

Restraint
Reduction
Network



Building rewarding lives in the community

Ensuring least
restrictive staffing





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Autistic people, people with a learning disability (including autistic people with a learning disability) share the same right to a home and family life as neurotypical people.

(Human Rights Act, 1998
restraintreductionnetwork.org/HRA)

Introduction

It should be well understood that living in the community is about far more than the provision of bricks and mortar, food, warmth and basic hygiene standards. People with high support needs require proactive, responsive staff who take time to build relationships that are abundantly trusting, compassionate and enabling (Bourke et al., 2024; Brown et al., 2016; Fish and Morgan, 2021)



A proactive, relational approach can enable people to begin to develop their autonomy, dignity, integrity and right to self-determination.

The quality of community provision impacts people's therapeutic outcome.

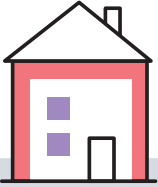
(Bigby and Beadle-Brown, 2018; Doody et al., 2024; Friedman, 2022)



Evidence shows that, too often, people are leading restricted and diminished lives, often with the assumption being made that higher staffing ratios (e.g., supporting a person with lots of staff) equate to improved outcomes. However, it is arguably the right staff, with the right training and the right attitude, which allows for personalised and meaningful support, not more staff.

This explainer details people's and staff understanding of high staffing levels (e.g., more than two staff supporting one person with disabilities) framing their experiences within a rights and restrictions perspective, and suggesting organisational as well as personal solutions for improved practice.

A right to home and family life



Article 8

Right to respect for private and family life, home and correspondence.

The right to live in our own home, surrounded by the people we love, is a fundamental human right which underscores the importance of personal relationships and the sanctity of our living environment.



Article 14

Right not to be discriminated against in relation to any human rights.

Regardless of our differences, be it disability, mental health or any other protected characteristic, we all have the freedom to establish and maintain relationships with people we want to be around, and live peacefully in our chosen spaces.

For those with high support needs, such basic rights can be unnecessarily restrictive if people have little say over who enters their home, the number of people entering the home and which rooms they will work from. It is therefore important that people are involved in the recruitment and training of care and support staff, and that they have control over who enters their home and when.

Getting up in the morning is a private thing. I want to choose which staff see my bed head and me in my pyjamas.



Disruptions to family life, such as restrictive living arrangements (e.g., high levels of staffing, lack of access to areas in the person's home, and blanket restrictions), can cause significant distress and trauma.

(Bloom and Farragher, 2010;
Turnpenny et al., 2018;
Wigham and Emerson, 2015)

Positive family bonds provide emotional support, stability, and a sense of belonging, so essential to wellbeing and mental health. We have heard from people with lived experience that feelings of threat, isolation and abandonment can be common.

The right to a home encompasses not just physical shelter but also safety and autonomy. This means having the freedom to create a home environment that reflects identity, preferences, and familial connections, as well as choosing support systems that foster stability, love, and respect, essential for personal and collective wellbeing.



I was taken away from my parents to a home where there was a lot of violence. I would sometimes be told to leave the living room while I was watching TV so staff could restrain someone. I'd have to go in the garden as the door would be blocked and I wasn't allowed in the kitchen unsupervised. I just wanted to go home to my mum and dad.

Restraint and high staffing levels



Cultural restraint

Narratives built around the person, e.g., just because they have a learning disability they are inherently dangerous and require constant intensive supervision or restraint, etc., can result in people being restricted owing to them not fitting in with social norms (see Restraint Reduction Network (RRN) restraint inequalities toolkit restraintreductionnetwork.org/inequalities).

Parents told us that they used to look after their loved one themselves, but since hospital admission:

Parents report staff:

Half a dozen staff are apparently needed.

Are assuming he needs high staffing levels because he gets distressed, but actually it's because they aren't listening to him in the way he communicates, and it's that that causes the problem.



Assumptions made about a person due to their disabilities have meant that support is reactive to distress rather than proactive in supporting the need.

A person stated:

I was just kept in one room, bored and alone. That's what made me angry. Staff hung out together and were chatting. Then I got angry and then they restrained me.



Cultural restraint means that the person is too often viewed as the problem. This results in practice orientated around 'behaviour fixing', as opposed to understanding that a person's behaviour is communicating distress. A support provider suggested that such behaviour has been called 'spontaneous aggression'. She believes staff say this when they are not being sufficiently curious about what a person's needs are, and so they too easily believe the 'aggression' reflects a quality inherent in the person.

