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**Reducing Restrictive Practices:
A Positive Behaviour Support
Framework**

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Reducing Restrictive Practices

- The reduction of restrictive practices remains a critical priority in health & social care
- People with learning disabilities are more at risk of being subject to restrictive practices
- While there are occasions where restrictive practices may prevent harm, services have a responsibility to ensure they are always reasonable, proportionate and necessary
- The challenge for services is to not only reduce restraint, but to create capable environments where restraint becomes increasingly unnecessary

**Our
Why:**

Reducing Restrictive Practices



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The Human Impact

Research and lived experience consistently show that restraint can have profound consequences:

- Trauma & Fear
- Loss of Trust
- Increased anxiety/aggression
- Staff Burnout
- Breakdown of therapeutic relationships

This is particularly relevant in learning disability services where people may already experience inequalities, reduced autonomy and social exclusion. Therefore, reducing restraint is both a clinical priority and ethical responsibility.



Reducing Restrictive Practices

Understanding Restrictive Practices

Types:

- Physical Restraint
- Chemical Restraint
- Mechanical Restraint
- Environmental Restraint
- Psychological Restraint

Risk Factors:

- Lack of Training
- Inadequate Staffing
- Poor Communication
- Overstimulating Environments
- Unmet Emotional & Sensory Needs

Behaviour is often a form of communication - When services shift from “How do we stop this behaviour” to “What is the person trying to tell us” – outcomes improve significantly.

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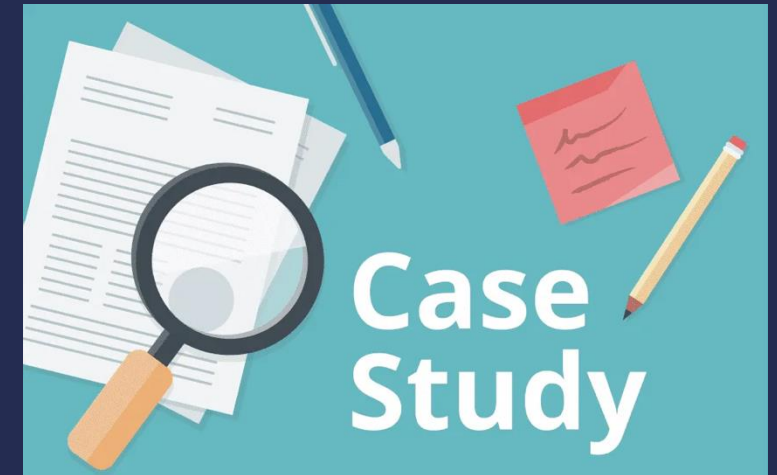


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Organisation Case Study: Bright Futures

As a growing organisation supporting adults and children with learning disabilities across residential and education, the need for a clear framework to reduce restrictive practices became apparent. In 2021, our restraint reduction journey began by introducing a system wide PBS Framework to ensure:

- Standardised Structure & Processes
- Resources matched level of need
- Data driven improvement cycles
- Prevention embedded culture



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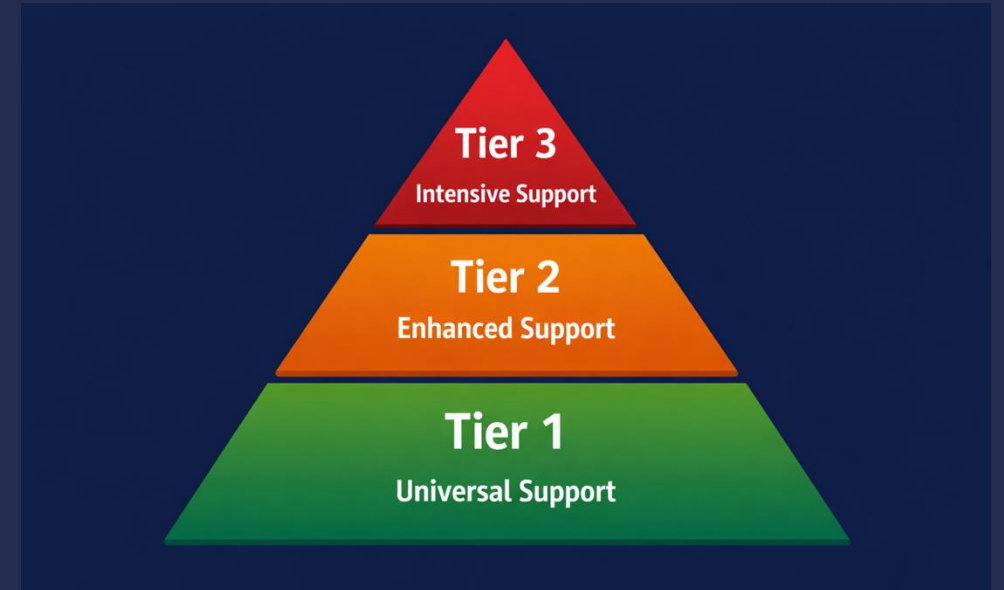
What did we do?

