

Three Steps to Positive Practice:

A rights based approach when considering and reviewing the use of restrictive interventions



BILD Restraint Reduction Network
Conference 2019

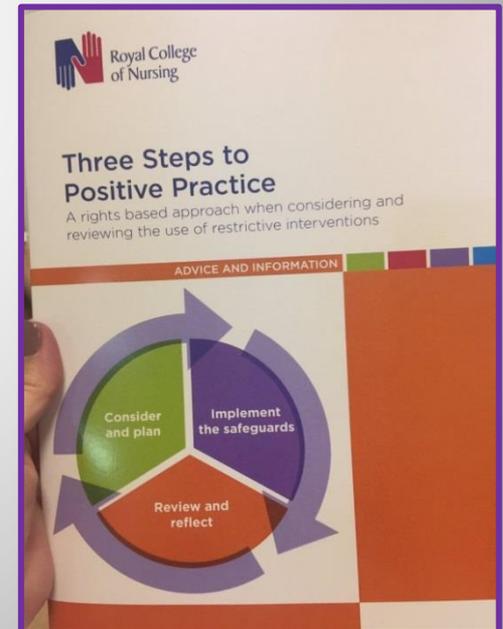
Introduction

Three Steps to Positive Practice

- Respecting human rights and reducing restrictive practices
- A Royal College of Nursing initiative, in collaboration with Royal College of Psychiatrists, Royal College of Occupational Therapists, and British Association of Social Workers
- Developed in Northern Ireland for use across UK

