

The last resort

When the unthinkable becomes real

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Introduction

- The impact of scandals such as Winterbourne View focussed providers on the ease with which restraint can become systematic abuse.
- The commit to restraint reduction must be applauded and it must remain the standard to which all care providers consistently strive.

Is there a link between restraint training provision and abusive practices?

- 247 Health and Social Care practitioners throughout the North West, South East and West Midlands

Results

- 42% = Yes, definitely
- 26% = No, not necessarily
- 31% = Not sure/don't know

Which of the following interventions could constitute restraint?

- Holding someone down on their front or back on a bed or on the floor = 100%
- Telling someone to sit down constantly = 70%
- Removing someone's walking aid = 66%
- Bed rails = 38%
- Tilting chairs so a person cannot climb out
47%

Myths... (maybe)

- Restraint is always abuse!
- It's not restraint if it is in the person's best interest
- It's not restraint if the person co-operates
- Restraint is the only way sometimes...
- If you have good defusion skills you don't need restraint

Fact!

- In a bid to avoid the stigma of restraint increasingly Health and Social Care providers will either not physically intervene!
- Or
- Expect their own employees to become 'punch bags'

The history of restraint training is littered with controversy

- From 'Pin Down' to Control and Restraint – the laying of hands on a person has the potential to become an explosive major incident, safeguarding issue, death and increasingly litigious

Fact 2

- There ARE occasions when – despite the outstanding attempts by staff not to escalate, provoke or invite violence – restraint becomes a vital and caring intervention
- There are occasions when NOT to intervene can be an act of negligence

The 6 restraint reduction strategies

- These must form the bedrock of care
- Also the morale and sense of support employees feel contributes to a happy workplace, person centred care and a reluctance to use restraint.

Trying to make restraint safer

- In 2009 myself and Petrus du Plessis (a physiotherapist and trainer) presented a paper on making restraint safer
- We looked at one particular technique from a physiotherapeutic, ethical and practical perspective

Hands on



Moving to restraint



Safe Holding







le coq sportif





Ensure each person is risk assessed in terms of muscular skeletal pathology

Ensure the intervention is part of an overall graduated response

The intervention ***must*** be part of the person's care plan

Consider the fact the intervention may be seen as restriction or deprivation of the person's liberty and carried out in their best interest

Continued...

- Recorded and made a safeguarding alert
- Debrief staff, how can we learn from this incident?

Remember...

- Good Training is about teaching staff safe physical interventions, with the aim that they will NEVER use them!

Thank you

Questions?