

REDUCING RESTRICTIVE INTERVENTIONS WITH CATALYST CARE GROUP

Freedom, dignity, and respect are not privileges in care - they are fundamental human rights to every one of us.

catalyst
Care Group

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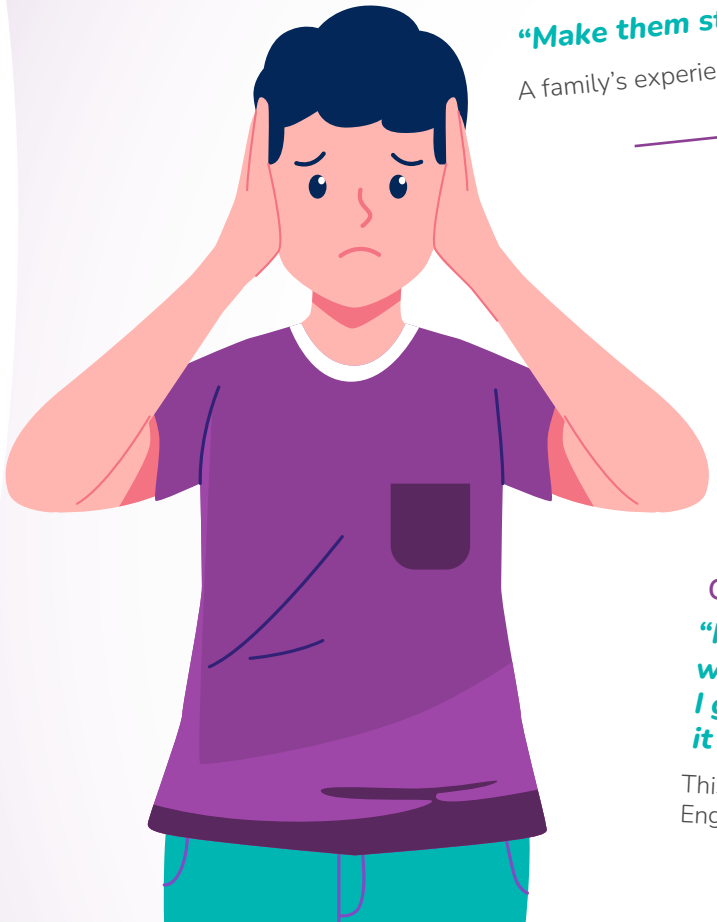
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The Negative Impact of Restraint that No One Talks About - Voices from Lived Experience

Across the UK, people and families have described the lasting impact of restraint, seclusion, and other restrictive practices. These experiences remind us that restrictive interventions are not just clinical decisions - they are deeply personal events that can shape trust, safety, and recovery.

These quotes come from **inquiries, reports, and testimonies** about restrictive practices in the UK.



> **"Make them stop, Mummy"**
>
> A family's experience of restrictive practice

> Family member of a child restrained at school
>
> ***"He came home covered in bruises... what looked like carpet burns on his knees and ankles."***
>
> Families reported injuries after restraint, including bruises and broken bones.

> Child detained in a mental health unit
>
> ***"I don't like when they restrain me in my room... when there's more than two people in my room... I get restrained with an arm around my back... it strained my wrist and it felt numb."***
>
> This testimony was collected by the Children's Commissioner for England during investigations into restraint in mental health units.

Adult with lived experience of restraint and segregation

"I felt trapped and caged like an animal."

This testimony comes from a woman detained in multiple psychiatric units who experienced prolonged restraint and isolation.



Family describing institutionalisation

"He now feels safer in hospital than out."

Families have described how long-term restrictive environments can lead to institutional dependency and loss of independence.

Testimony from the national inquiry

"The humanity of people in solitary confinement gets forgotten."

This observation appears in a UK independent review examining long-term segregation in hospitals.

Parent describing the impact on their child

"My son became terrified of going back to school."

Parents often report fear, trauma, and loss of trust in education and care settings after restrictive interventions.

