



**REGISTERED NUMBER CIC 11373253**  
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# **Restraint Policy and Guidance**

Title of Policy: Restraint Policy and Guidance

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## **Introduction**

Allsorts Support Services CIC (which will be referred to as the organisation throughout this policy).

We want all service users to have successful and fulfilling lives.

For some service users it must be recognised that their challenging behaviour is an aspect of their developmental needs. Interventions to manage their behaviour must reflect their overall needs, should be matched to their particular circumstances and be in the best interests of the individual.

It is essential that staff act appropriately to safeguard children and other individuals and to minimise the risk of accusation of improper conduct towards a service user.

Reasonable force, restraint or any restrictive practices are only to be used as a last resort when other approaches have been tried and exhausted.

The Scope of this policy guidance

- This guidance aims to support staff by providing information for use in situations where service users may need to be prevented from harming themselves or others.
- Restraint is an action of last resort, should only be used in exceptional circumstances and is not a substitute for behaviour management strategies. The emphasis of such strategies should be on managing incidents and behaviour through non-physical, non-threatening aggression-free strategies. Physical intervention should only be considered in order to control situations involving imminent danger to service users or to others where all other options have been exhausted.
- The degree of force employed must be the least restrictive option that will meet the need in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any restriction should be imposed for no longer than absolutely necessary.

## **Definitions of restraint**

Restraint means to hold back physically or to bring a service user under control. It is typically used in more extreme circumstances.

## **Prohibited Holds**

Certain restraint techniques present as unacceptable risk when used on children and young people. The techniques in question are:

- the “seated double embrace” which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing
- the “double basket hold” which involves holding a person's arms across their chest; and
- the “nose distraction technique” which involves a sharp upward jab under the nose

Whatever the technique is called, a service user should not be deliberately restrained in a way that impacts their airway, breathing or circulation. This would include any pressure to the neck region, rib cage or abdomen. The mouth and/or nose should never be covered. There should be no intentional restraint of a person in a prone/face down position.

The Organisation should keep its practice and training under review to ensure it keeps up to date with current guidance.

## **Reasonable Force**

There is no legal definition of “reasonable force” so it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used.

It will always depend on all the circumstances of the case, it should be a last resort and be reasonable and proportional to the context and circumstances.

There are relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it; whether or not it was necessary; therefore physical force could not be justified to prevent a service user from committing a trivial misdemeanour or in a situation that clearly could be resolved without force.
- The degree of force employed must be the least restrictive option that will meet the need – in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any restriction should be imposed for no longer that is absolutely necessary.
- Whether it is reasonable to use force, and the degree of force that could be reasonably be employed must also meet statutory guidance in respect of disability, special educational needs, race, other equalities and human rights. Whatever is done, why and with what consequences must be recorded in an open and transparent manner.

**Definition of Restrictive Interventions are:**

Deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and /or freedom to act independently in order to;

- take immediate control of a dangerous situation and
- end or reduce significantly the danger to the person or others, and
- contain or limit the person's freedom for no longer than is necessary.

Within the context of this definition, restrictive interventions can take a number of forms;

- physical restraint (using physical contact)
- seclusion (confining or isolating people)

Any restrictive intervention must be legally and ethically justified. It must be absolutely necessary to prevent serious harm and it must be the least restrictive option.

Absolutely necessary means every other step has been taken, explored, looked at and planned.

We must therefore always ensure that any restrictive interventions are used in a transparent, legal and ethical manner.

## **Seclusion or Isolation**

An isolation which prevents a child from leaving a room of their own free will should only be considered in exceptional circumstances.

Internal exclusion – is sometimes mistakenly called “seclusion” but this means forcing a person to spend time alone against their will. It is an offence to lock a person in a room without a court order except in an emergency, for example where the use of a locked room is a temporary measure whilst seeking assistance. Locked also includes holding the door shut, or someone standing against a door.

An emergency is a genuinely unforeseeable event e.g. when a person acts out of character. Any planned restriction must be legally justifiable, should be agreed by a multidisciplinary team and form part of the service users' care plan.