



Llywodraeth Cymru
Welsh Government

Reducing Restrictive Practices Framework

A framework to promote measures and practice that will lead to the reduction of restrictive practices in childcare, education, health and social care settings for people of all ages.

Version 2 – Revised September 2022

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This framework is applicable across childcare, education, health and social care settings and sectors, therefore some generic terms are used throughout the policy.

Person centred: When we use the term person centred this also means child centred for children.

Person or people: When we use the terms person or people this includes all **children (up to the age of 18 years)** and **adults (age of 18 years or over)**.

Restrictive practices:

‘Restrictive practices are a wide range of activities that stop individuals from doing things that they want to do or encourages them to do things that they don’t want to do. They can be very obvious or very subtle.’ (Care Council for Wales, 2016)¹

This term covers a wide range of activities that restrict people. It includes:

- physical restraint
- chemical restraint
- environmental restraint
- mechanical restraint
- seclusion or enforced isolation
- long term segregation
- coercion

Challenging behaviour/behaviour which challenges:

‘Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.’ (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007).²

Personal Plan: In this framework the term ‘personal plan’ includes a care and support plan, care and treatment plan, plan for a child in a childcare setting and/or individual education plan.¹

¹Individual education plans can be provided as part of current arrangements under the [Special Educational Needs Code of Practice for Wales](#). These arrangements will be replaced as part of the phased implementation of individual development plans under the Additional Learning Needs and Education Tribunal (Wales) Act 2018. This Framework is intended to inform practice in relation to individual education plans where they exist under current arrangements and individual development plans under new arrangements as they are implemented. <https://gov.wales/additional-learning-needs-transformation-programme-timeline>

Practitioners: When we refer to practitioners, we mean all people who are paid to work with people in childcare, education, social care, and health settings, including agency or sessional workers. For the purposes of this framework the term practitioners also includes foster carers, adult placement carers and registered child minders but **not** unpaid carers.

Introduction

1. This framework is intended to promote measures that will lead to the reduction of restrictive practices. The framework also seeks to ensure that where restrictive practices are used, as a last resort, to prevent harm to the individual or others, that this is informed by person centred planning, within the context of the service setting and in a way which safeguards the individual, those whom they interact with, and those who provide services to them.
2. In order to achieve the aims of this framework, organisations should have a threefold focus:
 - Preventing the necessity for restrictive practice through the development of reduction strategies and through the promotion of a human rights approach.
 - Working with individuals through person centred planning to meet individual needs in a way that actively reduces the likelihood of situations arising where restrictive practices are used as a last resort.
 - Having measures in place so that when situations arise where restrictive practice are used as a last resort, to prevent harm to the individual or others, there is prior planning and training in place to secure the safety of all concerned.

Purpose of framework

3. The Welsh Government considers that the guidance it issues on restrictive practices should ensure that those who work with children and adults in childcare, health, education, and social care settings share a common framework of principles and expectations informed by an approach that actively promotes human rights.
4. The Welsh Government is clear that the use of restrictive practices should be within the context of the European Convention on Human Rights and in line with the principles described in the *Human Rights Framework on Restraint* produced by the Equality and Human Rights Commission.³
5. The approach set out in this framework seeks to promote the rights and principles set out in the United Nations Convention on the Rights of the Child (UNCRC); United Nations Principles for Older Persons and the United Nations Convention on the Rights of Persons with Disabilities.
6. The framework is intended to inform commissioners of services and service providers, who should refer to the framework when drafting policies and procedures, reviewing current arrangements, and arranging or commissioning

training. The framework does **not** advise on individual actions required in specific circumstances or specific service settings, nor does it recommend specific methods of restrictive practice.

7. This Framework is non-statutory; however, it sets out the Welsh Government's expectations for policy and practice in reducing restrictive practices across childcare, education, health, and social care settings as part of a person-centred approach. As such the Inspectorates: Estyn; Health Inspectorate Wales and Care Inspectorate Wales will consider compliance with the approach set out in the Framework when they carry out inspections.
8. The Welsh Government recognises that restrictive practices have a negative impact on the well-being of those people subject to these practices, as well as those who implement and witness them. This may include physical harm, trauma, or re-traumatisation. Restrictive practices should only ever be used as a last resort and should only be used where there is a real possibility of harm to the individual or to others.
9. This framework replaces the Framework for Restrictive Physical Intervention, Policy, and Practice (Welsh Assembly Government, 2005).