Professional Input from Our Multidisciplinary Team

Alongside national research and data, this guide also reflects best practices for reducing restraint developed within Catalyst Care Group. It includes insights from professionals within our organisation who work closely with people every day. Their perspectives come from real experiences supporting autistic people, people with a learning disability, and/or mental health needs.

The reflections throughout the guide emphasise what compassionate, person-centred care really feels like in practice: **seeing people as a whole, not just through their needs, and focusing on their voices, choices, and autonomy.**

It shows how involving people and families in decision-making and taking time to truly listen and understand supports proactive care that reduces the need for restrictive interventions.



Louise Bray
Head of Complex Care and Continuous Improvement for the Catalyst Care Group, Nominated Individual



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach



Benjamin Andrew
Positive Behaviour Support Coach and Multimedia Specialist



Georgina Rikard
PBS Practitioner

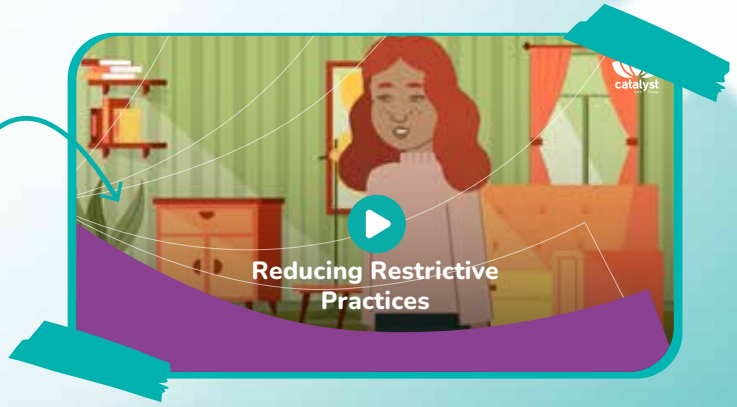


Rebecca Badgley
PROACT-SCIPr-UK® Principal Instructor



Daniel Kenealy
PROACT-SCIPr-UK® Principal Instructor

watch the video



Restrictive Practices in the UK

A restrictive practice is anything that prevents a person from doing something they want to do or makes them do something they do not want to do. This can include very subtle actions, such as saying no when someone wants to go out, asking them to wait unnecessarily, or changing plans without their involvement. These small, everyday restrictions are often the most overlooked.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

During **2024 - 2025,** an average of **16,462 restrictive interventions were recorded each month, representing a 24% increase over the previous year,** including:

- **Physical restraint**
- **Seclusion**
- **Mechanical restraint**
- **Rapid tranquillisation**

In the same period, **around 3,563 people each month** experienced at least one restrictive intervention.

Every restriction carries a human cost to dignity, trust, and the sense of identity, and sometimes to a human life.

Across a year, these figures amount to **close to 200,000 restrictive interventions** within mental health inpatient settings in England alone. For many people, this is not a single incident but a repeated experience that can affect trust and recovery.

Restrictive practices are often a sign of wider systemic failure rather than isolated incidents. Language also matters. The way restraint is described can shape what becomes acceptable in the future. The discussion closed with a shared recognition that real change requires openness, honesty, and a willingness to question practices that have long been taken for granted.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach



When Restriction Is More than Just Intervention?

Behind every number is a person whose distress, fear, or loss of control reached a point where restriction was used. While restrictive interventions are sometimes applied in situations of immediate risk, their use raises important questions about how care systems respond to distress, trauma, and unmet needs.

Restraint is not an unavoidable part of care. It is a symptom of unmet needs, unmet training needs, and unmet system needs across education, health, and social care. Even with increased knowledge about the brain.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

Although the use of restrictive practices is strictly regulated by law, in some cases, the use of restraint goes beyond its primary intention - **keeping people safe.**

The simple fact of having someone tied in a moment of distress can add even more stress to the person, potentially leading to trauma. If the restraint keeps repeating, it can eventually cause more severe mental health difficulties, including PTSD.

Physical injuries are no exception as well. Overall, in most cases, it can cause more damage than benefit.

