Reducing Restraints in Health and Social Care: Practice and Policy Perspectives

Note

Health and social care practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The authors, editor and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

Reducing Restraints in Health and Social Care: Practice and Policy Perspectives

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A division of MA Healthcare Ltd

Quay Books Division, MA Healthcare Ltd, St Jude's Church, Dulwich Road, London SE24 0PB

British Library Cataloguing-in-Publication Data
A catalogue record is available for this book

ISBN-10: 1 85642 376 X
ISBN-13: 978 1 85642 376 2

Printed by CLE, St Ives, Huntingdon, Cambridgeshire

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Foreword

Lord Carlile of Berriew QC, FKC, LIB
A Master of the Bench of The Hon Soc of Gray's Inn

This book is topical and timely. Nearly two years before writing this foreword I chaired an Inquiry for the Howard League for Penal Reform into the use of restraints on children in custody. The Howard League report included local authority secure children's homes, thereby overlapping the contents of this book. Following prolonged debate on and around the issues described in our Report, the Government commissioned and responded to a report on the issue. The report and response failed to make the really necessary challenge to the fundamentals of the problems identified. There is no doubt that there will be continuing focus, until there is legislation to remove or severely curtail the use of restraints in custody and comparable settings.

That these are important matters should be self-evident. The unnecessary use of violence against a child or young adult sets the agenda for their lives. Tolerant and wise parents do not throw possessions back at angry teenagers. Loving and well-ordered families temper frustration with a variety of de-escalation techniques, often by instinct and without training and jargon. Contented and tolerant parents were often happy children: they may have lied frequently to their parents but, when the chips were down, they could talk to them too, free from the risk of violence. Family tolerances are often stretched: any family with the experience of a member going through serious and irrational mental illness or distress will know how especially taut the family elastic may become in those circumstances. If, despite the important and necessary inhibitions of institutional settings, we can apply the best of instinctive and loving values to the institutional situation, then we shall be achieving something of value.

Changes in demography and improvements in health mean that much that we have learned in dealing with the young will have to be adapted and developed for the care of the growing elderly population. The effects of advanced dementia are often less of a challenge than the period of its development, when the rational and irrational are so interwoven that the degree of frustration can be very high, and with it anger and even violence can erupt.

Dr Rhidian Hughes and his team of contributors have brought together in this single volume a wealth of resource material and views across the range of age and conditions in which restraint has been and continues to be used. The premise of the book must be right: physical restraint has to be the last resort. Insufficient resources can never be a just excuse, and should never be a lawful reason for restricting the movement of a person for whom there is any realistic alternative. This is a recurring historical theme, a refrain produced by successive committees and reports over more than 200 years. Progress has been slow. Even the inclusion of the European Convention on Human Rights as an enforceable part of UK legal systems, following the Human Rights Act 1998, has not provided as powerful a catalyst as some of us expected in curtailing dramatically the use, misuse and even abuse of restraints. They have been taken for granted for too long.

The book includes a description of managed responses. These are responses tailored to the individual, person-centred and designed to ensure that the person concerned shares as far as is possible in his or her therapy and care. Even when there is significantly reduced mental capacity or insight, the role of experience is often underrated. Well-managed therapy and care, maximising the value of the client's experience, can often be used to make the use of restraint unnecessary. Strategy can maintain dignity, for carers and clients alike.

When all is read, one is left with the residual question as to how much legislative regulation is needed. The answer, probably, is some but not too much. The trouble with legislation, in the UK at least, is that it is tightly drawn and insufficiently purposive. However, any legislative gaps can be filled by clear and enforceable professional ethics, standards and review. Wherever the regulatory debate occurs in the wake of this volume, the balance between legislation and professional review will be a critical area for decision.

I commend this book as required reading, a most valuable contribution to a sensitive and important subject.

