“SEE ME” considering a human rights based approach to reducing restrictive practices in older adults.

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Workshop Aims

1. Highlight how restrictive practices may be used in relation to vulnerable older adult groups.
2. Consider how a “Human Rights Based Approach” could be used to support the reduction of restrictive practices within older adult care.
3. Discuss the “SEE ME” approach which could be used to support the reduction of restrictive practices alongside a human right based approach.

“What do we need to remember!?!”

“Difficult behaviours result from unmet needs. In a sense, difficult behaviours are messages that can tell us important things about a person and their quality of his or her life.”

“All behaviour is meaningful.”

Pitonyak (2002)

“Our job is not to fix people, but to design effective environments”

Horner (1994)

Behavioural and Psychological Symptoms of Dementia (BPSD)

BPSD includes;

agitation, anxiety, irritability and motor restlessness, ofte n leading to behaviours such as wandering, pacing, aggression, shouting and night-time disturbances, psychosis, and, mood disorders.

Other symptoms include sexual disinhibition, eating problems and abnormal vocalizations (shouting, screaming and demanding attention, etc).

Ballard, O'Brien, James, Swann, (2003),

Potential title change (BPS Guideline Development Group – "Behaviours that challenge in dementia care"

"Behavioural and Emotional Expressions of Need (BEEN)"

@duffy_frances

Defining “Restrictive Practice”

“The intentional restriction of a person’s voluntary movement or behaviour”

Counsel and Care (2002).

Why are “Restrictive Practices” used?

- Clinicians are commonly asked to intervene in situations of acute disturbance in care placements.
- Intensive and high-quality supportive or behavioural interventions may not be available.
- Demand is usually for immediate action to manage behaviour in order to avoid placement breakdown.

(Glover et al, 2014)

Restrictive Practices……..

Forms of Restrictive Practice;

Chemical

Mechanical

Physical

Psychological

(RCN, 2008)

"Bed (cot) sides; use of lap belts on wheelchair/commodes/other harness/ restrictive equipment; use of "when required/ prn" medication; locking doors (including the use of baffle locks) e.g. ward doors, bedroom doors, kitchen door, which restrict free movement within the ward."

(RQIA, 2014)

Impact of restraint/restrictive practice

INDIVIDUAL

Physical - incontinence, ulceration/pressure sores, Increased morbidity and mortality, muscle wastage, increased dependence.

Psychological – Anger, depression, social isolation.

Cognitive – confusion, delirium, cognitive decline.

(Watson, 2001, Scheepmans, et al, 2017)

STAFF/FAMILY/CARERS

Anger

Worry

Guilt

(Scheepmans, et al, 2017)

Any others?

Considering “Human Rights”

“Restrictive interventions can delay recovery, and cause both physical and psychological trauma to people who use services and staff.”

(Department of Health, 2014)

What is a “Human Right Based Approach”?

“A human rights based approach offers one method for facilitating positive risk management”.

Whitehead, Greenhill, Carney, (2009)

FREDA Principles;

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

Articles to consider – HRA 1998

(https://www.bihr.org.uk/olderpeopleguide)

According to the British Institute of Human Rights (BIHR, 2010) there are three common articles which can be affected in older adult care;