It is also important to recognise that making changes to a person's care or support plan without involving them, where they have capacity, is itself a restrictive practice. People must be active participants in decisions about their lives.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

Proactive Approach to Care within Our Organisation

Restrictive practices often occur when autistic people, people with learning disabilities, or people with mental health needs are placed in environments that do not meet their needs. This is often compounded by limited staff training and a lack of meaningful involvement in care planning, leaving many people feeling unheard and excluded from decisions about their own lives.

If we want to reduce restraint, we must transform what happens before distress, before escalation and before crisis through connection, understanding, curiosity and equality. This is the work we must commit to as an organisation, build people up, don't break them down. Be curious, not furious, protect, teach and coach.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

Although the use of restrictive practices is strictly regulated by law, in some cases, the use of restraint goes beyond its primary intention - **keeping people safe.**

Improvement requires person-centred care planning, clear communication that people can understand, lower stress in care environments, safe staffing levels, and organisations willing to support meaningful change.

Our approach includes positive risk-taking, stronger involvement of families and carers, face-to-face staff training, and creating cultures where staff feel safe to speak up.

We believe that all organisations must recognise and clearly define restrictive practices, using co-production and strong leadership to reduce them.

Restraint Reduction Strategies at Catalyst Care Group

	Criteria
1	The organisation has a current restraint reduction strategy, which outlines a range of multi-strategic approaches to reduce coercive approaches and to prevent the misuse and abuse of restraint.
2	The restraint reduction strategy supports the organisation's mission, vision and values and emphasises the importance of person-centred care, compassion and dignity.
3	The restraint reduction strategy directly evidences approaches which meet national, service-specific and regulatory guidelines and standards.
4	The restraint reduction strategy is based on the RRN's Six Core Strategies and addresses restraint reduction across the entire organisation (service, department, team, and person receiving support).
5	The person receiving support and family views are considered and integrated into the reduction plan.
6	The restraint reduction strategy is communicated across the organisation and shared with stakeholders (people receiving support and families, staff, commissioners, regulators).
7	Restraint reduction is supported by strong, visible leadership. A senior manager is named as a lead for restraint reduction, and people receiving support and families know whom to speak to if they have concerns.
8	The organisation's Senior Management Team and Board receive regular reports on the organisation's performance in relation to restraint reduction.
9	There is an effective governance framework and policy in relation to the use of restrictive practices to ensure restraint is not misused or abused.
10	There is a clear and transparent complaints procedure specific to the use of restrictive practices, which enables individuals, families and staff to raise concerns regarding the use of restraint.
11	The organisation's policy on the use of restrictive practices provides clear and unambiguous criteria outlining when restrictive practices may be considered an appropriate and reasonable intervention.
12	Leaders and managers promote a culture of care and compassion and inspire staff to build open and positive relationships with individuals and families.
13	The prevailing culture in the organisation emphasises that the use of restraint is a "treatment failure". Whenever restrictive practices are implemented, there is a clear approach which shows how staff will attempt to ensure further restraint is avoided in the future.
14	The misuse and abuse of restrictive practices is consistently addressed by leaders and managers.

Using restraint only as a last resort, only when it is proportionate and necessary to prevent harm. Encouraging regular best interest decisions, ensuring that care and behaviour plans are lawful, ethical and person-centred and supporting capacity assessments and documentation when significant decisions or interventions are involved. We align with the Care Act because this places the individual's wellbeing at the heart of their care and support.



Rebecca Beagley
PROACT-SCIPr-UK® Principal Instructor



Choosing Curiosity over Assumptions

Curiosity is a basic professional responsibility. Yet it is often missing, especially when fear, uncertainty, or differences such as race, neurodivergence, or disability influence how situations are understood. When curiosity is absent, responses can easily become inappropriate or harmful.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

Behind every moment of distress is a person trying to cope with something that may feel frightening, confusing or overwhelming. Understanding what may trigger these moments - and what the person may be experiencing inside - changes how we respond.

Curiosity allows care to move away from control and toward connection, dignity and safety.

All behaviour happens for a reason, and all behaviour reflects a need. If it becomes risky or potentially dangerous for the person or others, we look for alternative ways to help that need to be met. Because when the need is addressed, the behaviour begins to change.



