Restraint Reduction Network

The impact of the Covid-19 pandemic and lockdown on restrictive practices

June 2020

The current Covid-19 pandemic has led to what has been referred to as a 'national lockdown', resulting in unprecedented levels of restriction being operated across all environments.

This survey sought to gain the views of a range of practitioners who work in different settings within which restrictive practices, like physical restraint and seclusion, are used to manage behaviours that present challenges to those services. The survey wanted to find out if those practitioners thought the pandemic had had an influence on the use of those restrictive practices.

Survey headlines

- Nearly all respondents (just under 90%) thought it had been more challenging to balance safety and best interests during the lockdown
- 70% of respondents thought it had become harder to maintain a culture of minimising restrictive practices and promoting human rights
- A fifth of respondents reported that there were occasions in their opinion when best interest decision making had been unnecessarily compromised by safety concerns
- An equal number of people believed that the use of physical restraint had either remained the same or increased or decreased. Increases were more likely in services for people with mental health conditions, and decreases in services for people with learning disabilities
- Between a quarter and a third of respondents reported that they thought there had been increases in the use of medication, seclusion and segregation
- Many examples of innovative practice were reported, which could be continued to be used in the future

Survey methodology

The survey, and a link to it, was promoted through the Restraint Reduction Network Community of Practice, and the Positive and Safe forum.

The survey remained open from 29th May to 9th June 2020.

Restraint Reduction Network

Survey respondents

33 respondents completed the survey. The table below demonstrates the different types of working environments the respondents were from:

Working environment	Number of respondents
Health services - inpatients	18
Social care services - residential setting	7
Health services - primary care	2
Health services - older people	1
Social care services - community setting	1
Self-employed consultant with lived experience	1
Other	3

This table shows the different roles of respondents:

Manager	12
Provider of direct care/ support or education	6
Senior manager	7
Team leader	3
Allied health, education or social care professional	3
Expert with lived experience	2

The respondents worked within settings that served a variety of populations, in many instances a mix of populations. Most respondents worked with people with mental health conditions and people with learning disabilities. Other work settings included a Covid Positive Acute Ward, a Forensic Mental Health service, a Medium Secure Unit, an Acquired Brain Injury service, and services for people with Prader-Willi [see Fig 1 below].

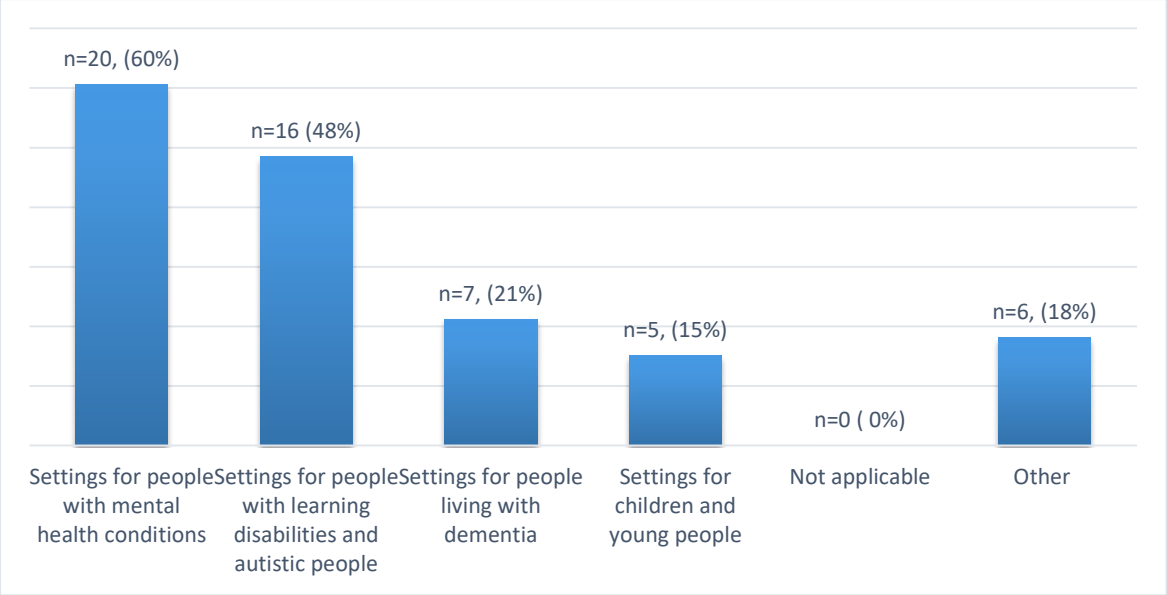

Fig. 1: Settings Identified by Survey Respondents

The survey response

Q. To what extent do you think this has made it more challenging to maintain a culture of minimising restrictive practices and promoting human rights?