Article 2 – Right to Life

Article 3 - Your right not to be treated in an inhuman or degrading way

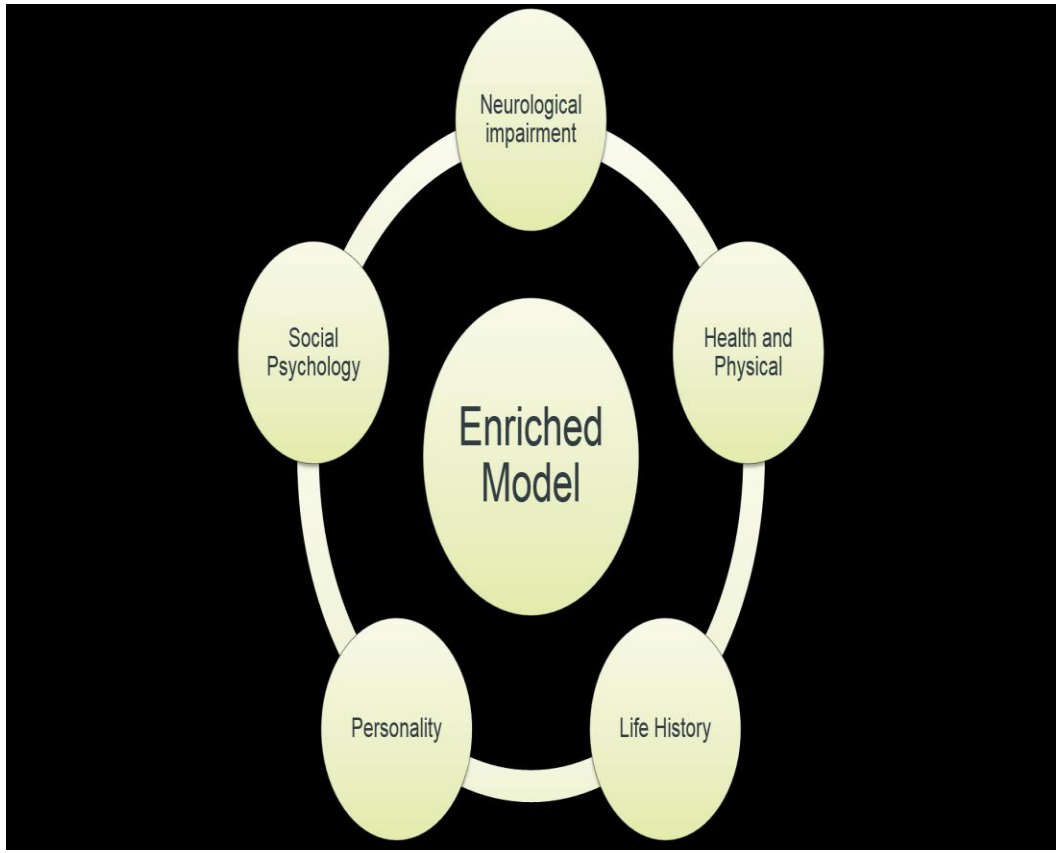
Article 8 - Your right to respect for your private and family life, home and correspondence

NOTE - These do not represent an exhausting of the articles as individuals needs may influence other considerations related to other acts within the Human Rights Act 1998.

“Personhood” (Kitwood, 1997)

“it implies recognition, respect and trust”

(Kitwood, 1997).



“SEE ME!”

Situation

Experience

Environment

Medical

Evaluation

Situation

- Consideration here about “What is happening”, “What is being seen”.
- Looking at the situation, or perceived risk and identifying whether this can be changed to enable the mimisation or elimination of the use of a restrictive practice.
- How is the person “responding” to the scenario, is it increasing agitation, reducing interactions with others.
- Has this “Situation” occurred previously, “What do we already know?”

