

Version: 1 FOI Status: Public	Derbyshire County Council – Adult Social Care & Health Reducing the Use of Restrictive Interventions and Practices Policy (formerly Physical Interventions and Restraints)	Issued: April 2025 Review due: April 2027 Author: Quality and Compliance
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Derbyshire County Council - Adult Social Care & Health
Reducing the Use of Restrictive Interventions and Practices
Policy (formerly Physical Interventions and Restraints)
Version 1

Contents

Contents	1
Introduction.....	2
Purpose	2
Legal Context	3
Scope	4
Author History.....	6

If you would like to make any comments, amendments, additions etc please email
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Version: 1 FOI Status: Public	Derbyshire County Council – Adult Social Care & Health Reducing the Use of Restrictive Interventions and Practices Policy (formerly Physical Interventions and Restraints)	Issued: April 2025 Review due: April 2027 Author: Quality and Compliance
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Introduction

Minimising the use of restrictive practices and interventions is essential for safeguarding individuals' dignity, autonomy, and well-being, while also ensuring compliance with legal and ethical standards and fostering person-centred approaches to care and support. It is integral to promoting the quality of life for adults who access Derbyshire County Council (DCC) provided services. However, ensuring a good quality of life encompasses more than just safety; it involves providing individuals with choice, control, supportive relationships, meaningful activities, and community engagement. These elements are fundamental to good quality support and contribute significantly to overall well-being.

The Adult Social Care workforce responsible for the delivery of care and support play a crucial role in delivering evidence-based, high-quality services. This demanding role often requires a delicate balance between risk management, welfare considerations, and ensuring safety.

Behaviours of concern, distressed behaviour or behaviour that challenges are terms used in this policy to describe behaviours that people who access services may display which others might find unusual, difficult, or even, sometimes, dangerous to themselves or to others.

Behaviour that challenges typically arises from an underlying cause and may serve as an individual's primary means of expressing unmet needs. By comprehensively understanding the root cause, triggers, and motivations behind it, we strive to effectively meet people's needs, thereby enhancing their overall quality of life and diminishing the probability of recurrent behaviour that challenges.

Purpose

The purpose of this policy is to provide a structured framework that prioritises the use of proactive measures that address any potential distress pre-emptively and provide person-centred support that enhances each individual's quality of life. However, there are instances where, despite best efforts, restrictive interventions may be necessary as a last resort to prevent harm or ensure safety. This policy aims to ensure that any restrictive intervention carried out is in the best interest of the individual and fully aligns to appropriate legal and best practice frameworks.

The terms restraint and restrictive intervention are used in this policy to mean the same thing. To provide clarity, this policy aligns with the Equality and Human Rights Commission (EHRC) Human Rights Framework for Restraint (2019), which defines restraint as:

‘Restraint’ is an act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently. This may or may not involve the use of force. Restraint does not require the use of physical force, or resistance by the person being restrained, and may include indirect acts of interference for example removing someone’s walking frame to prevent them moving around. (EHRC, 2019).

The planning and implementation of restrictive interventions, whether physical or otherwise, should be considered only as a last resort, aimed at safeguarding individuals and minimising the risk of harm or injury. This entails ensuring that any restrictive intervention planned or carried out is the least restrictive option, utilised for the shortest duration necessary to mitigate identified risks. Any restrictive intervention must only be utilised after other proactive/active non-restrictive strategies

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----------------------------------	---	--

have been attempted or deemed insufficient. Moreover, upon identifying a behaviour of concern, a Positive Behaviour Support (PBS) plan is imperative, focusing on proactive strategies and interventions aimed at addressing underlying cause while promoting positive alternatives and enhancing the overall quality of life for individuals.

Legal Context

This policy is written with acknowledgment that at the core of the legal framework governing care and treatment is the Human Rights Act 1998, which applies universally to all individuals receiving care and treatment. Upholding these rights is paramount and must guide all decision-making processes within social care settings. It's crucial to note that the Human Rights Act 1998 binds all public authorities, making it imperative for any use of lawful restrictive intervention to be rights-respecting.