Nearly three quarters (70%) of the respondents thought that maintaining a culture of minimising restrictive practices and promoting human rights *had* become more challenging. Of those, five respondents thought it was '*significantly more* challenging' [see Fig 2 below].

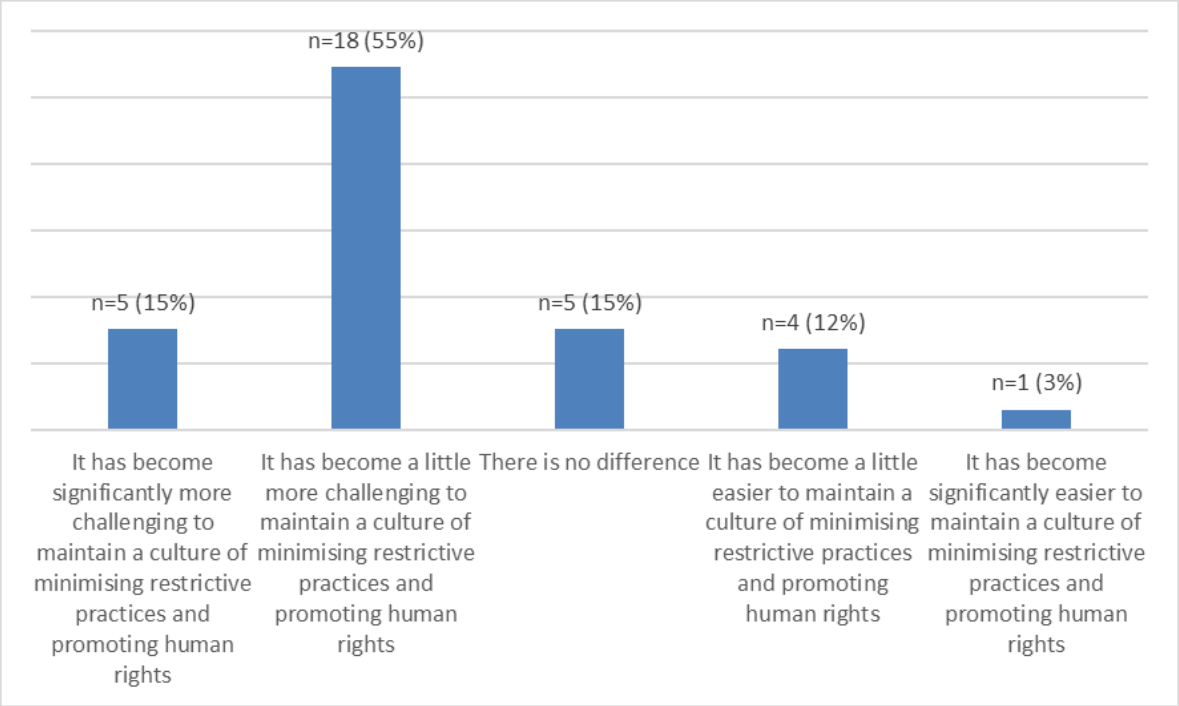

Fig. 2: Extent of Challenges in Minimising Restrictive Practices/Promoting Human Rights

Q. Can you tell us why you think this is?

Two main factors were identified as <u>decreasing</u> the challenges:

- Keeping people apart was seen as resulting in less conflicts
- Reduction in demands being placed on people because of disrupted routines

Various factors were identified as <u>increasing</u> the challenges:

- Patients not being seen by community teams face-to-face which led to them becoming unwell enough to be admitted,
- Family visits stopping within inpatient settings,
- Reduced provisions for section 17 leave (MH) and entry into the wider community (LD)

- Pressure on available space caused by the need to ensure social distancing rules were observed
- Staff also reported confusion over which rules to follow [see quotes below]

QUOTES:

