

RESPECTING CHOICE AND FREEDOM

A guide to reducing the use of restrictive practices

This guide is here to help you understand how we support people in the least restrictive way possible, always aiming to protect their rights and choices. It can be read alongside our Mental Capacity Guide to help you feel informed.

We also hope it helps families gain a better understanding of how and why some decisions are made, and how they can support this process. Your insight and knowledge of the people we support are incredibly valuable, and together, we can explore the best and least restrictive options for their care. This guide will cover:

- What is restrictive practice?
- Using the least restrictive approach
- How do we identify when a restriction is needed and whether it's justified?
- Supporting positive risk taking
- How families can help

What is the Mental Capacity Act 2005?

Restrictive practices are described as actions that stop someone from doing something they want to do or make them do something they don't want to do.

This includes everything from locked doors or stopping someone from going out when they want to, through to secluding someone in a room, or using physical restraint. Restrictive practices must only ever be used as a last resort.

Restrictive practices can take lots of different forms. The 'Restraint Reduction Network' identify eight different types of restraint or restriction, explained below:

- 1 Physical restraint** is when a person or persons use their body to make someone do something they don't want or to stop them from doing something they do want to do.
- 2 Chemical restraint** is when medication is used to manage a person's behaviour.
- 3 Mechanical restraint** is using equipment to make someone do something they don't want to or stop them from doing something they do want to do (at Choice Care Group we will never use mechanical restraint).
- 4 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:
 - Stopping a person from expressing their cultural views or preferred ways of being
 - Stopping someone doing something that is important to them, their values, ethnicity and/or culture
 - Making someone feel ashamed, inferior and/or humiliated because they are different to someone else
- 5 Surveillance** is when care teams watch and/or listen to people, places, and property. This might include human surveillance where care teams physically observe a person. It might also include cameras, microphones, or other technology such as GPS trackers.
- 6 Blanket restrictions** are rules or policies that restrict a person's liberty and other rights, without individual risk assessments to justify their application, such as rules or limits that apply to everyone in a service, regardless of whether they need them or not.

- 7 Environmental restraint** is using the physical environment to make someone do something they don't want to or stop them from doing something they do want to do. This would include things like locking doors to restrict access or to stop someone from leaving.
- 8 Psychological restraint** is any kind of communication strategy that puts pressure on people to do something they don't want to do or stop them from doing something they do.

Restrictions may also be subtle, such as imposed routines or restricted access to certain areas of the home.

At Choice Care Group, we support people to live as autonomously as possible, balancing their right to freedom and choice, with any risks or vulnerability. We work with people to support them in a way that they prefer wherever possible, supporting them to make their own decisions in any areas they are able to, even when they struggle with some aspects of independence or decision-making.

However, sometimes restrictions are necessary and are important to keep people safe. This will include restrictions that are required by the law and regulations- such as keeping chemicals locked securely or the use of window restrictors.

We always aim to use the least restrictive option possible and where we do have restrictions in place, we make sure that these are only in place while necessary, and are kept under review.

If someone isn't able to make decisions about certain things, we must follow the Mental Capacity Act. This means carefully assessing their ability to make that decision, and if they can't, making a best interests decision on their behalf.

To learn more about how we assess capacity and involve you in decision-making, please see our **Decision Making Guide**.

Using the least restrictive approach

Supporting people in a way that keeps them safe while still respecting their freedom, choices, and dignity is at the heart of good care. It's not only the right thing to do, it's also a legal requirement. We have a duty to protect people's rights and only use restrictions when absolutely necessary, and even then, to use the least restrictive option possible.

What the law says:

- The Mental Capacity Act (2005) tells us that any decision made or action taken on behalf of someone who lacks the capacity to make that decision themselves, must be in their best interests- and it must be the least restrictive option possible.
- The Human Rights Act protects a person's right to liberty and family life. Any restriction must be proportionate, necessary, and lawful.
- In England, CQC Regulation 13 says 'Service users must be protected from abuse and improper treatment', that includes avoiding unnecessary or excessive restrictions.
- In Wales, CIW Regulations 26 and 27 similarly require people to be protected from harm, with regulation 26 saying that '...individuals...(must be) safe and.. protected from abuse, neglect and improper treatment.'
- National guidance, like Positive and Proactive Care (England) and Positive approaches: reducing restrictive practices in social care (Wales), encourages us to focus on prevention, person-centred planning, and Positive Behaviour Support (PBS) to reduce the need for restrictions.

Why it matters

Using the least restrictive approach means we're respecting people's rights and choices, building stronger relationships and supporting independence, while also doing what's expected of us by the law and the organisations that regulate the care and support we deliver.

Empowering people to make their own decisions, or be involved in decisions about them, is vital in giving people a sense of control and autonomy. Research tells us that empowering people helps to:

- Promote independence
- Enhance wellbeing
- Build self-confidence
- Foster respect and dignity
- Encourage personal development
- Improve health and wellbeing
- Promote equality and inclusion

This is why it is so important to keep restrictions imposed on someone's choices to a minimum, and to support and empower them to have as much control as possible over their day to day lives.