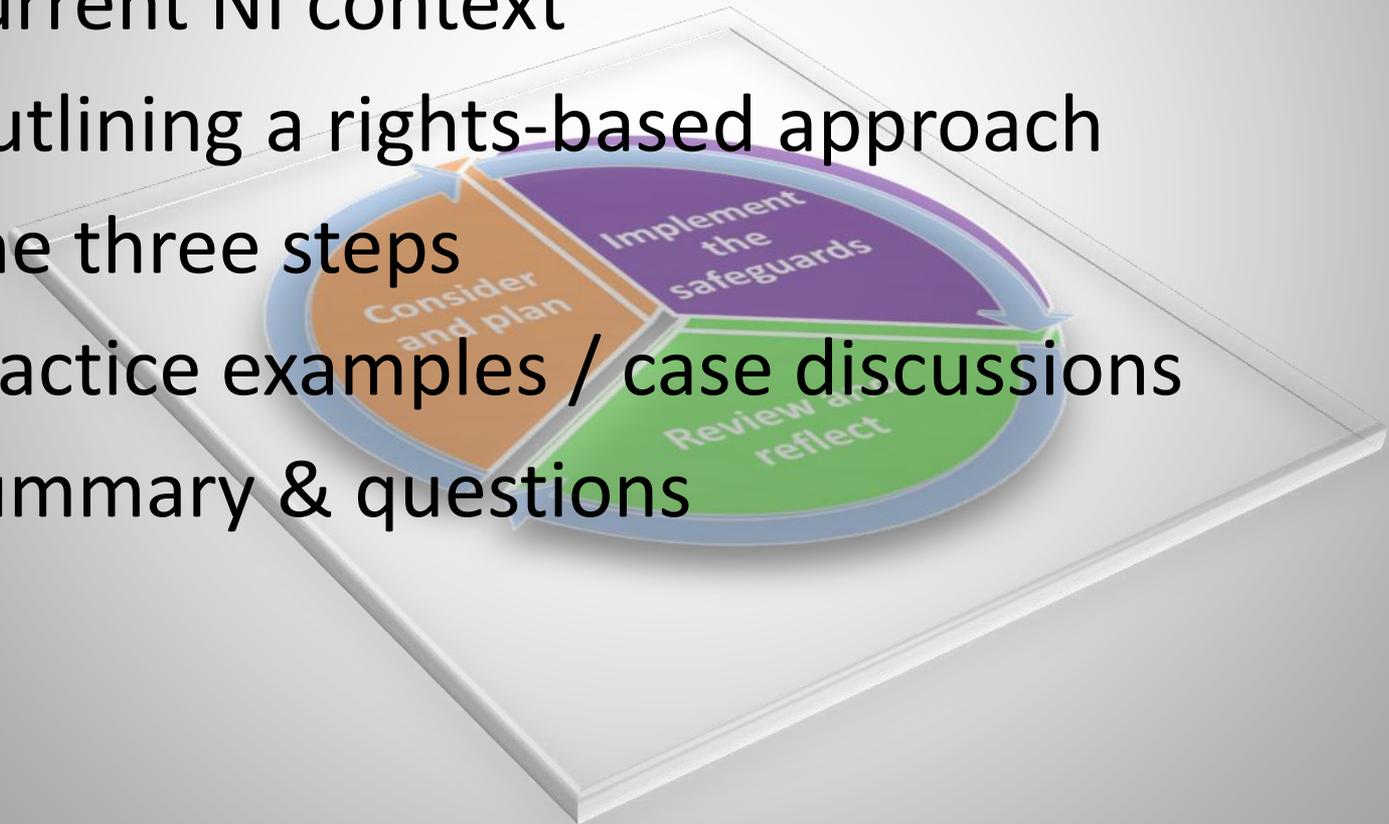
Facilitators

- Siobhan Rogan
- Dr Heather Hanna



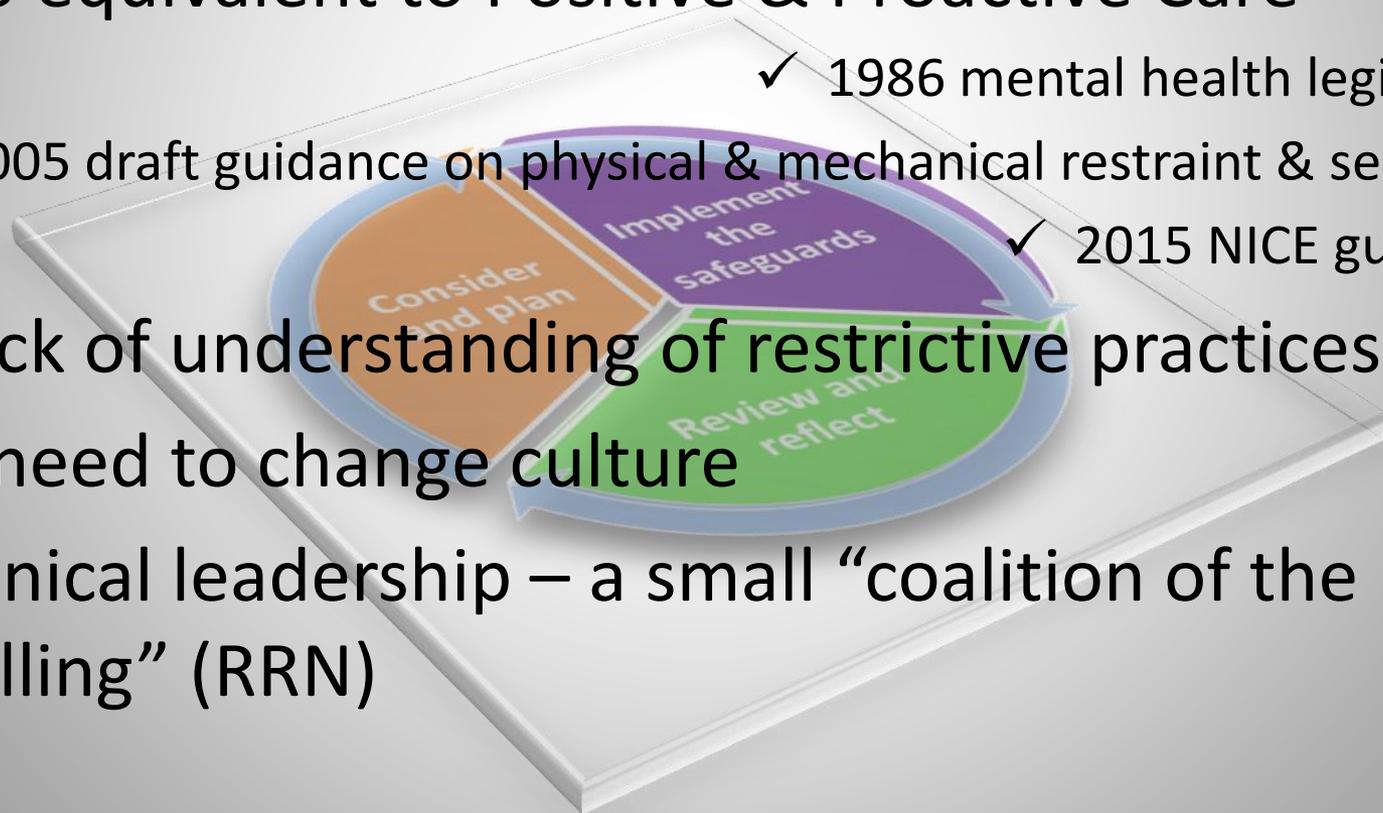
Today's workshop

1. Background to the document
2. Current NI context
3. Outlining a rights-based approach
4. The three steps
5. Practice examples / case discussions
6. Summary & questions



1. Background to the document

- No capacity legislation
- No equivalent to Positive & Proactive Care
