'. This shows examples of restrictive practices to help you to understand what they are and to reflect on their use in your own organisation.



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# What is restrictive practice?

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**Restrictive practices are activities that stop people from doing things they want to do or encourages them to do things they don't want to do. They can be obvious or subtle.**

”

(Social Care Wales, 2022)



Restrictive practices can happen in lots of places and settings. The Welsh Government's Reducing Restrictive Practice Framework applies across services providing Education, Health and Social Care to children and adults of all ages.



# Reducing Restrictive Practices Framework

## What is this explainer about?

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This explainer is for anyone interested in identifying and reducing restrictive practices.

After reading this, people should be able to:

- ✓ define restrictive practices and restraint;
- ✓ name eight different types of restraint;
- ✓ explain when restraint might be justified and/or unjustified;
- ✓ identify different types of each restraint, e.g., different ways a person might be physically restrained or environmentally restrained; and
- ✓ know what to do if someone is being restrained in a way that is not rights respecting.



# What is restraint?

When restrictive practice happens to someone, this is called restraint.

There are eight different ways people can be restrained.



... to make someone do something they don't want to do, or stopping someone doing something they want to do.

# Is restraint a 'bad' thing?

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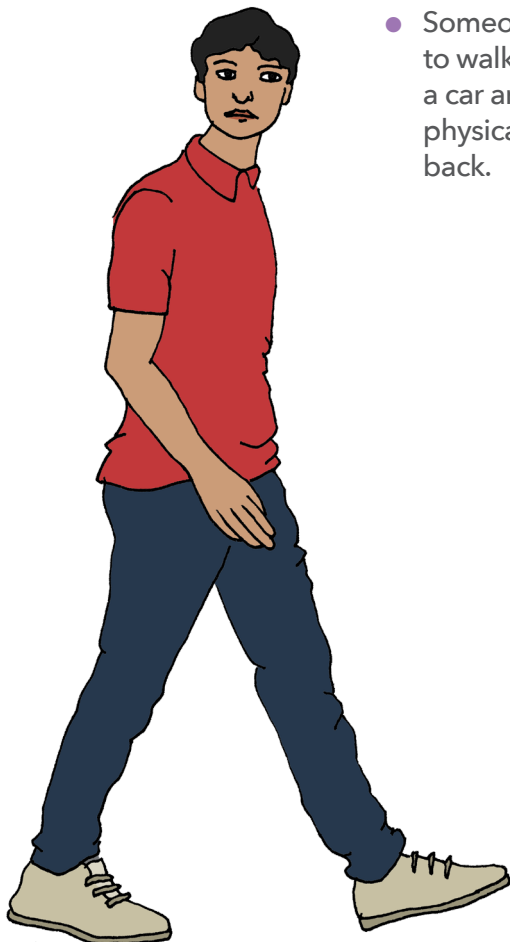
Restraint is neither good or bad but might helpfully be thought of as either '**justified**' or '**unjustified**'.

Restraint can be essential in some instances. It can even be lifesaving.

For example:



- Someone wants to take a walk independently and a GPS tracker supports them to stay safe.
- Someone was very distressed, e.g., banging their head very hard, and was physically stopped from doing so to save them hurting themselves.
- Someone was going to walk in front of a car and was physically held back.