Specialist Support Team:

- Positive Behaviour Support
- Speech & Language Therapy
- Occupational Therapy

PBS Policy & Processes:

- A PBS Policy set out the agenda for PBS across the organisation.
- A Tiered Model of PBS set out the processes of support based on need.



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Training Framework:

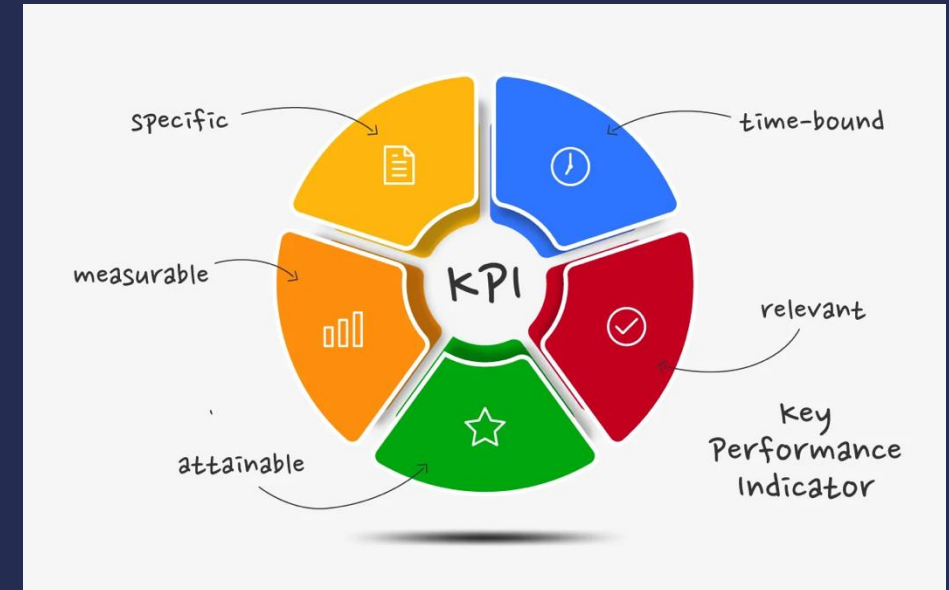
- Introduction to PBS Training for all staff
- PBS Coaches Training for Registered Managers
- Enhanced Training/Qualifications for Support Functions – Masters Level & Vocational Qualifications
- A Training Needs Analysis (TNA) developed for Physical Intervention Training
- Restraint Reduction Certified Training Standards



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Data Analysis & Key Performance Indicators:

- Monthly Data Analysis Reports to identify themes/trends each month – whole organisation report and individual home/school reports
- Key Performance Indicators for Restraint Reduction set out and monitored on a monthly Scorecard
- Annual Data Analysis Reports to identify themes/trends each year across the organisation



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Debrief Processes & Learning Culture:

- Weekly Compliance Tracking of Hot & Cold Debriefs – Hot Debriefs focus on wellbeing and must be completed within 24 hours. Cold Debriefs focus on lessons learned and must be completed within 72 hours.
- After Action Reviews (AAR's) completed after serious incidents and facilitated by a professional external to the home/school with a focus on lessons learned and action planning.



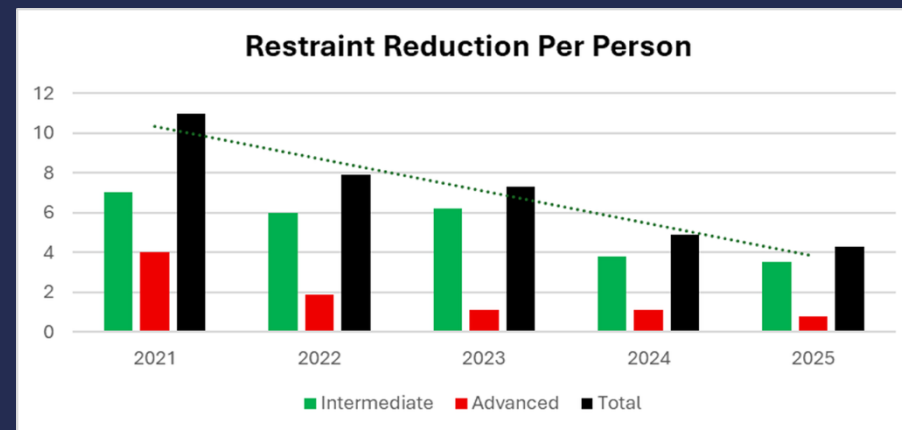
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Outcomes

Without strong preventative systems, services can drift towards reactive and restrictive practices. Common challenges of organizational growth include:

- Peoples needs become more varied
- Staff experience levels vary
- Operational pressure increases

Over a 5-year period, data was collected. Findings demonstrated a steady increase in occupancy rates, while reducing restrictive practices year on year