 - ✓ 1986 mental health legislation
 - ✓ 2005 draft guidance on physical & mechanical restraint & seclusion
 - ✓ 2015 NICE guidance
- Lack of understanding of restrictive practices
- A need to change culture
- Clinical leadership – a small “coalition of the willing” (RRN)



2. Current NI context

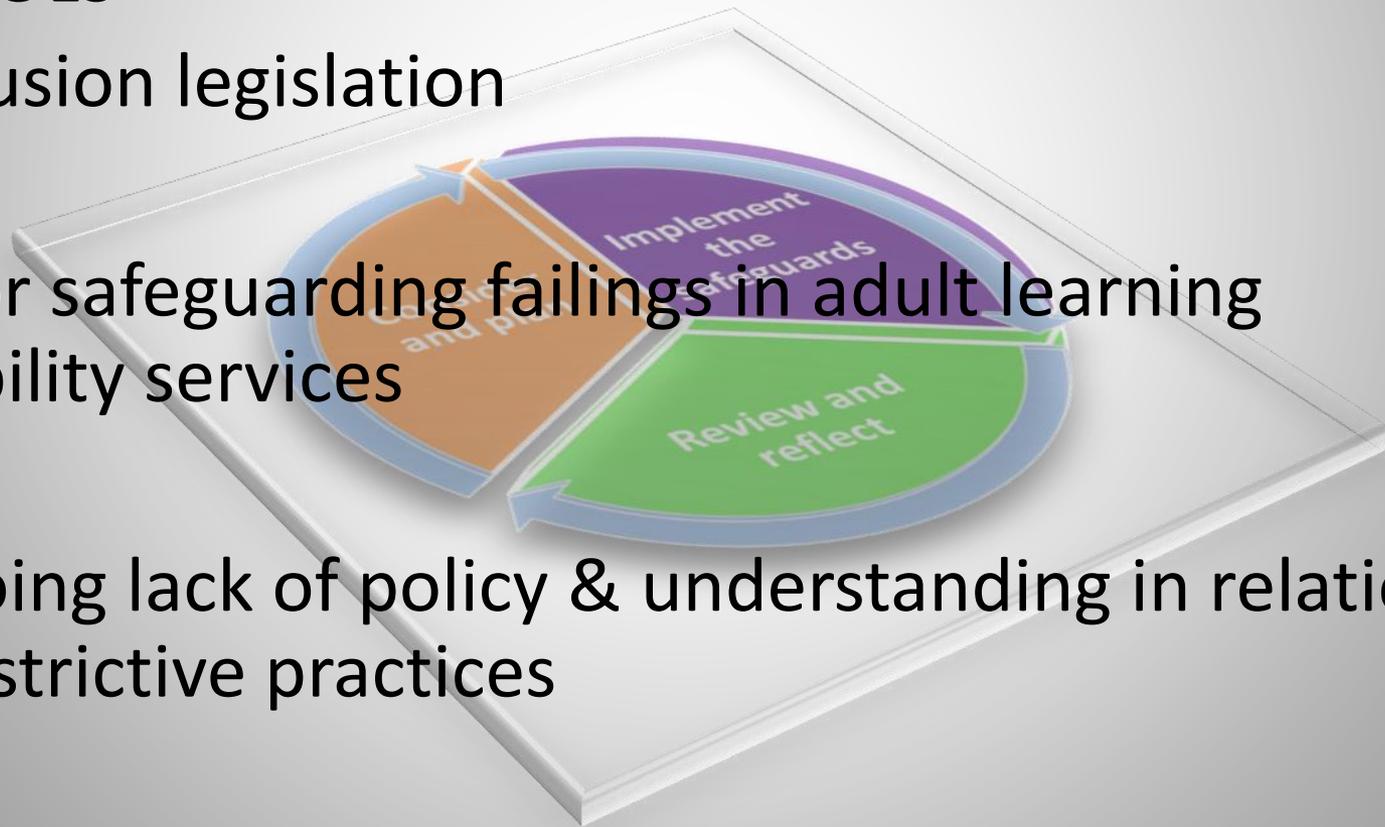
The planned implementation of capacity legislation