Alex Carlile
Gray's Inn
March 2009

Preface

For some time there has been concern about the use of restraint on people who use health and social care services. The term *restraint* is used to cover a wide range of activities by means of which an individual's freedom of movement is restricted. Challenging behaviours, organisational cultures and resource pressures all influence the use of restraint. The behaviours or situations that give rise to health and social care staff considering the use of restraint need to be understood, and there should be much greater awareness of therapeutic approaches, which are at the core of health and social care practice. The central premise underpinning this book is that any form of restraint should only be adopted in the most extreme cases and once all other options have been exhausted.

Internationally, much has been studied and written about the use of restraints. Themes from research and studies help to explain the use of restraint, as well as identifying propitious opportunities for therapeutic approaches. Professional bodies, the third sector, regulators and governments have also published guidance on the use of restraint. However, there is no consolidated resource to discuss the arising issues for practice and policy, especially within a UK context. This, the first edited book to examine restraint across health and social care settings, broadly identifies the key issues, describes trends and patterns and discusses tensions in practice and policy as well as seeking ways to address some of the critical and currently unresolved issues facing health and social care staff. The book blends a specific focus on individuals and groups alongside broader discussions of history, policy and practice. In an edited book such as this, there will inevitably be some overlap of the issues, some commonalities of views as well as contrasting perspectives. The purpose of editing this volume is not to standardise perspectives, but to provide a platform for discussion and debate. It is hoped these perspectives will bring opportunities for the development of positive practice as synergies are forged and there is some cross-fertilisation of ideas.

The idea for this book originated during my time at the regulator for social care in England, when I was charged to produce various reports, including one on restraints (Commission for Social Care Inspection, 2007). This particular report served its purpose – to raise discussion and debate about the use of restraints – and for me it also ignited an interest to understand more about the broader mosaic of restraints used across care services. This volume is a

product of these interests. Putting together a volume of this kind requires the support of a group of experts who have all come together to offer their views and perspectives on restraint. Contributing to writing projects of this kind is rarely, if ever, part of substantive job roles, so I am very grateful to the authors for their time and effort spent in bringing the chapters to fruition.

Rhidian Hughes
Brighton
March 2009

Reference

Commission for Social Care Inspection (2007) *Rights, Risks and Restraints. An Exploration Into the Use of Restraint in the Care of Older People*. London, Commission for Social Care Inspection.

Contributors

Lord Carlile of Berriew Q.C.
Alex Carlile graduated LLB AKC at King's College London. He was called to the Bar by Gray's Inn in 1970. He is a Fellow of King's College London. He was appointed a Life Peer in 1999, and takes the Liberal Democrat Whip. He is involved in numerous charities. He is the President of the Howard League for Penal Reform. He has a particular interest in mental health issues, and was a co-founder of the Welsh charity Rekindle. He chaired the Select Committee of both Houses of Parliament on recent mental health legislation. He has written several reports. He was the author of *Too Serious a Thing*, a report published in 2002 on the safety of children in the NHS. His major report for the Howard League on the use of restraints on children in custody was published in February 2006.

Di Hart
Di Hart worked for many years as a social worker and manager before taking up a development post at the National Children's Bureau in 2002. She has a particular interest in children in secure settings. Recent projects include a review of physical restraint in secure children's homes, guidance on working with looked after children in custody and a toolkit aiming to improve outcomes for the children of drug-misusing parents.

Camilla Haw
Camilla Haw is currently a consultant psychiatrist at St Andrew's Hospital, Northampton, having previously worked in the NHS. She has published extensively on diverse aspects of psychiatric practice, including the rise and fall of the non-restraint movement in nineteenth century England and the current widespread use of psychiatric drugs for unlicensed indications (off-label prescribing). Another interest is the now common practice of antipsychotic polypharmacy for the treatment of schizophrenia, a strategy which remains largely unsupported by research findings.