Such poor cultural understandings meant:

Support became a one-size-fits-all approach because the person was overshadowed by our procedure. Also, 'too many cooks in the kitchen' meant no one took ultimate responsibility.



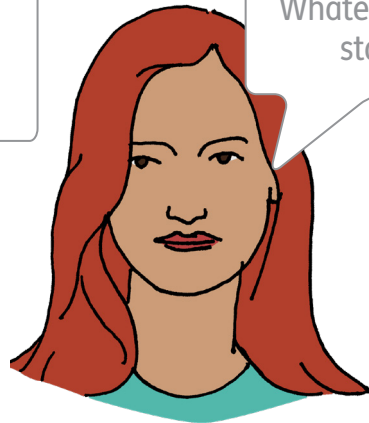


Surveillance

High staffing levels in care settings can inadvertently infringe upon individuals' right to privacy by creating an environment where constant supervision becomes the norm. With numerous staff members present, the personal space of people in their own homes can be encroached upon, leading to a physical space restriction but also feelings of being observed.

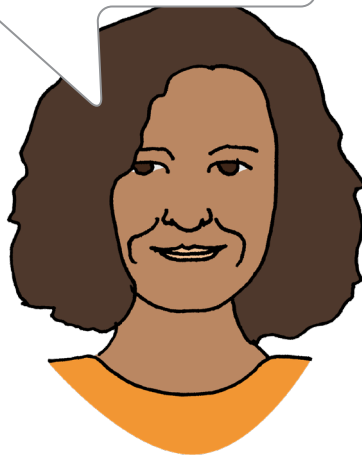


I didn't have any personal space to do private things.

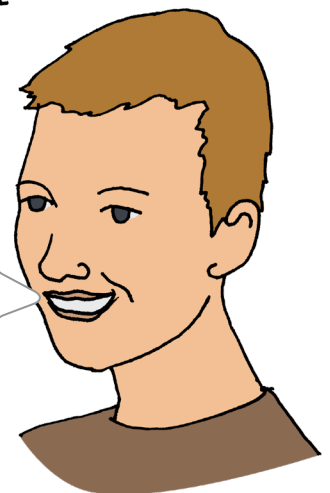


It felt like there were staff everywhere. Whatever room I went in, staff were there.

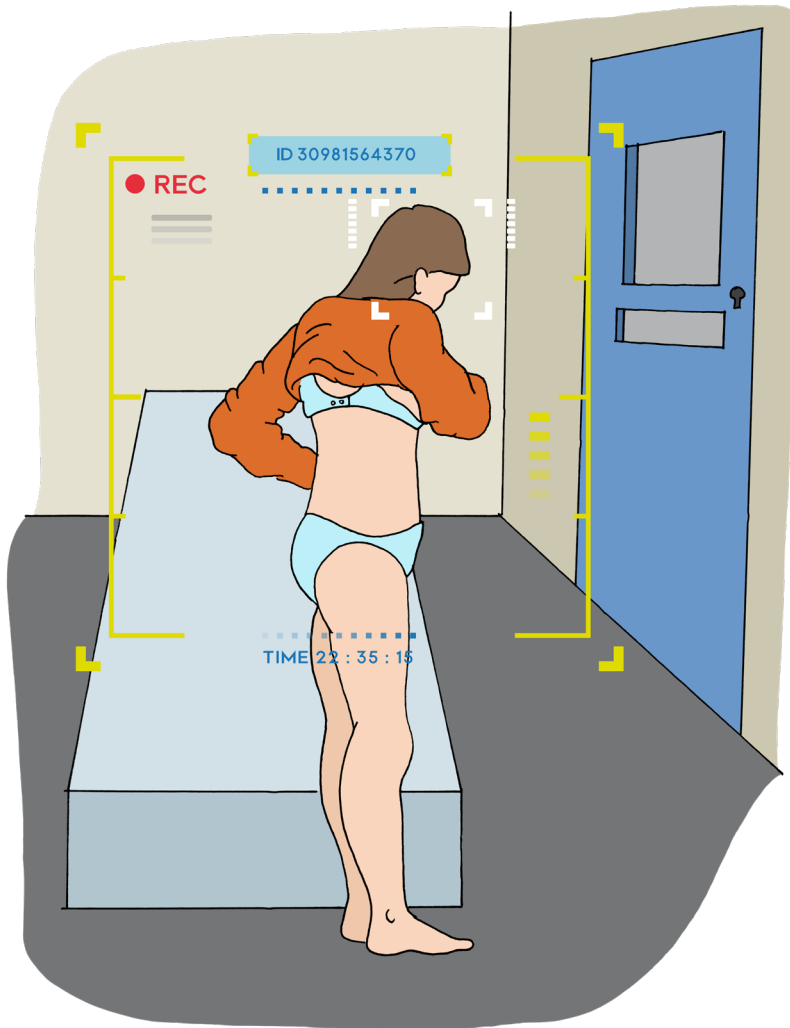
Even when I couldn't see them, I knew they were watching me so I couldn't do what I wanted because they would comment on it later.



