Restraint Reduction.

Chris Stirling
Senior Vice President.
Crisis Prevention Institute

Dr Colin Dale
Caring Solutions
Context.
• Corrupted cultures develop unchallenged.
• Failure to safeguard vulnerable people.
• Calls to reduce or end restraint:
  - Unethical and abhorrent.
  - Unacceptable risk.
  - Prone restraint kills people.
  - Misused and abused.
  - First resort not last resort.
Post Winterbourne: Where are we now?
Restraint Reduction Network

• Mission

- Commitment to ensure that the use of coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented. We will work together to create restraint-free services built on continuous learning and improvement.

www.restraintreductionnetwork.org
Six Core Strategies

- Leadership and Governance
- Performance Management
- Continuous Improvement
- Customer Involvement
- Learning and Development
- Personalised Support
Restraint Reduction: What Works?

Review of the literature and research relating to the use of restrictive practices.

Dr Colin Dale
CEO Caring Solutions

Steering Committee Member
Restraint Reduction Network
Terms of Reference: Phase 1

• A review of the literature relating to restrictive practices and in particular how these might be reduced.
  - Identify any relevant research in relation to approaches which help avoid the use of restraint.
  - Highlight key learning, which can be shared.
Terms of Reference: Phase 2

• Utilise the findings from the available international evidence and literature to construct an organisational checklist which allows services to determine the extent to which this is evident in their practice.
Methodology

• Agree search terms.
• Determine inclusion and exclusion criteria.
• Sources to search agreed.
• Search strategy determined.
• Findings peer reviewed from two separate sources.
Parameters for Phase 1

- Educational settings; child and adolescent units; inpatient units; mental health units and wards; residential care; high security hospitals; psychiatric units or wards.
- The period of the search is between 2004 and 2014.
- Based on relevance to settings within England and Wales: USA, Canada, UK, Republic of Ireland, Europe, Australia and New Zealand.
Findings for Phase 1

• There is a wide international evidence base to draw upon when analysing effective restraint reduction interventions and strategies.

• Nine previous relevant literature reviews were found and synthesised.

• Reviews show successful reduction programmes include strong leadership; external restraint review committees or post-incident debriefing and analysis; and staff training.
Findings for Phase 1

• Multimodal programmes have the most reliable and significant results.

• Behavioural and cognitive-behavioural programmes appear to be useful in child and adolescent services.

• In learning disability sectors, the management of maladaptive behaviour may be an important factor in reducing restraint use. This goal could be achieved either by changing the target behaviour itself, or by effective staff training.
Findings for Phase 1

• In mental health care, successful programmes included trauma-informed care training, changes to the physical characteristics of the therapeutic environment, and involvement of service users in treatment planning.

• Flexibility and responsiveness for clinicians and managers was seen to be essential.

• Overcoming barriers and staff resistance is needed for implementation of effective restraint reduction strategies.
## Critical Factors in Restraint Reduction

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Multi-Disciplinary Team</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Critical Factors in Restraint Reduction

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Multi-Disciplinary Team</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent strong leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing data with front line staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowering service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-layered investment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcoming staff resistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Critical Factors in Restraint Reduction

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Multi-Disciplinary Team</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent strong leadership</td>
<td>Flexibility and responsiveness</td>
<td></td>
</tr>
<tr>
<td>Sharing data with front line staff</td>
<td>Inclusion of service users and families in debriefing</td>
<td></td>
</tr>
<tr>
<td>Empowering service users</td>
<td>Collaborative problem solving</td>
<td></td>
</tr>
<tr>
<td>Multi-layered investment</td>
<td>Ward based team</td>
<td></td>
</tr>
<tr>
<td>Overcoming staff resistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Critical Factors in Restraint Reduction

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Multi-Disciplinary Team</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent strong leadership</td>
<td>Flexibility and responsiveness</td>
<td>Learning de-escalation skills</td>
</tr>
<tr>
<td>Sharing data with front line staff</td>
<td>Inclusion of service users and families in debriefing</td>
<td>Service user education aimed at improving skills in anger management</td>
</tr>
<tr>
<td>Empowering service users</td>
<td>Collaborative problem solving</td>
<td>Assessment for the potential for violence</td>
</tr>
<tr>
<td>Multi-layered investment</td>
<td>Ward based team</td>
<td>Crisis plans/advance directives</td>
</tr>
<tr>
<td>Overcoming staff resistance</td>
<td></td>
<td>Accurate recording and reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>De-escalation in early stages</td>
</tr>
</tbody>
</table>
Findings for Phase 2

• The findings from the literature review were analysed to consider how they might contribute to a checklist.
• The findings were re-worded (where necessary) in such a way to make them measurable.
• It was noted that there was a plethora of policy documents available in the health, education and social services sector. These were developed into a separate checklist for services to evaluate policy compliance.
Piloting and Implementation
Piloting the Checklist

• To get the 'usability' right - i.e. test how easy users find it to complete and understand.

• Participants working their way through the checklist and highlighting anything which is unclear or confusing. Also if there are thoughts on additional material that could be included or items which are unnecessary.

• Belfast NHS Trust; The State Hospital, Carstairs; Choices Housing association; Humber NHS Foundation Trust; South West Yorkshire NHS Foundation Trust; Tees, Esk and Wear Valley NHS Foundation Trust; Cornwall Partnership Trust; Alpha Hospitals.
PILOTING THE CHECKLIST

- Members of the Restraint Reduction Network were also invited to comment on the checklist.
- The checklist was completed on-line to avoid multiple copies of the checklist being in circulation.
- Based on the feedback amendments were made in preparation for implementation.
Next Steps
USING THE CHECKLIST

- Assessment against the checklist could occur at a number of levels in an organisation.
- The checklist could be a self assessment or by an internal or external peer group.
- An action plan could focus on all areas identified as requiring improvement or could concentrate on particular topics.
- Organisations may consider how they might demonstrate and evidence improvements.
- We will be encouraging users of the checklist to share with us their experiences and ideas.
USING THE CHECKLIST

Access to the checklist

www.restraintreductionnetwork.org