- *"Guidance for management of people in our services has been very poor. There has been little/no consideration to the management of behaviours that may challenge, which has not helped with staff anxiety. I feel that we have been left to 'hope for the best' with what we are planning in environments which are not fit for purpose under normal circumstances, let alone in the event of a pandemic. Some of our inpatient wards are still dormitories, which has seriously compromised our ability to socially distance. The wearing of PPE has impacted de-escalatory interventions on the one hand or, if staff do not have on full PPE, this has increased anxiety. In terms of advice re legal frameworks under which we may/may not intervene, these have been minimal in terms of guidance. The vast majority of guidance released has been geared toward our acute colleagues and, yet again, mental health is left feeling like a Cinderella service"*

- *"Restrictive practices/interventions are very much dependant on individuals, teams and leaders understanding and knowledge at the time. Currently there is no uniform understanding or agreement of infection, contamination or spread and what measures are needed for any given situation, especially as each service can vary greatly. This leads to individual interpretation where human rights and the like seem to have blurred lines"*

- *"Staff are anxious about Covid-19 and the potential spread on the wards. National guidance has focused predominantly on acute hospitals and the nuances around mental health in-patient areas have not been considered. Staff are therefore in a position of trying to follow guidance which may work well in general hospitals, in units which don't lend themselves to IPAC measures either environmentally or due to the nature of mental health presentations. This 'square peg in round holes' approach has resulted in restrictive practice being used, in the main, to adhere to isolation requirements"*

Q. In your opinion do you think there has been an increase or decrease in the use of physical restraint?

Nine respondents thought there had been an increase.
Nine respondents thought there had been a decrease.
Ten respondents thought there was no difference.
Five respondents thought physical restraint was being used more in services for people with mental health conditions.
Five people thought physical restraint was being used less in services for people with learning disabilities.

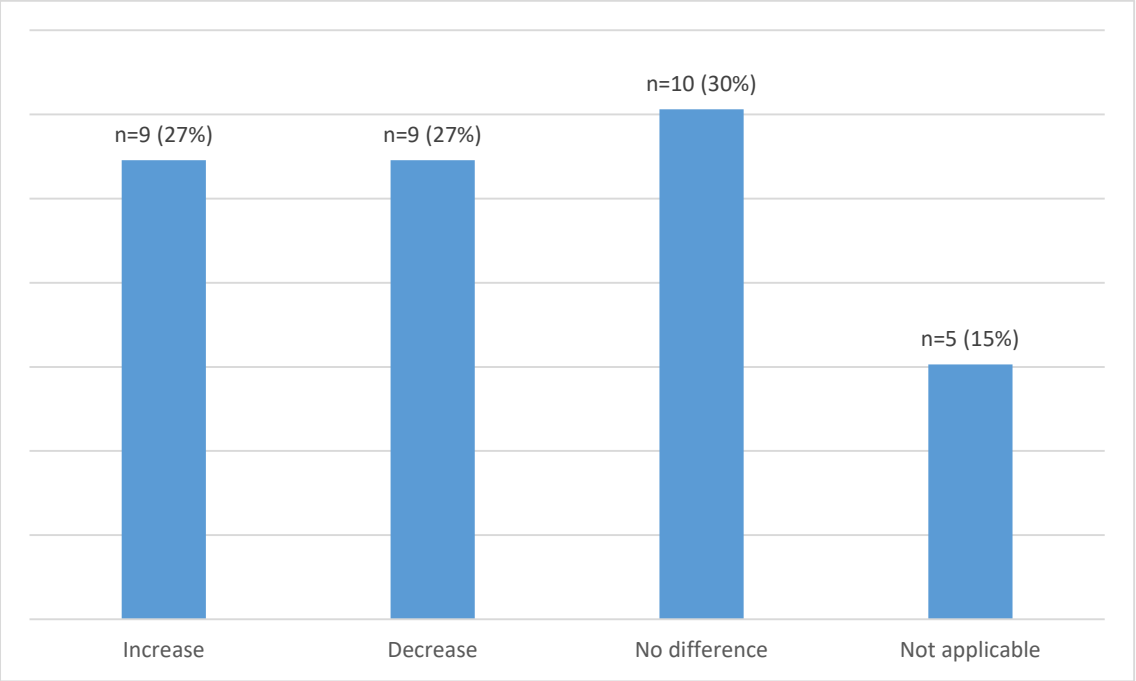

Fig. 3: Increase or Decrease in Physical restraint, as Identified by Survey Respondents

Q. To what extent do you think social distancing has affected the use of physical restraint?

Most people felt that social distancing had made no difference in the use of physical restraint but 10 respondents felt it had caused some reduction.