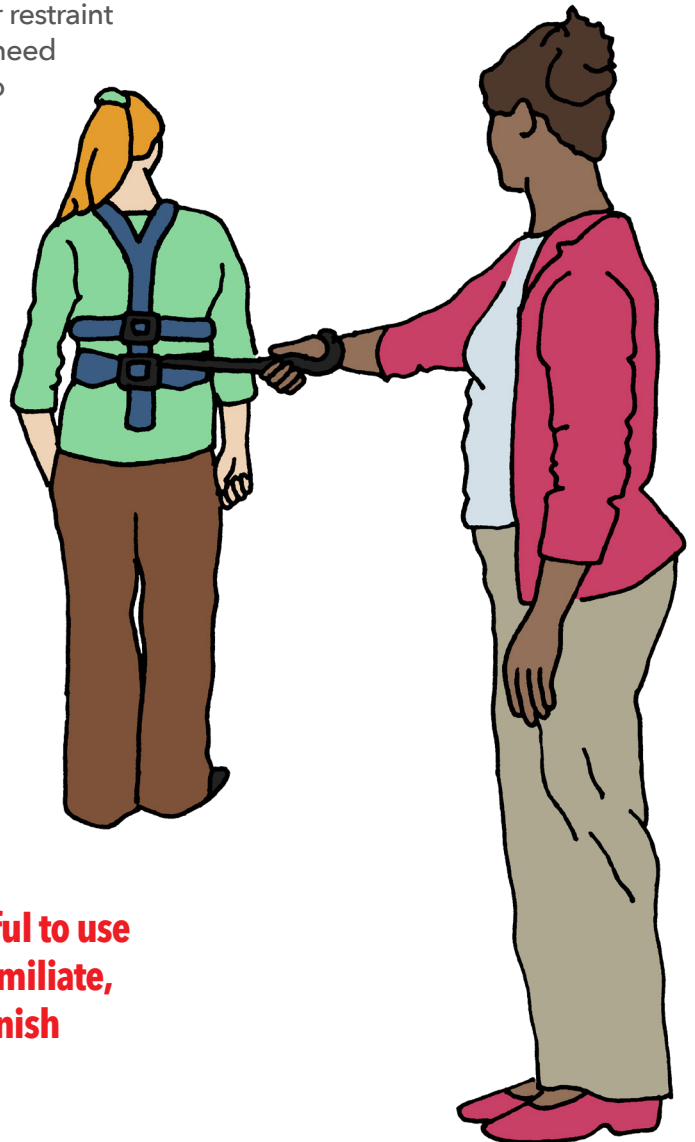
Restraint can also be harmful, unethical, rights restricting and life threatening. For this reason, people that are using restraint on others should be trained in human rights, prevention, and de-escalation strategies. Because restraint can be very dangerous, training standards such as those developed by the Restraint Reduction Network (2018) are very important.

These will help to ensure that:

- ✓ Using restraint is the least restrictive way of supporting a person. Restraint should only happen when it is absolutely necessary, e.g., to prevent immediate harm or manage risk to life, and for the minimum amount of time.
- ✓ People are not forced to have more support, treatment, or restraint than they absolutely need (e.g., proportionate to the person's situation and condition).
- ✓ Staff try to reduce a person's fear and distress.

Restraint should only be used if there is a law that allows people to do it. Staff should work within laws and guidance of their setting.

There might be rare occasions when restraint is needed to prevent harm. It is always best to try and support people in the ways that they need before distress happens.



**It is never lawful to use restraint to humiliate, degrade or punish people.**



# Physical restraint

Staff might use their body to make a person do something or stop them from doing something. People often think of physical restraint as being held, but any amount of physical pressure can be a type of physical restraint.

Physical restraint can happen in several ways. These include the following:

- **Guiding** – when staff guide a part of a person’s body (e.g., their hand) to complete a task that the person does not want to do.



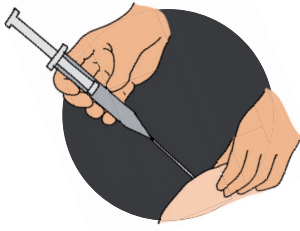
- **Keeping someone in a seated or standing position** – when staff sit or stand either side of a person and hold them still.

- **Holding someone** – when staff members hold a person against something (e.g., the floor) so that they cannot move.



- **Pulling someone back** – when a staff member pulls someone away from something (e.g., a door or the road).





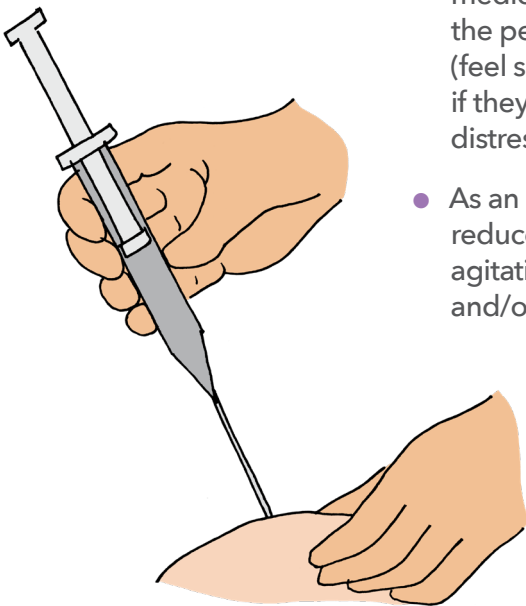
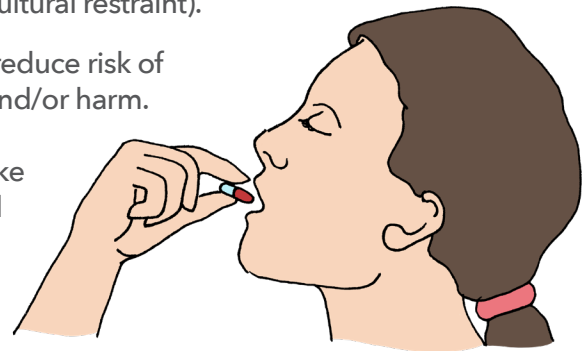
## Chemical restraint