a) DOLS

b) Fusion legislation

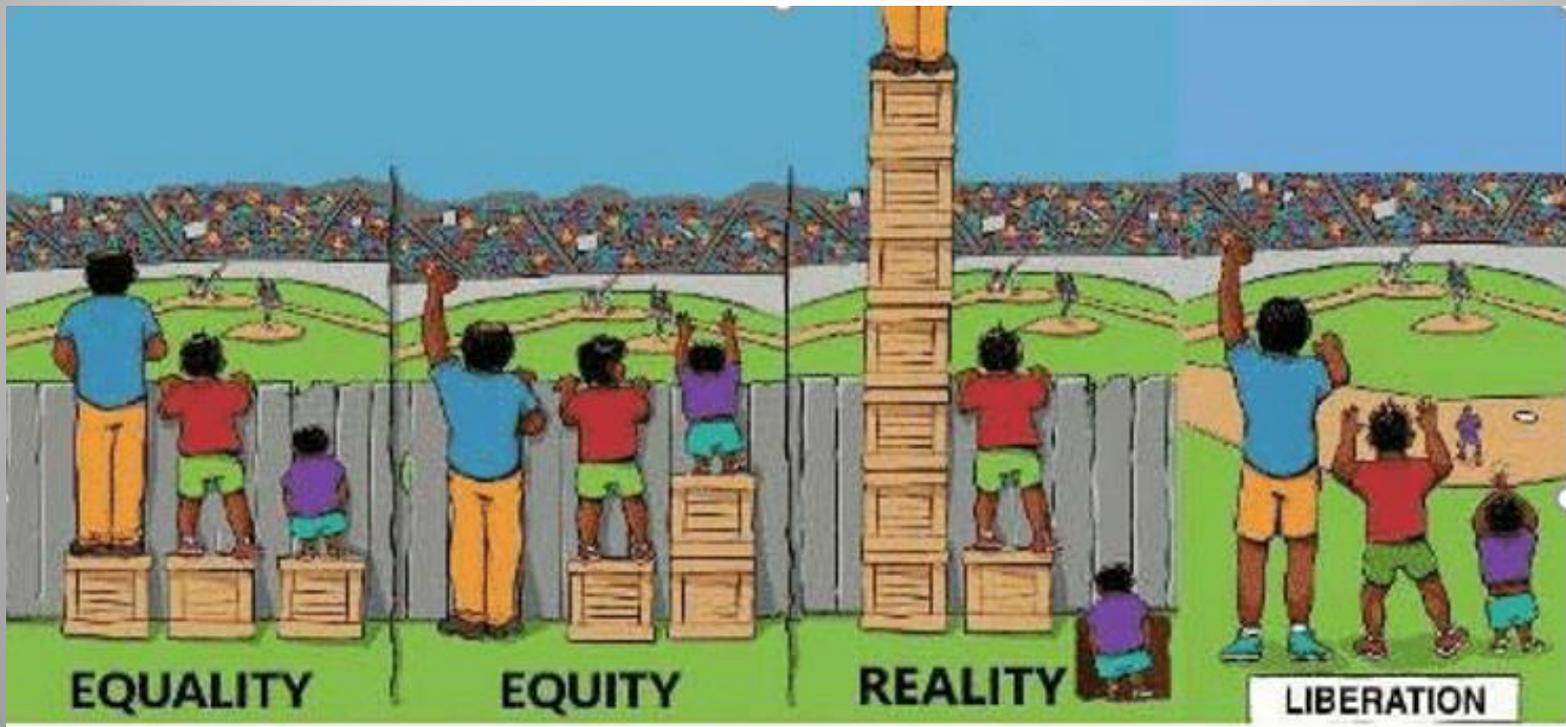
Major safeguarding failings in adult learning disability services