Under the Human Rights Act 1998, any intervention, even if deemed lawful, must not result in harm, including unintended harm, which could constitute degrading treatment - a violation that is never permissible under Article 3. Moreover, every reasonable precaution must be taken to safeguard an individual's right to life, including cessation of an intervention or intervention to prevent harm, as failure to protect life is likely to contravene Article 2.

A human rights approach necessitates involving the individual in decision-making processes and adopting the least restrictive option, as enshrined in Article 8. While certain human rights are inviolable and cannot be infringed upon, others may be restricted by professionals, but only through a careful balancing exercise that fully considers the rights of all parties involved.

Restrictive practices, such as physical restraint, inherently entail exerting power over another individual. To prevent any abuse of this power, robust safeguards must be in place to eliminate the risk of discrimination, harassment, or victimisation. Comprehensive safeguards are essential to ensure the dignity and rights of all individuals are upheld. Where applicable a Safeguarding concern must be raised in accordance with the Derbyshire County Council Safeguarding Adults policy.

Where appropriate the following legislative frameworks must be considered in the context of an individual at risk of restrictive intervention or restraint:

- Mental Health Act 1983 (amended 2007)
- Human Rights Act 1998
- The Children's Act 1989 (as amended) and the Children and Families Act 2014
- Criminal Law Act 1995
- Criminal Justice Act 1995
- Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards (DOLS))
- Equality Act 2010
- The Care Act 2014
- Mental Health Act Code of Practice 2015, Chapter 26

In addition to legal frameworks, the following best practice documents must also be considered:

Version: 1 FOI Status: Public	Derbyshire County Council – Adult Social Care & Health Reducing the Use of Restrictive Interventions and Practices Policy (formerly Physical Interventions and Restraints)	Issued: April 2025 Review due: April 2027 Author: Quality and Compliance
----------------------------------	---	--

- [Positive and Proactive Care: reducing the need for restrictive interventions](#)
- [Restraint Reduction Network Training Standards 2021](#)
- [CQC Brief guide: Positive behaviour support for people with behaviours that challenge](#)

Scope

This policy applies to all workers including agency workers, and volunteers involved in the care and support for adults who access Derbyshire County Council provided services. It encompasses all aspects of care delivery, including but not limited to Derbyshire County Council operated residential care, day services, domiciliary care, and supported living arrangements. The scope of this policy extends to the use of restrictive interventions and practices in responding to behaviours that may challenge, promoting safety, and safeguarding individuals in our care.

Responsibilities, Accountabilities, and Duties

Senior Management: Senior management holds the responsibility of providing leadership, guidance, and necessary resources to ensure the successful execution of this policy. They are tasked with fostering a culture that prioritises dignity, human rights, autonomy, and well-being, while also upholding adherence to legal and regulatory standards.

Managers and Supervisors: Managers and supervisors are responsible for overseeing the implementation of this policy within their respective areas of responsibility. They are accountable for ensuring that staff members receive appropriate training, guidance, and support to comply with policy requirements. They are specifically responsible for the planning and implementation of PBS plans, any associated risk assessments and restraint reduction planning.

Workers: All workers are responsible for familiarising themselves with this policy and adhering to its principles and procedures in their day-to-day practice, this includes any PBS plan that are in place. They are accountable for promoting person-centred care, minimising the use of restrictive interventions, and reporting any concerns or incidents in accordance with this policy.

Learning and Development Team/Instructors: The Learning and Development team including any instructors based in operational services are responsible for designing, delivering, and evaluating training programmes under the BILD act accredited scheme. They are required to provide a framework that provides support, guidance and training based on a Training Needs Analysis approach. This includes a core curriculum aligned to the Restraint Reduction Network training standards.