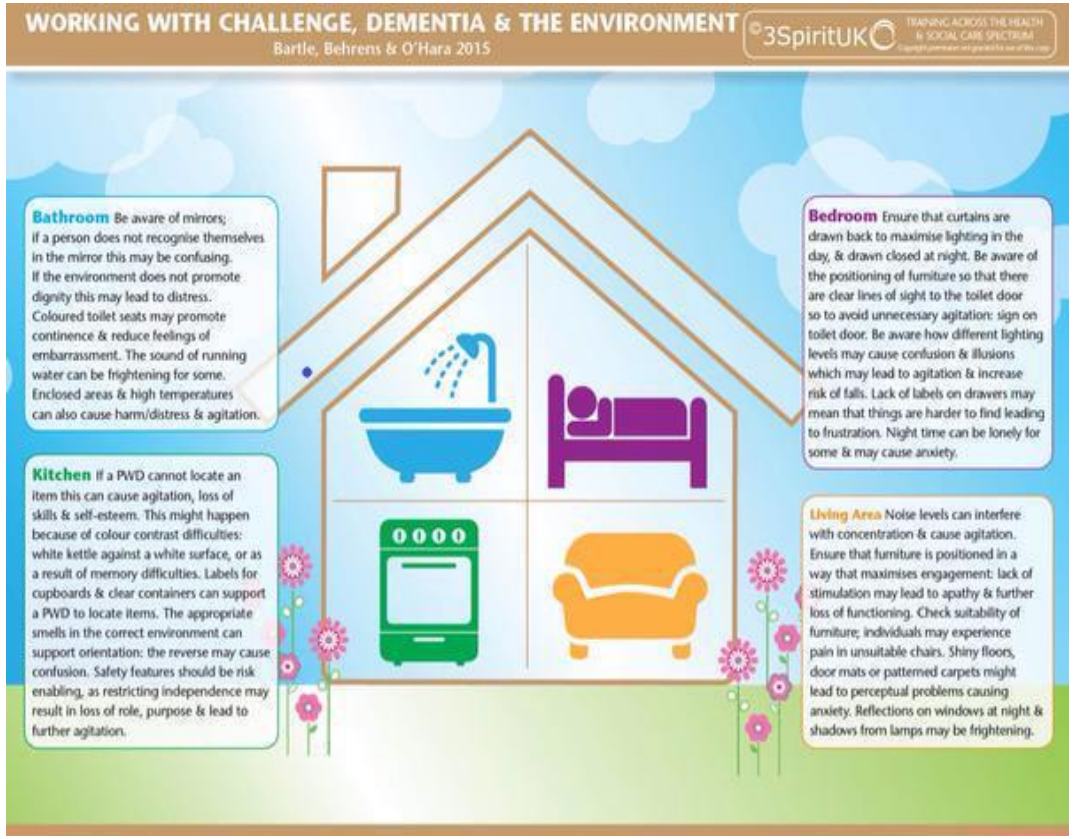
Experience

- How do the person's experiences influence their responses and behaviour? (Trauma!)
- Have they been here/there before, was it positive or negative?
- Do they understand or have the ability to do what it is that you are expecting of them?
- You may need to think about a "Person's Journey", where are they in relation to their journey or potentially their life history.
- What approaches do we have that supports the reduction of restrictive practices.
- What will you do to support me "After" an event or where long term restrictions are used then my overall "every day" experiences.

Environment

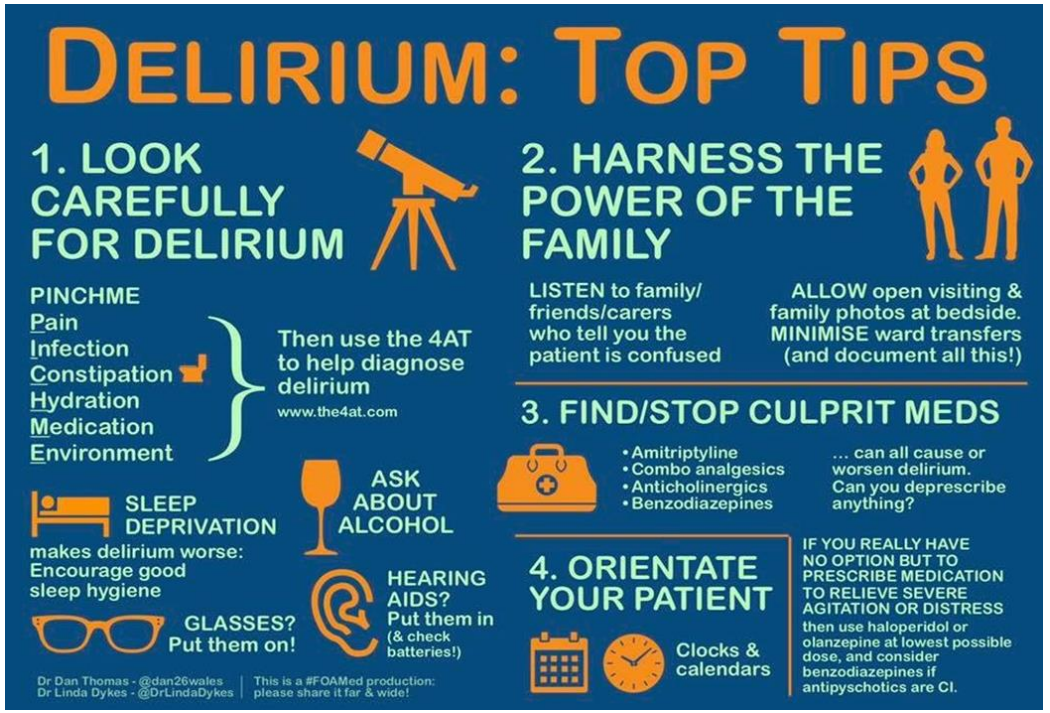
Calm
Predictable
Familiar
Suitably stimulating
Make sense