Ongoing lack of policy & understanding in relation to restrictive practices



3. Outlining a rights based approach

- Human rights legislation
- FREDA principles



Your human rights

Protected in law by the Human Rights Act

There are 16 rights protected by law through the Human Rights Act. The rights are called 'Articles'.

These are the rights most relevant in health and care settings (although all rights are equally important!)



Right to life

Includes protecting your life when it is at risk from yourself or other people

(Article 2)



Right to liberty

Protects from extreme restrictions on your movement

(Article 5)



Right not to be tortured or treated in an inhuman or degrading way

Protects you from serious abuse or neglect

(Article 3)



Right to respect for private and family life, home and correspondence

Includes your well-being and autonomy

(Article 8)



Right to be free from discrimination

Protects from discrimination when you are using your other rights in the Human Rights Act

(Article 14)

Your 11 other rights protected by the Human Rights Act

Right to freedom of thought, conscience and religion

(Article 9)

Right to peaceful enjoyment of possessions

(Article 1, Protocol 1)

Right to a fair trial

(Article 6)

Right to marry and have a family

(Article 12)

Right to education

(Article 2, protocol 1)

Right to be free from slavery or forced labour

(Article 4)

Right to vote in elections

(Article 3, Protocol 1)

Right to freedom of expression

(Article 10)

Right to freedom of assembly and association

(Article 11)

Right not to be punished for a criminal offence which wasn't against the law when you did it

(Article 7)

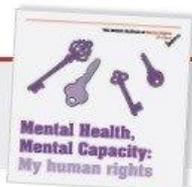
Abolition of the death penalty

(Article 1, Protocol 13)

Find out more about these rights in BIHR's booklet 'Mental Health, Mental Capacity: My human rights'

This booklet also explains how your rights are protected, the duties on health and care practitioners to respect and protect your rights and where to get more help.

