Appendix 5

Specific considerations and adaptations to the standards for services supporting people who have eating disorders

Type of service

Services managing Eating Disorders provide support to individuals with a range of different mental health disorders that involve disordered eating behaviour. These behaviours can include restriction of dietary intake, binging, purging (including vomiting and laxative misuse) and excessive exercise, or a combination of any of these.

Eating difficulties may relate to differing psychopathology and therefore accurate diagnosis and formulation is essential. The primary motivation for dietary restriction could relate to sensory sensitivities, such as to food textures in Avoidant/Restrictive Food Intake Disorder (ARFID), or a desire to self-punish in patients with emotional dysregulation and histories of trauma, rather than the fear of fatness and body image disturbance more typically seen in Anorexia Nervosa. Such patients may be particularly prone to escalations in risk (and subsequent restrictive interventions) if submitted to compulsory treatment programmes that do not understand and take account of the underlying causes of their eating difficulties.

Refeeding may include enteral feeding such as naso-gastric (NG) tube or Percutaneous Endoscopic Gastrostomy (PEG) feeding and may need to be completed with the use of physical interventions in the most complex cases.

Eating Disorders are often associated with low weight and can cause serious physical health issues including reduced bone density, low energy levels, and cessation of menstruation, all of which can impact on the functioning of internal organs such as the heart. Inpatient treatment is often needed for patients with significant weight loss, chronic or complex conditions and a large part of treatment focuses on controlled refeeding. This will significantly impact on the selection of restrictive interventions, in particular physical restraint techniques.

Ward based trainers are well placed to deliver or support the development of training due to their experience, knowledge and specific skill set gained from working with eating disorders. This will help to link clinical practice with training.

Specific adaptations to the standards for this setting:

- There must be limitations on the types of restrictive interventions / physical restraint techniques authorised in recognition of under-developed anatomy / physiology and the difficulties in managing physical position to refeed safely. Supportive measures such as using pillows, beanbags or specialist feeding chairs are common practice and are to be encouraged in making a patient as comfortable as possible in the circumstances. Restrictive measures such as neck braces, soft cuffs or leg restraints are not acceptable practice and should be avoided.
- Support structures should be in place in order to help staff manage their emotions, anxieties and trauma related concerns when dealing with individuals in psychological and emotional distress, in particular around complex NG restraint feeds that may have involved several members of staff.

Appendix 22

Specific considerations for training temporary / flexible / agency staff

Type of service

All staff who are likely to use restrictive interventions must have training that is certified as complying with the RRN training standards − this includes temporary staff, staff employed through an external agency and floating or bank staff.

It is never desirable to employ temporary staff to provide support to vulnerable people whose distress may present as behaviour that challenges and which may require staff as a last resort to use restrictive interventions. The practice has been associated with increased risk.

Where this absolutely cannot be avoided it is the responsibility of the service provider to ensure all staff working in their services have appropriate and up to date training that is certified against the standards and is appropriate for the service they are asked to work in. There should be a procurement contract in place between the service provider and agency that ensures this is the case as well as a system for monitoring this (for example by inspecting training certificates). Particular care should be taken where staff are moved from service to service to meet need and where they may have undergone more than one training programme in physical interventions as confusion regarding practice may happen with implications for safety.

It is the responsibility of the agency to ensure any temporary staff sent to work in a service have had the appropriate certified training and experience for that population and setting.

It is the responsibility of the agency to request the information needed from their customers (service provider who commissions them) so they can select appropriate workers with the appropriate training and experience for each placement. This will include training that is certified as complying with the training standards where this is required within the service.

In some cases the agency will need to commission training from a certified training provider to meet these requirements. Alternatively, agencies may also be a training provider in which case they will need to have their training certified.

The training must be based on a training needs analysis and section one of the training standards should be referred to and followed for pre delivery arrangements with the training provider.

Agencies will need to have processes in place to:

- Check that each temporary staff member has had certified training, which meets all the standards and includes preventative working
- Check that the training for each temporary staff member is appropriate for the populations that they are being employed to work with (matched to the TNA provided) for each piece of work
- Check that the training is in date and refreshers have been completed satisfactorily for each temporary staff member
- Ensure an appropriate level of supervision and debrief is available for all their staff. Ideally this should be provided by the service provider that commissions the worker but if this has not been provided the agency must take steps to make sure it is available

Service providers that have developed their own certified training or are approved as an affiliate to deliver training in house may deliver training to temporary staff who they have contracted to use.

Where individual temporary staff do not belong to an agency and are commissioned directly by the service, the individual person effectively adopts the role of the agency.

Temporary staff should be made aware that if they do not feel skilled to manage behaviours that challenge, despite any training they have had, they will need to inform the service provider who has commissioned them as soon as possible.