

- **Physical restraint**

“Direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual’

- **When it is appropriate to use a physical restraint**

Halina loves sunglasses, and when out with social care workers she will often attempt to grab other people’s glasses as they pass her in the street. Workers try everything they can to distract and divert her when they see someone coming wearing a pair, but occasionally are not quick enough. On these occasions, they link arms with Halina and move her gently away to stop her from grabbing glasses.

- **When it is not appropriate to use a physical restraint**

Mrs Probert has vascular dementia and is currently living in a residential care home. She is often very anxious because of her memory loss and angry that she is being ‘restricted’ and made to stay in the residential care home. She wants to be back at home where she was happy. She says she feels as though she is in a bad dream; every night she goes to bed in a different bed and she wakes up in strange places, horrible places. The home she wants to be in is the one she lived in over sixty years ago not the one she lives in now. She does not remember anything other than ‘flashes’ of memories from more recent years. Sometimes she remembers being a teacher, she asks where her first husband is – he died thirty years ago. At times she knows she had a son and thinks she has a daughter but she doesn’t remember her when she visits. She thinks that they have abandoned her and that she never sees them. Some children visit her; they are very young; she often thinks her great granddaughter is her daughter. Every night two social care workers come to put her to bed. They try to encourage her to shower but she hates it, she says they put her in the shower three times a day and she doesn’t need it. Sometimes she moans a lot but gives in, other times she gets very angry and hits out at them. When she is too difficult they use a modified bed bath approach where one social care worker will sit facing Mrs Probert, gently leaning across her chest, holding her arms and singing to her whilst the other strips her lower half and gives her a good wash down below.

- **Mechanical restraint**

Mechanical restraint can be described as the: ‘use of a device to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural control’ 1

Examples of mechanical restraint might include: the use of arm splints; cushioned helmets; wheelchair lap straps and the misuse of mobility aids, such as sliding sheets and handling belts or raised bed sides.

- **When it is appropriate to use a mechanical restraint**

Ajay has a tendency to get out of his seatbelt when travelling in the car and the last time he did it he fell over and hit his head. A best interest meeting was held with his family, the staff team and his case manager, where it was agreed that a safety harness could be used but the team were to gradually introduce this to Ajay as well as using the normal seatbelt. The harness was purchased and Ajay has used it with no problems over the past few weeks. Another best interest meeting was held to see if the team could reduce the use of the harness and try the normal seatbelt. This was tested and as Ajay will now wear the normal seatbelt without removing it, the harness is no longer required.

- **When it is not appropriate to use a mechanical restraint**

Amy has limited mobility but is able to walk with assistance. Whilst at the day centre she is required to wear a wheelchair lap strap to prevent her getting up and walking around the room as there are not enough social care workers on duty to assist her. Amy is losing her mobility as a result of this.

- **Use of medication**

- **Use of medication refers to:**

‘the use of medication which is prescribed, and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formerly identified physical or mental illness’

Examples include the use of medication: as required medication, rapid tranquilisation, long term tranquilisation and sleeping tablets.

- **When it is appropriate to use medication as a restraint**

Mrs Adeyemi has dementia and lives in a residential care home. She recently broke a tooth and is clearly in a lot of pain. She has started refusing food and doesn't want to drink as it is so painful.

She won't open her mouth to allow anyone to look at her teeth not even her daughter who visits regularly.

A best interest meeting was held with her family, the care team and her GP. Those attending the meeting agreed that it was in Mrs Adeyemi's best interest to be prescribed sedation to be administered prior to the visit from a dentist so that they can extract her broken tooth.

- **When it is not appropriate to use medication as a restraint**

Griff is a twelve year old boy with a mild learning disability, who attends his local leisure project. When he is there he is always tired, listless, and lacking any focus on the activities available, including things that he enjoys.

His mum is a single mother with three children, who suffers from self-admitted (but undiagnosed) depression. When a project worker visits her, she says that Griff has Attention Deficit Hyperactivity Disorder (ADHD) and had been utterly uncontrollable at home until the GP prescribed Ritalin. She said that the original dose had not made much difference, so she had raised the dose. She had told the GP surgery on the phone and the

prescribed dose was adjusted. She said Griff was now good at home and didn't cause her any more trouble.

The worker sought advice from social services, who got in touch with his mum and suggested a doctor's visit to help with her depression.

The worker also suggested that she revert to the original Ritalin dose for Griff on the days he attended the project.

Mum did this, a bit reluctantly, and was prescribed medical help with sleeping, offered counselling for her depression and other advice and support to help with her finances which were a big worry for her.

Griff became more lively during his time at the project and was able to focus on all the activities, he eventually became a group leader.

Within two years the Ritalin was completely stopped.

He is now a happy and well-mannered twenty year old in college studying carpentry.

- **Psychosocial restraint (sanctions)**

Psychosocial restraint refers to the: 'use of coercive social or material sanctions, or verbal threat of those sanctions, in an attempt to moderate a person's behaviour'.