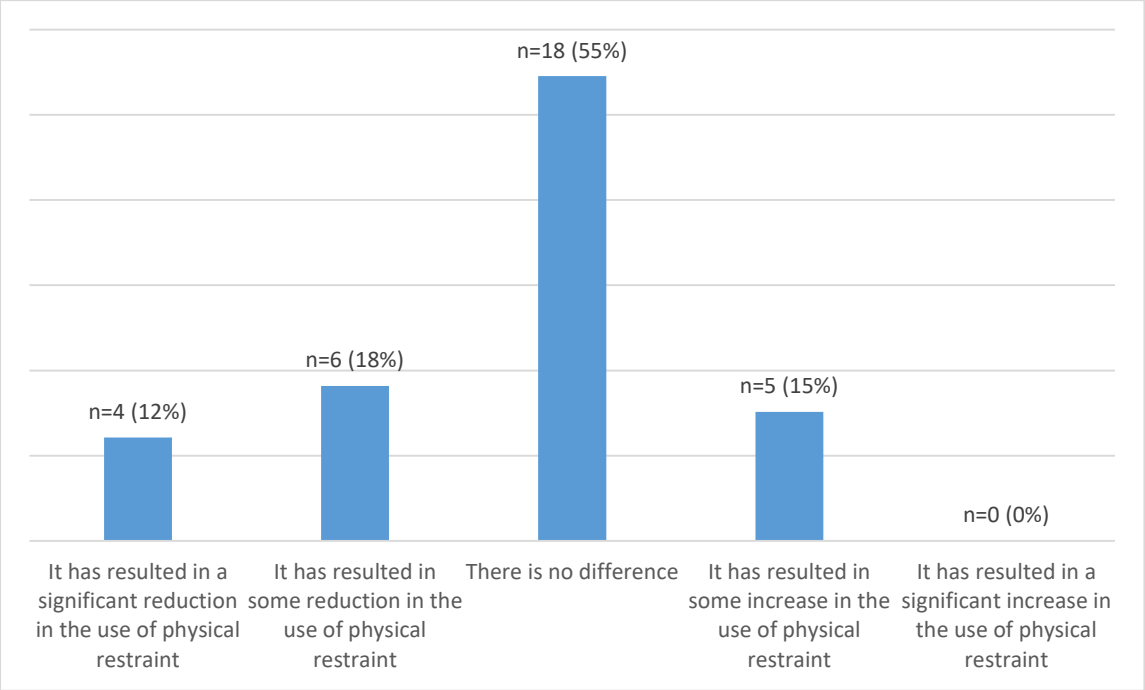

Fig. 4: Impact of Social Distancing on Physical Restraint, as Identified by Survey Respondents

Q. Can you tell us why you think this is?

Some respondents felt the reduction in demands on people had led to less use of physical restraint, and that de-escalation had been used successfully instead.

- *"There are less demands on people due to restrictions on movement and social interaction"*
- *"Conflicts arise when folks (people in care and staff) are together a lot. This artificial separation of people in care settings has, so far, resulted in less restraint and seclusion according to our huge database"*
- *"Support and early intervention staff are using before a behaviour happens. De-escalation techniques used to their full potential*

Q9: In your opinion do you think there has been an increase or decrease in the use of other restrictive practices. Please tick one in each category

- Nine respondents thought there had been increases in the use of medication
- Ten respondents thought there had been increases in the use of seclusion
- Ten respondents thought there had been increases in the use of segregation
- Two respondents thought there had been increases in the use of mechanical restraint, but 22 people said mechanical restraint was not used in the service anyway.