Procedure and Implementation

Assessment and Planning: Staff members must identify any potential behaviours of concern effecting quality of life. This would also include any known setting conditions, triggers and early warning signs of escalation contributing to crisis. These maybe identified from several different routes including but not limited to:

- prior knowledge of the individual obtained from admission information, historical care records, and engagement with family and significant others
- completed incident reports

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----------------------------------	---	--

- utilisation of STAR charts, offering a systematic approach to track and analyse behaviour patterns over time
- risk assessments.

If behaviours of concern (BOC) are identified, a PBS plan must be collaboratively developed with the individual, their family, significant others, and multidisciplinary teams, outlining strategies to minimise the need for restrictive interventions while prioritising proactive, non-restrictive approaches. Before implementing any restrictive intervention, a comprehensive assessment of the individual's needs, preferences, and risks must be conducted and involve input from an accredited instructor under the BILD act scheme.

[See Appendix 1 – Behaviour of concern flowchart](#)

Risk Assessment: Risk assessments must be carried out for any situation and/or person where there are planned physical interventions and there is a need to consider both the risks to the individual and any staff member involved.

Least Restrictive Approach: Whenever possible, staff members must prioritise the use of least restrictive interventions to address behaviours that may challenge. This involves employing de-escalation techniques, environmental modifications, or alternative support strategies tailored to the individual's needs.

Documentation and Review:

Any incident meeting the safeguarding adult threshold must be referred to the relevant area social work team by the manager. In cases where managers are uncertain about the criteria, they must engage in discussion with the area social work team to clarify.

All incidents involving the use of restrictive interventions must be documented using STAR charts, and the DCC Adult Social Care physical intervention record on MOSIAC.

In cases where behaviours of concern are identified, regular reviews must be conducted to assess the effectiveness of the PBS plan. Where appropriate, these reviews should encompass a multi-disciplinary team approach and aim to identify opportunities to improve the plan including strategies to minimise the need for future interventions.

[See Appendix 2 – Physical incident reporting guidance flowchart](#)

Training Implications

Training on the principles and practices outlined in this policy are mandatory at varying different levels for all staff members involved in providing direct care and support for adults at risk of restrictive interventions. Training programmes must cover topics such as enhancing quality of life, de-escalation techniques, the risks and impact of restrictive interventions, positive behaviour support, legal and ethical considerations, and the rights of individuals receiving care. Ongoing education and refresher training should be provided to ensure staff members remain competent and up to date with best practice.

Any training that includes restrictive interventions as defined in this policy must only be taught when

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----------------------------------	---	--

the use of specific interventions for a particular person are identified and agreed between the registered manager of the service and the training team. Before delivering any restrictive intervention there must be a clear written rationale for the use of the intervention alongside a PBS plan and any elevated risks that have been highlighted. In the case that restrictive interventions are required to be taught, DCC is committed to only utilising training through the Restraint Reduction Training standards and BILD act accreditation scheme.

Monitoring Arrangements

Regular audits and monitoring processes will be implemented to assess compliance with this policy and identify areas for improvement. Key performance indicators, incident reporting data, and feedback from service users and staff will be utilised to evaluate the effectiveness of interventions, identify trends, and inform quality improvement initiatives. Senior management will be responsible for overseeing the monitoring process and ensuring that any necessary corrective actions are taken.

References

Equality and Human Rights Commission (EHRC) (2019) Human Rights Framework for Restraint: Principles for the Lawful Use of Physical, Chemical, Mechanical and Coercive Restrictive Interventions. Available at: <http://bit.ly/2uga3ty> (accessed 5 January 2023).

Author History

Approval and Authorisation History

Name	Date
Authored by Quality and Compliance	April 2025
Approved by Colin Selbie - Assistant Director	April 2025

Change History

Version	Date	Name	Reason
Version 1	April 2025	Quality and Compliance	Introduction of new guidance to replace Physical Interventions and Restraints