Relevant Legislation and policy

- Special Educational Needs Code of Practice for Wales (Welsh Government, 2004)
- Mental Capacity Act, 2005
- Equality Act, 2010
- The Public Sector Equality Duty, Equality Act 2010 (EA 2010) s149
- The Child Minding and Day Care (Wales) (as amended) Regulations 2010
- Together for Mental Health (Welsh Government, 2012)
- Practical approaches to behaviour management in the classroom: A handbook for classroom teachers in primary schools (Welsh Government, 2012)
- Safe and Effective Intervention - Use of Reasonable Force and Searching for Weapons (Welsh Government Guidance, 2013)
- The Social Services and Well-being (Wales) Act 2014
- Part 4 Code of Practice (Meeting Needs), Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2015)
- National Minimum Standards for Regulated Childcare for children up to the age of 12 years (Welsh Government, 2016)
- Working Together to Safeguard People Volume 1: Introduction and Overview (Welsh Government, 2016)
- Mental Health Act 1983: Code of Practice for Wales (Welsh Government, 2016)
- Mental Health Units (Use of Force) Act, 2018
- The Learning Disability – Improving Lives Programme (Welsh Government, 2018a)

- Working Together to Safeguard People Volume 5: Handling Individual Cases to Protect Children at Risk (Welsh Government, 2018)
 - Working Together to Safeguard People Volume 6: Handling Individual Cases to Protect Adults at Risk (Welsh Government, 2018)
 - Dementia Action Plan for Wales (Welsh Government, 2018)
 - Additional Learning Needs and Education Tribunal (Wales) Act 2018 (as requirements come into force)
 - Additional Learning Needs Code (as requirements come into force)
 - Regulation and Inspection of Social Care (Wales) Act 2016
 - Statutory Guidance For service providers and responsible individuals on meeting service standard regulations for: Care home services; Domiciliary support services; Secure accommodation services; and Residential family centre services. This statutory guidance relates to Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended, (Welsh Government, 2019)
10. This is not an exhaustive list and settings should ensure they are up to date with the statutory requirements placed on them through legislation and guidance.
 11. Welsh Government legislation and policy seeks to promote a rights-based approach to practice with children and adults. This means involving people in decisions about the support and services they receive and the outcomes they want to achieve. It also means planning to meet needs in a person-centred way that promotes wellbeing and the opportunities for individuals to realise their rights.
 12. One of the implications of this for practice is the need to plan with, and for, people so that measures are in place to prevent the use of restrictive practices. The approach to involving people and the significant people in their lives in planning should be meaningful and appropriate to the age, capacity and communication needs of the individual. This means providing additional support for some people through an advocate⁴ to ensure that their views are heard.
 13. Person centred planning must recognise the concept of language need and practitioners should ensure that the active offer principle is embedded in practice. This means that there should be a proactive approach and the individual should be asked which language they would prefer at the beginning of the process. This will ensure that they are able to receive services in their own language throughout the process of identifying and meeting their needs.
 14. Service providers should ensure that Welsh language provision is built into planning and delivery and that Welsh language services are offered to Welsh speakers without them having to request it. Language is an integral element of the services that people receive and it is the responsibility of providers to deliver appropriate services which includes meeting users' linguistic needs.

Only by doing this can they provide support that is safe and effective. This includes where people have a first language which is not Welsh or English.

15. The Welsh Government expects commissioners and providers of services operating across childcare, education, health, and social care settings to review their policies, workforce development arrangements and practice to identify any changes and measures that are necessary to support the implementation of this Framework.
16. Work to review current arrangements in this way should take into account any and all legislation and policy relevant to the specific sector(s), setting(s) and groups of people using services.