It is important that any sanctions used are appropriate and are directly relevant to the specific unwanted behaviour. They should be used as a short term response to negative behaviours and part of a longer term process to help the individual understand the impact of their behaviour and why it might be unacceptable or dangerous. Sanctions should not be given in the heat of the moment; the social care worker needs to be able to reflect on an appropriate sanction and discuss with colleagues and / or their manager. They should be imposed within a reasonably short time after the event.

- **When it is appropriate to use sanctions**

Kelly is a 14 year old living in a residential children's home. She has been there for six months. Kelly has a history of getting drunk, she is a vulnerable young person and this puts her safety at risk. It has been agreed that Kelly will be sanctioned if she drinks too much as part of a plan to try to change this behaviour; the sanction is that Kelly will be 'grounded' i.e. not allowed to engage in any social activities with her friends. The extent of the 'grounding' depends on the extent of her behaviour. On one occasion Kelly drank too much and failed to return to the home. She did not answer her telephone when her social care workers tried to call her and she was reported missing to the police. The police found her and one of the social care workers collected her. On the car journey home she was abusive and aggressive and on occasions tried to grab the steering wheel causing the social care worker to swerve. The behaviour continued when she got back home, and she took several hours to calm down and go to bed. As a result of the extent of her behaviour, she was grounded for seven days. The issue with the car was risk assessed and it was decided that Kelly would not be given lifts by the social care workers on their own if she is drunk or agitated and that they would work with Kelly to help her understand the potential implications of her behaviour. On a following occasion, she was out with friends and got drunk again but this time she called up the house asking to be picked up. She was collected by two social care workers. Kelly was crying and upset and apologised for drinking too much again. She went to her room for an hour on returning home to sober up. Kelly was

grounded for three days on that occasion with a promise that this would be reduced to one day, if her attitude to what had happened continued to be positive.

- **When it is not appropriate to use sanctions**

Lloyd is a 13 year old living in a residential children's home. His shoes are really muddy when he gets home from school and the social care worker asks him to take them off instead of treading mud all of the way through the house. Lloyd is feeling really grumpy and tells the worker to off. The worker immediately gives him twenty lines 'I must not swear' as a sanction, this annoys Lloyd and he continues swearing; the number of lines is increased to one hundred and then two hundred. Lloyd is getting more and more annoyed and continues shouting and swearing, the worker tells him that he is now grounded for a week. Lloyd responds by smashing a cup and is told that he will have £3 taken from his pocket money to buy a new one. Lloyd then throws one of his muddy shoes at the worker and it hits him on the shoulder, Lloyd is physically restrained.

Seclusion

Seclusion is against the regulations and should not be used in any social care setting.

Time out or time away

Asking or steering an individual to a quiet or different area, when they are upset or are being agitated by others or the environment, can be a good strategy, if the individual has the ability and skills to calm themselves. This offers the opportunity for them to regain control in an area where they can be quiet, calm down and where possible think about what has happened. It will also prevent the situation from escalating.

Time out or time away does not mean isolation and banishment. The individual should be supported in a quiet area with a calm and caring social care worker.

When it is appropriate to use time out or time away

Geraint has a history of engaging in self harm when he becomes anxious and upset. Through close observations the staff team have recognised that when the environment becomes too noisy or busy Geraint starts "flapping" his hands and biting them. This frequently leads to him starting to bang his head on the floor.

At a meeting to review the Positive Behaviour Support plan, it was agreed that when Geraint starts to flap his hands, he will be provided with a symbol offering the quiet room and he is supported to leave the noisy environment and go to the quiet area to calm down and regain control.

When it is not appropriate to use time out or time away

Kemal was engaging in challenging behaviour and attempting to grab and bite staff when they were changing his bed.

Two social care workers escorted him into the quiet room and shut the door leaving him on his own to calm down.

Environmental Interventions

Environmental restraints describe changes or modifications to an individual's surroundings to restrict or control movement; for example, a locked door or handles placed out of reach of residents.

When it is appropriate to use environmental interventions

Mr Jones lives in a residential care home which has introduced a fob system. This means that residents with capacity have fobs to allow them to come and go as they please. Fobs were also given to regular visitors to allow them to take their relatives for a walk. Mr Jones, who has dementia, was one of the residents who liked to wander both during the day and night time. It was not felt that he had capacity so was not given a fob. When he asked to leave, a social care worker would try to accompany him for a walk, but this was not always possible, particularly at night. Mr Jones was assessed as not having capacity, and a Deprivation of Liberty Safeguards (DoLS) application was authorised.

When it is not appropriate to use environmental interventions

Mr Jones lives in a residential care home. He likes to sit outside in the garden. The social care workers are concerned that as he has dementia, it is too risky to let him do this on his own. His entrance and exit to the building were restricted by the installation of baffle locks: i.e. handles at different heights on the doors turning in different directions to prevent people with confusion from leaving. This amounted to a defacto detention, even though the majority of the residents expressed no desire to leave the premises.