Constant monitoring. All the time. They made graphs and pie charts about me.



Surveillance can be invasive and uncomfortable as a person's private moments and choices are no longer autonomous. A person's every action is filtered through staff viewpoints and perhaps even recorded, ultimately undermining autonomy and dignity (see RRN resources on surveillance restraintreductionnetwork.org/surv).





Psychological restraint

High staffing ratios can heighten the risk of psychological restraint. For instance, the high staffing levels may unconsciously exert pressure on people to conform to routines or decisions as the majority decides what is best.

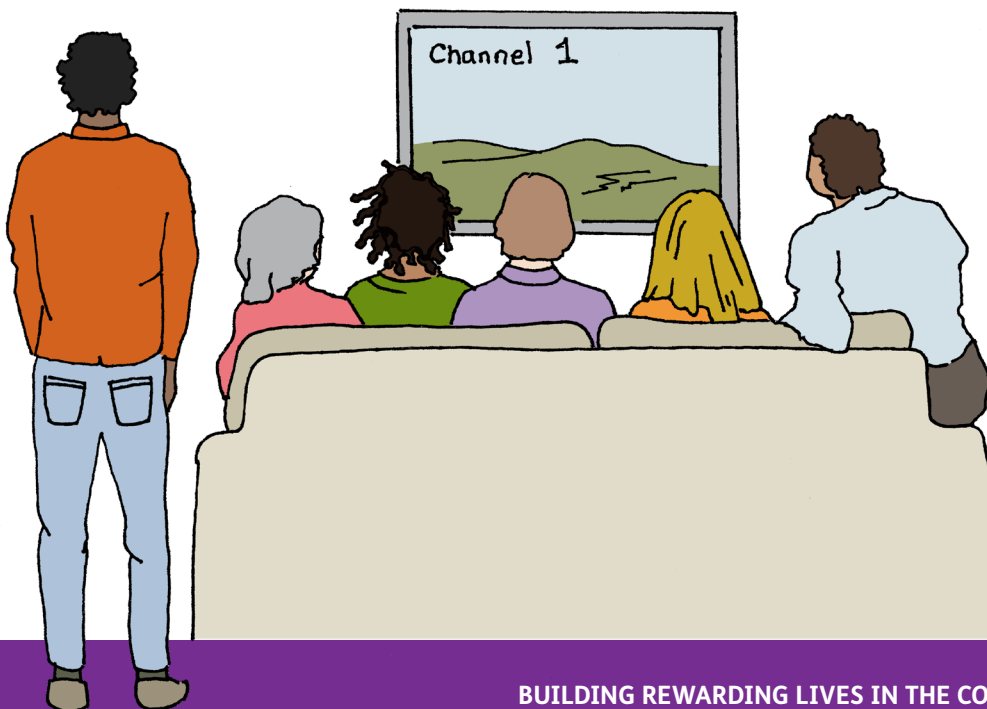
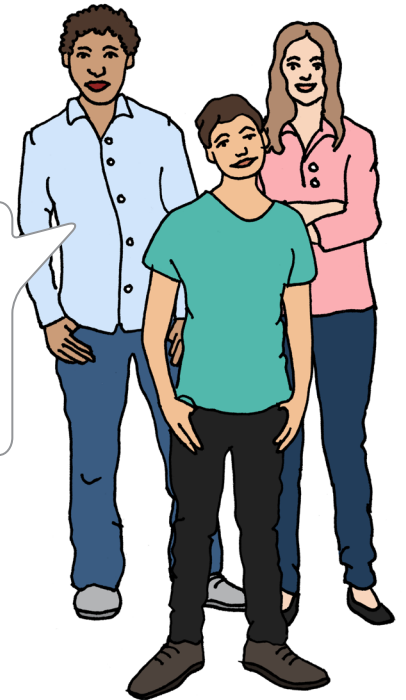


People have told us:

I made decisions or did what they wanted because I worried what would happen if I disagreed.

