



Reducing the use of Blanket Restrictions

– a reflective guide
for practice leaders



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Introduction

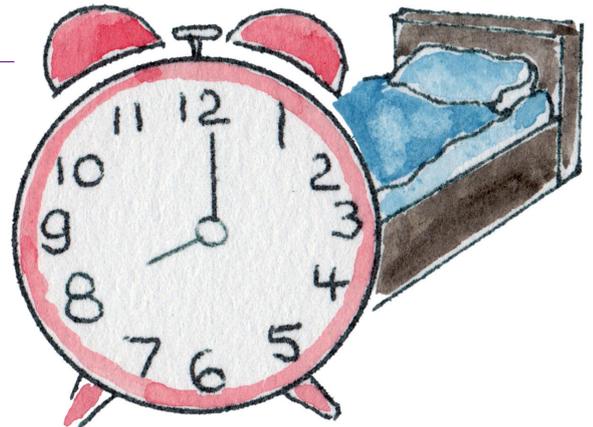
Practice leaders are people who role model and provide coaching to colleagues. They translate policy into practice and lead by example, monitoring people effectiveness in the implementation process.

Recently there has been a positive movement towards reducing reliance on restrictive practices in settings that care for people.

The practice of Blanket Restrictions (BR), with their potential to cause immediate and lasting harm whilst breaching people's human rights needs to be addressed. The misapplication of BR disrupt the delivery of care that is respectful and responsive to people's preferences, needs, and values. They work against the good practice of staff and are symptomatic of cultures that are on the slippery slope to becoming abusive (Deveau and McDonnell, 2009).

Effective implementation of any Blanket Restriction Reduction Initiative requires more than telling staff what BR are and engaging in a tick box exercise.

This guide aims to enable practice leaders to enact meaningful change through a simple yet effective reflective tool.



What are Blanket Restrictions?

The Mental Health Act Code of Practice (Code) defines BR as

“rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application.”

BR can be explained simply as: a rule which is applied to everyone regardless of a person’s risk.

BR might include restricting a person’s access to the outside world or certain rooms within a care setting; limiting or banning access to the internet and/or mobile phones, electronic games, DVDs and charging units; restricting connection with the outside world by ‘checking’ incoming or outgoing mail, implementing rigid visiting hours, reducing access to money, food and drinks and the ability to make purchases and/or take part in preferred activities. These are only a few examples.

The Code states that rules which are routinely applied to everybody should not be used unless they:

- can be justified as necessary to manage an individual’s risk
- are proportionate to the individual’s risk
- continue to be needed and are regularly under review

The Code acknowledges that in some settings some BR may be needed, but they should always be under review. Where BR are needed, systems and practice leadership should be in place to ensure a trend towards reduction and elimination where they are not an inherent part of safety and security.

Unnecessary BR hinder independence and recovery and have the potential to breach a person’s human rights causing long lasting damage. In such instances the impact of the restriction must be considered in relation to an individual’s needs and mitigated. BR should never be used to punish or humiliate and they should never be applied for longer than is absolutely necessary.

Article 8 of the Human Rights Act requires public authorities to respect a person’s right to a private life. This should be at the forefront of the practice leader’s mind as they translate law, theory and policy to educate, motivate and review progresses with stakeholders.

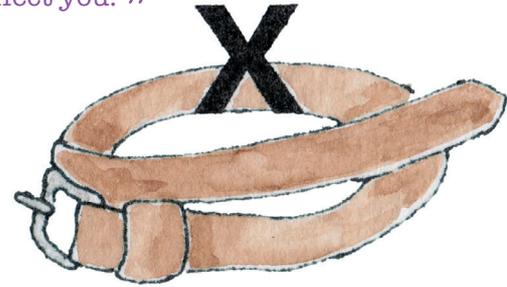


“The trouble with Blanket Restrictions...”

“... is that almost as soon as I arrived in hospital everything was taken away. I lost a part of myself that day. I never got myself back. I became one of them – a so-called sick person that couldn’t be trusted. When I left hospital, it took a long time to find myself. To be confident and get unafraid of wires, belts and other ordinary stuff. Staff have no idea how their restrictions and contraband affect you. ”

Ailee (a young person with lived experience)

Ailee has articulated a number of common, long lasting unintended ‘side effects’ of BR. She talks of the dehumanising element, long term institutionalisation and loss of identity. Ben’s example below demonstrates the importance of challenging the routine use of BR which in his example were so common that they were almost part of the fabric and day to day running of the service.