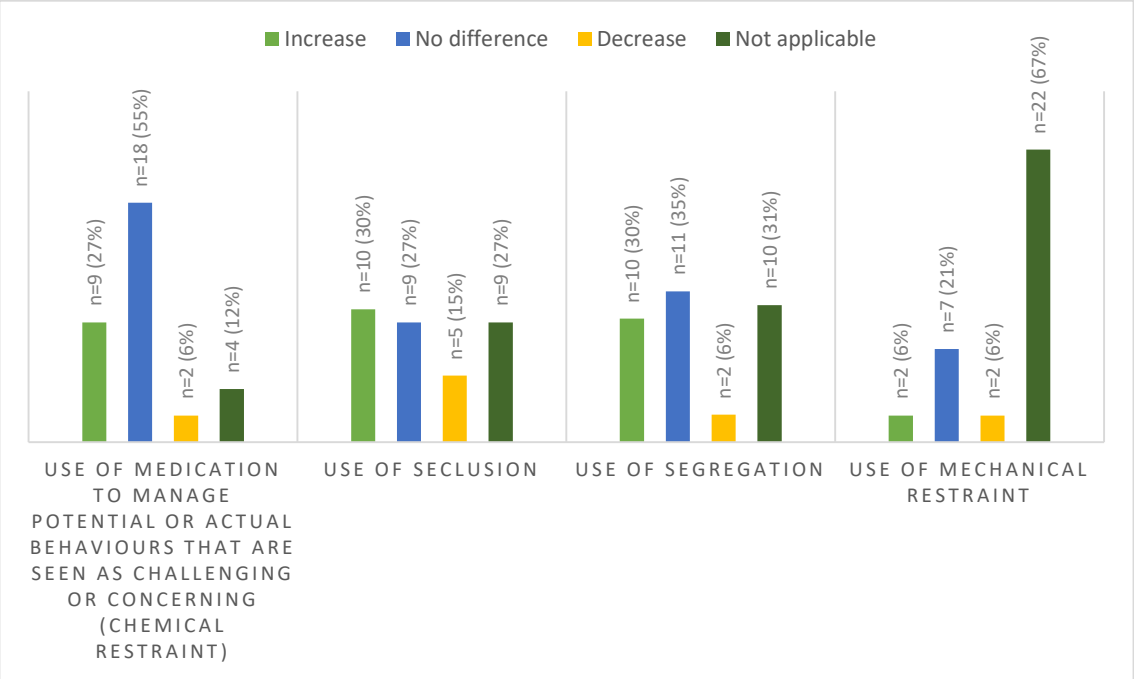

Fig 5: Increase/decrease in restrictive practices, as identified by survey respondents

Q. Have decisions relating to the balancing safety and best interests been appropriate? To what extent have restrictions have been introduced for infection control.

Nearly all respondents agreed that balancing safety and best interests has been 'more challenging' during the pandemic, and one fifth felt that best interests had been "unnecessarily compromised". Two people felt that best interests had been significantly compromised.

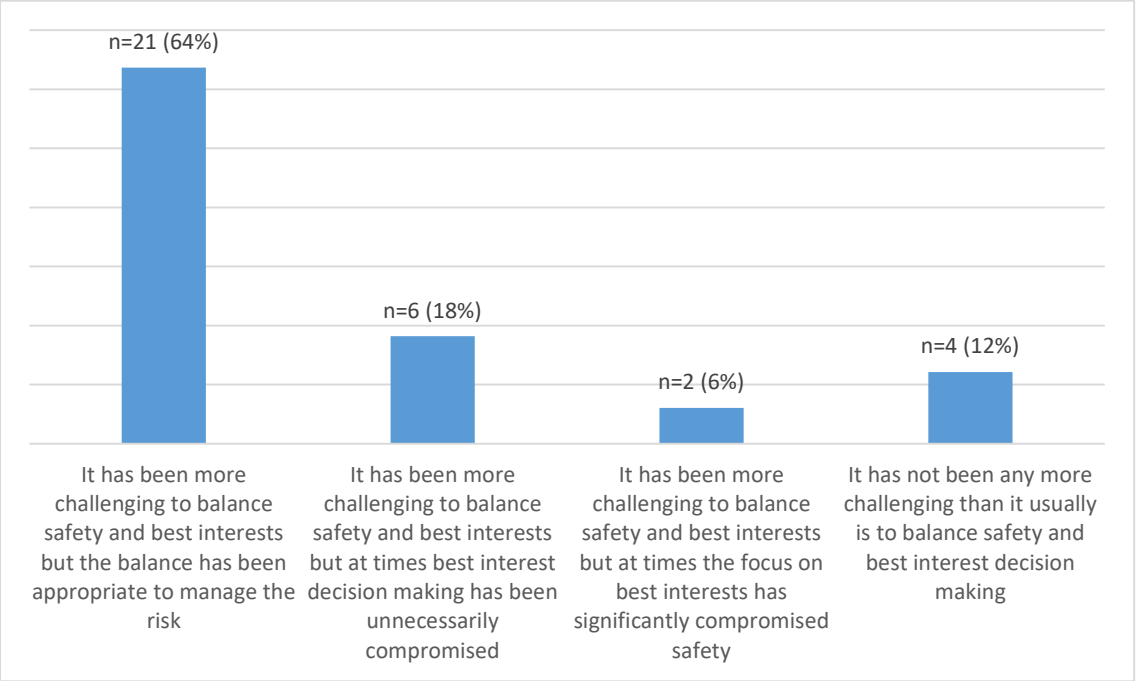

Fig 6: Challenges Balancing Safety/Best Interests, as Identified by Survey Respondents