Benjamin Andrew
Therapy Team Lead/PBS Specialist Practitioner and Coach

To understand the person as a whole, we need to start by asking the right questions. In most care plans, the person is described through vulnerabilities, diagnoses, and what is seen as ‘wrong’. However, people are much more than diagnoses.

Focusing on ***what is strong*** rather than on ***what is wrong*** should be the baseline when creating the care plan for a person.

Lots of people get lost in the systematic way of working in health and social care. There are many systems that cannot be accessed until a person receives a certain diagnosis. We are an organisation that is needs-led rather than diagnosis-defined, focusing on what is best for the person and how that support can be provided as quickly as possible.



Benjamin Andrew
Therapy Team Lead/PBS Specialist Practitioner and Coach

Needs-Based Care instead of Diagnoses-Defined Care Is a Must

However, control, coercion, and the way we speak about people are also restrictive practices. In some settings, particularly mental health and secure environments, people can be spoken about as diagnoses rather than as individuals. Over time, this can lead people to internalise the idea that they are "less than," or defined entirely by their diagnosis. Diagnosis itself can become restrictive when it limits access to care, opportunities, or compassion.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

Understanding the Person through the Right Assessments

01 **Risk assessments** - Aimed at identifying potential situations where a person may experience distress or harm, helping create proactive support plans that prevent escalation and reduce the likelihood of crisis.

02 **Functional Behavioural Assessments (FBA)** - Systematic approach to identify the triggers and functions of challenging behaviours.

03 **Cognitive Behaviour Assessment Tools** - Tools to assess and address cognitive processes related to behaviours.

04 **Trauma-Informed Assessments** - Assessments that explore potential traumatic experiences and how they may affect a person's physical and mental well-being.

05 **Environmental Assessments** - Evaluations of a person's surroundings to create supportive and capable environments.

06 **Sensory assessments** - Assessments that identify a person's sensory sensitivities and needs so support can be adapted to help the person feel more comfortable and live with the best possible quality of life.

07 **Direct Observation Tools** - Methods for observing and recording behaviours in different settings.

Creating a Circle of Support

Supporting a new person begins with assembling the right team of skilled professionals around their needs. From the start, staff have access to a comprehensive digital system that provides up-to-date and essential information. This system includes key details such as:

- **Medical, psychological, and behavioural history**
- **Family background**
- **Incident reports, and restrictions**
- **High-risk behaviours**
- **Likes, dislikes, and allergies**

Building a Proactive Care Plan

If we invest in meeting people's needs before they go into crisis, there will be no crises. The more proactive we are, focusing on what's happening now, the more likely we are to achieve the best outcomes now.



Benjamin Andrew
Therapy Team Lead/PBS Specialist Practitioner and Coach

Nothing about people without people

Positive Behaviour Support (PBS)

Transforms behaviour support from reactive control to proactive investment in human potential, reducing crises through trauma-informed and compassionate ethical strategies.

Person-centred approach
Providing personalised support

Proactive Strategies
Understanding behaviours of concern

Functional Assessment
Identifying triggers and function of behaviour

Skill-building
Teaching alternative, positive behaviours

Co-production
Working closely with the person, their family and the support circle

Evidence-led
Used to track progress and inform decisions

Our approach centres on giving people strategies they can use in real life, helping improve ***quality of life, relationships, and independence.***

PROACT-SCIPr-UK®

A therapeutic, values-based approach that supports autistic people, people with a learning disability, and/or mental health needs. It focuses on the whole person and uses proactive strategies to reduce distress, crisis escalation and the need for crisis intervention.

Proactive + 70%

- Communication
- The Environment
- Substitute Skills
- Choice Making
- Positive Programming
- Opportunities for Leisure
- Access to the Community
- Structured Timetable for the day
- Reinforcement Schedules
- Promote Independence
- Relationships
- Relaxation

Active 20%

- Addressing Immediate Needs
- Redirection
- Distraction
- Offering a preferred item or activity
- Lower any demands
- Adapt environment
- Adapt Interaction
- Teachable moments

Reactive 10%

- Strategic Capitulation
- Stimulus Change
- Evasion
- "Run like hell"
- Redirection
- Adapt environment
- Calming Techniques

Trauma-Informed Approach

Identifies and responds to the signs, risks and impact of trauma to better understand and support the individual needs of people who have experienced social, physical and emotional trauma.