Parents said that because there were so many staff:

When we visited, our voices were squashed out by all the staff and so we didn't get to go out. Goodness knows what it's like for our son to make decisions when we can't even do so.



High staffing levels and the inevitable presence of psychological restraint (e.g., that caused by the sheer number of staff) mean that a person's true preferences can be difficult to ascertain.

A parent told us her son had up to 10:1 support for purposes of physical restraint. However, she told us that his views and even presence was lost amongst all the staff. This pressure, although not overtly or even obviously punitive, can encourage people to behave or comply in certain ways due to the overwhelming presence and consensus of caregivers. The young man now has 3:1 support in the community and is rarely, if ever, restrained but had previously felt compelled to follow directives to avoid conflict, leading to a loss of agency over his own life (see RRN resources on psychological restraint restraintreductionnetwork.org/psych). Many people suggested high staffing levels led to feelings of dehumanisation which created an 'us' and 'them' scenario where staff would converse and identify with one another, leaving the supported person feeling isolated and institutionalised in their own home.



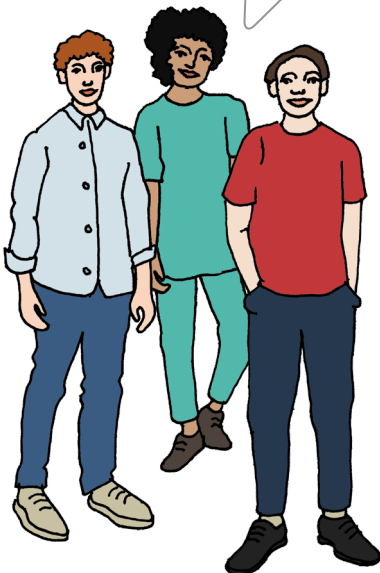
Other forms of restraint

Where distress escalates, chemical, physical and environmental restraint become all too common (re)affirming the supposed need for high staffing levels.

While high staffing levels aim to provide support, they can paradoxically erode people's rights to privacy and self-determination. Such environments can create cultures where staff are vulnerable to staff using cultural and psychological restraint. Where this happens, distress can easily escalate, sadly providing justification for continued or higher staffing levels.

Providers told us:

We got caught in a cycle of needing to restrain due to distress, and then having to add extra staff because the distress would escalate.



Parents said:

Our child had lots of staff because they were waiting in the wings to restrain.



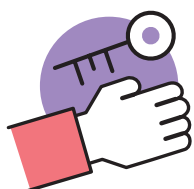
People told us:

Because there were so many staff, my relationships with them were about restraint. Half the time I didn't even know them – they were agency. And, I couldn't have a decent relationship with them because they had to keep taking turns on me.



Staffing as least restrictive practice

High staffing numbers can increase the likelihood of restrictive practices which infringe upon human rights. As such, there must be a very good reason for doing so.



Article 3

Right not to be tortured or treated in an inhuman or degrading way.



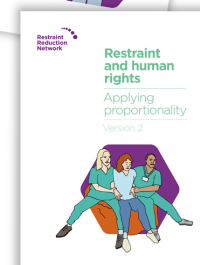
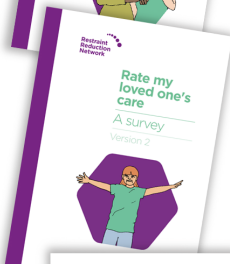
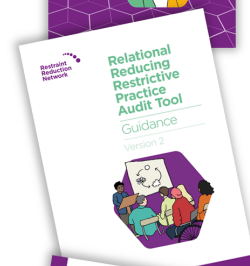
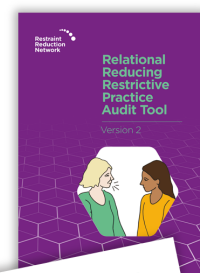
Article 8

Right to respect for private and family life, home and correspondence.

The proportionality principle mandates that any limitations placed on a person's qualified rights must be necessary, proportionate, and the least intrusive option.

Absolute human rights (such as Article 3) is a fundamental right that cannot be infringed upon, irrespective of the circumstances. However, qualified rights (such as Article 8) can be subject to restrictions or limitations, but only under specific legal frameworks and justifications, such as for reasons of safety and health, or the protection of the rights of others. In the context of high staffing numbers, understanding the difference between these rights is essential, particularly as staff must apply the proportionality principle to decide whether their presence, as a mechanism of restriction, is legal or not.

