Moving from Restraint to Relationship: Responding to the New NHS England Guidance on Restrictive Practice

On 6 October 2025, NHS England published a new resource titled "Identifying Restrictive Practice". This resource is intended for all NHS-funded mental health inpatient services, across all age groups and populations, including older adults, children, young people, people with a learning disability, and autistic people. The guidance outlines eight types of restrictive practice, emphasises human rights, and places central importance on culture, equity, and relational approaches.

As an organisation whose mission is to help people look behind behaviour, think differently, and interact with empathy, confidence and respect, this is an area we are passionate about and recognise the critical influence of organisational systems and culture.

Having contributed to the development of key guidance including the RRN Training Standards and Towards Safer Services guidance, we were keen to see how this new addition will contribute.

What the Guidance Brings:

1. A broader lens on "restrictive practice"

This new resource expands the scope of restrictive practices with focus on cultural restraint, surveillance and blanket restrictions, i.e. the less tangible but deeply harmful kinds of restrictions so powerfully described by Alexis Quinn at the RRN.

2. Integration of human rights and law

The guidance helpfully links each form of restrictive practice to human rights (e.g. dignity, autonomy, non-discrimination) and underscores that practices must be lawful, proportionate, and the least restrictive option. It also reiterates that certain practices (e.g. those intended to humiliate or degrade) are never lawful. This reinforces that compliance is not merely procedural; it is fundamentally ethical.

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3. Highlighting inequalities and disproportionate impact

The guidance speaks clearly about how some groups; people with learning disabilities, autistic people, those from ethnic minority communities, are more likely to experience restrictive practices. This demands that services not only reduce restrictions but also address bias, discrimination, and systemic inequities that underlie their use.

4. Culture as a lever, not a nice-to-have

The document foregrounds that a culture of care is key to reducing restrictive practice. Restrictive practice is framed as, in many cases, symptomatic of closed cultures or systemic failure rather than isolated "bad acts."

5. Encouraging awareness, reporting and reflection beyond what is mandated

Though statutory reporting is currently limited to chemical, mechanical, physical restraint and seclusion, the new resource encourages teams to recognise and reflect on practices not yet formally reported (e.g. cultural or psychological restraint). This is a call to exceed minimum compliance in favour of deeper learning.

For Organisations: What This Demands

1. Re-examining policy, environment and default norms

Many existing requirements; bedtimes, fixed mealtimes, limits on personal items or mobility, are packaged as operational necessities. Yet under the new guidance, these blanket restrictions must be scrutinised. Are they necessary and justified at every moment? Are there persons for whom they cause harm or disproportionately restrict autonomy? Organisations will need to work hard to shift from blanket rules toward more person-centered choice and flexibility.

Similarly, the physical environment, layout, access, sensory elements, and use of locks, barriers or isolation must be reconsidered through the lens of choice, dignity and agency.

Maybo focuses first on recognising and calling out restrictions such as blanket rules, acknowledging genuine staff fears for safety and security and building understanding of relational security.

2. Workforce capability, mindset and leadership

To detect more subtle forms of restriction (cultural, psychological, environmental), staff need training, reflective practice and psychological safety to speak up. Leaders must model curiosity, humility, and willingness to change. Maybo believes that a big difference can be made trough a focus on leadership and learning, investing in the

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development of team leaders and local managers, providing them with the skills for demanding days. The adage 'if we care for our staff they will care for our customers' is also true for healthcare.

Teams will also need safe spaces to learn when they got it "wrong" and to iterate. Without that, fear will stifle innovation and restraint reduction.

3. Data, monitoring and transparency

Even though not all restrictive practices are yet subject to mandatory data collection, organisations should begin capturing and analysing broader practice data (e.g. how often are personal items denied, how often are surveillance or observation policies applied). That transparency is essential: you cannot change what you do not measure. This is another key element from Huckshorn's 6 Core Strategies.

The emphasis on inequalities means services must disaggregate data by protected characteristics to identify disproportionate impact.

4. Co-production, voice and rights

To understand what is restrictive from the perspective of people using services, lived experience voices must be central in policy design, care planning, review, and oversight. Dialogue about dignity, autonomy, restraint vs support must be embedded.

