# Review protocol for experience of restrictive practices

| ID | Field | Content |
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| 0. | PROSPERO registration number | CRD420251081705 |
| 1. | Review title | Experience of restrictive practices |
| 2. | Review question | What is the experience of restrictive practices from the perspective of people who use services, their parents and carers, and staff who are implementing these measures? |
| 3. | Objective | To understand qualitative experiences of restrictive practices |
| 4. | Searches | The principal search strategy will be developed in MEDLINE and then adapted, as appropriate, for use in the other sources listed, taking into account their size, search functionality and subject coverage:<br>• Medline ALL<br>• Embase<br>• Emcare<br>• Cochrane Database of Systematic Reviews (CDSR)<br>• PsychINFO<br>• Social Policy and Practice<br><br>Database functionality will be used, where available, to exclude:<br>• Animal studies<br>• Editorials, letters, news items and commentaries<br>• Conference abstracts and posters<br>• Trial registry entries without an associated journal publication<br>• Theses and dissertations<br>• Papers not published in the English language<br><br>Date limits:<br>2015 onwards |

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| | | Search filters and classifiers:<br>As required the following standard NICE filters will be used to limit results by study type: systematic reviews / qualitative studies and qualitative studies<br><br>Supplementary search techniques:<br>• Hand-searching of inclusion lists of systematic reviews<br>• Citation searching of included studies<br><br>The information services team at NICE will quality assure the principal search strategy based on the PRESS 2015 Guideline Evidence Based Checklist. Any revisions or additional steps will be agreed by the review team before being implemented<br><br>One search will be conducted to cover this qualitative review question as well as the qualitative review question addressing the experience of debrief or formal review after restrictive practice<br><br>The full search strategies for all databases will be published in the final review |
| 5. | Condition or domain being studied | Experiences of restrictive practices, including:<br>• Physical restraint<br>• Mechanical restraint<br>• Surveillance<br>• Blanket restrictions<br>• Environmental restraint<br>• Cultural restraint<br>• Psychological restraint<br>• Chemical restraint<br>• Exclusion from care |
| 6. | Population | • People who have first-hand experience of receiving restrictive practices in the management of aggressive behaviour, and their parents and carers<br>• Health, mental health and social care practitioners who have direct experience of implementing restrictive practices in the management of aggressive behaviour |

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| | | • Police and security staff who have direct experience of implementing restrictive practices in the management of aggressive behaviour |
| 7. | Phenomenon of interest | Views and experiences of restrictive practices |
| 8. | Comparator | Not applicable as this is a qualitative review |
| 9. | Types of study to be included | **Inclusion:**<br>• Studies using qualitative methods: data collection via focus groups, semi-structured or structured interviews<br>• Surveys conducted using open ended questions and a qualitative analysis of responses<br>• Systematic reviews of qualitative studies (for identification of studies)<br><br>Note: Mixed-methods studies will be included but only qualitative data will be extracted and risk of bias assessed<br><br>**Exclusion:**<br>• Articles published before 2015<br>• Conference abstracts, books and book chapters<br>• Theses and dissertations<br>• Studies that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality<br>• Studies using quantitative methods only (including surveys that report only quantitative data)<br>• Single participant studies |
| 10. | Other exclusion criteria | If sufficient* UK studies are identified and included in the review, then studies from other countries will be excluded<br><br>If insufficient UK-based studies are included, then inclusion criteria will be extended to cover studies conducted in high income (according to the World Bank) countries in Europe as well as Australia, Canada, US and New Zealand, although applicability to the UK service setting will be considered during data analysis and synthesis |

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| | | *Sufficiency of evidence will be judged by the committee based on whether there is enough evidence to support guideline decision making. Factors that will be taken into account include number/quality/sample size of studies |
| 11. | Context | Recommendations will apply to all settings in which NHS or social care is provided<br><br>This guidance will fully update the following NICE guideline: Violence and aggression: short-term management in mental health, health and community settings (last updated 2015; NG10) |
| 12. | Primary outcomes (critical outcomes) | Themes will be identified through meta-synthesis of the evidence (see strategy for data synthesis below)<br><br>The committee anticipate that data from the included studies will cover a number of overarching themes and provide some examples below. However, the list below is not exhaustive, the examples given may not be found in the evidence, and other relevant themes may be identified<br><br>From the perspective of people who have experience of receiving restrictive practice(s), and their parents and carers:<br>• Physical safety and consequences<br>• Psychological safety and consequences, including:<br>  ○ Trauma and re-traumatisation<br>• Interactions and relationship with those implementing the restrictive practice<br>• Information or communication needs before and during restrictive practice<br>• Support needs before and during restrictive practice<br>• Recording of incidents of restrictive practice<br><br>From the perspective of those implementing the restrictive practice:<br>• Decision-making around using restrictive practices<br>• Physical safety and consequences<br>• Psychological safety and consequences<br>• Therapeutic relationship |