QUOTES

- *"Stopping visits other than in extreme circumstances has been restrictive but in the best interests of both patients, staff and the public in the interest of safety")*

- *"Unfortunately we are still in a place where we learning the effects and management of the pandemic, and the majority of models used to determine guidance has been largely inaccurate and inconsistent. So depending on which advice is being considered and how people interpret the advice will invariably impact on decisions. The fear is making a decision that goes against national anxieties, which leads to unbalanced decision making"*

Q. Based on your experience, do you think that any of these groups have been subjected to an increase in the use of restrictive practice?

Half of respondents reported that they had no concerns, that any particular groups of people may have been subjected to an increase in the use of restrictive practices.

Others indicated that all groups experienced increased exposure to restrictive practices, as well as people with learning disabilities, and those with mental health conditions.

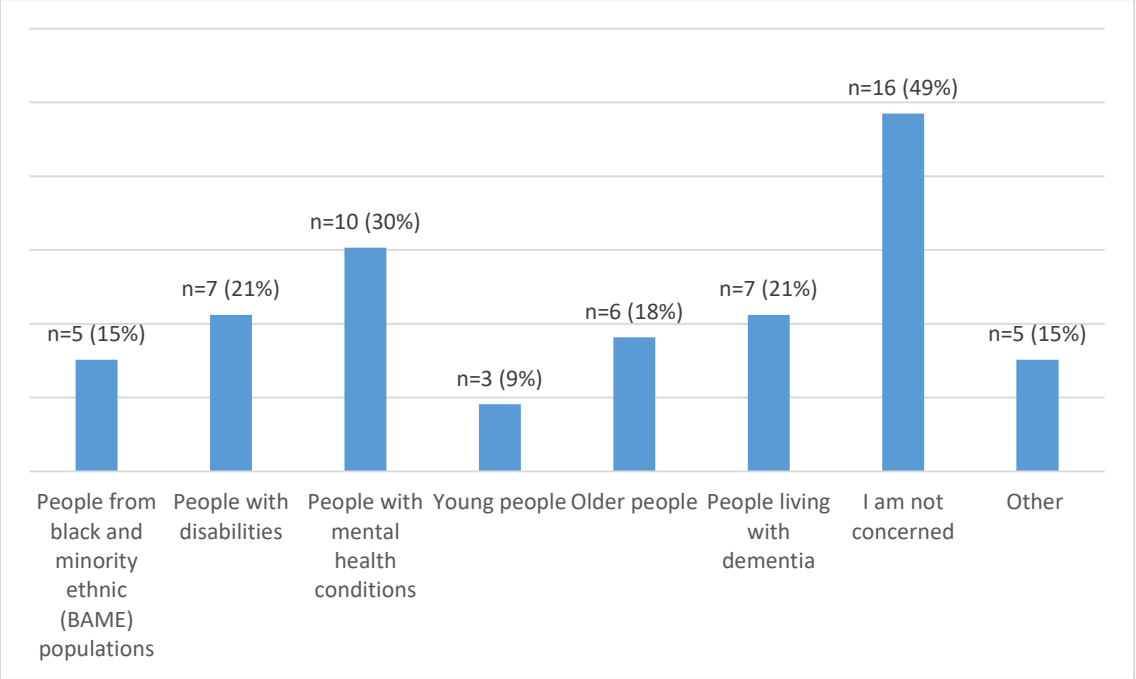

Fig 7: Increases in Use of Restrictive Practices: as Identified by Survey Respondents

Q. As we move to a potential recovery phase, what do you think are the priorities to ensure we re-focus on restraint reduction and human rights?

Respondents called for learning to come out of the current situation in time for the potential second wave, and to support improvements in practice more generally.

Calls were made for greater emphasis on proactive/community based work to prevent admissions, for the implementation of a full timetable of activities and the co-production of treatment plans as well as a review of blanket rules [See quotes below].