Traditional

- People are seen as "bad"
- People need to be punished
- People are seen as not caring
- Focus is on stopping behaviour rather than understanding it

What is wrong with you?

Trauma-Informed

- People are understood as experiencing distress or suffering
- Support focuses on what the person has been through
- Many people want to help but may lack understanding and skills
- There is awareness of how trauma shapes development and behaviour

What has happened to you?

Resiliency-Informed

- People are seen through their strengths and potential
- Compassion supports people as they learn new skills
- Everyone can learn ways to regulate emotions and feel safer
- Building well-being can reduce distress over time

What is right with you?

What are your strengths?

Positive Risk-taking

An approach that involves taking prudently considered risks empowers people to discover new experiences, sources of joy and fulfilment, and a sense of meaning.

Empowering people to **pursue ambitions** and **goals**

↓

Enabling decision-making

↓

Recognising and supporting people's autonomy

↓

Promoting people's rights to take risks and make mistakes

↓

Encouraging self-esteem, self-management and independence



Multimedia

Turns information into something people can see, hear, and relate to, helping them feel more confident, prepared, and included in what is happening around them.

Our PBS and Multimedia Specialist Ben Andrews created a bespoke social story to support a safe and meaningful transition from hospital to community life for a person who had spent nearly 30 years in hospital care.

Watch the video below.



PACE Model of Care

Creates emotional safety and trust through playfulness, acceptance, curiosity and empathy, helping people feel understood, respected and supported.

P *Playfulness*

"You are amazing just the way you are" "How you feel matters and is real"

A *Acceptance*

"You are amazing just the way you are" "How you feel matters and is real"

C *Curiosity*

"Tell me what you dream of" "Tell me how you feel about that"

E *Empathy*

"No wonder you feel upset, that must have been so difficult."

watch the video



PERMA Model of Well-being

P

POSITIVE EMOTIONS
- Foster positive feelings
- Encourage solutions
- Provide support
- Address negative emotions

E

ENGAGEMENT
- Turn challenges into opportunities
- Build relationships
- Encourage strengths and skills
- Foster confidence and autonomy

R

RELATIONSHIPS
- Boost family time
- Encourage genuine bonding
- Foster social interactions
- Create supportive environment

M

MEANING
- Find purpose in meaningful activities
- Find value in personal relationships
- Find significance in everyday goals

A

ACCOMPLISHMENT
- Nurture goals and celebrate achievements
- Focus on personal growth and development
- Recognise praise and success
- Celebrate milestones and contributions

Community Mental Health Support

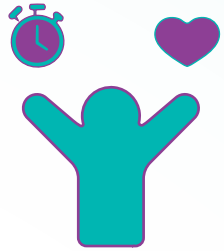
Specialised, reassuring support where people feel heard, understood, and confident to take an active role in their recovery.