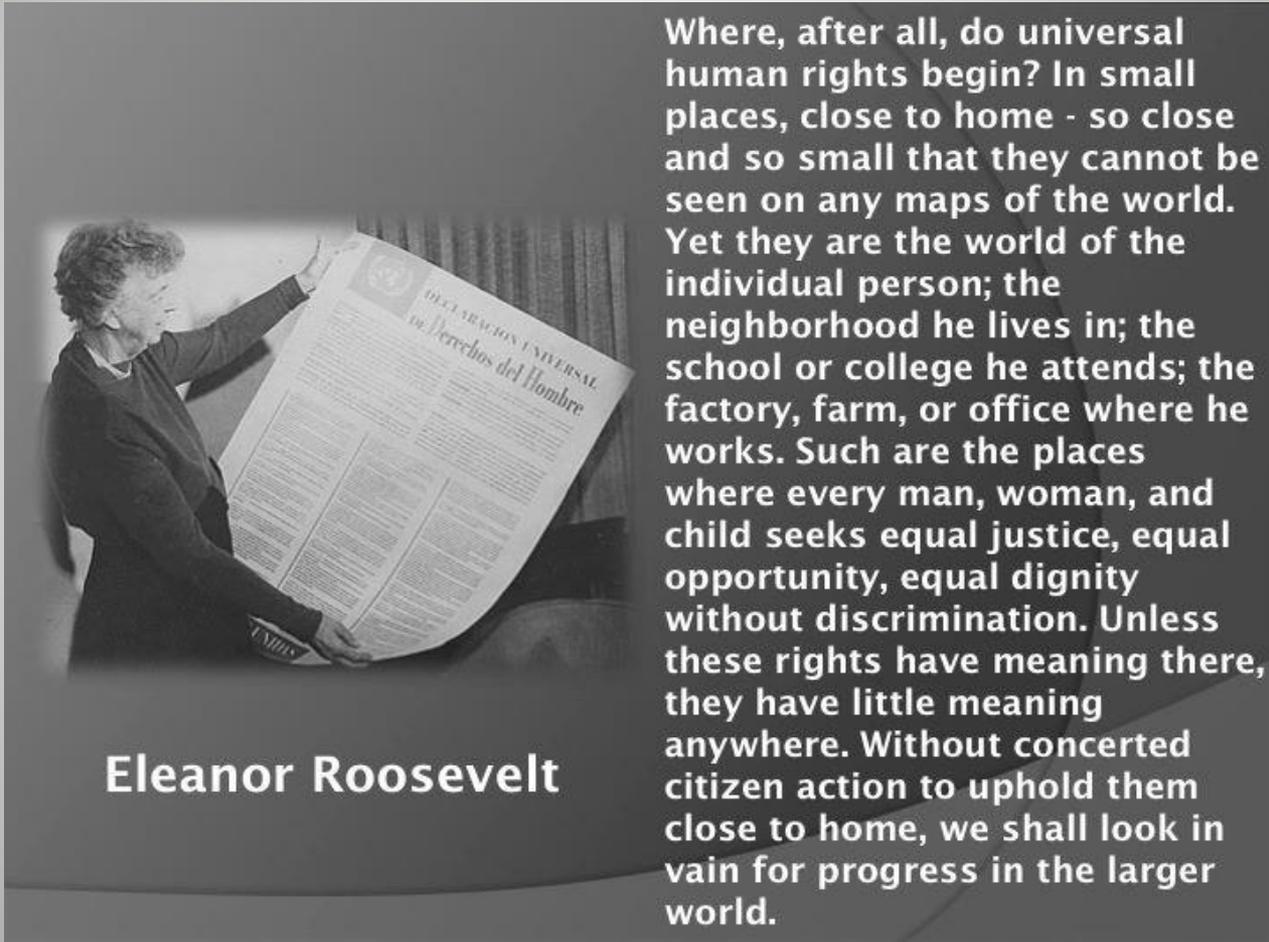
Get your free copy of the booklet at www.bihr.org.uk/health or by contacting info@bihr.org.uk or 0207 862 5850.



Rights may be absolute or limited:

- We have an absolute right to freedom from torture (Article 3)
- A persons right to liberty and security can only be limited in certain circumstances, set out by law (Article 5)
- UNCRPD – people with disabilities have equal right to liberty (Article 14)

What does this mean in everyday practice?



Eleanor Roosevelt

Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighborhood he lives in; the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.