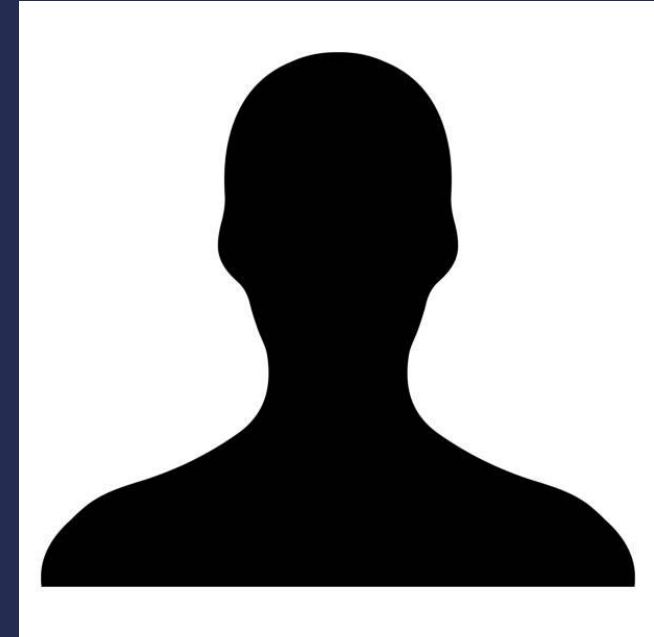
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Individual Case Study: Bright Futures

- **Background:** Diagnosis of Autism, Learning Disability, Scoliosis, Trauma History
- **Concerns:** Increased levels of physical aggression, physical intervention and staff injuries
- **Referral/Support:** Allocated to Tier 3 - wrap-around support from our Specialist Support Team and external colleagues with weekly review meetings led by the PBS Lead.



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Multi-component Intervention

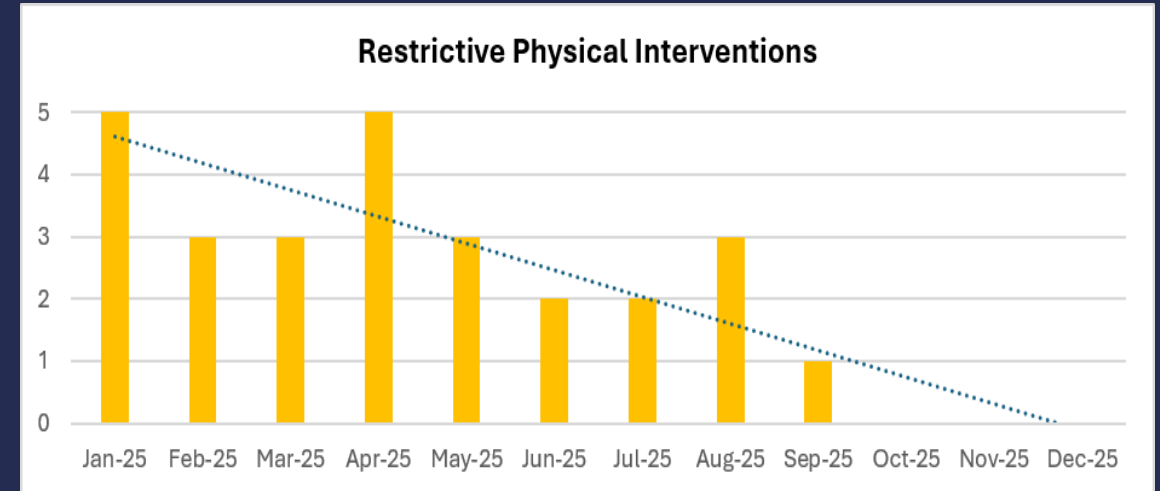
- Functional Behaviour Assessment
- Capable Environment Review
- After Action Reviews
- Trauma Informed Approach
- Preference Assessment & Opportunity Planning
- Communication Support
- Environmental Changes
- Medication Reviews
- Physio Reviews
- Advocacy
- Psychological Formulation



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Outcome

- Intensity of Incidents began to reduce as well as use of physical interventions
- By the end of the year, this person did not require any form of restrictive physical intervention for 3 months consecutively
- Demonstrates importance of ensuring physical, social, psychological, behavioural and environmental needs are being met while ensuring their voice is at the centre of this.



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Conclusions

This highlights the importance of ensuring that PBS is embedded into systems to have a wider impact on practice / culture. Staff capability building, data driven decision making and organisational leadership alignment with PBS principles, were central to the outcomes achieved both at an individual and organizational level. The reduction of restrictive practices remains a critical priority across health and social care services to achieve:

- ✓ Safety – Fewer injuries to staff and people supported
- ✓ Dignity – Protects autonomy and human rights
- ✓ Quality – Proactive, skill-building approach to support
- ✓ Workforce – Less burnout, higher job satisfaction
- ✓ Risk – Reduced legal and compliance risk



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The real measure of good support is not how well we manage people in crisis, but how well we understand, support and prevent crisis from happening in the future.



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Questions?

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