QUOTES

- *"We need to focus on community teams doing face to face work with patients to prevent them being left too late for admission this will have an impact on the practice of wards ... there should be no increase in restrictive practice if patients are appropriately managed before admission and wards are appropriate for need"*

- *"Many staff are being expected to add into their already challenging jobs the added pressure of PPE when needing to take care of some very unwell and vulnerable people which will obviously take its toll on both Staff and SU. SU's are experiencing increased trauma from staff wearing PPE, with increased paranoia and the inability to read facial expressions etc. There is also a void being created by reduced and even stopping face to face training where skills are not being taught or refreshed within the current context"*

- *"Covid is going to be around for a while we need to continue to help everyone understand the devastating impact of restraint. We must ensure that the RRN Standards are followed by anyone who uses restraint and especially people or organisations teaching restraint techniques Including the Police"*

Please share examples of restrictive practice that has caused you concern during lockdown

There was concerns that environmental forms of restraint were being used to manage Covid-related risks.

- *"Use of seclusion to manage infection risk, particularly when this has taken place in a bedroom"*

- *"Locking ill people in their cells alone to keep them safe from Covid exposure"*

- *"Keeping residents in their rooms"*

- *"People being prevented from going out unsupported, people have decisions made for them instead of being supported to understand social distancing"*

- *"The need to isolate service users against their will and the lack of clarity as to the legal frameworks that support this decision. The right course of action has been taken but at times this has been more restrictive than necessary due to staff feeling pressured to work within a box of a known intervention (ie instead of isolation as an environmental restraint under public health laws and use of reasonable force the protocols for seclusion and/or LTS are being used as these are known practices)"*

- *"I am hearing of people in some services are not allowed Section 17 leave or allowed to leave inpatient settings for exercise as part of their care and recovery plans I believe this to be unfair and illegal. this is only one example, I know and have heard of others"*

It is also important to note the two respondents reported very specific covid-related risks faced by staff:

- *"Patient bit and spat at staff"*
- *"We have had experience of some patients spitting at staff which has been COVID - 19 related"*

Please share one example of good practice in reducing restrictive practices during lockdown.

Respondents reported that some staff showed more patience and creativity, communicated better with each other and the people they were supporting, and worked well as a team.

The importance of relationships came through, as well as staff going above and beyond the call of duty.

QUOTES

- *"Assuring that each individual in care had daily contact with staff and had numerous activities and diversions they could choose to use in their own spaces including books, music, email with personal phone use*
- *"The team have incorporated more unit focused games, exercises, art therapy and discussions, which the patients have very much enjoyed"*
- *"Video calls to families and friends."*
- *"Active support -promoting engagement, choice and control, keeping people occupied in rewarding tasks and enhancing skills. Improved morale of people supported and staff"*
- *"Wearing plastic face shields (versus masks) so people can see faces, yet still stay protected"*
- *"More open conversations with service users about behaviours and management of these"*
- *"community meetings with a focus on mutual expectations"*

- *"Allow patients to smoke in the gardens"*

- *"Our monthly PMVA Working Group has continued to function, which was a surprise. We have been working very hard on the culture of our staff re reducing the need for RI, and the continued investment in our forum, which monitors, challenges and promotes best practice, despite all the extra pressures, has been really pleasing. It has been 'business as usual'"*

- *"Too numerous to mention. Staff have been really innovative about how they communicate with patients to help them to understand what is happening. Also a focus on maintaining relationships with family and friends virtually for patients"*

The limitations of this survey

The survey was only open for a relatively brief period of time (12 days), during a time in which day-to-day operations have been complicated by Covid-related issues. This may have limited the number of respondents which means it is difficult to speculate how representative the views of these respondents are.

The majority of respondents worked within inpatient settings for people with mental health conditions or learning disabilities, so more information is needed from education settings and care homes.

Furthermore, some issues, particularly about inequality, were quite complex to explore in a single survey question.

Recommendations for further use

- Formalise ways to record and review and share the good practice and learning
- Gather the view of people with lived experience on this topic
- Ensure a human rights approach is explicit in policy and practice
- Undertake an analysis of formal incident data to understand whether there has been any recorded increase/decrease in the use of restrictive practice
- Where decreases are identified, find out what is being used instead and what alternative practices should be supported
- Expand the focus of the survey to collect information in education and care settings
- Complete more in-depth research to identify and understand the impact of inequalities on the application of all types of restrictive practice.