Using restrictive equipment and adaptations with children and young people

Royal College of Occupational Therapists

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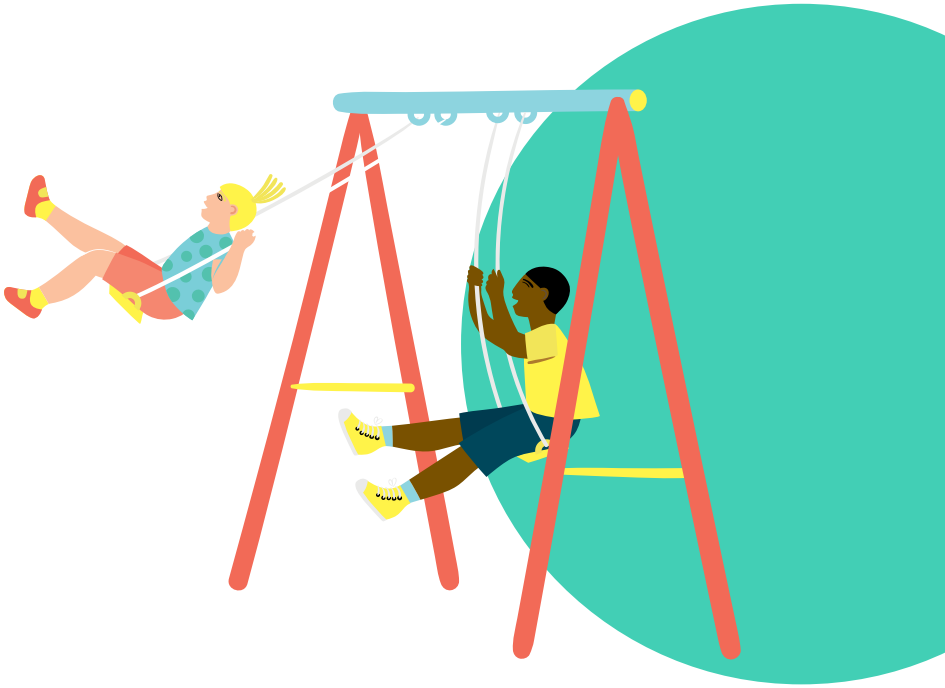
Purpose

We've written this guidance to help occupational therapists make decisions about using equipment and adaptations that may limit children and young people's movements and participation.



Context

The aim of occupational therapy is to enable children and young people to take part in the everyday activities – occupations – that bring meaning and purpose to their lives (RCOT, 2024). Occupational therapy approaches include the provision of specialist equipment and environmental adaptations.

Occupational therapists are increasingly being asked to assess for and provide equipment that may restrict movement or participation. This can happen by design, for example beds that prevent a child from leaving, or unintentionally, such as when seating or wheelchairs are used to restrain rather than support posture, function or learning.

Providing equipment that limits a child or young person's independence or participation isn't consistent with the core values of occupational therapy. Wherever possible, you should recommend approaches that enable rather than restrict.

Some products, such as restrictive beds, stable doors and seating harnesses, are marketed to promote the safety, sleep or emotional regulation of children and young people who have learning disabilities or who are autistic. Such groups are disproportionately affected by restrictive practices, including restraint and seclusion (Care Quality Commission, 2020). This means that when recommending restrictive equipment or adaptations, a clear rationale and assessment is required and communicated to ensure people's human rights are respected.

Critically evaluating requests for equipment and adaptations that may restrict movement or participation is essential. You must uphold occupational therapy values and ensure that your recommendations are clearly justified, proportionate and person-centred. See *Professional standards for occupational therapy practice, conduct and ethics* (RCOT, 2021) for more guidance.

Key messages

Recommendations for restrictive equipment or adaptations should be clearly justified, proportionate and aligned with occupational therapy values of promoting participation, independence and wellbeing.

Consider least restrictive approaches that meet the child or young person's needs first.

The decision to recommend restrictive equipment or adaptations must be based on a multiagency risk assessment and agreement, not solely on the judgement of the occupational therapist.

Restrictive equipment should be used for the shortest time necessary and reviewed regularly. There should be a clear de-escalation plan, aimed at moving to a least restrictive approach over time.

Rationale

You must be clear about your rationale when recommending restrictive equipment or adaptations. Can you explain how your recommendations are in the best interests of the individual and how it will help them take part in daily life activities? Consider the impact of the equipment or adaptations on the person's health, development and occupations – now and in the future.

