

Regional Policy on the use of Restrictive Practices in  
Health and Social Care Settings

And regional operational procedure for the use of  
Seclusion

Northern Ireland

Consultation Report

March 2023

## INTRODUCTION

1. This paper summarises the findings from the public consultation, which closed in October 2021, on Regional Policy on the use of Restrictive Practices in Health and Social Care Settings and Regional Operational Procedure for the use of Seclusion, Northern Ireland.
2. The final Policy, incorporating feedback received where appropriate, has been published alongside this consultation report.

## BACKGROUND

3. In August 2005, the Human Rights Working Group on Restraint and Seclusion issued *Guidance on Restraint and Seclusion in Health and Personal Social Services*. The working group was commissioned by the then Department of Health, Social Services and Public Safety (DHSSPS) and the guidance was issued by the DHSSPS.
4. In the period since this guidance was issued, the issue of restrictive practices, including restraint and seclusion in health and social care services, has continued to be under discussion. In that context and as part of the Mental Health Action Plan published on 19 May 2020, the Department of Health (DoH) committed to review restraint and seclusion and to develop a regional policy on restrictive practices and seclusion and a regional operating procedure for seclusion (Mental Health Action Plan, Action 6.5). The draft regional policy was the conclusion of this work.
5. The review commenced in February 2020. Due to impacts of COVID-19 and its restrictions, the project was paused from April 2020. The project recommenced in September 2020 and formally reported its findings in March 2021. The review team worked extensively with relevant stakeholders when developing the guidance and the input received was broadly positive throughout this development process.

## **PURPOSE OF THE POLICY**

6. The regional Policy on the Use of Restrictive Practices in Health and Social Care Settings provides the regional framework to integrate best practice in the management of restrictive interventions, restraint and seclusion across all areas where health and social care is delivered in Northern Ireland. The emphasis is on elimination of the use of restrictive practices and on minimising their use.
7. The Policy draws upon the views of people who use health and social care services, those who have experience of restrictive practices, restraint and seclusion, and best practice from other jurisdictions in the UK and across the world. It aims to ensure that when restrictive practices are used, they are managed in a proportionate and well-governed system. This Policy will play a key role in protecting people, by reducing the risk of misuse and the potential over-reliance on restrictive practices.
8. The use of restrictive interventions, restraint or seclusion may be necessary on occasions, for example, as one element of managing a high-risk situation. Best practice highlights that restrictive interventions, restraint and seclusion should only be used as a last resort when all other interventions have been exhausted and there is a presenting risk to the person or to others. Nevertheless, some of those who have been involved with or subject to seclusion, restraint and/or restrictive interventions, recall traumatic experiences which can hinder recovery and relationship building. Reports from across the UK and Ireland have highlighted the need for change regarding the use of restrictive interventions, restraint and seclusion.
9. The Policy document sets out the standards required for: minimising the use of restrictive interventions, restraint and seclusion; and decision making, reporting and governance arrangements for the use of any restrictive practice.
10. The draft Policy was developed using co-production principles and has included involvement from service users, carers, people with lived experience, professionals, academics, providers of services and policy officials.

11. It is anticipated that the new Policy, once agreed, can be delivered within existing funding, as the policy represents current best practice and compatibility with statutory requirements. Consideration of any additional training requirements to implement the revised policy may be required.
12. Across the statutory sector, implementation of the policy will be led by the DoH Strategic Planning and Performance Group (SPPG) and HSC Trusts. In the independent and Community and Voluntary (C&V) sectors, it will be for each organisation to consider what, if any, implementation work will be required.

## **PUBLIC CONSULTATION**

13. The draft regional Policy on the Use of Restrictive Practices in Health and Social Care Settings was published for a 12-week period of public consultation from 7 July 2021 to 1 October 2021, following an intensive period of co-production. Four impact assessment screening documents were also included as part of the consultation document:
  - Equality and Human Rights;
  - Regulatory;
  - Rural; and
  - Children's Rights.
14. Additional supporting documentation was provided in the form of:
  - A consultation document providing supporting background information.
  - An Easy Read version of the draft Policy.
15. All documentation was published on the DoH website and the draft Policy was available in alternative formats on request. All of the views, comments and suggestions made during the consultation period have been considered by the Department and have played a role in informing the final version of the revised Policy.