“ staff just accept silly rules with no thought for the impact on people. When I asked why I couldn’t have my phone or my game or buy a takeaway they couldn’t tell. They would just say, “it’s health and safety”. Not being able to have a phone. Can you imagine that? If you took a ‘normal’ person’s phone away. They’d go crazy, wouldn’t they? The irony. Yet it seems to be ok for ‘crazy people’ to be disconnected. I was disconnected from everything. You can’t even change the TV channel. You can’t even watch normal movies or listen to normal music. ”

Ben (a young person in a long-term psychiatric ward)

Day to day running of settings that care for people must acknowledge the principle of least restrictive. Prohibiting or restricting people’s access to everyday household items is common, even with auditable standards for identifying items, risk assessments, reasons for restrictions, training, monitoring, managing breaches and audits and reviews. This means that practice leaders will need to be clear on their Blanket Restriction Reduction Initiative mission statement and deliver clear and consistent messaging regarding expectations.

The use of BR can also impact on how meaningful and therapeutic people find the service’s activities. This will affect levels of boredom and in turn directly impact restrictive practices such as restraint and seclusion (Foye et al, 2020).

Taking a systemic approach to identifying BR, challenging their use, and thinking imaginatively about alternatives to ensure care and treatment is least restrictive will mean a culture change for many settings that care for people.



The 4Rs – a shared language to frame change

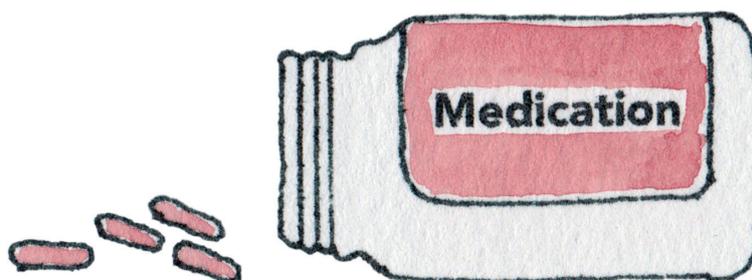
Successful efforts to reduce BR begin with sharing and communicating a united vision, understanding and purpose. Practice leaders will need to educate their colleagues about BR as well as the legal framework, organisation policy and human rights implications. All staff should be able to give a cogent account of why any BR is being used and justify the restriction as necessary and proportionate for the person the rule is applied to.

Initially, staff will find that challenging themselves to avoid the use of BR difficult. They may not have the knowledge or confidence so will need coaching and support from practice leaders to enact the required change when working with the people they care for.

The 4Rs provides a clear structure for organisations and practice leaders to reduce BR. Practice leaders will need to model and reinforce best practice and support everyone to think about risk management in more person centred ways. The framework provides a simple means to communicate, demonstrate, observe and provide feedback.

4Rs: Rules, Reason (risk), Rights and Review

- **Rules** – Let's identify them and name them as such
- **Reason** – Let's find out the reason they are being used
- **Rights** – Do they impact on rights and wellbeing without good reason?
- **Review** – What are we going to do about them?



The role of a practice leader and things to try

Practice leaders – leadership

Practice leaders must be consistent, clear and work with colleagues to identify settings specific strategies that meet the needs of their service and the people that use them. A good Blanket Restriction Reduction Initiative might include:



- defining and articulating the BR vision in the service
- utilising the expertise and experience of the people using the service to inform the approach
- understanding the values attached to that vision and sharing these with all stakeholders, eg giving people the language to engage with BR reduction and articulate a rights-based and person centred approach
- motivating staff to engage with the BR reduction philosophy
- implementing strategies to oversee the use of BR and be involved with the reduction on a daily basis
- collecting and sharing data that evidences progress
- monitoring, educating and improving colleagues' confidence and ability to make good decisions in terms of their use of restrictive practices
- highlighting and celebrating success

Staff knowledge and understanding

Practice leaders must work towards developing a team that focusses on reducing reliance on BR with consistent and effective support that is sensitive to risk and safety.

Practice leaders need to set out an implementation plan that reinforces the organisational and service commitment to the reduction of BR and supports a person centred culture.

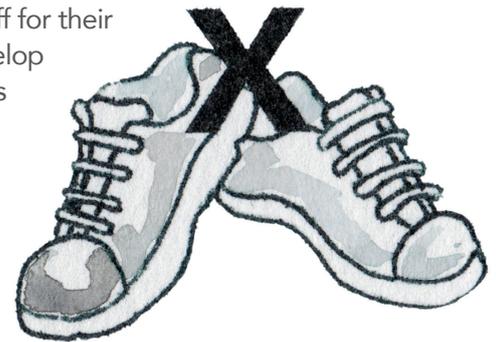
Practice leaders must:

- get commitment
- listen to all stakeholders
- identify ways to motivate and educate staff
- collect information about BR
- regularly celebrate successes and learn from backward steps

Practice leaders need to be aware that change can be difficult. Staff may feel that BR are necessary. They may worry about increased risk and need help to adjust their attitudes and emotions to bring all in line with the vision, values and requirements. The most helpful thing practice leaders can do is to translate values and visions.