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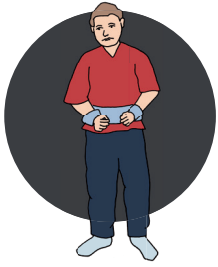
Chemical restraint is where medication is used to make a person do something they don't want to do or to stop them from doing something they do want to do.

There are lots of reasons that people might use medication to support and manage a person. These include:

- Giving a child medication so that they can meet school expectations of behaviour (see cultural restraint).
- As a prevention to reduce risk of agitation, distress and/or harm. This is because the medication will make the person sedated (feel sleepy/calm) if they are very distressed.
- As an emergency to reduce risk of severe agitation, distress and/or harm.



Chemical restraint should only be offered if there is no better, safer, way to stop the person harming themselves or someone else. If staff think medication is needed, the person should first be offered medication as a tablet (or sometimes a liquid) that they can swallow. If the person cannot take the medication, they might be given an injection to help calm them down (also known as rapid tranquilisation). If the person does not agree to have an injection, staff might be able to use physical restraint to hold them while they inject them if they are legally allowed to do so.

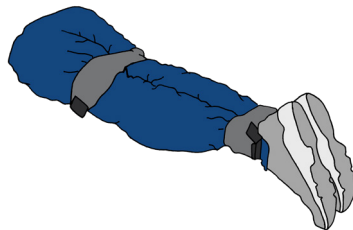


# Mechanical restraint

If a person becomes extremely distressed and there is a high risk of them or others being hurt, they might be mechanically restrained if there is no other way to keep people safe.

Examples of mechanical restraint include:

- specially designed chairs;
- cuffs;
- straps;
- a high-density foam pillow used to support a person's legs in restraint;
- a specially designed bean bag to stop people from doing something;
- using items such as a table to stop someone who has mobility and executive functioning difficulties from getting up; and
- the use of a weapon firing barbs attached by wires to batteries, causing temporary paralysis.







## Enforced isolation from peers

If staff feel a person is so distressed that they pose a risk to themselves or others, they might decide that the person needs to be isolated from their peers.

If this happens, staff might take the person away to another space, away from other people and not allow them to leave.

Enforced isolation might also be called pupil support, time-out, isolation, seclusion, segregation, or solitary confinement.

Examples of enforced isolation could include:

- keeping a person in a caged area in an ambulance;
- making a person stay in a place (e.g., a bedroom, sensory room, or garden); and
- keeping a person locked away from others in a seclusion room.



**Isolating a person from meaningful human contact is an extreme practice and can cause the person short- and long-term harm.**

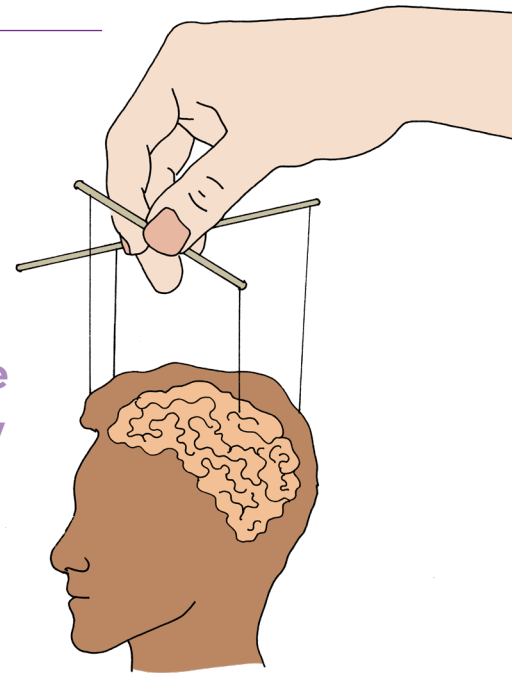


# Psychological restraint



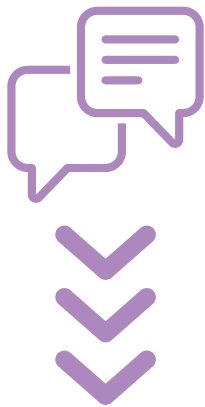
Psychological restraint is any kind of communication strategy that puts psychological pressure on people to do something they don't want to do or stop them from doing something they do want to do.