Confidence to move forward



Managing difficult moments



Navigating life's challenges



Regaining control



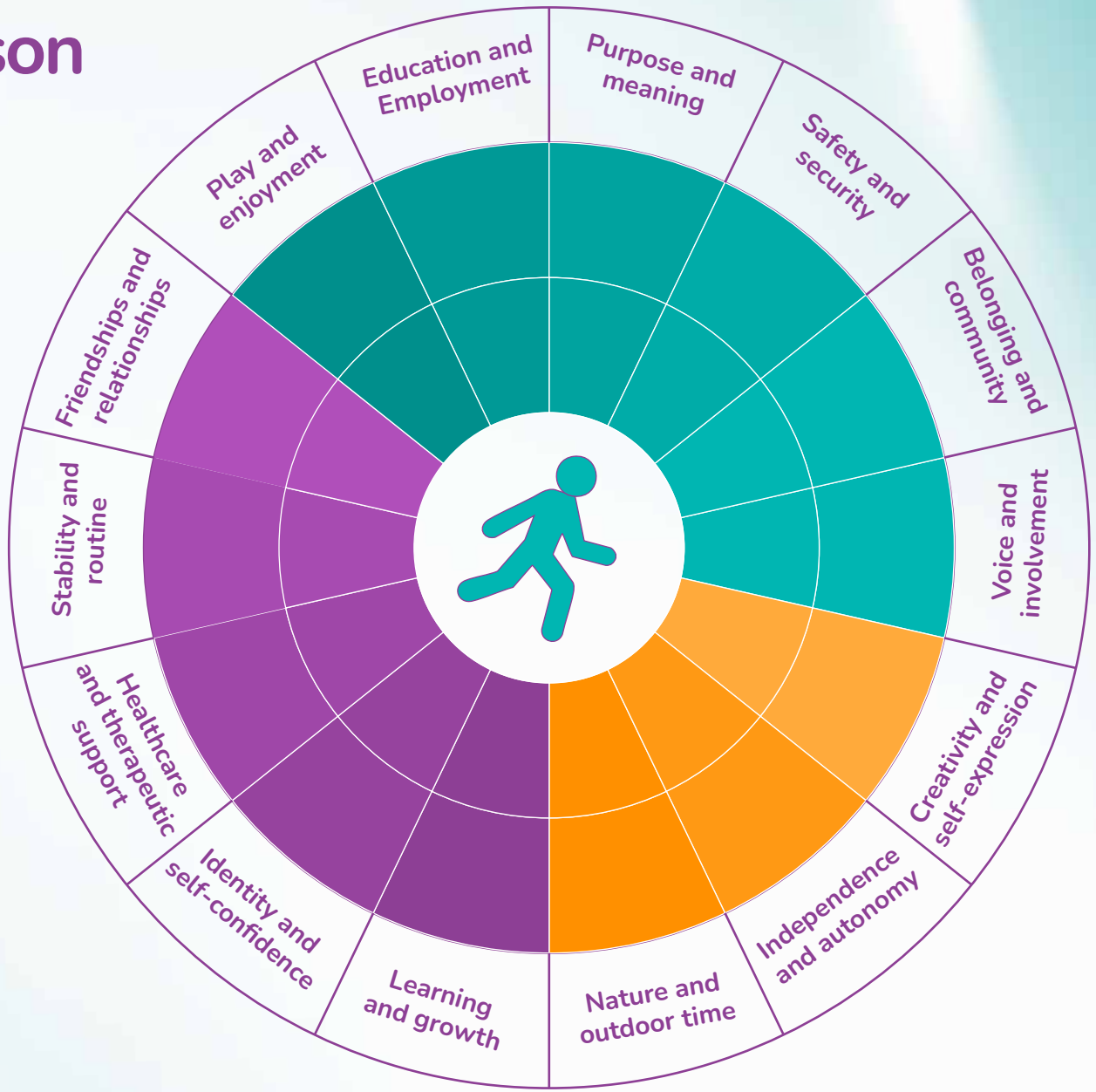
Rebuilding daily life

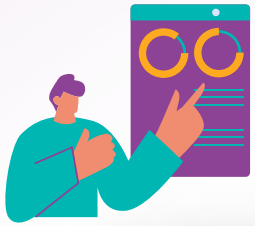


Reconnecting with life

Seeing the Person as a Whole

Providing Care Beyond Basic Needs through Multidisciplinary Input





Training & Staff Development

From a systems perspective, restrictive practices are often reinforced by staff stress, low morale, and a lack of support. When staff feel overwhelmed or unsupported, restrictions can feel like the only option. This highlights the importance of building systems that support both people and staff: effective debriefs, reflective spaces, shared decision-making, and a culture where taking thoughtful, positive risks is encouraged.



Amy Butler
Therapy Team Lead/PBS Specialist Practitioner and Coach

We ensure our teams are fully funded for training opportunities, covering statutory, practical, and specialist courses that support safe, confident, and compassionate practice.