How do we identify when a restriction is needed and whether it's justified?

Some restrictions will apply across the home, such as the front door being kept locked to prevent strangers from entering the building and to prevent people at risk from leaving on their own or without care teams' knowledge.

Individual restrictions may apply in response to a risk that has been identified during the referral process, or where a new issue has arisen.

Examples might include someone being unable to leave the home on their own due to being vulnerable to exploitation if in the community alone, the use of door alarms so that care teams are alerted when someone leaves an area, or restrictions on spending if it has been determined that they do not adequately understand the value of money.

A restriction will only be appropriate if:

- There is a clear risk of harm to the individual or others.
- Less restrictive options have been tried or are not appropriate.
- The restriction is necessary and proportionate to the level of risk.
- It is in the person's best interests if they lack capacity to decide.
- It is the minimum required and used for the shortest possible time.

In practice, identifying and applying restrictions involves ongoing risk assessment, clear decision-making, and regular review. Potential risks are identified through referrals, care planning, daily observations, incident reports, or changes in a person's behaviour, health, or circumstances. Where a risk is identified, colleagues will work with the person to see how best it can be managed which will include exploring the cause of any concerns, offering guidance and additional support or making environmental adjustments. Additional advice will sometimes be requested from other people, such as Choice's internal specialist support team.

If there is doubt, the person's capacity will be assessed and a best interests decision may be made.

Restrictions will be recorded in the person's support plan and their PBS (positive behaviour support) plan and are reviewed regularly- particularly after

incidents, changes in risk or behaviour, or changes to a person's independence- to ensure they remain necessary, proportionate, and in the individual's best interests.

Supporting positive risk taking

Taking risks is a natural and important part of life. It's how people learn, grow, build confidence, and gain independence. For people with learning disabilities, autism, or mental health needs, being supported to take positive risks, rather than being shielded from them, can make a huge difference to their wellbeing and quality of life.

There is an important difference between keeping someone safe and preventing them from being independent, making choices, and having control over their own life. If someone is unnecessarily restricted, it can lead to frustration, low mood, increased anxiety, and behavioural changes.

What is positive risk-taking?

Positive risk-taking means that rather than deciding someone can't do something, we ask, "how can we make this happen safely?". It's about identifying the right support so someone can try new things, manage everyday risks, and live life on their own terms as much as possible. For example:

- Supporting someone to go out with agreed safety strategies, instead of saying they can't go alone.
- Helping someone learn to use the internet safely, rather than restricting access altogether.
- Encouraging someone to take more control over things like money, food choices, or their daily routine, at their own pace.

- A risk assessment should not be used to justify why someone can't do something. Instead, it should help identify what support is needed to help them do it in a safe and positive way.

At Choice Care, we believe your loved one has the right to live a full and meaningful life, one that includes choice, control, and opportunities to try new things. Here's how we support positive risk-taking:

- We listen carefully to what your loved one wants to do, and we work together to understand what's important to them.
- We involve the person, their family, and professionals to build support around their goals, not barriers.
- We use risk assessments to explore how we can support something to happen safely.
- We recognise that not every risk will go perfectly. We learn from experiences and support people to build confidence over time.
- We check in often to make sure plans are still right for the person, and adjust support as required.

How families can help

As a family member, your support, insight, and encouragement play a big part in helping your loved one live a more independent and fulfilling life. We understand that it can be uncomfortable to let go of some decision making- especially when your child or the person you are responsible for has needed you to make decisions for them in the past.

However, the law is clear that from the age of 16, there is a legal framework around the way decisions are made, meaning that we are required to support

people to make decisions for themselves. Importantly, just because someone cannot make a decision about one thing, doesn't mean they can't decide about another and we often find that with support, people can make their wishes and feelings known- particularly when it comes to those seemingly small, day to day decisions that help us feel more in control.

Even if the person has deputies appointed to make decisions for them, they must still be supported and enabled to make decisions for themselves- and have a right to do so if they can. Here are some simple but powerful ways you can help:

- Start with “How can we make this happen?”. If your relative wants to try something new, we'll work together to find safe, supportive ways to make it possible, rather than focusing on why it might not work.
- Be open to reviewing restrictions. Some restrictions from the past may no longer be needed. You can help by asking: Is this still necessary? Could it be done in a less restrictive way? What does my relative want?
- Support positive risk-taking. Encourage your relative to try new things, take small risks, and build confidence. We'll work with you to make sure there are safe plans in place.
- Share what you know, and your concerns- it can be tempting when things start to change or go wrong to want to put a restriction in place, but by working with us to understand that change, we can often arise at a way of managing that change or risk in a less restrictive way- changes in behaviour often signal something else, like pain, stress, boredom, or a need not being met.

By working together, we can help your relative have more freedom, more control, and the right support to live life their own way.