Evidence

Base your recommendations on the best available evidence. Current guidance emphasises psychosocial assessment and behavioural support for autistic children and young people, and those with learning disabilities before recommending potentially restrictive equipment or adaptations. Have these approaches been tried?

Legislative context

Understand and apply the legal and ethical frameworks that govern the use of restrictive equipment in your nation. For example:

- **The Human Rights Act 1998** – ensuring that any intervention respects the individual's rights to liberty, dignity, privacy and protection from inhuman or degrading treatment.
- **The Children Act 2004** – ensuring that the use of any restrictive equipment promotes children and young people's wellbeing and respects their rights under the United Nations Convention on the Rights of the Child.
- **United Nations Convention on the Rights of the Child 1989** – providing clear standards for protecting children and young people from unnecessary or harmful restrictive practices.
- **Mental Welfare Commission: Use of Seclusion Best Practice Guidance 2019** – ensuring seclusion is used appropriately, respectfully and proportionately in Scotland.
- **The Mental Capacity Act 2005** – assessing and documenting capacity, supporting decision-making and ensuring that any action is taken in the person's best interests and is the least restrictive option.
- **Reducing Restrictive Practices Framework 2022** – Welsh Government guidance promoting a human rights-based, person-centred approach to minimising the use of restrictive practices across childcare, education, health and social care settings.
- **Regional Policy on the Use of Restrictive Practices and Regional Operational Procedure for Seclusion 2023** – framework governing the use of restrictive interventions including seclusion across health and social care settings in Northern Ireland.

Legislation varies across the four UK nations and changes periodically. It's your responsibility to know about and comply with relevant, current legislation, statutory guidance, best practice standards, and policies and procedures. See *Professional standards for occupational therapy practice, conduct and ethics* (RCOT, 2021) section 1.3 for more guidance.

Risk assessment

You must carry out an individual risk assessment when recommending equipment or adaptations that may restrict a person's movements or participation. This includes, but isn't limited to, the following:

- **Environmental safety** – could the equipment prevent the child or young person from getting out quickly in an emergency such as a fire or medical event? Restrictive equipment mustn't compromise the caregiver's ability to respond to danger or to access help.
- **Occupational participation** – what occupations might be supported or restricted by the equipment? Do the person's needs differ between environments such as school, home or respite care? If risks aren't present in other settings, what protective factors exist there?
- **Health and supervision requirements** – are there any physical or mental health needs such as sleep difficulties or epilepsy that might affect supervision requirements or the way equipment is used? Have these needs been adequately addressed?
- **Family and caregiver context** – what do parents or caregivers think about the equipment, and do they have any support needs themselves? Could these influence how the equipment is understood or used?
- **Safeguarding** – do you have any concerns about the child or young person, family or care setting that may indicate a safeguarding issue?
- **Potential for harm or distress** – is the equipment likely to cause emotional or physical harm or distress to the child or young person?

Recommendations for restrictive equipment or adaptations must be based on a multiagency risk assessment and agreement, not solely on the judgement of the occupational therapist. Contributors could include the person's social worker, paediatrician, speech and language therapist, community nurse, respite care service, teacher and/or CAMHS practitioner.

Record and share the risk assessment with people involved in the child or young person's care. Include the least restrictive options you've considered and the extent to which these address the risks you've identified. See *Embracing risk; enabling choice: Guidance for occupational therapists* (RCOT, 2018) for more guidance.

