

Chapter 7: Supported living services, shared lives schemes and extra care housing - liberty restricting measures and questions for front-line staff

A The following are examples of potentially liberty restricting measures that may apply in a **supported living** setting:

- Decision on where to live being taken by others;
- Decision on contact with others not being taken by the individual;
- Doors of the property locked, and/or chained, and/or bolted for security reasons or to prevent residents leaving;
- Access to the community being limited by staff availability;
- A member or members of staff accompanying a resident to access the community to support and meet their care needs;
- Mechanical restraint, such as wheelchairs with a lapstrap or harness (e.g. Crelling), reinforced glass in mobility vehicles, protective helmets;
- Varying levels of staffing and frequency of observation by staff;
- Restricted access to finances, with money being controlled by staff or welfare benefits appointee;
- Restricted access to personal items to prevent harm;
- Restricted access to parts of the property, such as the kitchen or certain cupboards therein, to minimise health and safety risks;
- Chemical restraint, such as medication with a sedative or tranquilising effect;
- Physical restraint/intervention, such as with personal care tasks, breakaway or block techniques, distraction methods, staff withdrawing, physical touches or holds;
- Restricted access to modes of social communication, such as internet, landline or mobile telephone, correspondence;
- Positive behavioural reward systems, to reward “good” behaviour;
- Restricted access to family, depending on level of risk and availability of staff and resources;
- Lack of flexibility, in terms of having activities timetabled, set meal times, expected sleep times.

B The following are potentially liberty restricting measures which may apply in a **Shared Lives scheme** setting:

- Varying levels of supervision and guidance with activities of daily living;
- Encouraging participation in family and community activities;
- Preventing the person from leaving unaccompanied for their immediate safety;
- Ensuring behavioural boundaries;
- Conveying the person to health and other appointments;
- Addressing challenging behaviour;
- Assist with medication, including sedative effect.

- c The following are potentially liberty restricting measures which may apply in **Extra care housing setting**:
- Location devices;
 - Door sensors to raise to alert staff to the person's exit from their property;
 - Movement sensors to raise alert staff to the person's movements within their property;
 - Verbal or physical distraction techniques used, for example, to dissuade the person from going out unaccompanied;
 - Fobs to go in and out of the scheme which the person may not know how to use;
 - Doors within the property with handles at the top to prevent the individual leaving;
 - Prior consent of the resident may enable staff to access their property;
 - Physical intervention/restraint, such as with personal care tasks;
 - Access to the community restricted due to staff levels, with residents able to go out in groups only with staff with little or no choice regarding where and when to do so;
 - CCTV in entrance areas to schemes; or
 - Aspects of the property restricted due to safety concerns, such as disabling a cooker.

Questions for front-line staff

These questions may help establish whether an individual is deprived of their liberty in this context:

- To what extent is the person's ability to access the community by themselves limited by others and in what circumstances?
- Within their place of residence, to what extent is the person (a) actively supervised, (b) liable to be supervised, (c) not even liable to be supervised by others when risks may arise?
- Is physical intervention used? If so, how often? What type? For how long? And what effect does it have on the person?
- Do others control their finances?
- How would the care regime respond to the corresponding risks if the person attempted to leave either to access the community or to simply not return?
- Are there regular private times, where the person has no direct carer supervision?
- Is their contact with the outside world restricted? If so, how often? How? For how long? And what effect does this have on the person?
- To what extent is the person able to decline assistance when it is available?