1. **Training across our teams focuses on ongoing learning in human rights, person-centred practice, and trauma-informed approaches, rather than relying only on short courses about physical interventions, in line with the Restraint Reduction Network Training Standards.**
2. **We prioritise face-to-face training whenever possible, as it allows staff to learn together and reflect in a supportive environment. Because eLearning alone can be difficult in busy care settings, we use a blended learning approach.**
3. **Staff are also encouraged and supported to continue their education, strengthening communication skills for situations that may be complex or challenging.**
4. **We move away from debriefing approaches that can feel isolating or linked to blame, recognising that this can create a negative culture and place the focus on perceived failures.**
5. **Instead, we promote reflective learning through post-incident reviews, creating space to understand what happened, learn from the experience, and involve people with lived experience as well as family members and carers in the conversation.**
6. **Our teams also receive training on post-incident reviews, reflective debriefing, and post-incident support, ensuring these processes remain supportive, constructive, and focused on learning.**

Bild Association of **Certified Training**

BILD Accredited Training Centre

We are a BILD Act Certified PROACT-SCIPr-UK® training centre, recognised for delivering safe, rights-based support, with Rebecca Badgley and Dan Kenealy as our accredited trainers under BILD (British Institute of Learning Disabilities).

Our training delivery aligns with best practice as outlined by the Care Quality Commission (CQC), fully meeting their standards and expectations for safe, effective, and person-centred care. It also meets the Restraint Reduction Network standards and promotes best practice across education, health, and social care.

It mandates early intervention, prevention and safeguarding. We focus on prevention, we focus on skill building for the staff team and for the people we're supporting, always trying to help them to live more independently and reduce reliance on crisis interventions. We always prioritise their dignity and respect, which is a core theme throughout all of our framework.



Rebecca Beagley
PROACT-SCIPr-UK® Principal Instructor

Positive Behaviour Support (PBS)

- *Strategies for Crisis Intervention and Prevention (1998)*
- *Positive and Proactive Care (2014)*
- *A Positive & Proactive Workforce (2014)*
- *Reducing the Need for Restraint and Restrictive Intervention (2019)*
- *Restrain Reduction Network (RRN) Training Standards*
- *CQC Regulations*

What changed after implementing PROACT-SCIPr-UK®:

From a peak of 70 incidents recorded in April 2024, the number of incidents dropped to just 21 by April 2025, representing a **70% reduction?**
Even the highest monthly total in 2025, which occurred in July with 38 incidents, still marks a **45.71% decrease** compared to the same month in the previous year.



The accreditation mandates that all behaviour support is tailored to the individual's needs, built around their strengths, preferences and history, has developed with the person, not just for them, involving families, advocates and multidisciplinary teams. This mirrors Catalyst Care's personal-centred philosophy, ensuring every voice is heard and respected in care planning.Empowering staff through ethical training, staff are trained to respond in ways that are compassionate, safe and proportionate.



Daniel Kenealy
PROACT-SCIPr-UK® Principal Instructor

Human Rights and Safeguarding

Human rights remind us that safety should never come at the cost of a person's voice, identity, or independence. Safeguarding means listening closely, recognising distress, and responding with compassion so people can feel secure while still living lives shaped by their own choices.

We safeguard people's rights by minimising the use of restrictive practises, using PBS strategies and involving that person and their circle of support in all of the decisions that are made. We also ensure that the care planning reflects on the individual's goals, their preferences and desired outcomes and not just risk management.



Rebecca Beagley
PROACT-SCIPr-UK® Principal Instructor

About Catalyst Care Group

For services committed to compassionate, person-centred care, reducing restrictive practices goes far beyond policy or compliance. It is about recognising people's rights, understanding the reasons behind distress, and creating environments where safety is achieved through genuine relationships, curiosity, and compassionate support.

At **Catalyst Care Group**, this understanding shapes the commitment to continuously reduce restrictive practices and to support teams in responding to distress in ways that protect dignity, human rights, and the possibility of recovery.

Sometimes, the most powerful thing we can offer is not control but understanding.

We are all just people trying to exist, trying to survive. And during this journey, we just try to get our needs met in ways unique to each of us.

Catalyst Care Group

Visit our Case Studies page to learn more

