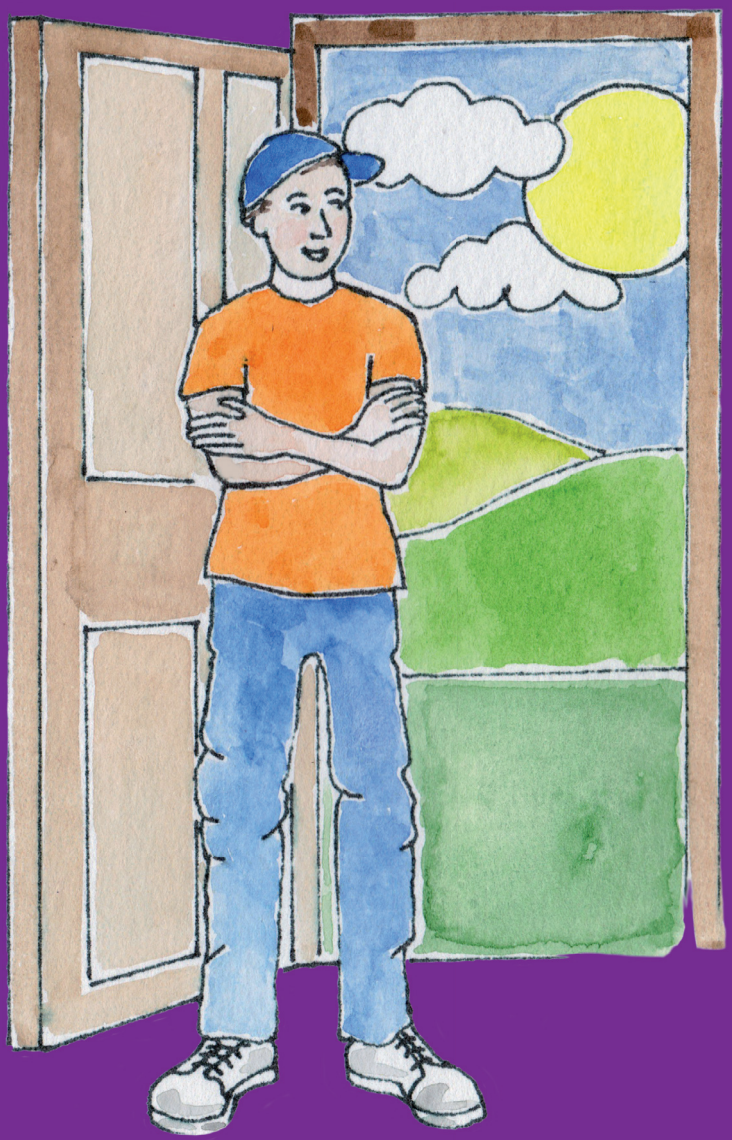
Restraint Reduction Network

Reducing the use of Blanket Restrictions

– a reflective guide for senior leaders



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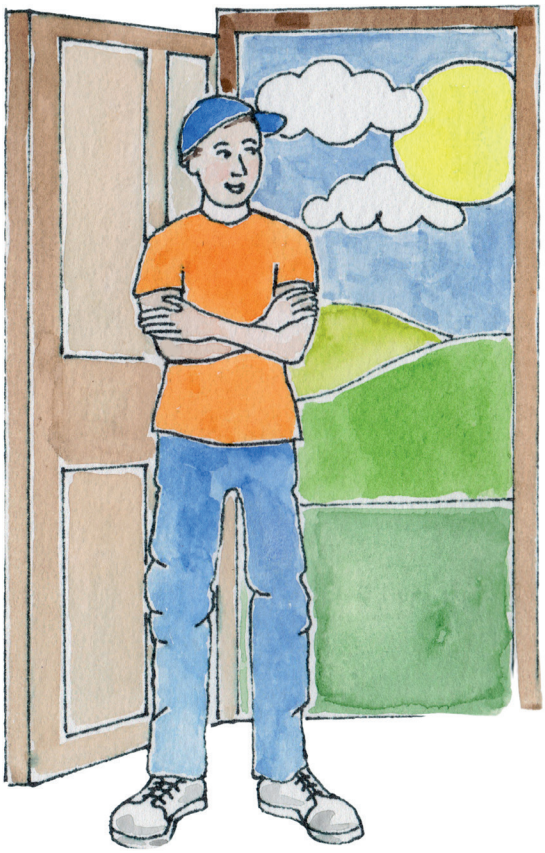
Introduction

In the past, when attempting to reduce restrictive practice in settings that care for people, attention has been focussed on reducing restraint, seclusion and segregation. Sustained effort from those committed to improving their organisation's cultures has meant good progress is being made in reducing these forms of restrictive practice, with wide-reaching benefits for people receiving care, as well as those who care for them.



