



PROTOCOL FOR IMPLEMENTATION OF RESTRICTIVE PRACTICES

This protocol needs to be implemented in conjunction with:

Warmley Park Behaviour Policy
Warmley Park Safeguarding Policy

Restrictive Practices

“Interventions aimed at reactively managing behaviour that challenges, as a **last resort**. They are not aimed at changing behaviour itself but at simply managing the associated risk”

Paley- Wakefield 2013 in BILD Code of Practice 2014.

“Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.” *Mental Capacity Act 2005.*

Functional analysis of behaviour should always take place as good practice. This should provide an evaluation which may result in the use of restrictive practice not being necessary, for example, where the pupil is displaying a sensory need which could be met through a proactive approach. Only when all other strategies have been tried and there is still a risk, would the implementation of a restrictive practice be considered.

Before any restrictive practice is considered, the attached assessment must be completed with Head of Department, and agreed with the Head Teacher.



Restrictive Protocol Assessment.	
	Details
Pupil	
Location:	
Teacher with responsibility for pupils and classroom:	
Support staff:	
Identified risk:	
Why is this a risk:	
What other strategies have been used with what level of success?	
Who has been involved in planning and monitoring these strategies?	
Where relevant, what are the views of other pupils?	
What are the implications for other pupils and staff?	
What are the specific arrangements for restrictive practices- time, days, staffing.	
Does the requirement for restrictive practice outweigh the rights of all individuals to be able to move around the school building?	
Advice sought from parents/ carers and other professionals:	
Any further considerations:	
Agreed:	
Action:	
How will this be communicated to all relevant pupils and staff?	
Date:	
Review date:	

Appendix- What is a restrictive practice?

BILD identify:

Proactive strategies are primary prevention strategies which are put in place to prevent someone's behaviour presenting a risk to themselves or others. Such strategies require an understanding of the person and their behaviours as well as changing aspects of their environment to reduce the likelihood of the behaviour occurring. Proactive strategies are fundamental in the use of positive approaches to behaviour support.

Reactive strategies on the other hand are emergency strategies used in response to situations of risk, primarily with the aim of taking charge of a difficult situation and minimising any immediate negative outcome or risk. They are not intended to achieve any long term behaviour change. (Paley, 2012)

Restrictive practices or interventions fall into the category of reactive, rather than proactive, strategies. They are considered to be a last resort and are not aimed at changing the behaviour itself but at simply managing the associated risk.

Restrictive practices include the following:

- Physical intervention- defined as "physical force to prevent, restrict or subdue movement".
- Seclusion- defined as "the supervised containment of a person in a room which may be locked..."
- Chemical restraint- use of medication.
- Mechanical restraint- application and use of materials or equipment (which may include prescribed therapeutic aids). These are designed to significantly restrict the free movement of an individual, most often with the intention of preventing self injury, as a result of behaviour that poses significant risk to the individual of serious long term harm or immediate injury.
- Environmental restraint- is one which prevents individuals or groups of people moving freely by placing obstacles, barriers or locks in their way.

The use and impact of restrictive practices.

Restrictive practices are most often used in the field of intellectual disabilities to manage behaviours that are described as 'challenging'. Behaviour may be described as challenging when it:

- causes or increases the risk of harm to the individual or those around them;
- reduces social, educational and lifestyle opportunities;
- leads to social or educational exclusion;
- causes psychological harm to the person exhibiting the behaviour;
- affects their general health and wellbeing;
- gives rise to plans or actions by others that may restrict the liberty of the individual concerned;
- impacts on the lives of people who have contact with, or live with, the person or of their family and carers;
- impacts on the friendships and important relationships in the life of the person, often with negative outcomes for them or other people;

Sharon Paley-Wakefield (2013) in Framework for Reducing Restrictive Practices, BILD.

NICE Guidelines:

Note - these guidelines are for clinical settings, but at Warmley Park we recognise their value for a school setting in ensuring best practice. “Health and social care providers” can be replaced with “school”.

General principles of care - working with people with a learning disability and behaviour challenges with their family and carers:

1.1.1 Work in partnership with children, young people and adults who have a learning disability and behaviour that challenges, and their family members or carers and:

- involve them in decisions about care;
- support selfmanagement and encourage the person to be independent;
- build and maintain a continuing, trusting and non-judgemental relationship;
- develop a shared understanding about the function of the behaviour;
- help family members and carers to provide the level of support they feel able to.

1.1.2 When providing support and interventions for people with a learning disability and behaviour that challenges, and their family members or carers:

- take into account the severity of the person's learning disability, their developmental stage, and any communication difficulties or physical or mental health problems;
- aim to provide support and interventions:
- aim to prevent, reduce or stop the development of future episodes of behaviour that challenges;
- aim to improve quality of life;
- offer support and interventions respectfully;
- ensure that the focus is on improving the person's support and increasing their skills rather than changing the person;
- ensure that they know who to contact if they are concerned about care or interventions, including the right to a second opinion;
- offer independent advocacy to the person and to their family members or carers.

Understanding learning disabilities and behaviour that challenges

1.1.3 Everyone involved in commissioning or delivering support and interventions for people with a learning disability and behaviour that challenges (including family members and carers) should understand:

- the nature and development of learning disabilities;
- personal and environmental factors related to the development and maintenance of behaviour that challenges;
- that behaviour that challenges often indicates an unmet need. *This may need advice from other professionals including Occupational Therapists if sensory needs are present;*
- the effect of learning disabilities and behaviour that challenges on the person's personal, social, educational and occupational functioning;

- the effect of the social and physical environment on learning disabilities and behaviour that challenges (and vice versa), including how staff and carer responses to the behaviour may maintain it.

Delivering effective care

1.1.4 School (health and social care provider organisations) should ensure that teams carrying out assessments and delivering interventions recommended in this guideline have the training and supervision needed to ensure that they have the necessary skills and competencies. *All staff at Warmley Park are trained in Proact SCIPrUK.*

Staff training, supervision and support

1.1.6 School (health and social care provider organisations) should ensure that all staff working with people with a learning disability and behaviour that challenges are trained to deliver proactive strategies to reduce the risk of behaviour that challenges, including:

- developing personalised daily activities;
- adapting a person's environment and routine;
- strategies to help the person develop an alternative behaviour to achieve the same purpose by developing a new skill (for example, improved communication, emotional regulation or social interaction). *Visual strategies including de-escalation techniques such as Amazing Five Point Scale, symbol key rings;*
- the importance of including people, and their family members or carers, in planning support and interventions;
- strategies designed to calm and divert the person if they show early signs of distress;
- delivering reactive strategies.

1.1.7 School (health and social care provider organisations) should ensure that all staff get personal and emotional support to:

- enable them to deliver interventions effectively for people with a learning disability and behaviour that challenges;
- feel able to seek help for difficulties arising from working with people with a learning disability and behaviour that challenges;
- recognise and manage their own stress.

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