## CONSULTATION RESPONSES

16. In total, there were 25 responses to the consultation. Of these, 20 were from professional organisations and 5 were from private individuals.

17. In Section 2 of the consultation questionnaire, respondents were asked if they agreed with the draft Regional Policy. Respondents were also asked if they agreed with the Equality Impact Assessment and associated Screenings.

18. There was broad agreement with the overall direction of travel, with 96% of respondents indicating that they agreed with the content of the draft Regional Policy.

19. As part of this feedback, it was particularly noted that:

- Respondents demonstrated enthusiasm for the overarching vision and approach.
- The principle of a rights-based approach, and of the involvement of the individual in decision-making regarding their care, were widely endorsed.
- The Standards, Key principles and Key actions were welcomed.
- The co-design and co-production undertaken to inform the draft Policy were welcomed, particularly service user representation.
- There was strong advocacy that a wide range of stakeholders should be involved in the policy going forward, and in monitoring its implementation and evaluating its impact. This includes children and young people, parents and carers, representatives from equality and human rights organisations, and professional organisations such as for example, the Regulation and Quality Improvement Authority (RQIA).

20. Other key comments or emerging themes included:

- That the guidance appears to be focussed more on adult services, rather than children's services, and a suggestion that separate guidance in relation to children should be included.
- There was support for the embedded person-centred rights-based approach.
- There was an acknowledgement that those with communication difficulties experience challenges in being heard, with an emphasis on the value and importance of inclusive communication strategies and practices.
- It was noted and emphasised that a multidisciplinary approach is essential at all stages.
- There were a number of comments on training, with calls for it to be: regionally defined; provided for staff at all grades, particularly those who work in specialist roles and/or facilities; and that it should be based on low arousal techniques and be trauma informed.
- There were strong comments made in relation to regionally adopting all standards across statutory and non-statutory organisations.

21. Other more general points included:

- There were several suggestions on wording changes to support clarity.
- There was a request to provide more clarity on any use of mechanical restraint, and that the term 'secure setting' be defined.
- A number of responses mentioned the use of CCTV and suggested clarifying and refining the commentary on the use of this.

- There were also several responses suggesting that there should be recognition of the potential mental health impact on staff who are involved in restraint and seclusion.

## **DEPARTMENTAL RESPONSE AND NEXT STEPS**

22. The completion of the final Policy has only been possible thanks to the significant contribution from many individuals and organisations who provided their expert advice throughout the co-production process. The Department is very thankful for the high levels of engagement and support received across sectors.

23. The Department welcomes the broadly positive response to the draft Policy, and a large proportion of the suggestions and comments made during the consultation have been incorporated in the final Policy document. The positive response, and all the constructive feedback, is a direct result of the ongoing engagement and co-production prior to the consultation.

24. As specified during the public consultation, responses from professional organisations will be published in full and these can be accessed via the Department's website at:

<https://www.health-ni.gov.uk/publications/regional-policy-use-restrictive-practices-health-and-social-care-settings-public-consultation>

**List of Organisations who responded**

1. Association for Real Change (NI) (ARC)
2. British Association of Social Workers (BASW)
3. Belfast Health & Social Care Trust (BHSCT) Therapeutic Support Service
4. British Medical Association (BMA)
5. Education Authority NI
6. Equality Commission NI
7. Information Commissioners Office (ICO)
8. Northern Health and Social Care Trust (NHSCT)
9. NI Commissioner for Children and Young People (NICCY)
10. NI Human Rights Commission (NIHRC)
11. Praxis Care
12. Police Service Northern Ireland (PSNI)
13. Queen's University Belfast (QUB) – Mental Health Teaching Team, School of Nursing and Midwifery
14. Royal College of Nursing (RCN)
15. Royal College of Psychiatrists (RCPsych)
16. Royal College of Speech and Language Therapists (RCSLT)
17. The Regulation and Quality Improvement Authority (RQIA)
18. Southern Health and Social Care Trust (SHSCT) – Children and Young People Services
19. Southern Health and Social Care Trust (SHSCT)
20. Telling It Like It Is (TILII)