(RRN, 2023)



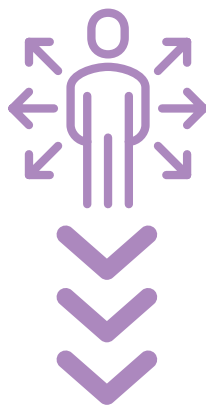
The Restraint Reduction Network consulted people who identified the following types of psychological pressure:

## Verbal pressure



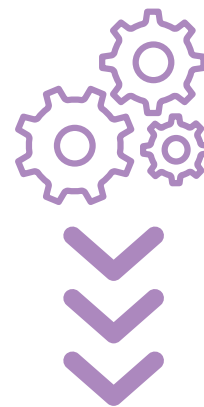
This happens when staff try to force people to change their behaviours and attitudes, using spoken or written words

## Non-verbal pressure



This happens when staff try to force people to change their behaviours and attitudes using their tone of voice, body language and/or other cues (e.g., facial expressions).

## Systemic pressure

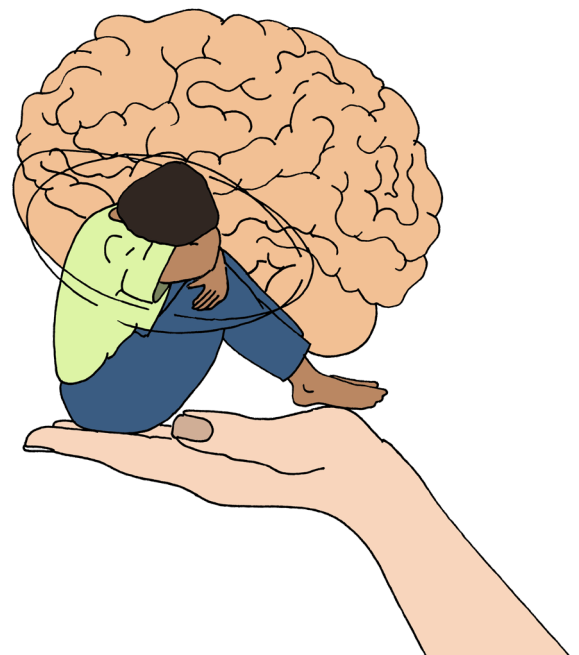
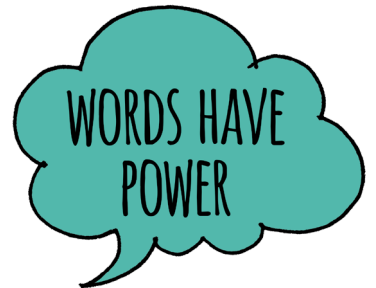


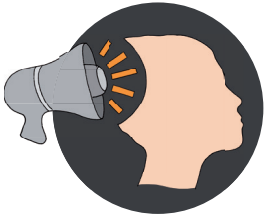
This happens when staff harness the power of the institutional structure and/or system to change people's behaviours and attitudes.



This could include the following:

- **Waiting and looking at a person intensely for a long time** until they do what they've been asked.
- **Giving a person too much information** and talking to them for longer than is necessary or helpful, so that they feel pressured to do something.
- **Using complicated/medical language** to make a person think they know best and have the authority to influence decision-making.
- **Leaving out information** - not giving a person important information so that they agree to do something (e.g., not telling them the side effects of medication).
- **Negotiating** with a person so that they behave in a certain way (e.g., saying, "When you take your medication, you can go for a walk.").
- **Preventing a person from expressing their views and doing things that are important to them, their values, ethnicity, and culture** to make them feel inferior and humiliated. This is also known as cultural restraint.
- **Using threatening and abusive language** (e.g., saying, "You'll regret doing that" or swearing) or intimidating gestures (e.g., pointing) to force a person to do something.
- **Making a person fearful** - giving a person too much information about the bad things that might happen if they do not do what staff say.