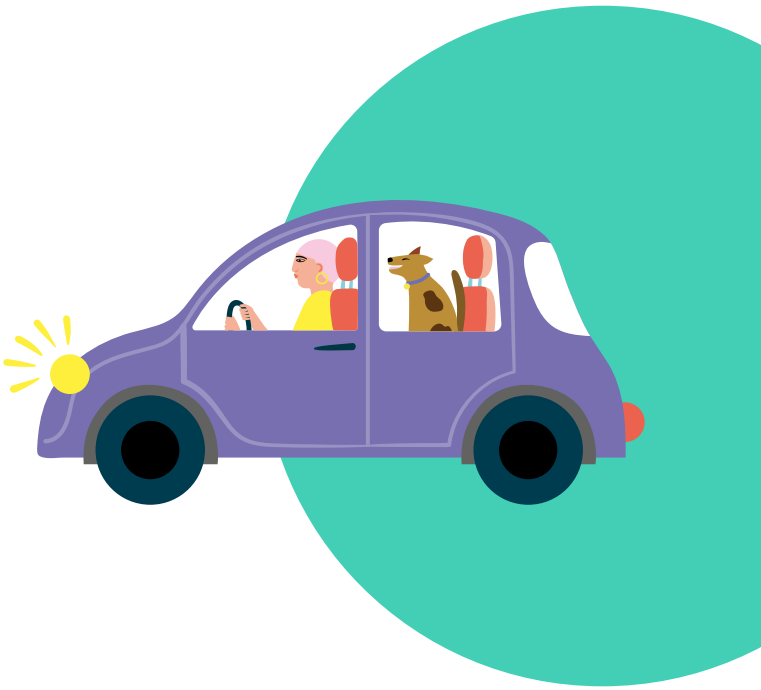
Consent and best interests

You should get consent specifically for the use of any equipment or adaptations, including those that may be restrictive. This is in addition to the consent you usually get before working with an individual.

- Provide clear and relevant information to ensure consent is informed. Consent should be reviewed regularly, especially if equipment is being used over a period of time.
- The child or young person (if they have capacity) and/or their caregivers should understand:
  - what the equipment is for and how it should be used
  - the evidence base and rationale for the recommendation
  - any risks or limitations associated with its use.
- Assess and record consent in accordance with your organisation's policies and procedures.
- Where a child or young person lacks capacity to consent, recognise other ways they may show whether they want to use the equipment or not. See *Professional standards for occupational therapy practice, conduct and ethics* (RCOT, 2021) section 3.5 for more information about informed consent and mental capacity.
- Where the child or young person falls below the age threshold of the Mental Capacity Act, a formal best interests decision must be made. Share your risk assessment with other members of the multiagency team, as well as least restrictive options that you've considered. The team should discuss and determine what is in the child's best interests and which option is the least restrictive whilst meeting their identified needs.
- Clearly document feedback from team members, including their agreement or disagreement with the proposed equipment or adaptation, justification for the decision and confirmation that the least restrictive option that meets the individual's needs has been chosen.
- Equipment should **not** be provided if it isn't deemed to be in the child's best interests, or if a less restrictive option is available that meets their needs.
- Communicate the decision clearly to the family and/or caregivers, including the rationale for the decision and any other actions or plans to meet the child or young person's needs.

Intervention

- Explore least restrictive options that meet the child or young person's needs before considering restrictive equipment. For example, locking away hazardous substances, using a telecare alarm to alert parents if their child is up in the night or installing cooker locking valves.
- Consider whether the identified need falls within the scope of occupational therapy. Could the need be better addressed by another professional or service – such as a mental health, sensory or behavioural support service? If so, signpost to them or make a referral. If no suitable service exists locally, escalate this as an unmet service need, following your organisation's procedures.
- Apply the Avoid, Assess, Reduce and Review (AARRs) principles (Health and Safety Executive n.d.)
- Ensure any restrictive interventions are proportionate to the level of risk identified in the risk assessment. For example, using a restrictive bed for a child who only has sleep difficulties may be excessive and inappropriate.
- You have the right to refuse to provide equipment or adaptations requested by another professional if you believe they would be harmful or can't be clinically justified. See *Professional standards for occupational therapy practice, conduct and ethics* (RCOT, 2021) section 4.3.6 for more information.
- There should be a clear de-escalation plan aimed at moving to a least restrictive approach over time. Restrictive equipment should be used for the shortest time necessary and reviewed regularly.