Staffing levels must be subject to the proportionality principle, which mandates that any limitations arising from the practice on qualified rights must be necessary, proportionate, and the least intrusive option. The proportionality principle considered in the context of 'getting the right staffing levels' can help teams consider their practice, and promote safety through a supportive and trusting environment, empowering the person while minimising unnecessary restrictions. When services are at the planning stage, they must account for the effect of an empowering home environment and its capacity to reduce distress. As such, staffing 'needs assessments' must be flexible and not based solely on the level of distress caused by disempowering home/hospital environments.



10 KEY QUESTIONS

to support least restrictive staffing

- 1 What is the narrative built around this person? If negative, how I can reframe staff understanding of certain **behaviours**?
- 2 How well do **all** staff know the person and do staff like them? What personal qualities do you observe when the person and staff are together (e.g., joy, disdain, etc.)?
- 3 When people begin showing distress, do staff ask, “*What have we done in our support to create distress for this person?*” rather than automatically assuming the person or their diagnosis is at fault?
- 4 How often do you need to (dis)encourage staff engagement in activities with the person?
- 5 How many staff are needed to ensure the right proactive support strategies are maintained (that can reduce the likelihood of distress)?
- 6 What is the effect of multiple staff on this person? Does staff behaviour, policies, etc., alter behaviour and/or create distress?
- 7 Are high staffing levels being used to address the symptom (e.g., of self-injury) of the cause (e.g., that the person’s needs are not being met in a proactive way)?
- 8 What non restrictive understandings and options are available?
- 9 Do you use a trauma informed impact and debriefing model to support and learn? (See RRN resources on post incident debriefing restraintreductionnetwork.org/debrief).
- 10 How often are staffing levels reviewed?

All staff members must be aware that they are an impactful aspect of a person’s environment, and that each staff member’s presentation will affect day to day outcomes.

A relational approach to least restrictive staffing

Strong organisational leadership is needed to change the culture and narrative around the person to see distressed reactions as a product of traumatic experience from unmet support needs. Unhelpful risk narratives damage both the person's self-esteem and cause staff to lack confidence in their abilities (often before they have even met the person).

In practice, relationally based, least restrictive staffing might involve:

1

Individualised support

Staffing plans are tailored to the unique needs of each person, fostering environments that allow people to choose who enters their homes and how they spend their days.

4

Meeting people's needs proactively

Staff are encouraged to build a positive narrative about the person, working to understand them, as well as their likes and dislikes, needs, wants, triggers, and motivations.

2

Empowerment

Support staff are empowered to encourage people to express their preferences, make decisions, and take responsibility for aspects of their lives, ensuring a sense of control and agency.

5

Coproduction

Coproducing day and care planning with the person to ensure staff align with the person's goals and preferences rather than their own.

3

Flexibility

Staff are taught to be flexible in their approaches, adapting to the changing needs of the person, rather than being wedded to policy and restrictive practice. This can help ensure their presence/help is provided only when necessary and that the least amount of restriction is applied in any given situation.

6

Trauma informed

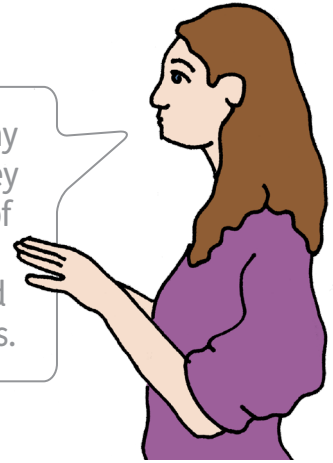
Recognising that people may have faced adverse experiences, and work to identify, reduce and manage triggers. Staff must learn to be attentive to their own needs and how these interact with the person's. Staff should have strategies to promote their own resilience, so they are capable of co-regulating with the person in times of distress, in ways that enhance the person's desires and capabilities.

Staff must always remember that they are in a person's home, in which they happen to be 'working' (a word that is problematic because a relationship should be a joy).

Staff should prioritise the quality of their relationship with the person, respecting their autonomy and rights within their home. Providing the right support, rather than relying on restrictions (wherever possible), is essential.

One parent said:

Staff are guests in my son's home, and they should be mindful of their presence and how they speak and conduct themselves.