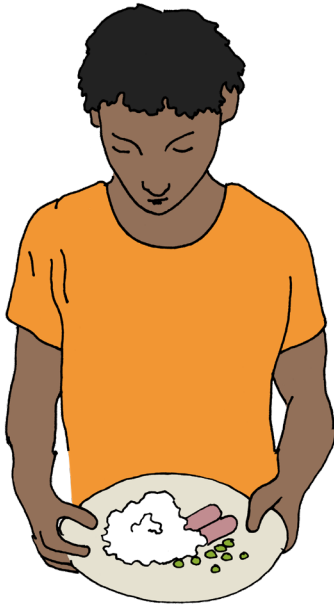




# Cultural restraint

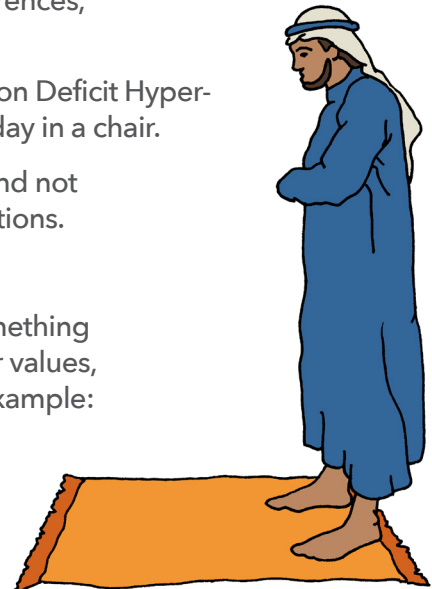
Cultural restraint is using cultural norms to make a person do something they don't want to do or stopping them from doing something they do want to do.

This might include the following:

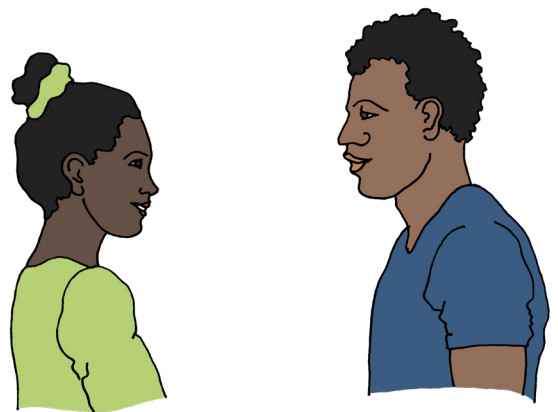


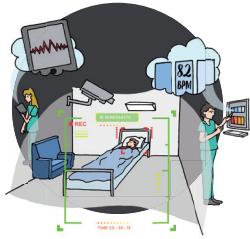
- Stopping a person from expressing their cultural views or preferred ways of being. For example:
  - Not providing support/services in a person's preferred language or using their communication preferences, e.g., Welsh or Easy Read.
  - Making a child with Attention Deficit Hyperactivity Disorder sit still all day in a chair.
  - Mocking a vegan person and not providing suitable food options.

- Stopping someone doing something that is important to them, their values, ethnicity and/or culture. For example:
  - Not allowing a Muslim person to pray at their preferred times in an appropriate space.



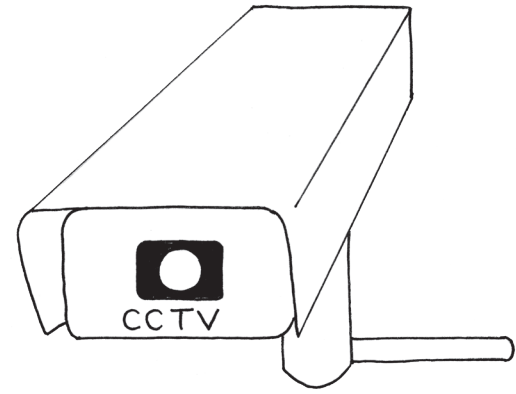
- Making someone feel ashamed, inferior and/or humiliated because they are different to someone else. For example:
  - Calling someone names because they are from a different ethnic community.
  - Making an autistic person make eye contact.





# Surveillance

Surveillance is when staff watch and/or listen to people, places, and property. This might include human surveillance where staff physically observe a person. It might also include cameras, microphones or other technology, such as GPS trackers.



Lawful surveillance can help make sure that people, places, and property are safe and cared for. However, surveillance must only be used for a specific purpose - staff should be able to tell you the reason.