The human rights framework for the reduction of restrictive practices

17. Human rights are the basic rights and freedoms that belong to every person in the world. They are based on core principles such as dignity, fairness, equality, respect, and autonomy. Human rights are relevant to day-to-day life. They protect the freedom of people to control their own life, to take part effectively in decisions made about them which impact upon their rights, and to receive fair and equal services.
18. The United Nations Convention on the Rights of the Child (UNCRC); United Nations Principles for Older Persons and the United Nations Convention on the Rights of Persons with Disabilities, on human rights for specified groups of people.
19. The use of all restrictive practices including restraint should be in line with the principles described in the *Human Rights Framework for Restraint* produced by the Equality and Human Rights Commission (EHRC, 2019).
20. The term restrictive practices can apply to a number of different acts (for example, physical restraint, chemical restraint, mechanical restraint, seclusion, social restraint, psychological restraint, and long-term segregation). Restrictive practice does not necessarily require the use of force, it can also include acts of interference, for example moving someone's walking frame out of reach.
21. Any act of restrictive practice has a potential to interfere with a person's fundamental human rights and everyone has an obligation to respect human rights. All acts of restrictive practice must be **lawful, proportionate** and the **least restrictive option** available.
22. Restrictive practices should only be used within the appropriate legal frameworks, and each agency should ensure that they are aware of and operating within the parameters of the legislation and guidance relevant to them, to the people they support and those for whom they provide services.
23. The best way to avoid restrictive practices is to work preventatively and meet needs before crisis arises. However, there may be rare occasions when it is necessary to use restrictive practices to prevent harm to an individual or others. **It is never lawful to use restraint to humiliate, degrade or punish people.**
24. Human rights are for everyone equally. The circumstances of some individuals make them particularly vulnerable to violations of their human rights. This may be the result of their age, capacity or because of

discrimination related to their protected characteristics as defined by the Equality Act 2010.⁵

25. Children are vulnerable by virtue of their age, they are developing physically and psychologically, which makes them particularly vulnerable to trauma and harm as a result of restrictive practices.
26. People who have past trauma, who experience communication barriers, or who have other differences, may find certain restrictive practices particularly distressing and may find some situations particularly challenging and harmful.
27. Organisations are expected to:
 - have a clear policy in place for all practitioners that helps them to understand their duties under human rights and legal frameworks;
 - set out in such a policy the organisational commitment to reducing the use of any restrictive practices;
 - ensure that all practitioners are aware of the policy and understand its intended impact on their practice;
 - ensure that practitioners have access to training, supervision and support that will assist them in working in a rights-based, person-centred way and trauma informed way;
 - practice responsible procurement. This means building into contractual arrangements, a requirement that the expectations set out in this Framework will be met by those who are commissioned to provide goods or services.
28. A clear organisational commitment to human rights is important to support a culture where everyone is treated with dignity and respect and where people feel safe to speak out if this is not happening.

Approaches to support effective person-centred practice

29. Positive behavioural support (PBS) is highlighted here as an example of an approach that includes the key components required to support effective person-centred practice. In supporting the implementation of this Framework, sectors and settings may consider that another equivalent person-centred positive approach is more appropriate. The Welsh Government is aware that some sectors and settings already use alternative approaches.
30. Working towards the reduction of restrictive practices involves adopting alternative preventative approaches; one key approach is positive behavioural support (PBS). PBS has developed over the past 25 years and is an evidence based multi-component framework for supporting people who have behaviours that challenge, or who may be at risk of developing these. Its primary focus is to improve quality of life through an understanding of the reasons why an individual may use their behaviour to communicate and get their needs met; and then to use this understanding to build better support, to support positive outcomes, and to improve the services that individuals receive.
31. PBS can be summarised as having four main components:
 - *PBS is focused on improving quality of life.* The most important goal of PBS is to improve the quality of life; this is a non-negotiable commitment, regardless of diagnosis, setting or behaviour. The aim is to make life better for the individual, so they have less need to use behaviours that challenge.
 - *PBS is based on specific values.* PBS is person centred and only uses interventions which respect the dignity of the individual and support the reduction of restrictive practices. There is a commitment to the co-production of PBS guidelines, taking account of the perspectives of the people whose plans they are and those involved in their care including families. Punishment approaches are never used in PBS.
 - *PBS uses tools to understand what the individual's behaviour means.* This includes the use of assessment tools to find out the meaning for the individual and PBS guidelines to ensure people's needs are understood and met in safer ways. Families and carers are often a rich source of information in providing an understanding about the communication needs and meaning of a person's behaviour.
 - *PBS is a system-wide approach.* PBS is most effective and successful when it is implemented across a whole service or organisation, rather than just for an individual. It is also holistic and will often involve adapting the individual's whole environment to meet their needs better as well as making sure they are able to develop new skills and have more

opportunities. Active support is an important part of PBS as it enables individuals to have more engagement and choice in their daily lives.