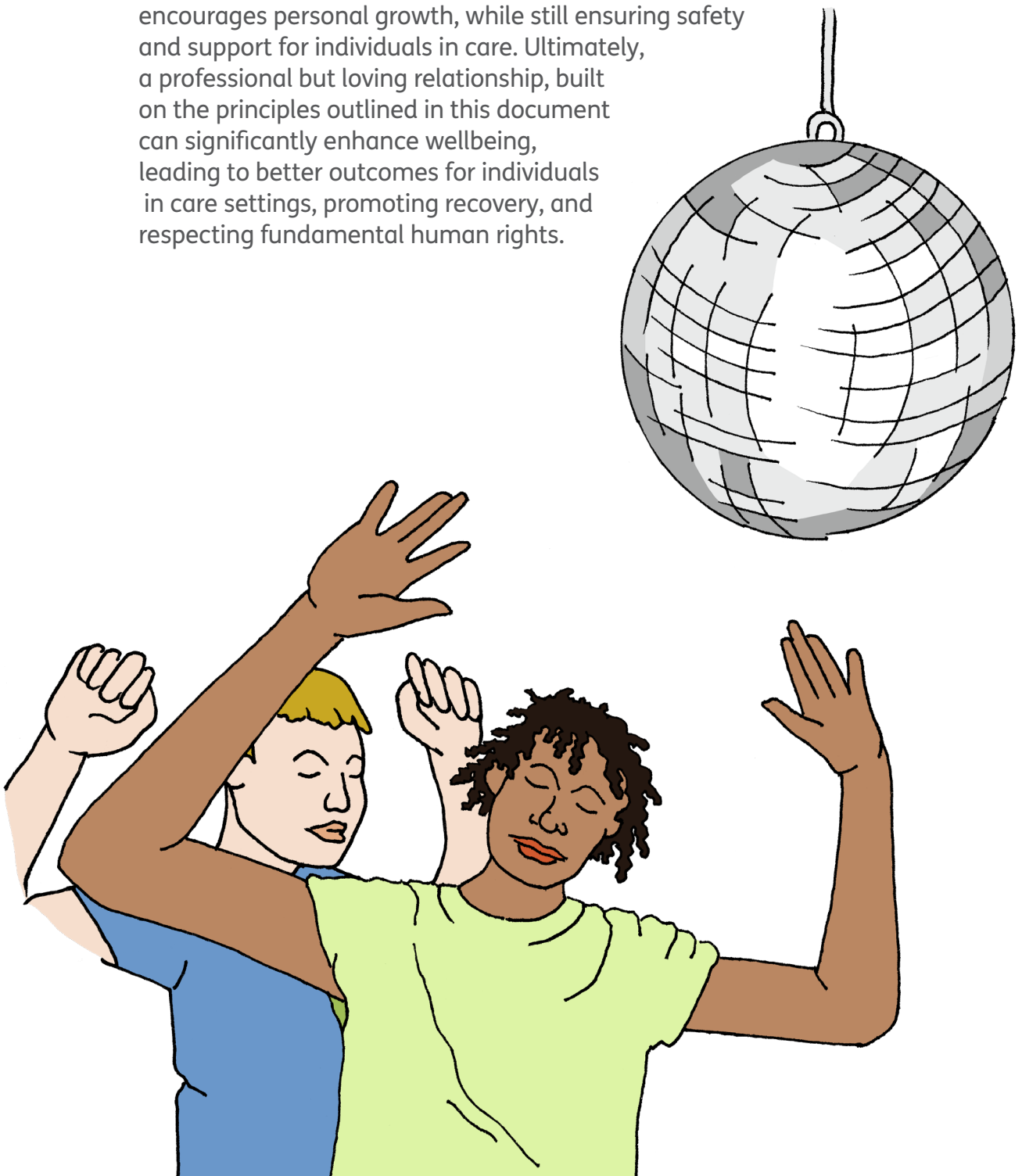
A small support provider emphasised this point stating:

A plumber or electrician doesn't come into your home and take over (or colonise) your space. Neither should a support team.



Conclusion

High staffing levels can create rights' restricting environments characterised by high levels of restraint. An organisational approach and commitment to providing the right support that enables people to thrive can help promote least restrictive staffing. In this way, teams can coproduce a dignified and respectful atmosphere that enhances quality of life and encourages personal growth, while still ensuring safety and support for individuals in care. Ultimately, a professional but loving relationship, built on the principles outlined in this document can significantly enhance wellbeing, leading to better outcomes for individuals in care settings, promoting recovery, and respecting fundamental human rights.



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