However, blanket restrictions have received proportionately less interest, oversight and regulation, despite their potential to cause lasting harm and breach people's human rights. Seemingly innocuous, blanket restrictions on the contrary disrupt the delivery of care that is respectful and responsive to people's preferences, needs, and values.

The RNN was commissioned by NHS England to research this issue and suggest helpful strategies, with a view to services feeling empowered to reduce reliance on blanket restrictions. We spoke to people with lived experience and their families, researchers, clinical leads, nurses and other experts in the field. We came together to discuss the meaning of blanket restrictions, why services use/need them and the impact that they have on people. The findings of this consultation informed the creation of several resources. Two of these resources are the guides for senior leaders and practice leaders.

This guide aims to enable senior leaders to enact meaningful change at an organisational level, by shining a light on blanket restrictions. It will help them to identify and examine the existence and use of blanket restrictions, and provide simple and effective reflective tools to reduce reliance on this restrictive practice. It is hoped that this reduced reliance will result in fewer incidents of other restrictive practice (e.g. restraint), so that people can take a more meaningful role in their hospital-based recovery and experience a smoother transition into community life.

What are Blanket Restrictions?

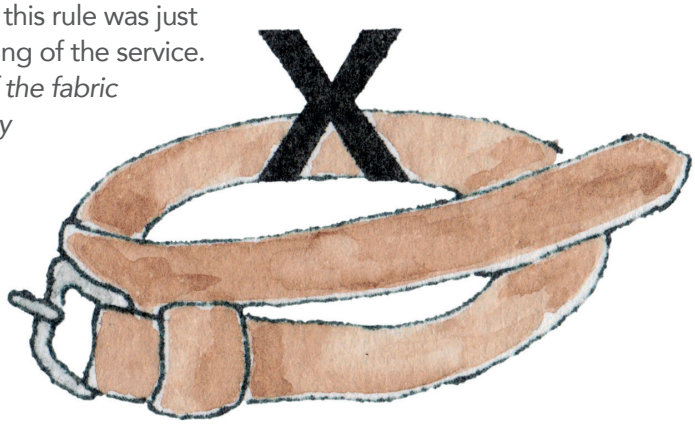
> *'…the term "blanket restrictions" refers to rules or polices that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application.'*
>
> *Mental Health Act 1983: Code of Practice*

Often unnoticed or considered benign by care providers, blanket restrictions seep into the fabric of places that care for people. They are often at odds with care settings' mission statements, service philosophies and core values.

Within care settings (hospital or community-based) there can be two distinct types of blanket restrictions.

- **Blanket restrictions necessary to meet national guidance/ legislation** (eg smoking, weapons, social media, drugs and alcohol policies).
- **Blanket restrictions implemented within individual settings** (e.g. mealtimes, bedtimes, restricted access to fresh air, possessions or areas of a unit such as a kitchen and bedrooms).

In our research, staff, people with lived experience and their families have reported approaches in some settings that reflect a '*That's just the way things are done here*' culture. This institutional approach can result in blanket restrictions being attributed to arbitrary health and safety rules. For example, one service manager said, '*They* [people that receive care] *can't use the kitchen. It's against health and safety.*' When challenged, people delivering care repeated this narrative. Ultimately, no health and safety reasons were given for this 'rule'. It seemed to us that this rule was just a means to manage the day-to-day running of the service. As a staff member said, '*They are part of the fabric and culture of some places, and generally remain unchallenged.*'