The importance of underlying values



Human Rights

Human Rights are founded on certain values including Fairness, Respect for others, Equality, Dignity and Autonomy = (FREDA)

Fairness

Respect

Equality

Dignity

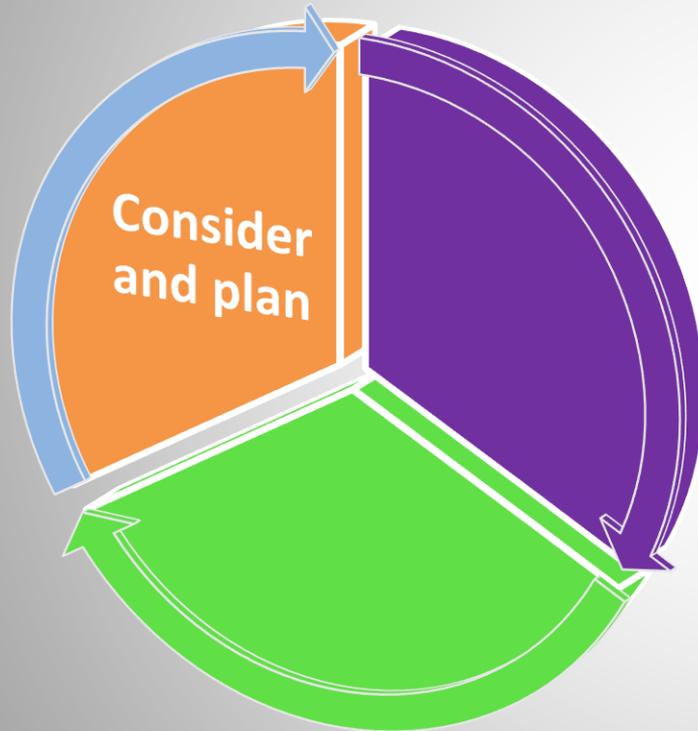
Autonomy

4. The three steps

‘Three Steps’ is designed to encourage careful consideration and reflection on the use of any potentially restrictive practice, before it is implemented and throughout the entire timeline when the practice may be in use.



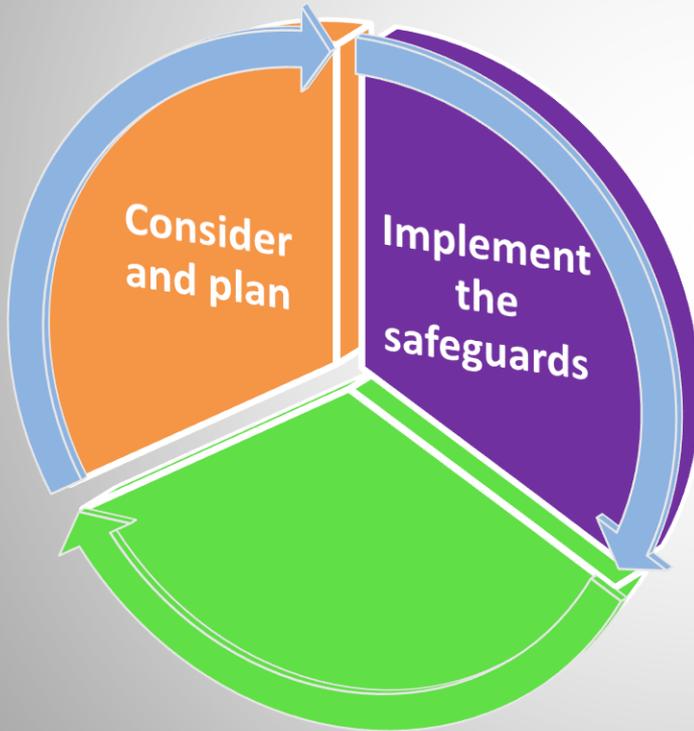
Step 1



- Multidisciplinary discussion
- Discussion with person and their representatives
- **Is the intervention restrictive?**
- Less restrictive options considered?
- Will the intervention reduce risk and build/retain the person's skills & opportunities?

All interventions should be safe & effective *i.e.* have an evidence-base

Step 2



- Capacity & consent?
- Best interests?
- Rights-based?
- Professional & organisational accountability

Step 3



- Planned, regular and timely review
- Used for the shortest length of time possible
- Reflection within the team

Interventions should be demonstrably effective (data) and their longer-term impact should be considered

5. Practice examples / case discussions

Basing your decisions on the 'three steps' model...

