

# Restraint Reduction.

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# 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](http://www.restraintreductionnetwork.org)



# Restraint Reduction: What Works?

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

Dr Colin Dale  
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Steering Committee Member  
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# 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.

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Empowering service users	Collaborative problem solving	
Multi-layered investment	Ward based team	
Overcoming staff resistance		

# Critical Factors in Restraint Reduction

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

# 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.
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# 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](http://www.restraintreductionnetwork.org)