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| | | **Exclusions**<br>Themes related to experiences of post-incident debriefing or formal review after restrictive practices |
| 13. | Secondary outcomes (important outcomes) | Themes will be identified through meta-synthesis of the evidence (see strategy for data synthesis below) |
| 14. | Data extraction (selection and coding) | All references identified by the searches and from other sources will be uploaded into EPPI-Reviewer 5 and de-duplicated<br><br>Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will be performed on at least 10% of records; 90% agreement is required. Disagreements will be resolved through discussion between the two reviewers, and consultation with the senior systematic reviewer if necessary<br><br>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion<br><br>A standardised form will be used to extract data from included studies, including study reference, country, aims of the study, sample size, participant characteristics, data collection method, data analysis approach, findings (including the primary participant quotes and the author's interpretations). One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer |
| 15. | Risk of bias (quality) assessment | Quality assessment of individual studies will be performed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies<br><br>The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer |
| 16. | Strategy for data synthesis | Qualitative data synthesis will be guided by a thematic analysis approach and follow the six phases outlined by Braun and Clarke (2006): (1) familiarising yourself with the data; (2) |

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| | | generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; (6) producing the report. Included studies will be divided between two reviewers. For their initial half of the studies, each reviewer will perform line-by-line coding of the findings (including the primary participant quotes and the author's interpretations) and inductively identify concepts, categorise concepts into themes and subthemes, and note links between themes. These individual analyses will be shared and a joint coding framework will be developed. The two reviewers will then go through the other half of the included studies, to check if the themes and subthemes in the joint coding frame accurately capture the meaning of the quote or author interpretation and any further refinement of the coding frame will be agreed through discussion between the two reviewers<br><br>As synthesis progresses analytical themes will be generated through the integration, extension, and re-categorisation of descriptive themes and subthemes. Thematic maps and discussion between the reviewers will be used to think about the relationships between themes, to consider the data in the context of the specific review question, and to extend interpretation beyond the individual study findings<br><br>The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research; Lewin 2015) approach will be used to summarise the confidence in qualitative evidence. The overall confidence in evidence about each theme or sub-theme will be rated on four dimensions: methodological limitations (assessed with CASP), applicability, coherence and adequacy of data |
| 17. | Analysis of sub-groups | Formal subgroup analyses are not appropriate for this question due to qualitative data, but views and experiences will be considered separately by perspective (people who have experience of receiving restrictive practice and their parents and carer; and those implementing the restrictive practice) |
| 18. | Type and method of review | ☐ Intervention<br>☐ Diagnostic<br>☐ Prognostic<br>☒ Qualitative<br>☐ Epidemiologic |

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| | | ☐ Service Delivery<br>☐ Other (please specify) | | |
| 19. | Language | English | | |
| 20. | Country | England | | |
| 21. | Anticipated or actual start date | June 2025 | | |
| 22. | Anticipated completion date | July 2026 | | |
| 23. | Stage of review at time of this submission | **Review stage** | **Started** | **Completed** |
| | | Preliminary searches | ☐ | ☑ |
| | | Piloting of the study selection process | ☐ | ☑ |
| | | Formal screening of search results against eligibility criteria | ☑ | ☐ |
| | | Data extraction | ☐ | ☐ |
| | | Risk of bias (quality) assessment | ☐ | ☐ |
| | | Data analysis | ☐ | ☐ |
| 24. | Named contact | Named contact: National Institute for Health and Care Excellence (NICE)<br>Named contact e-mail: violenceandaggression@nice.org.uk<br>Organisational affiliation of the review: National Institute for Health and Care Excellence (NICE) | | |
| 25. | Review team members | • Senior Technical Analyst<br>• Technical Analyst<br>• Information Specialist | | |
| 26. | Funding sources/sponsor | This systematic review is being completed by NICE which receives funding from the Department of Health and Social Care | | |

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| 27. | Conflicts of interest | All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline |
| 28. | Collaborators | Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. A list of members of the guideline committee is available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10432/documents |
| 29. | Other registration details | None |
| 30. | Reference/URL for published protocol | |
| 31. | Dissemination plans | NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:<br>• notifying registered stakeholders of publication<br>• publicising the guideline through NICE's newsletter and alerts<br>• issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE |
| 32. | Keywords | Restrictive; restraint; seclusion; surveillance; qualitative; violence; aggression |
| 33. | Details of existing review of same topic by same authors | Not applicable |
| 34. | Current review status | ☒ Ongoing<br>☐ Completed but not published<br>☐ Completed and published |

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| | | ☐ Completed, published and being updated<br>☐ Discontinued |
| 35.. | Additional information | None |
| 36. | Details of final publication | www.nice.org.uk |