The impact of blanket restrictions

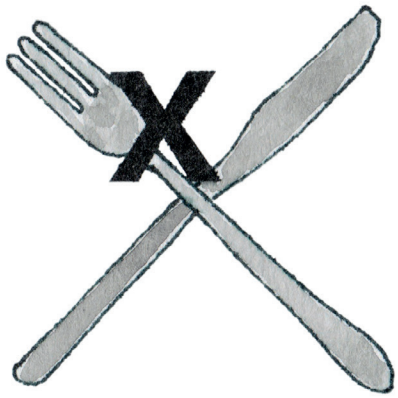
The people with lived experience we spoke to provided accounts of the devastating impact that blanket restrictions can have on people living in care settings. Jennifer, mother of a child who was held for many years in institutions, described blanket restrictions as:

> “Dangerously normal. My son just got used to them. Even now, a decade later he is still affected by them. They just drip, drip, drip, going unnoticed. Nobody sees the negative outcomes. But my son still asks to go to the toilet and do other such things we take for granted. They robbed him of his independence and ability to make choices for himself. That’s what they do.”

Jennifer found that blanket restrictions limited her son’s ability to adapt in settings designed to be recovery-oriented and the ‘drip-drip-drip’ effect interrupted the necessary trust and treatment alliance that is fundamental to successful outcomes.

Katie, a person who has lived experience of blanket restrictions, told us:

> “A lot of places rely on these rules. You get institutionalised. The blanket restrictions often didn’t link to my care plan. So, I’d argue with staff about it. Yes, it caused me distress. I know for others it created tensions too. Incidents and arguments... Yep, they cause arguments between families and services”.



Katie’s experience shows how blanket restrictions can be counterproductive to the development of positive therapeutic relationships between staff and the people they support.

Certainly, restrictive practices are correlated with institutionalised and closed cultures. Places that care for people, which rely on restrictive practices, are at risk of becoming abusive. Heavy reliance on blanket restrictions can be a sign that a service is on a slippery slope to developing a toxic culture and the use of more obvious restrictive practices (e.g. physical restraints). (Deveau and McDonnell, 2009).

Angela, mother to a young girl who spent years in hospital and was subjected to blanket restrictions as a child, told us:

> “She is scared of everything. Everything was taken off her. Then she had to search for things to harm herself with. Blanket restrictions create a vicious cycle. Now, years later, she can’t be responsible for even the most “normal” household item. Kids need to learn to manage themselves and take care with the things around them. My daughter hasn’t had toys, any form of stimulation for years. Blanket restrictions have ruined her.”

In Angela's daughter's case, the blanket restrictions contributed to feelings of frustration as well as despair. The 'drip, drip, drip' of oppression her daughter felt directly led to incidents of violence towards herself and others. Other restrictive practices were applied as a response to this, including restraint, seclusion and long-term segregation. Another account, by researcher and practice leader Edwin Jones, describes how one patient simply wanted to warm up his food. Blanket restrictions meant that no food could be warmed in the hospital. This resulted in a simple request deteriorating into the use of restraint and seclusion.

Leonor described how her son, a non-verbal autistic person, was subjected to blanket restrictions for many years. Eventually she questioned the impact of the rules on her son's human rights:

> "The blanket rule on mobile phones means I have three photos of my son in seven years. The physical searches on people visiting are degrading and the separation of siblings due to blanket visiting rules means that my family has been needlessly disconnected. In the end I had to engage a human rights lawyer."

Leonor went on to add,

> "The more restrictive a place is, the more I worry about my son. When he can't do this and that. And the rules mean he can't communicate with me, I don't know what is going on. It's hard to trust the service when I can't see in. Then the tension increases between me and the service. It's unnecessary to be honest. We should be working together."

Blanket restrictions and human rights

Restrictions placed upon a person must be clinically justified as a necessary and proportionate response to manage safety and risk. Where restrictions are applied, they should be reviewed regularly. The disproportionate and inappropriate use of blanket restriction is a violation of Article 8 of the European Convention on Human Rights (ECHR). Article 8 requires public authorities to respect people's private and family life, home and correspondence.

Blanket restrictions and least restrictive approaches

So that they can deliver care to people in the least restrictive way, services need to embed a culture in which people are enabled to exercise their right to make decisions, move freely and choose to undertake certain activities. Individuals should be offered the chance, and be supported, to manage their autonomy and freedoms. The above lived experience examples highlight the negative impact on both people that receive, and people that deliver, care when we fail to achieve this goal.

Senior leaders must be clear on the blanket restrictions necessary to provide safe care within their organisations, and that these need to be appropriate, proportionate and applied for the shortest possible time frame.