32. Anyone at risk of restrictive practices should have a person-centred assessment, which seeks to understand the reasons for the behaviour.
33. Anyone at risk of restrictive practices should have guidelines in place for a person-centred positive approach. This should contain a range of proactive strategies, designed to improve the individual's life so that they have access to the type of support that they need; and also, reactive strategies, designed to deal with behaviours that challenge when they occur, including minimising risk.
34. Proactive strategies should include environmental changes, to make the environment more suitable for the individual, and teaching new skills or behaviours, so that behaviours that challenge become less likely.
35. Reactive strategies should include person-specific alternatives to the use of restrictions, for example, distraction, de-escalation, active listening, or withdrawal. These strategies can form a useful part of the proactive approach to forward planning for individual support.
36. Leadership to support the implementation of a person-centred positive approach to practice is crucial. Implementation of guidelines on a person-centred positive approach to practice should be monitored and reviewed in order to ensure that they are being carried out as intended.
37. Foster carers and adult placement carers should also have access to appropriate training and support. It is beneficial for both groups if carers are involved in training alongside service providers.
38. Individuals need a consistent approach across the places they live and the services they visit to support them in feeling safe and well.

Restrictive practices

39. The Welsh Government is clear that the focus of policy and practice should be on the reduction of restrictive practices as part of person-centred planning. However, organisations should ensure that where restrictive practices are used as a last resort this is within a framework that supports human rights.
40. Organisations should have a policy that outlines conditions for the use of restrictive practices in any of their services. This policy should be agreed by senior leadership for the organisation and/or setting and should reflect up to date statutory requirements placed on them through legislation and guidance.
41. This policy should:
 - reference human rights and legal frameworks relevant to the sector and setting;
 - ensure that definitions of restrictive practices are easily available and embedded through; workforce development mechanisms, organisational messages and policy;
 - have clear protocols and governance guidelines for the use of restrictive practices as a last resort, and for monitoring of people during and after use, including the requirements for medical checks;
 - be easy to understand and apply, and should be communicated to all practitioners; paid carers; people being supported and the families; unpaid carers and external agencies that the organisation works alongside;
 - make clear that it is never acceptable to use coercion and other forms of social and psychological restraint;
 - contain guidance about risk assessments, which must be undertaken before using any restrictive practice. The risks to the individual should be considered in advance, and any restrictive practice, which increases the risk to the individual, should not be used. The individual's environment should be risk assessed to ensure that there is nothing within it that would cause risk during the use of restrictive practices;
 - provide clear guidance for recording information following the use of any restrictive practice in relation to what is to be recorded when, by whom, and the purpose of the recording;
 - make clear that any use of a restrictive practice should be recorded even if its use is prescribed in a personal plan;
 - outline the process for the collection of this data from all their services. It should be available to external organisations on request;
 - provide guidance for seeking consent for use of restrictive practices as a last resort to prevent harm to an individual or others.

42. Any intended use of restrictive practices as a last resort should be in the individual's behaviour support guidelines in their individual plan and should be reviewed regularly. Any use of a restrictive practice that is not in the individual's personal plan should trigger an immediate review. There should be guidelines in the individual's personal plan of how the use of the restrictive practices will be reduced in the future.
43. Decisions about the use of restrictive practices should take into account any cultural or religious factors for individuals.
44. Restrictive practices must be part of an overall person-centred approach and should be tailored specifically to the individual for whom it is being used, in particular for individuals who are at greater risk due to age, frailty, health problems, trauma history or other risk factors. It should be clear within the behaviour support guidelines why that intervention is most appropriate for them. Restrictive practices should be used within the context of an overall therapeutic relationship and never used as punishment. Children and people are at particular risk physically and psychologically and the principles for upholding children's rights should be followed.
45. Restrictive practices should never be used to compensate for staff shortages or other resource difficulties.
46. Following any occurrences of restrictive practices being used, the relevant people/bodies should be informed, in line with the personal plan. Family members/unpaid carers should be informed unless the personal plan indicates otherwise.

Seclusion

47. Organisations that use seclusion must have a policy with very clear guidance for workers about its use. There should be a clear definition of seclusion that all workers understand, and its use must be carefully monitored. Sometimes practices that are referred to as time out, chill out or isolation, including the use of sensory tents, meet the definition of seclusion if the child or adult is put in a room and not able to leave of their own free will.
48. Seclusion should not be used in social care settings; it can be extremely traumatic, and it is not recommended that children should be secluded in any setting.
49. There will be occasions within all settings when individuals need to access areas away from noise or other people. It is important that quieter areas are provided, and that people can access them of their own free will when needed and return from them when they choose. These areas should not be very confined or locked spaces but pleasant, quieter areas of a building, or an outdoor space.