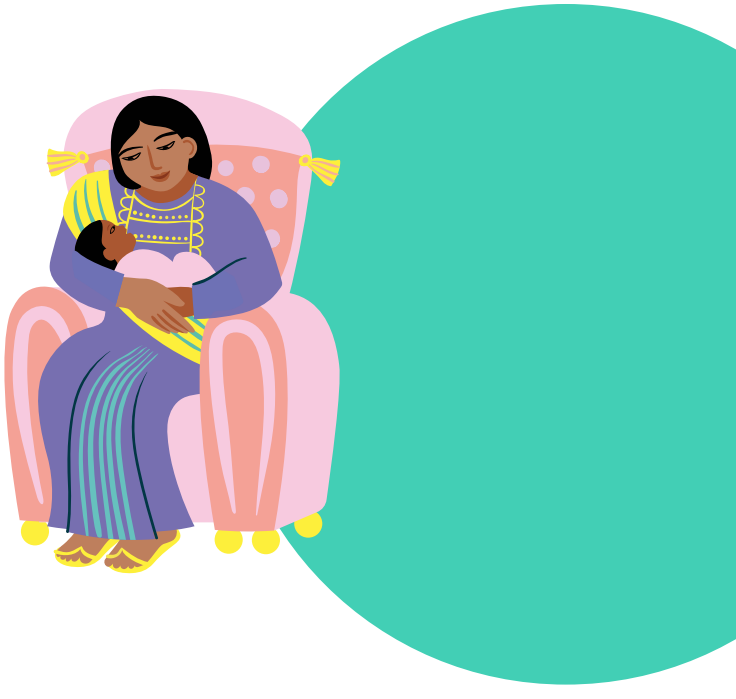
- Use the risk assessment to create a personalised plan that is agreed by the multiagency team and describes:
  - when, where and how the equipment will be used
  - how long the equipment should be used for
  - how to identify signs of distress or discomfort
  - how and when outcomes will be monitored
  - who will review the equipment and how often
  - what to do if issues arise
  - ways the equipment shouldn't be used
  - actions caregivers should take to reduce use of the restrictive equipment over time.
- Whilst some equipment has therapeutic benefits and isn't intended to be restrictive, misuse can lead to restrictions. For example, a seating harness may be recommended to support posture but mustn't be used to prevent a child from leaving a chair if they want to. Explain clearly the equipment's intended purpose and limitations to caregivers. Provide written or visual guidelines to show how it should be used.
- If equipment is repeatedly misused, for example a tray being used as a restraint, consider whether this is a safeguarding issue and follow your organisation's safeguarding procedures.
- Ensure users are aware of and follow manufacturer's instructions, and that equipment meets relevant health and safety standards, such as the CE mark.
- Consider emergency scenarios if appropriate, such as a seat belt cutter for car seats and advising families to contact their local fire service for a fire safety plan.

Goal setting and outcomes

- Establish person-centred goals and outcomes linked to the use of equipment or adaptations before they're introduced. The multidisciplinary team should review goals regularly to ensure that equipment or adaptations are still appropriate and continue to meet the individual's needs.
- Work with the person's family and/or caregivers to develop a clear plan for reducing or phasing out use of the restrictive equipment over time. This may involve moving to less restrictive alternatives as the child or young person's needs change.
- If a plan for reducing restrictions can't be established when the equipment or adaptation is introduced, it should be developed as soon as possible. Communicate the plan to the family and/or caregivers and the multiagency team to ensure a shared understanding and coordinated support.

Follow up and monitoring

- Any equipment provided following a best interests decision must be reviewed at least annually by a suitably trained professional.
- Actively consider implementation of the de-escalation plan by the family and others as part of this review. Can the restriction be removed?
- If the equipment remains in place, the review should:
    - confirm that it remains appropriate for its original purpose, as agreed by the multidisciplinary team
    - ensure the equipment is being used for the shortest time necessary, with a plan in place for its eventual withdrawal where possible.
- As part of the review, consider the child or young person's responses to the equipment. This helps identify signs of distress or harm and ensures the equipment remains in their best interests.
- Explore any unintended consequences of the equipment, including its impact on the person's ability to take part in the occupations they need and want to do, for example playing, socialising and communicating.
- Support parents and caregivers to consider whether the equipment is still necessary, each time it's used.



References

Care Quality Commission (2020) **Out of sight: who cares? A review of restraint, seclusion and segregation for autistic people, and people with a learning disability and/or mental health condition**.

Health and Safety Executive (n.d.) **Manual handling at work: Assess manual handling you can't avoid.**

Royal College of Occupational Therapists (2018) **Embracing risk; enabling choice: Guidance for occupational therapists.** *3rd ed. London: RCOT.*

Royal College of Occupational Therapists (2021) **Professional standards for occupational therapy practice, conduct and ethics**. *London: RCOT.*

Royal College of Occupational Therapists (2024) **Occupational therapy with children and young people.** *London: RCOT.*

See also:

NICE Guidelines - **Autism spectrum disorder in under 19s: support and management** *(Published: 28 August 2013, Last updated: 14 June 2021)*

NICE Guidelines - **Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges** *(Published: 29 May 2015)*

Foundations (2021) **A guide to adaptations for children and young people with behaviours that challenge.**

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Royal College of Occupational Therapists

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