If a setting wants to use surveillance in a private area (e.g., bedrooms, toilets, showers), they must check that the person agrees, and the person should sign a form. The person must have the capacity to agree to this.

Being under surveillance can affect a person's human rights in the following ways:

- Surveillance might be a blanket restriction (see page 17) if it is not the only way to keep a person safe.
- It might be inhumane and degrading treatment if a person is being recorded in their bedroom all the time (e.g., when they are getting undressed).
- It might be inhumane and degrading treatment if surveillance causes a person to feel more anxious or if it becomes a trigger for distress.
- It could breach a person's right to privacy and a family life if their conversations, phone calls and emails are monitored all the time. There must be a legal justification to do this.





## Blanket restrictions

Blanket restrictions are rules that everyone must follow regardless of their risk.

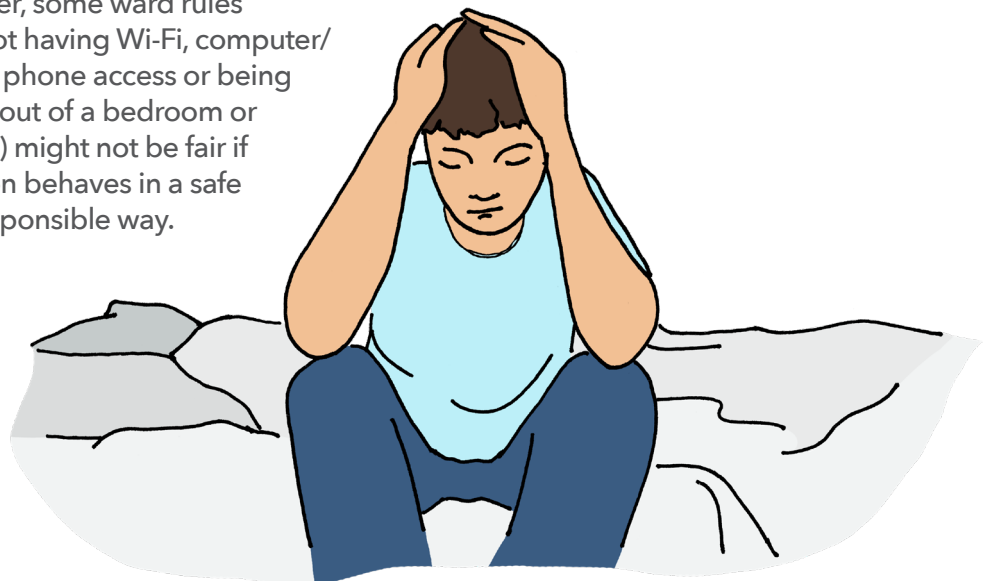
In some settings, blanket rules are used because they are the law (e.g., no weapons or illegal drugs on a hospital ward).



Other rules might be there to keep people safe (e.g., no alcohol in school or sharp objects in a psychiatric inpatient unit).