- What further information would you like?
- What alternatives should be considered?
- How would you implement and review the intervention, in particular how would ensure a reduction in restrictive practice over time?



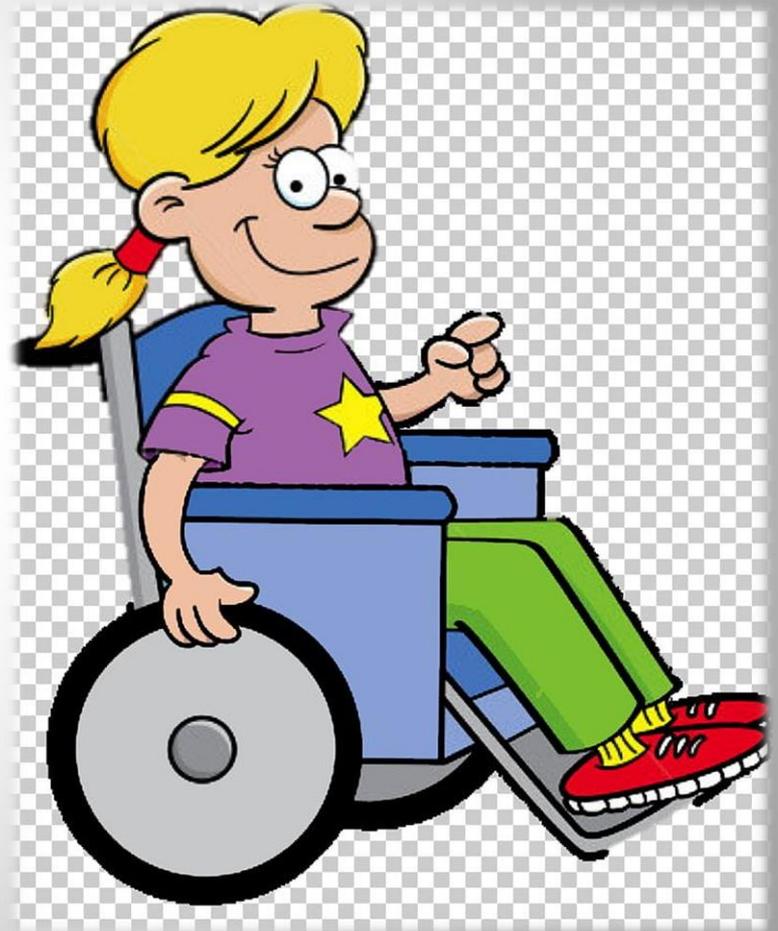
The locked front door

John is twenty-one years old. He has a severe intellectual disability, autism & ADHD. He lives in a small-group residential setting with two other men. John loves lorries and frequently seeks out opportunities to watch vehicles on the road. He has no awareness of road safety, and on several occasions has gone out late at night in his boxer shorts. He lives in a city. John's social worker thinks the front door of his house should be locked.



The wheelchair

Sarah is seventeen. Sarah has Down Syndrome and hypothyroidism. She attends a clinic in her local hospital. Sarah frequently causes disruption in the clinic, for example running into other people's consultations. Her carers report that she "is not good at waiting" and is upset by noise. However Sarah loves having her BP taken and talking to nurses. Sarah has no difficulties walking and in fact can move at speed. Her mother has been strapping her into a wheelchair to take her to appointments. Sarah cannot open the strap independently.



PRN medication

Joe is twenty. He has a severe intellectual disability and experiences episodes of low mood, during which time Joe stops eating healthily and exercising. He then tends to become constipated. Joe is prone to episodes of distress and self-injury, which are worse when his mental and physical health deteriorate. Joe tends to punch his own face. Joe's psychiatrist thinks a small dose of diazepam might help reduce the extent of Joe's self-injury when he becomes highly distressed.



6. Summary and questions



Many practices used routinely in health & social care settings may represent a restriction of an individual's human rights.

When these are deemed necessary and proportionate, **a clear decision-making framework should be used to ensure a rights-based, positive approach is embedded in practice.**

Always ask questions.