The 4Rs – a shared language to frame change

To reduce reliance on blanket restrictions, strong leadership is required. Also needed is a leadership strategy that can work!

How will you set the tone, enable people to think about and respond differently to managing risk, and communicate meaningfully in a way that everyone can understand?

How will you encourage staff at all levels to learn from one another, be consistent and reflective when mistakes are made, and get people receiving care and their families involved?

Outlining a clear mission and philosophy to reduce the use of blanket restrictions is important. You need everyone to be clear and consistent about what you are asking them to do and achieve. When people understand your vision and its necessity, they are more likely to feel motivated and work towards shared goals.

Setting the tone, establishing commitment, identifying ways to collect meaningful data, and motivating and educating people require a shared language that everyone can access. We suggest the 4Rs (see below) as a straightforward and practical way to create clarity and consistency, so that everyone can understand the important changes you want to make. The 4Rs enables a continuous reflective approach, that involves, not just your workforce, but also people receiving care and their parent/carers.

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

- **Rules** – Let's identify blanket restrictions and name them as you identify them
- **Reasons** – 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?

Evidence-based strategies for blanket restriction reduction

Systems that successfully reduce reliance on restrictive practices have one thing in common: every person, at every level, works towards a common initiative (Huckshorn, 2006; Allen, 2011; Deveau and Leitch, 2018). Below, we outline six evidence-based ways in which your service can reduce its reliance on blanket restrictions.

1. Develop a clear mission and communicate it

A blanket restriction reduction initiative needs a mission statement, philosophy and core values that align with human rights and best practice principles. It needs to set out how you will systemically respond to the regulatory, government policy and legal requirements within your organisation.

Addressing entrenched staff attributes and attitudes will require clear messaging. This guidance provides many suggestions on how this can be achieved (e.g. rights-based training, posters, introduction of blanket restrictions reduction champions, regular forums where people can reflect and discuss openly.

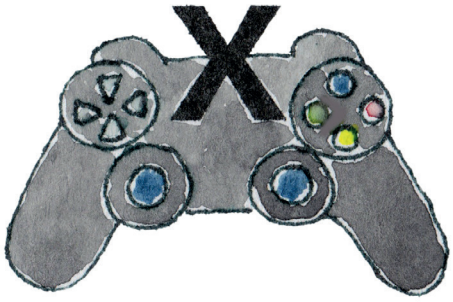
The serious case review into the abuse at Winterbourne View Hospital noted that the relevant written policies were 'exemplary'. It is therefore of vital importance that a service's blanket restriction policy goes further than paperwork.

The appointment of practice leaders (see 'The role of practice leaders' below) will help to ensure policies are translated into staff practice in a meaningful and supportive way. Practice leaders can, not only ensure the ongoing communication of values, but also listen to staff and support their ideas about restriction reduction.

Things to try

- **Produce** a clear mission statement, philosophy and core values that are informed by experts by experience.
- **Develop** a plan to communicate the mission.
- **Identify** onsite practice leaders

2. Show authentic leadership



There is a difference between 'telling' (providing leadership) and 'doing' (showing leadership). Building enthusiasm, and overcoming the very real challenges reducing blanket restrictions can cause, will require authentic leadership. This will ensure your teams feel truly supported and are able to communicate the challenges they face in their roles.

Being guided by a strongly felt set of values that are demonstrated (authentic leadership again) in daily actions is needed if senior leaders are to avoid responding to whatever incident appears on their desk. The absence of strongly felt and demonstrated values leads to inconsistent leadership, which is difficult for other leaders and staff to follow.

The role of practice leaders

Practice leaders demonstrate good practice by modelling desired behaviours and using practical examples. They play a key part in the implementation of any policy by spending time working on the floor. Working alongside direct support staff, they support translation of policy into practice and 'role model' the right way to do things. They should be involved in the development of an organisational reduction plan. They are also likely to have good ideas and be able to identify any barriers.

Practice leaders will be your blanket restriction reduction champions.

Things to try

- **Identify** practice leaders
- **Set up** a practice leaders blanket restrictions reduction group to develop a service level implementation plan (must include peer support workers and people with lived experience).
- **Deliver** rights-based training (people that receive care should be involved in delivery).
- **Ensure** there are visible messages (e.g. posters in settings) so that people being cared for know what to expect.
- **Hold** regular forums where people receiving care can voice concerns about their opportunities for active, daily, person-centred care that allows for as much freedom and autonomy as possible.