Kerr (2007)



Medical (Health and Wellbeing)

- Looking beyond their diagnosis! Is behaviour “overshadowing” a health, medical, wellbeing issue.
- Are health needs being met now, will they be met in the future, will they be met by the use of a restriction?
- Has someone has enough to drink, to eat, or received the medications which support them.
- Have you considered “Delirium”, Infection, are they current or would a restriction potentiallty increase risks related to these areas?
- How do we know when someone is “Happy”, “Distressed”, “Anxious”, et.
- ARE THEY IN PAIN!!!!!!!!!!! (Chronic and Acute)



Evaluation

What do you know?

What do you not know?

What do you need to know?

When do you need to know it?

If restrictions are being used then how do they influence short and long term impact on a persons human rights? (Cot sides, medications, physical restraint)

Some restrictions may increase the risk of articles being infringed such as right to life, or inhumane or degrading treatment.

Conclusion

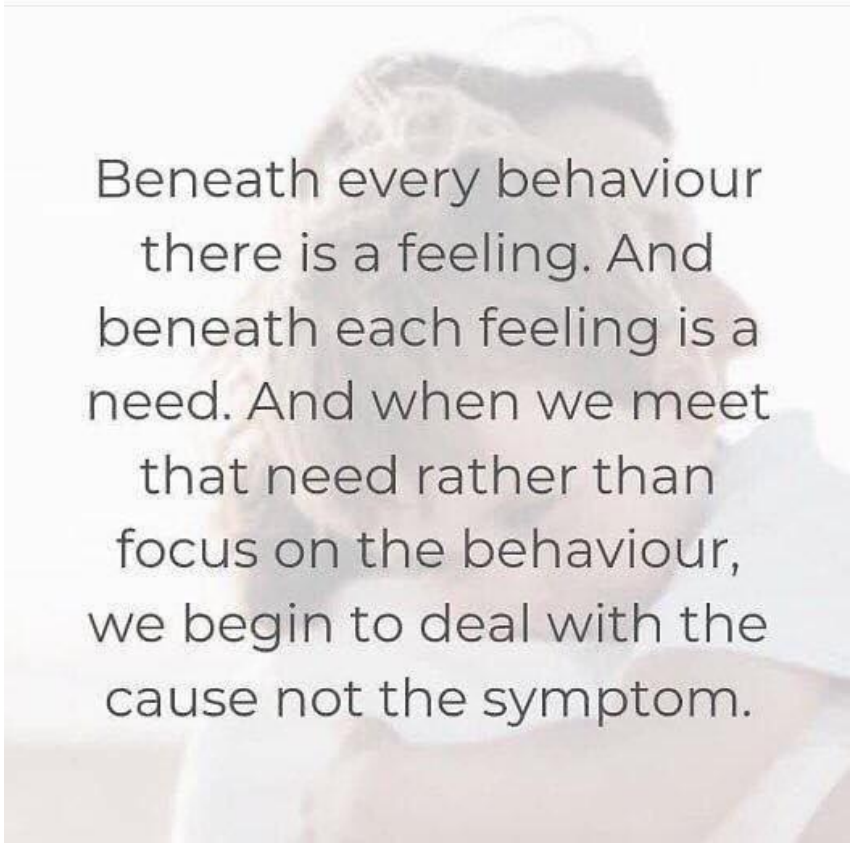
If Personhood is about recognition, trust and respect, then using a human rights based approach can enable you to……..

Recognise that we all have human rights, and that when we recognise this then we are informed about the use of restrictive practices.

Trust that those who we support, the supporters and for those who love the person are valuing their humanity.

Respect the fact that as a human being we sometimes need more to enable us to be who we wish to be, for now and for later.

Doing this will enable you to "**See Me**"



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Useful reading

"Your Human Rights" – A guide for older people; https://www.bihr.org.uk/olderpeopleguide

Human Rights Framework for Restraint: principles for the lawful use of physical, chemical, mechanical, and coercive restrictive interventions, https://www.equalityhumanrights.com/sites/default/files/human-rights-framework-for-restraint.pdf

Free infographs - https://www.3spirituk.com/free-infographic/