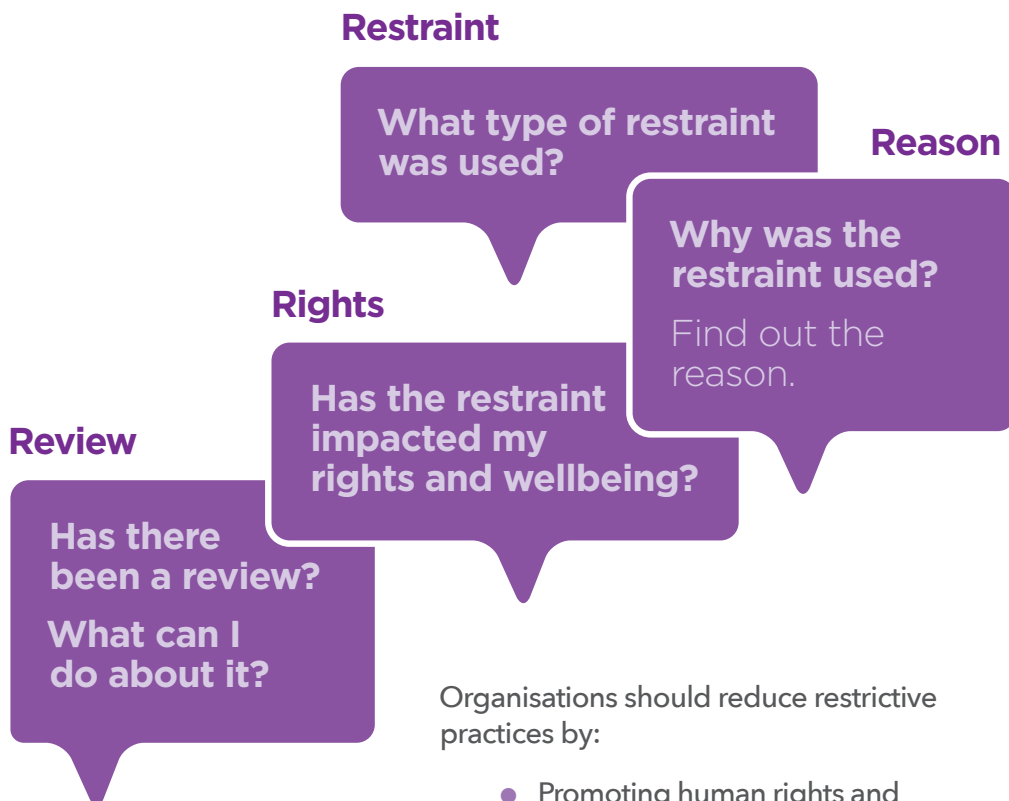


However, some ward rules (e.g., not having Wi-Fi, computer/mobile phone access or being locked out of a bedroom or kitchen) might not be fair if a person behaves in a safe and responsible way.



## Worried about unnecessary, unjustified, or disproportionate uses of restrictive practices?

If you are worried about how restraint is being used in any setting you can ask the following questions:



Organisations should reduce restrictive practices by:

- Promoting human rights and working in person-centred ways to improve wellbeing and prevent or reduce situations arising where restrictive practices are used.
- Developing restraint reduction plans and having training in place to secure the safety of all concerned when restrictive practices are used as a last resort to prevent harm to the person or others.
- Implementing the six core strategies of restraint reduction as outlined in the Welsh Government's Reducing Restrictive Practices Framework.





## If you are worried about the use of inappropriate restraint

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If you think you or someone close to you are being subjected to inappropriate restraint or restriction, then you should tell someone about it.

People and organisations you can tell include:

**Family members, and/or friends.**



**A nurse, social worker or teacher** who is responsible for your care.



**A senior member of staff** in the service you receive, such as a head teacher, senior manager, head of service or responsible clinician.



**If you are concerned that someone is at immediate risk of harm then you can contact social services and the Police.**



**An advocate.**



Or you can contact:



- **Autism Wales**  
<https://autismwales.org/en/i-am-autistic/further-resources/>



- **The British Institute of Human Rights**  
<https://www.bihr.org.uk/our-work/get-help>



- **C.A.L.L. Mental Health Helpline for Wales**  
Call free on 0800 1320737  
Or text the word help to 81066  
<https://www.callhelpline.org.uk/>



- **Care Inspectorate Wales (CIW)**  
Tel 0300 7900 126.  
Raising a concern about care services | Care Inspectorate Wales  
<https://www.careinspectorate.wales/contact-us/raise-concern>



- **Children's Commissioner for Wales**  
Call free: 0808 801 1000  
<https://www.childcomwales.org.uk/about-us/investigation-advice/>



- **Healthcare Inspectorate Wales (HIW)**  
Tel. 0300 062 8163.  
<https://www.hiw.org.uk/>



Bwrdd Diogelu Annibynnol  
Cenedlaethol Cymru  
National Independent  
Safeguarding Board Wales

- **Your Regional Safeguarding Board in Wales**

[https://safeguardingboard.wales/  
find-your-board/](https://safeguardingboard.wales/find-your-board/)



- **Putting Things Right?**

NHS Wales complaints and concerns:  
Putting Things Right | GOV.WALES  
[https://www.gov.wales/nhs-wales-  
complaints-and-concerns-putting-  
things-right](https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right)

Wales Dementia  
Helpline

- **Wales Dementia Helpline**

Call free on 0808 808 22355



- **Wales Learning Disability Helpline**

Phone: 0808 8000 300  
<https://wales.mencap.org.uk/>



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Welsh Parliament

- **Your local MP or Member of the Senedd**

[https://senedd.wales/  
find-a-member-of-the-senedd/](https://senedd.wales/find-a-member-of-the-senedd/)