Submission to the call for contributions on older persons deprived of liberty by the Flemish Council for older people  
2022 HRC report

There is no life without risks, we all agree on that. But when older persons are confronted with care needs, "the right to freedom" suddenly becomes less obvious. Despite all efforts for good and warm care, a lot of older persons give up a piece of their freedom every day. Working without any restraint is almost impossible and it is sometimes necessary to protect the older persons or their environment. Yet this still happens too often and for too long. Various organizations and facilities are already demonstrating that a restraint-free policy is possible, but at the same time there are still many laggards.

In his advice on restricting the freedom of older persons people with care needs, the Flemish Council for the Older persons pleads for an action plan with structural policy measures and solutions for complex situations in home care, residential care and hospitals. You can find the advice on the [council’s website](https://www.vlaamse-ouderenraad.be/wat-denken-we/welzijn-zorg/vlaamse-ouderenraad-pleit-voor-sterker-kader-vrijheidsbeperking) (in Dutch). Below we present the main lines of the advice.

# Once fixed, always fixed?

Fixation and restriction of freedom are terms that are used interchangeably in both practice and research. They stand for all measures, materials or actions that prevent someone from moving freely, ranging from taking away keys to the use of belts around the body and medication to calm down. Restraint of liberty increases with age and we see it especially in people with dementia, a high degree of physical dependence and poor mobility.

Caregivers fixate mainly to prevent older people from falling and sustaining injuries as a result. Also slipping, restlessness, wandering and compulsive behaviour make them resort to fixation. Sometimes it is the older person himself or the family who asks for it.

There are still many misconceptions surrounding restraint of liberty. It is still too often seen as a solution, but in practice it does more harm than good, especially with severe measures and prolonged use. Older persons with care needs end up in a vicious circle due to a lack of freedom of movement, whereby their general condition deteriorates further and the risk of falling is increased.

Long-term use of medication for mental illness also carries a lot of consequences and falls under the heading of chemical fixation. It is often used to provide a response to agitation, aggression and compulsive behaviour. Older persons who use psychopharmaceuticals for long periods of time are drowsy, less alert, more confused and often have a poorer memory.

In addition, it also has a huge impact on the family and professional caregivers. They also struggle with frustrations, feelings of helplessness and guilt. How great is the risk of falling? What do I do if I am alone with a group of residents or if I cannot be there day and night as a family caregiver? What danger do others in the environment face? What is the impact of the freedom restricting measures? What to do in urgent situations? And who is responsible if things go wrong?

In practice, restraint is also used to prevent people from running away, wandering around too much at night or, as a caregiver, to be able to continue working unhindered. In these cases, fixation is a violation of the fundamental right to freedom and therefore in violation of the European Convention on Human Rights. Yet it is part of everyday care and remains an accepted act in many places.

# Key points

## Structural measures

Caregivers often find themselves in a spreading position due to a lack of clear regulations and sufficient hands on the job. The Flemish Council of Older People asks for structural to better regulate and restrict the use of freedom-restricting measures:

1. Provide **a clear legislation**, legal framework and guidelines on restricting freedom for all sectors, with a distinction between urgent and non-urgent situations.
2. Provide additional **government funding** for family care services and proper care density funding in residential older persons care.
3. Raise **staffing standards** in residential care facilities and subsidize new positions that match evolving care needs.
4. Provide a permanent and thorough **inspection** of the restriction of freedom in daily practice by the Care Inspectorate, link this to demonstrable improvement processes to reduce fixation and question the perceived quality of life of older people with care needs.
5. Draw up a **frame of reference** for freedom-restricting measures as a guide for the facilities and the Health Care Inspectorate.

## Support and solutions for difficult situations

The daily reality of difficult to manage behaviour cannot be addressed with legislation, procedures and agreements alone. Caregivers are often faced with ethical dilemmas in which they must weigh up the risks of restricting freedom, values, standards and quality of life. In addition to addressing the structural needs, the government must therefore focus on the following challenges:

1. Strengthen the **knowledge** of all healthcare professionals on restricting freedom and ensure better dissemination of good practice.
2. Integrate the topic of restraint of liberty as a standard part of all **basic and advanced training courses** for healthcare providers.
3. Provide better support for **informal carers** and involve them as fully-fledged partners in home care, residential care centres and hospitals.
4. Encourage and support **facilities** to break routines and bring about a cultural shift towards person-centred care, to elaborate a clear and shared vision on freedom and to work towards a better exercise policy.
5. Invest in **appropriate forms of residential care and support**, such as small-scale housing.
6. Encourage **cooperation** in home care, residential care centres and hospitals and put the restriction of freedom on the agenda within the regional collaboration networks.