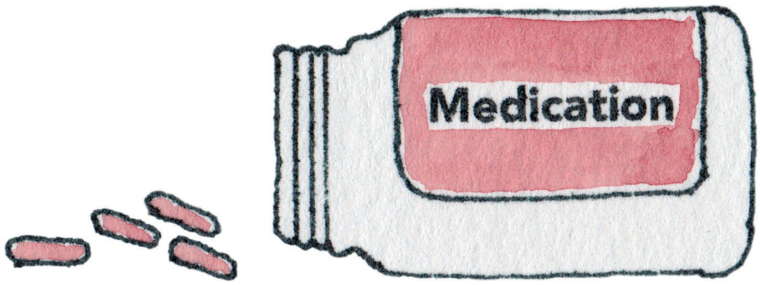
3. Use experts by experience to inform reduction of blanket restrictions

While limited published research is available to inform the reduction of blanket restrictions, services have a wealth of lived experience to learn from on their doorsteps. Capturing the experiences and expertise of people who have received care within your services, brings valuable insight and positive change. A sustainable and meaningful way to do this is through establishing forums in which people with lived experience can share their views on blanket restrictions with direct support staff, practice leaders and senior leaders.of people who have received care within your services.

Things to try

Capture and promote lived experience views and expertise through:

- forums
- staff induction programmes (including senior management)
- practice leaders' development groups;
- policy development working groups
- patient satisfaction surveys (example included in these resources).



4. Workforce development

Ensure relevant BR training and BR development activities are provided to all staff, at all levels (including agency and bank staff).

Things to try

The personnel responsible for devising and delivering training should ensure that it covers:

- the identification of what blanket restrictions are and their impact
- The 4Rs
- the factors that establish and maintain unnecessary blanket restrictions
- post-incident review should examine whether blanket restriction usage was an antecedent to an incident

There should be clear links to established competencies, followed up through onsite practice leadership

5. Collect data

In the absence of good reliable data, all we have is opinion. You will need to know what is happening on the ground. What blanket restrictions are being used? Why? What is happening from policy to implementation? What is the impact on the lives of people your organisation supports?

Collecting reliable data is important. Here are some questions that will help with this process.

- What blanket restrictions/behaviours/activities does your organisation need to focus on?
- How are you going to collect this data? Who is best placed to collect it and what knowledge and skills do they need to do it effectively? Practice leaders will have a role here. What processes need to be in place to support them to do that?
- How will you capture the experience and views of people that receive care and their families? The suggested blanket restriction satisfaction survey is a reliable and effective method of doing this.

Things to try

- Before collecting data, assess staff understanding of blanket restrictions.
- Consider using practice leaders to collect data.
- Use the blanket restriction satisfaction survey.
- Hold regular forums to gather people who use services' experiences of blanket restrictions.
- Use the blanket restrictions checklist to identify the most/least common blanket restrictions

Whatever means you decide to use to collect information, you will also need a collaborative, non-punitive environment that can identify blanket restrictions, including those which are least common. We recommend an amnesty approach.

6. Develop a transparent process for reviewing blanket restrictions

- **Consider your organisation's current practice**. What is working well? Are there areas that need developing? Create benchmarks and set goals against yourself. Work towards a transparent and non-punitive culture.
- **Take time to establish a culture of transparency** where people can feel safe in their efforts and decision-making. You may want to question whether risk assessment and management are preventing staff from thinking more imaginatively about ways to enable autonomy and freedoms.

In a 2019 study, senior leaders in social care organisations suggested that structured approaches for sharing views and information between the frontline and senior leaders (e.g. consultative forums) and announced visits to services may not provide 'genuine' communication and sharing. More informal ways of understanding what is going on were needed for them to understand the whole picture (Deveau and McGill, 2019).