5. Integrating trauma, neurodiversity and cultural competence

Restrictive practices often mirror or re-traumatise people's prior experiences of coercion or marginalisation. The guidance points to trauma-informed, autism-informed, culturally competent practice as essential foundations.

By integrating strategies that anticipate distress (e.g. sensory modulation, emotional regulation tools, choice-making supports) and tailoring environments and responses, services can reduce the need for more coercive interventions.

How Maybo's Philosophy and Practice Can Help Meet These Challenges

At Maybo, our purpose is to help people and organisations build the skills and understanding needed to create safe, respectful interactions, even in the tension of constraint, risk or upset. In light of the new NHS England guidance, here is where we see opportunity to partner with services seeking to shift practice:

1. Deepening relational and de-escalation capability

We can support staff in recognising coercion, influence and restriction in its many forms (not just physical). Teaching relational skills can deepen capacity to be curious, compassionate, and responsive, rather than reactive or rigid.

2. Embedding reflective practice and learning cultures

Embedding debriefs, structured reflection, and "is this restrictive?" Pause points can help teams surface restrictive habits and trade them for more relational alternatives. We can work with leaders to create psychological safety and feedback loops for continuous improvement.

3. Supporting co-design and lived experience engagement

This is an area the RRN has placed massive emphasis on. Maybo draws on the expertise of some of our own trainers with lived experience being supported by services and can facilitate co-design with people supported by our clients. This helps ensure that policies, interventions and environments are informed by their lived reality. This helps counter hidden restrictive norms and builds legitimacy and alignment in change.

4. Tailoring to diverse populations and settings

Because the guidance spans mental health, learning disability, autism and other settings, our sector-adapted approach (using appropriate language for health, social care or education) is an asset. We can help teams reflect on how restrictive dynamics show up differently across populations (e.g. communication differences, sensory needs, cultural values).

5. Supporting measurement, insight and leadership development

We can assist services in designing metrics, dashboards, feedback loops, and leadership practices that keep restraint reduction at the heart of governance and culture, not an afterthought or "risk compliance" exercise.

Challenges to Anticipate

- *Resistance to change:* Some staff may see the expanded framing of restrictive practice as criticism, extra burden and risk. Change must be collaborative, incremental and supported by meaningful leadership.
- *Resource constraints:* Shifting environments, reallocating staffing, or investing in training all require resources. Organisations will need to prioritise and make the case for long-term cost of harm vs. short-term investment.

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- *Ambiguities in practice:* Distinguishing between supportive influence and coercive psychological restraint is subtle. Ongoing reflective training is essential.
- *Complexity of equity and bias:* Addressing disproportionate impact means confronting subtle (and often unconscious) biases, structural inequities and intersecting systemic factors.
- *Data gaps and reporting limits:* Because not all forms of restriction are mandated for reporting, practice around psychological or cultural restraint may remain hidden unless deliberately surfaced.

A Vision: Towards Relational Resilience

What would a service look like if it fully lived into the spirit of this guidance?

- Staff constantly ask:
  - "Is this restrictive? "
  - "Is this truly necessary?"
  - "Is there a less restrictive way?"
- The environment is sensory-aware, offering choice in lighting, space, movement.
- Rules and routines are individualised, not blanket defaults.
- Lived experience voices help shape everything; policy, training, environment, review.
- Reflective debriefs follow every incident; not to blame, but to learn, also reflecting on the positive experiences
- Measures of success include not only fewer incidents of restraint and injury, but also improved feelings of agency, dignity, inclusion.
- Leadership models vulnerability, curiosity, and holds continuous improvement as a priority.

Investment In Local Leaders And Practice Leadership

At Maybo, this is exactly the sort of transformation we aim to support. This new NHS guidance is another positive contribution towards more humane, relational ways of working. They invite every system, leader, team and individual to ask; how can we create environments that foster choice, dignity, connection, and reduce the need for coercion?

If your service or organisation is wrestling with how to interpret, adapt to or embed this new guidance, we'd welcome the conversation. Together, we can shift the frame from restraint to relationship, and help create safer, kinder, more respectful environments.

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