What are Restrictive Practices?
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This booklet was made with the help of people with learning disabilities and autistic people who have experienced restrictions in their life.

Special thanks to Amy, Beth, John and Glenn for sharing their life experience and helping to make this important work happen.
This booklet is for people who are patients in learning disability, autism and mental health hospitals. It is also for staff working in these hospitals.

It has been written by and with autistic people and people with a learning disability who have experience of restrictive practice.

You might like to read this on your own, with someone you trust or with support.

**Remember:**

Restrictive practices must never be used as a punishment or just to cause you pain or make you unhappy.

They should not be used a lot and there are strict rules about using them.

Restrictive practices should only be used when everything else has been tried. Or restrictions might be used in an emergency if you or other people are in immediate danger of getting hurt.
This section is about what other people need to do to make sure I am safe and that restrictions are legal.
Everyone has human rights. Human rights laws protect people from being treated badly. They say what people can or cannot do to control my life.

Everyone’s human rights should be respected by others.

There is also a law to reduce the unfair use of restrictive practice, called the ‘Use of Force Act’. Mental health hospitals must make sure they follow the law.

Restrictions can happen in different ways, it depends on the law. Some people can be restricted for their whole life, for example under Ministry of Justice Restrictions.

People who support me should get to know me and talk to me about what helps me feel safe.

People who support me should work with me to find other ways of keeping me safe before they use a restrictive practice.
I should have a plan which I and the people supporting me use to help me to calm down if I become stressed and may struggle to control my emotions.

This should be up to date, written with me and show all the ways of supporting me before a restrictive practice is used.

If I am restricted, the people supporting me should talk to me and make sure it:

- Is for the right reasons
- Is done in the right way
- Protects my human rights

I should be able to talk to someone after the restriction is used to say how I feel and what I think could have been done differently to change things in the future.
Different kinds of Restrictive Practice

This section explains the different kinds of restrictive practices.
**Physical**
Where someone might hold me, stop me from getting up or moving, hold me on the ground or move me.

**Environmental**
Putting me in a room on my own, making me stay in a room or my bedroom, keeping doors to rooms or cupboards locked.

**Equipment**
When people might use something to hold me. For example, the police may use handcuffs.

**Chemical**
Giving me medicine using a tablet or injection to calm me down, make me sleepy or make me feel calm. This might be called ‘DEPO’, ‘PRN’ or ‘tranquiliser’.
**Technology**
Using cameras, CCTV or trackers to watch me and what I do.

**Observation**
Having people sit with me or near me all the time to watch what I do. Sometimes called ‘arm’s length’, ‘Obs’, ‘2 to 1’ or ‘eyesight’.

**Power and control**
People saying or doing things to control me. This might make me feel unhappy, sad, ignored, not worth anything, made fun of or told off.
When is a restriction 
Fair or Unfair?

This section looks at when restrictions are fair or when they might be unfair.
Some restrictions can be unfair and should not be used. Here are some examples of when a restriction can be unfair.

**Too much or too little support**
Having too much support can make me feel unhappy, nervous or like people are controlling me too much. Having too little support can stop me from doing the things I want in my life.

**Blanket rules**
Blanket rules are rules that everyone has to follow if you live with other people. Some rules are needed but some can be unfair.

**A blanket rule might be:**
Having doors locked
Having to go to bed at a certain time
Banning sweets or sugary drinks
Having the same rules for everyone about things like mobile phones

Blanket rules should not be used unless there is a need for them, for example not taking some items onto a secure ward.
I should have the support I need to live a good life which is as free as possible and gives me the same chances as everyone else.

I should not be restricted in my life because there are not enough support staff or there is not enough equipment to help me.

I should not be restricted from doing things because the people around me have to be restricted too.

You should not restrict me from doing things because you think it is a bad decision or the wrong thing to do.

You should not restrict me just because other people with my diagnosis or ‘label’ are. Treat me as an individual.
This part is about understanding me better.

There might be other ways to support me that do not need a restrictive practice.
I have feelings, emotions and the same human rights as you. I am not a ‘label’, I am a person too.

I may need support to do things safely. This is better than stopping me from doing things at all.

You should understand how I communicate, how I think and how I like to be treated. You should understand how restrictions will affect me and if there are better ways to keep me safe.

Allow me to have a bad day without making me feel more restricted.

Remember I may feel more anxious if I am in a noisy place, with other people or in a room where the temperature or lighting is bad. What can you do to change that for me?
Everyone should be able to make a mistake.

If I make a mistake, don’t make me feel bad or stop me from doing other things.

Help me learn from the mistake.

Help me to understand what you or I did wrong and what I can do differently next time.

If you believe in me it will make it easier for me to succeed next time.
Support me with my Restrictions

This part is about being involved in deciding about my restrictions.
I should know why a restriction is used before it happens.

Does the restriction make sense to you? Imagine how I may feel.

You should support me to do as many things as I can with the least restrictions.

You should not restrict me just because of the things I have done in the past.

A restriction should stop as soon as possible. You need to keep checking if it is still needed, involve me in deciding and support me to feel safer and more able so I might not need the restriction in the future.
Help me understand

Restrictions

This is about making sure I understand my restrictions and how I am involved in decisions about them.
Talk to me about my restrictions and involve me in decisions about them.

You should try to find the best time, place and way to talk about restrictions with me. For example, it might not be a good time just after a busy day or just before I go on leave.

You should help me to understand how these restrictions may be helpful.

Some restrictions may help me feel safer (like medication to help me feel calmer or not being given too many choices).

If these change I might need help to manage this.
I should have any restrictions agreed with me and recorded in a way that I understand. This might mean writing them down, using pictures or using someone who speaks my language.

These are called Reasonable Adjustments and the law says reasonable adjustments should be made for people’s disabilities.

Things should also be written in my Care Plan, Person Centred Plan or other support plan so I can see them.

Everyone is different, it might help me to have a signed written agreement showing dates when they get reviewed.

People need to remember that being involved and understanding my restrictions might be very important to me.
People should support me to change my restrictions if they can be. This should be done with me.
Restrictions might stop me doing important things in my life, learning new skills, feeling safer or expressing myself.

If this happens, it might be against my human rights and against the law.

My restrictions should be looked at regularly and changed if they do not help me.

You should help me to do this in meetings which I am involved in.

For example, this can be in my CPA, care (education) and treatment review, commissioner meetings, named nurse meetings or ward round meetings.
Talk to me about my restrictions:

- Why are they needed?
- What is working or not working?
- How can they change?
- How can they be removed?

Give me the chance to prove myself in lots of ways and help me to be safer so I might not need the restriction in future.

If you can, you could try removing the restriction to see how I feel first.

Restrictions should only be removed when I am ready, with help and support.
People should help me to understand why a restriction is being used. But I can complain if I feel a restriction is unfair.

I can also talk to the Care Quality Commission (CQC) to tell them about my care and I should be able to do this without fear of being punished. [www.cqc.org.uk/give-feedback-on-care](http://www.cqc.org.uk/give-feedback-on-care)

If I feel I am being abused or in danger, I can contact safeguarding at my local council or the police by phoning 999. To help me do these things I have a right to have an advocate I can talk to privately.

I can also talk to my commissioner, my family and the person in charge of complaints or Patients Advice and Liaison Service (PALS).

The person I trust and speak to most is

Their phone number is

My Advocate is

My Advocate’s phone number is