Restraint

50. Restraint should only ever be used within the principles of least restrictive and last resort. That is the least restrictive method with the least amount of force (proportional to the risk) for the minimum amount of time. They should only be used if absolutely necessary (if there is a genuine belief that harm is likely to occur to the individual or others if it is not used, and if other less restrictive methods have been tried and have failed). **Restraints that cause pain intentionally should never be used.**
51. The EHRC has published a '*Human Rights Framework for restraint: principles for lawful use of physical, chemical, mechanical and coercive restrictive interventions*' (2019)⁶. This contains important information on different forms of restraint and their lawful use as a last resort in line with a practice informed by a human rights approach.
52. Guidance should be sought from a medical practitioner to ensure there are no health reasons that would elevate the risk of using certain restraints.

Post incident review and support

53. People with lived experience clearly tell us that the use of restraints and other restrictive practices can trigger traumatic memories for them⁷ and care should be taken to find out what support they need after an incident that has involved a restrictive practice.
54. It is equally likely that employees who work in challenging services will find some aspects of their work very stressful and will experience restrictive practices as traumatic.
55. An individualised approach is needed in both cases, as both personal and organisational factors will influence the level of distress that people experience.
56. The provision of the right post incident support is likely to have a positive influence on restrictive practice reduction initiatives through its role in the repair of trusting relationships and re-establishment of feelings of safety. However, it needs to be implemented well and alongside other strategies as part of a whole organisational approach to reduction. There is a small but emerging evidence base that indicates that care should be taken with the range of post incident practices that are often grouped under the umbrella term debriefing.
57. The limited evidence base suggests there are two main components of post incident practice, each with a distinct purpose⁸:

Post incident support: attention to physical and emotional wellbeing of the individuals involved.

Post incident review: to learn from the incident and reflect on practice.

- 58. Post incident support should be available after any incident where restrictive practice has been used and after any incident that may have had an impact on the individual and others. It should also be available to those who have witnessed the incident.
- 59. Organisations should have a person-centred policy for providing both immediate and longer-term support after any use of restrictive practices, and this should also inform the review of the individual plan for the person following any incident. Each sector, organisation and setting will need to consider what the most appropriate approach to achieving this for the people they support, and others effected by an incident.
- 60. Post incident learning reviews should be clearly separated from immediate post incident support. They should be conducted in a blame-free manner by experienced and trained senior staff members. They should contribute to organisational learning.

Secure transport

- 61. There are circumstances where it may be necessary to use secure transport to move people between placements, outside of the criminal justice system.
- 62. Welsh Ministers are clear that it is not appropriate to use handcuffs of any kind during such journeys.
- 63. The use of secure transport itself should be only considered if, following a full risk assessment, it is deemed necessary to reduce the risk of harm to the person being transported and/or serious harm to others.
- 64. When secure transport services are commissioned, the requirement to operate in line with this Framework must be included in the terms of the contract. This should include a requirement that the secure transport provider report any use of restrictive practices, during the transport of an individual.

Recording the use of restrictive practices and using data to improve practice

- 65. Senior leaders should have knowledge of the range and extent of restrictive practices that are used within the organisation. There should be a system for collecting this information across the whole organisation and for each setting.
- 66. Service managers should ensure that there are regular audits and reviews of restrictions within their services. Effective recording and data collection can highlight equality and diversity issues, inform decisions about further workforce development, and identify individuals where the current approach to their support needs to be reviewed and improved.

67. Where the secure transport services are commissioned, any use of restrictive practices during the transport of an individual to the commissioning agency. These incidents should also be recorded and reflected in data collecting arrangements.
68. Any injuries sustained as a result of the use of restrictive practices must be recorded and reported as a safeguarding issue in line with the safeguarding policy and procedures of the setting/organisation.
69. Good data collection practice is an essential element in any plan to reduce restrictive practices and supports transparency. Monitoring current practice is dependent on robust but user-friendly recording systems that support good analysis.
70. Any data collected should have a clear purpose, i.e., to enhance an individual's quality of life. All data collection activities should be undertaken in line with UK-General Data Protection Regulations.
71. Organisations and settings should consider when developing their plans for reducing restrictive practices the information they will record, which should include as a minimum:
 - a. The type of restrictive practice used;
 - b. The reason(s) for the use of restrictive practice;
 - c. Where and when the restrictive practice was used;
 - d. The length of the restrictive practice;
 - e. The known impact on the individual, including any injuries, and any risks to their physical or mental well-being;
 - f. The protected characteristics of the individual (including age, gender, sex, disability, broken down by impairment type, and race);
 - g. The outcome of any incident review, including any measures that will be taken to avoid or minimise restrictive practices and the risk of harm in future;
 - h. The individuals involvement in the review;
 - i. A record to confirm that the relevant family members and carers have been informed and when this happened.

