

12 Values and Principles

For delivering consistent, positive, safe and proactive person-centred care and support

Our Public Commitment

As a member of the Restraint Reduction Network™, we give a public commitment to work towards creating restraint-free environments.

We will do so by developing an annual 'restraint reduction plan' which will outline the different organisational approaches we will implement in order to help us achieve the Network's vision, mission, values and principles so that those people subject to restricted practices are fully protected.

We will make our restraint reduction plan publicly available and the organisation's performance against the plan will be evaluated annually, so that those people using and working in our service can see how well we are doing in meeting this commitment.

We will work with other members of the network, with staff and users of our services to learn from each other and share best practice.

Our Vision

Our vision is to deliver restraint free services.

Our Mission

As a member of the Restraint Reduction Network™, we give a clear and transparent commitment to the people that use and work in our services, that all our leaders, managers and front line staff will work together 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.

Our Values and Principles

We agree to ensure that the 12 common values and principles that follow in this document are at the core of all our services and all our practice.

1

All people are entitled to equal enjoyment, social justice and the protection of human rights and fundamental freedoms.

Regardless of the behavioural challenges people might present, everyone will be treated with respect and dignity and their *Care, Welfare, Safety and Security*SM will be maintained¹.

2

Supporting people, especially those individuals who at times may present with significant challenging behaviour, requires a *commitment* to develop personalised services, care and support which places the person at the centre of everything we do.

3

People are experts in their own experiences. Understanding people's needs, history, future wishes and aspirations is essential and a commitment to listen to, and collaborate with the individual and those significant others who are important in their lives is fundamental in order to deliver high quality services and outcomes.

4

Our leaders and managers will take an active role in reviewing the use of all coercive and restrictive practices and will develop a range of organisational approaches to ensure all forms of restraint are minimised.

Our leaders and managers will create a positive culture and work alongside all staff to ensure restrictive practices are not misused or abused and remain the last, and not first².

5

We will ensure all forms of restrictive practice are recorded and reported.

The use of restrictive practice will be considered an organisational inability to deliver effective support, care or treatment and as such will be reviewed in an open and transparent way so that we can learn more about the person in order to offer more person-centered, effective services which do not rely on such restrictions.

6

People who may be subject to restrictive practices will be given clear information about the range of restrictive approaches approved and authorised within the service, the circumstances which govern their use, and whom to complain to if there is concern about how these measures are implemented.

7

People who are subjected to or are involved in applying restrictive practices will have access to someone they can talk to about their experiences.

It is essential that people have access to support and help if required and are supported to complain if they are unhappy regarding any aspect of the care and support we provide.

8

The use of any restrictive practice will be undertaken in the best interests of the person and **only as a last resort** in an emergency to maintain safety in circumstances where there is immediate or imminent harm where none restrictive alternatives cannot be used or have failed.

9

We will make everyone **accountable** for the use of restrictive practices and require a clear and robust justification when such approaches are used.

10

Wherever possible, the use of restrictive interventions will be assessed and planned to meet the specific needs of the individual, taking account of their history, physical and psychosocial needs and preferences in order to minimise distress, trauma or risk of harm.

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The use of any restrictive practice which is considered degrading, abusive or inhumane is unacceptable and will be prevented.

We will not authorise or approve any restrictive intervention which, by design or misapplication, is likely to lead to avoidable pain or injury.

Restrictive practices will not be used to enforce rules, to punish or coerce, or as a substitute for a lack of resources.

12

We will ensure that all our staff are appropriately trained to use restrictive practices as part of a wider commitment which will ensure our workforce are knowledgeable and skilled in using non-restrictive interventions which are embedded in person-centred thinking, positive behaviour support, recovery and social inclusion.

Footnotes

Footnote 1: Definition of *Care, Welfare, Safety and Security*sm

Care: Demonstrating respect, dignity and empathy; providing support in a non-judgemental and person-centred way.

Welfare: Providing emotional and physical support; acting in the person's best interests in order to promote independence, choice and well-being.

Safety: Protecting rights, safeguarding vulnerable people, reducing or managing risk to minimise injury or harm.

Security: Maintaining safe, effective, harmonious and therapeutic relationships which rely on collaboration.

Footnote 2: Taxonomy of Coercive or Restrictive Practices