Practice leaders could:

- ensure staff have completed training in BR
- conduct regular sessions which explore decision making in a safe environment
- encourage staff to consider opportunities for people to take responsibility through positive risk taking in safe environments
- assist and model the teaching of emotional regulation and distress tolerance for people that use the service so that staff can see how people can exercise greater autonomy and control
- ensure all staff are aware of care plans for people who use the service and the concepts of recovery, resilience and human rights
- formally and informally recognise and reward staff for their work in realising BR reduction aims. This will develop a positive culture that recognises and encourages positive risk taking and problem solving
- organise staff and resources to aid reflection. Learning from one another when mistakes are made can be challenging but brings rewards. A reflective culture needs to be open and non blaming.



To achieve the above, practice leaders should ensure that the 4Rs language is shared with all stakeholders including parents/carers and people that receive care.

Use Blanket Restriction Tools

Practice leaders need to find tools and strategies which work for their setting. In this resource pack is a 4Rs poster for staff, a 4Rs poster for people receiving care, a satisfaction survey and e-learning. These could be integrated into the setting's policy and procedures.

Encouraging responsibility and rewarding achievement

This strategy involves the formal inclusion of people that receive care, have received care (peer support workers), parents and significant others in roles that can assist with the reduction of the use of BR. By involving them in oversight, monitoring and peer support it provides a unique view and means to encourage the giving of responsibility to mediate and advocate for their peers to staff.

Using data to measure progress and people's satisfaction

The collection and use of data will help to reduce the use of BR. BR checklists and audits can identify any BR that are in use and how often they are used. Baseline and ongoing collection of data can help the team to work towards reduction goals. Data should be used in a non-punitive way and shouldn't be compared from unit to unit as it will be setting specific.

Data collected from the satisfaction survey will give good qualitative insight into whether people receiving care feel they are able to exercise their basic human rights and autonomy in the setting. This could be compared across settings with the audit and checklists.

Things to consider:

- Which elements are working well and which are not

Continuing to utilise and develop successful reduction strategies:

- Providing information about the frequency and quality of activities and relationships
- Review the events leading up to the use of restraints
- Have fortnightly sessions to review satisfaction data

Remember: the purpose of data collection is not to criticise but to measure progress.



To conclude: the impact of BR as described by Ailee and Ben can be mitigated and addressed by modest and relatively inexpensive strategies. The 4Rs is practical and facilitates collaboration and open discussion across every layer of your service. People in your team, those being supported, families and significant others can use the framework to create a shared sense of risk management and ownership. The most important component in creating a therapeutic setting, which has at its heart people's human rights, aspirations and wellbeing, are education and proactive interventions.

Read on for practical ways to make these changes using our simple framework.

Restraint Reduction Network
NHS

Blanket Restrictions

Blanket Rules are rules that everyone has to follow.
Some blanket rules are needed because they are the law.
But other rules might not be fair if you are safe and responsible.

What Rules do I **have** to follow?
Are these rules **just for me** or does **everyone** have to do them?

If you are unsure about a rule you have to follow, ask:
What is the **Reason** for this rule?
How long do I have to follow this rule for?

RULES

YOUR RIGHTS!

The British Institute of Human Rights
bihr.org.uk

The Human **Rights** Act says that if I am safe I should be allowed to move about freely where I am being cared for.
I should be able to talk to and see my family and my friends.
I should be able to make choices for myself and have the things I like with me.
(Article 8)

What to do if you think the rules are not fair:

- Talk to someone that is looking after you.
- Speak to an Advocate.
- Ask your parents/guardians to advocate for you.
- Complain to PALS. (Patient Advice and Liaison Service)
- Contact the CQC. (Care Quality Commission)

If people think I need to follow a rule that feels unfair, the people that care for me have to check I need it to keep me safe.
This is called a **Review** of blanket rules.

Practice Leader Blanket Restrictions Reflective Checklist

Use this checklist to do a quick audit to record where you think your service is at and identify action needed. You could revisit this audit quarterly with your team.

Staff knowledge and understanding	Less than 75%	More than 75%	More than 90%
All staff in this service if asked can explain what a blanket restriction is and what the 4Rs are			
All staff in this service have completed the blanket restriction eLearning and passed the assessment			
All staff in this service know what to do if they think they have identified a blanket restriction			
All staff in this service know what the blanket restrictions policy is and can tell you if asked about it			
All agency and bank staff are given information about blanket restrictions			
Blanket restriction awareness is part of the induction of all new staff			
Information about blanket restrictions is clearly displayed and in accessible formats			
Information is clearly displayed so people know who they can ask if they want to know more about blanket restrictions or to complain about a potential blanket restriction			
Families and friends are given accessible information about blanket restrictions			
Advocates are given accessible information about blanket restrictions			
Information about how to contact advocates is clearly displayed and accessible			
All residents have completed the satisfaction survey			

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