Safeguarding

72. Organisations must ensure that practitioners understand their safeguarding responsibilities and are familiar with the organisation's safeguarding policy and procedures. Safeguarding issues must be reported to social services or the police in line with requirements set out in the [Wales Safeguarding Procedures](#) and relevant guidance:

- Working Together to Safeguard People Volume 1: Introduction and Overview <https://gov.wales/safeguarding-people-introduction>
 - Working Together to Safeguard People Volume 5: Handling Individual Cases to Protect Children at Risk <https://gov.wales/safeguarding-children-risk-abuse-or-neglect>
 - Working Together to Safeguard People Volume 6: Handling Individual Cases to Protect Adults at Risk <https://gov.wales/safeguarding-adults-risk-abuse-or-neglect>
73. Where there is any indication that restrictive practices are being used inappropriately this must be reported as a safeguarding concern.
74. Organisations should ensure that practitioners are made aware of the organisation's whistleblowing policy.
75. Organisations should ensure that individuals, their families, and carers should receive information about the organisations work to reduce restrictive practices, their right to make a complaint and the relevant process for making a complaint. They should also receive clear information on how to report a safeguarding concern.

Working to reduce restrictive practices

76. Evidence from research and practice suggests a number of key components to reducing restrictive practices within organisations:
 - leadership; recording and data collection;
 - workforce development; stakeholder involvement;
 - post incident support and review; and specific restraint reduction strategies.
77. Organisations should review their current progress in each area and use this to inform their organisational restrictive practice reduction strategies.
78. The majority of practitioners wish to avoid crisis by working preventatively, but when services and practitioners are under stress the default culture can become more restrictive. As individuals' lives become more restricted, they are more likely to provide challenges to services and a vicious circle is created. In this way embedding preventative strategies and person-centred practices supports the rights and quality of life of individuals and supports a more positive environment for everyone.

Leadership

79. The reduction of restrictive practices can only be properly implemented and maintained through a whole organisational approach, supported through strong leadership. Messages about reduction should be clear at all levels, throughout all organisational systems and policies and workforce development programmes. Leadership is needed at sector, organisation, service and direct practice level.
80. Supervision and team meetings should include restrictive practices as a standing agenda item to allow for the identification of any issues, to ensure practitioners are clear on the organisational position on reducing restrictive practices and to identify any learning and/or support needs.
81. Managers should be watchful for signs of restrictive cultures developing. They should facilitate regular discussion about restrictive practices and create a non-blaming environment where practice can be discussed and questioned.
82. Service managers should ensure that the monitoring and review of individual personal plans includes consideration of planned restrictive practices and reduction guidelines. Particular attention should be paid to the language that is used to describe individuals and incidents; it should be objective, accurate and respectful.
83. Organisations have a duty of care towards practitioners and should recognise that workplace stress can have an adverse impact on the quality of practice.

Appropriate measures to support the wellbeing of the workforce should be in place.

Workforce development

84. All practitioners and carers should have value based training and ongoing support in developing skills to work within a preventative framework. Examples of preventative frameworks include Positive Behavioural Support, recovery-based approaches, restorative justice, Safewards, PACE (Playfulness, Acceptance, Curiosity and Empathy) etc. Different settings, organisations and sectors will need to consider which approach is most appropriate for them in promoting a human rights based, person-centred approach to reducing restrictive practices.

85. The content of training should involve:

- understanding of the meaning of behaviours that are described as ‘challenging’ and reflection on the attitudes and presumptions that impact on the way practitioners understand behaviours;
- human rights and how they relate to the use of restrictive practices;
- person centred practice;
- understanding of trauma and trauma informed care;
- proactive interventions that improve well-being and prevent the use of restrictive practices;
- examining attitudes and attributions to behaviours that are described as challenging.

The training content should refer to the organisation’s safeguarding and whistleblowing policies, so people understand how to respond if they believe someone’s rights are being infringed and they are being put at risk.

86. Training outcomes are more easily embedded into practice if practice leaders work alongside and coach less experienced colleagues.