Things to try

- Be open to listening and trying to understand the experiences of people receiving care, so that you can get under the skin of what people receiving care experience and how you might change it for the better.
- Evaluate the impact of your organisation's blanket restriction reduction initiative on the people that it cares for.
- Regularly review and analyse blanket restriction information to identify critical details of their use (what, why and how often?).
- Ask practice leaders to hold staff team meetings to review any agreed blanket restrictions and to consider if risks can be mitigated so that these can be reviewed.
- Practice leaders could use staff team meetings or group debriefing sessions to think about the potential role of blanket restrictions in propting the use of restrictive practices (eg restraint and seclusion).
- Ensure that your service has information-driven goals to reduce the use of blanket restrictions.
- Develop a more collaborative approach to risk management, involving all stakeholders.
- Recognise good work. Set up a staff recognition project to reward staff and practice leaders for their work regularly.

Organisational Blanket Restrictions Reflective Checklist

Purpose: To provide settings that deliver care with a systematic approach to improve organisation culture and influence the reduction of blanket restrictions. The checklist below also can be used to assess progress and should be used as a reflective tool.

Use this scoring guide:

0 = we have **no** evidence that this is in place.

1 = we have a **little** evidence that this is in place, but it needs a lot more work to be fully effective.

2 = we have **some** evidence that this is in place, but it needs a bit more work to be fully effective

3 = we have **all** the evidence we need to tell us that this is in place and it is fully effective.

Rules		Rate
Knowing what blanket restrictions are? **Identifying which blanket restrictions will and will not conflict with a rights-based approach to delivering care**	There is a mission statement that clearly outlines the 'rules' for the blanket restriction reduction initiative.	0 1 2 3
	There are shared core values that clearly outline the blanket restriction reduction initiative, which are congruent with the mission statement and philosophy.	0 1 2 3
	There is a shared collaborative, non-punitive environment that has identified blanket restrictions (including those which are most/least common).	0 1 2 3
	There is a plan, co-produced with people receiving services, to overcome systemic safety and operational issues that might arise from reducing blanket restrictions.	0 1 2 3
	There is ongoing, two-way communication with practice leaders and staff to ensure consistency and maintenance of the reduction effort, while people work towards identifying the rules that require elimination.	0 1 2 3

Right		Rate
Identifying whether what is happening is 'right' and can be justified?	There is a blanket restriction reduction policy that makes clear which rules are 'right' (e.g. are the justified and proportionate?)	0 1 2 3
	There is a statement that guides the reduction of blanket restrictions, which is congruent with mission, vision, values and recovery principles.	0 1 2 3
	There are practice leaders who will drive forward the initiative to reduce blanket restrictions in settings that care for people.	0 1 2 3
	There are peer support workers, working with both staff and people being cared for, to drive forward the initiative in the settings that care for people.	0 1 2 3
	Senior leaders address staff attitudes.	0 1 2 3
	Senior leaders meet training needs. Rights-based training is delivered and people who receive care are involved in its delivery.	0 1 2 3
	Senior Leaders ensure there are visuals (e.g. posters/signage) so that staff and people being cared for know what is 'right'.	0 1 2 3
	There is a regular forum in which people receiving care can voice their concerns regarding their opportunities for active, daily, person-centred treatment, which allows for as much freedom and autonomy as possible.	0 1 2 3

Reason		Rate
Making sure all are aware of the reasons for blanket restriction policy and action plan	All staff are aware of their 'active' role in the blanket restriction reduction initiative.	0 1 2 3
	There is a setting specific Blanket Restriction Reduction Initiative action plan.	0 1 2 3
	The action plan includes: ● performance improvement ● prevention approaches ● the creation of a blanket restriction reduction team, made up of practice leaders, managers and people who receive care ● the creation of blanket restriction reduction champions ● setting of goals, objectives and action steps assigned to practice leaders and peer workers.	0 1 2 3
	There are clear, consistent reviews and revisions of the above and these are noted in the policy statement, policy and procedures plan.	0 1 2 3
	There is oversight and accountability through: ● being visible and promoting the initiative ● assigning specific duties and responsibilities to multiple levels of staff ● including people that receive care in the initiative.	0 1 2 3

Review		Rate
Making sure the CEO and workforce regularly review policy and that there is a visible presence and shift towards blanket restriction reduction	There is regular evaluation of the impact of the blanket restriction reduction initiative on the environment.	0 1 2 3
	There are information-driven goals to reduce the use of blanket restrictions.	0 1 2 3
	There are regular reviews and analysis that identify critical details of blanket restriction use (e.g. frequency, settings and any points of conflict).	0 1 2 3

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