87. Training priorities send strong messages to practitioners about the behaviours that are expected in the organisation. The organisational goals for reduction need to be explicit from the start of the induction process. Practitioners should feel confident and knowledgeable so they can identify and question unnecessary restrictive practices. It is more likely that they will feel confident to do this in an open supportive culture, where skilled practice leaders have a good influence on team values and practice.

88. Training content should include contributions from people with lived experience of having restraint or other restrictive practices used on them. It is important that practitioners who apply restrictive practices have an understanding of the personal and often traumatic impact it can have.

89. There should be ongoing team and individual development activities, which explore practitioners’ understanding of restrictive practices and reduction

strategies and review the use of restrictive practices on a regular basis. Updates on the organisational reduction strategy and mission should be a regular part of team meetings.

90. All practitioners (including bank and agency workers) who may have to use restrictive practices as a last resort to prevent harm to an individual or others should have accredited competence-based training. Practitioners should receive training in prevention approaches and de-escalation before they receive training in the use of restrictive practices. Measures should be in place to ensure any new starters have timely access to training.
91. Practitioners should not receive blanket training in the use of restrictive practices and training should be based on a training needs analysis and individual person-centred support needs. The need for training in any restrictive practices should be routinely reviewed with the training provider and should be reviewed following any incident that causes concern or harm.
92. The training should also cover the trauma that can be experienced both by people who are subject to restrictive practices and those who carry out restrictive practices. Any training should also include perspectives from people who have lived experience of being subject to restrictive practices.

Procurement

93. Socially, environmentally, and economically responsible procurement can deliver improved quality of life and better value for money.
94. Commissioners of goods and services in childcare, education, health, and social care should consider, where relevant, including in contractual arrangements a requirement that providers to operate in line with the expectations set out in this Framework.

Person centred practice, action and involvement

95. Organisations should promote person centred practices and individual rights. Institutionalised cultures where blanket rules are applied are likely to support unnecessary use of restrictive practices and punitive approaches. The values of the organisation should promote the recognition of individual needs and rights. This includes acknowledging the power imbalance between those who need support and those who provide it.
96. Person-centred planning means involving the individual who a Plan relates to and the people who matter to them (family/carers) in a meaningful way in discussions and decisions about what should be included in the Plan to support well-being and individual needs.
97. Everyone involved in the individual's life should be familiar with and understand the guidelines set out for the child or adult for whom the plan has been developed. The planning process should ensure that everyone involved in the individual's life is clear about guidelines contained in any plan for an

individual. Children and adults should be assured a consistent response to behaviour support and the use of restrictive practices regardless of the setting – whether they are in a full-time residence, a place where they live sometimes or a setting where they receive childcare, education, health, or social care.

98. Consent should always be sought from people who have capacity about the inclusion of any restrictive practice in a plan, it is important to include the wishes of the individual in any plan. If a person lacks capacity to consent, their wishes should still be included in the plan and any advance directives should be considered. Where a person with parental responsibility for a child gives consent on behalf of their child, the child's wishes should also be recorded in the plan.
99. Children, adults, and families should also be asked to contribute to policy review and development and service design. The ideal should be to co-produce all elements of support with the involvement of key stakeholders. Special efforts should be made to engage with people of all ages for whom communication and language differences may be barriers, including those for whom verbal communication is not the primary method of communication. Alternative communication techniques and use of technology should be considered where this may be helpful.
100. Families/carers (including unpaid carers) should be involved and given accurate up-to-date information. This could involve the provision of very clear information to families/carers about the organisation, setting or service policy on reducing restrictive practice and how any concerns can be raised.
101. In line with a child rights approach, organisations should ensure that children are given accessible and age-appropriate information to enable them to understand their rights in relation to the use of restrictive practices. This should also include information about where to go for advice and help if they are worried about the use of restrictive practices.

Advocacy

102. The Social Services and Well-being (Wales) Act 2014 provides children and young people with the entitlement to an active offer of advocacy from a statutory Independent Professional Advocate (IPA). This entitlement applies when they become looked after or become the subject of child protection enquiries leading to an Initial Child Protection Conference. The 'active offer' is made directly to the child by the Advocacy Service. An 'active offer' is a sharing of information about the statutory rights and entitlement of a child, in particular circumstances, to access support from an Independent professional advocacy Service. Information should be shared with them that includes an explanation about the role of Independent professional advocacy, what it can and cannot do, how it operates based on their wishes and feelings, its independence and how it works solely for the child/young person. This should also include its policy on confidentiality and significant harm – this explains the statutory right of children and young people to be supported to express

their views, wishes and feelings as well as their right to make a representation or complaint.

103. The Social Services and Well-being (Wales) Act 2014 requires Local Authorities to arrange for the provision of an IPA when a person can only overcome the barrier(s) to participate fully in the assessment, care, and support planning, review, and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.
104. In addition, Welsh Government has funded Age Cymru to deliver the Golden Thread Project working with Commissioners and Providers of advocacy to develop a National Framework for Commissioning Independent Professional Advocacy for Adults in Wales.
105. The Mental Health Act 2005 as it applies in Wales makes statutory provision for all adults and children who are receiving inpatient mental health care (whether detained under the Act or not) or are subject to a Guardianship Order or a Community Treatment Order to be eligible for the support of an Independent Mental Health Advocate (IMHA). Whilst a child, young person or an adult has the right to refuse the support of an IMHA and to elect to use the support of a different independent advocate, they must be provided with information about the availability of the relevant and commissioned statutory independent advocacy. The Mental Health (Independent Mental Health Advocates) (Wales) Regulations, 2011 sets out the relevant regulations.

Implementation

106. The Welsh Government will consider the expectations set out in this Framework when reviewing or developing relevant policy and guidance. This includes policy and guidance, which is sector or service specific to set out how these expectations can be met in each policy area/sector/service.
107. The Welsh Government expects commissioners and providers of services operating across childcare, education, health, and social care settings to review their policies, workforce development arrangements and practice to identify any changes and measures that are necessary to support the implementation of this Framework.
108. Welsh Ministers will consider a review of the implementation of the Framework and its impact in 2024.

Appendix 1

The Public Sector Equality Duty, Equality Act 2010 (EA 2010) s149

Certain public authorities are subject to specific duties under the Equality Act 2010. The Public Sector Equality Duty (PSED) was created under the Equality Act, which came into force on 5 April 2011. The PSED replaced the race, disability, and gender equality duties. It applies in England, Scotland and in Wales. The general equality duty is set out in section 149 of the [Equality Act 2010](#).

Section 153 of the Act enables the Welsh Ministers to impose specific duties on certain Welsh public bodies through secondary legislation. For Welsh and cross-border Welsh public bodies, specific duties have been finalised by the Welsh Government and came into force on 6 April 2011.

[The Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011](#)

Those public authorities subject to the general equality duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

[Convention on the Rights of Persons with Disabilities \(CRPD\)](#)

Especially articles:

- 12 (equal recognition before the law),
- 14 (liberty and security of the person),
- 15 (freedom from torture, cruel, inhuman, or degrading treatment or punishment)
- 17 (protecting the integrity of the person).

[United Nations Convention on the Rights of the Child](#)

Especially articles:

- 3 (best interests of the child),
- 12 (right to be heard),
- 16 (right to privacy and family),
- 19 (protection from physical or mental violence and abuse),
- 23 (disabled children),
- 28 (school discipline)
- 37 (protection from torture, cruel, inhuman, or degrading treatment or punishment).

United Nations Principles for Older People

Especially:

- Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.
- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability, or other status, and be valued independently of their economic contribution.

¹ Care Council for Wales (2016) *Positive Approaches: Reducing Restrictive Practices in Social Care*. Available at: <https://socialcare.wales/resources/positive-approaches-reducing-restrictive-practices-in-social-care?record-language-choice=en-cy>

² Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007) *Challenging behaviour: a unified approach Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices*, College Report CR144 [college-report-cr144.pdf](https://www.rcpsych.ac.uk/college-report-cr144.pdf) ([rcpsych.ac.uk](https://www.rcpsych.ac.uk))

³ <https://www.equalityhumanrights.com/en/publication-download/human-rights-framework-restraint>

⁴ Advocacy can take many forms, each with the common aim of supporting individuals to have their voices heard, to clarify options and to express their views, wishes and feelings. See Annex 3.

⁵ <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>
[The Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics)

⁶ <https://www.equalityhumanrights.com/en/publication-download/human-rights-framework-restraint>

⁷ Hollins, L. (2019) Use of restraint and force: steps towards greater transparency and accountability. Comment, *Mental Health Practice*. Available at: <https://rcni.com/mental-health-practice/opinion/comment/use-of-restraint-and-force-steps-towards-greater-transparency-and-accountability-143936> (accessed 27 April 2019);

⁸ [Restraint Reduction Network Training Standards - materials to download - Restraint Reduction Network](#)