Rhidian Hughes
Rhidian Hughes has degrees in social policy including a Doctorate from the University of York. He held a number of academic positions before working for

the social care regulator in England, the Commission for Social Care Inspection, during its existence between 2004 and 2009. At the Commission Rhidian was responsible for national investigations and reports which included the use of restraints. He holds honorary positions as Visiting Senior Lecturer at Guy's, King's and St Thomas' School of Medicine and Visiting Senior Researcher at the Institute of Gerontology, King's College London.

David Leadbetter

David Leadbetter is Director of CALM Training Services (Crisis Aggression, Limitation and Management). A former social work practitioner and trainer with a long-term research interest in violence management and challenging behaviour in human services, his professional background connects with his amateur involvement in martial arts teaching and practice. His organisation achieved the best results in the biggest restraint reduction project undertaken to date internationally. This federally funded restraint reduction project was initiated in response to the revelation of high levels of restraint injuries and fatalities in US human services, and was coordinated by the Child Welfare League of America. In addition to training, consultancy and policy development for organisations across the UK and abroad, he has been involved in a variety of research and national policy initiatives in the UK, Europe and the USA. He acts as an expert witness, has published extensively and is a regular contributor to international conferences.

Paul Linsley

Paul Linsley began his nursing career as a general nurse working within acute medicine. Following conversion to mental health nursing he gained valuable experience in a variety of clinical settings. Paul is registered as a Clinical Specialist in Acute Psychiatry and is trained in Cognitive Behavioural Therapy, as well as being a Lead Trainer in Conflict Resolution and Management. As a Senior Lecturer for the University of Lincoln he teaches on a number of courses: single and joint honours undergraduate programmes, research masters programmes and pre- and post-registration nurse training programmes.

Kevin McKenna

Kevin McKenna has more than 25 years' experience in various clinical settings in roles which have included practice, administration, education and research. In addition to professional training as a nurse he holds undergraduate degrees in Psychology and Health Administration and postgraduate degrees in Psychology and Education. He has led a number of national and international initiatives related to aggression and violence within healthcare, and is currently completing research on the clinical and organisational effectiveness of responses to the problem.

Gail Miller
Gail Miller is a registered mental health nurse with a degree in Cognitive Behavioural Therapy. She has over 20 years' experience working in services as a clinician, manager and tutor in the safe and therapeutic prevention and management of aggression and violence. Gail previously worked as mental health manager at NHS Security Management Service and was co-author, with Brodie Paterson, of the mandatory non-physical intervention training syllabus 'Promoting Safer and Therapeutic Services'. She is currently Associate Director for Risk Reduction at West London Mental Health Trust.

Brodie Paterson
Brodie Paterson is presently a Senior Lecturer at the Department of Nursing and Midwifery at the University of Stirling, where his interests include both research and teaching. His research and publication record is extensive and he has participated in a number of national and international projects involving policy development, research and training. He is a regular contributor to national and international conferences and has successfully completed a PhD.

Debbie Townsend
Debbie Townsend is the Physical Intervention Training Manager with the Ridgeway Partnership, providing training in the prevention and therapeutic management of challenging behaviour. Debbie has considerable experience as a community nurse for people who have a learning disability, challenging behaviour and mental health needs, and also with people who have neurological problems, head injuries, physical disabilities and autistic spectrum disorder.

John Turnbull
John Turnbull is the Performance, Information and Nursing Director with the Ridgeway Partnership and Visiting Professor in Learning Disability Nursing at the University of Northampton. He has over 25 years' experience as a manager, clinician and researcher in learning disability services, especially for people with challenging behaviour. He was the founding editor of *Learning Disability Practice* and spent two and a half years at the Department of Health as Nursing Officer for learning disability. He has been a specialist nurse adviser to the British Institute of Learning Disability.

Graeme Yorston
Graeme Yorston is a Consultant Forensic Psychiatrist at St Andrew's Hospital, Northampton, specialising in the assessment and treatment of older mentally disordered offenders and those with neuro-psychiatric problems. He has published on a range of topics, including psychopharmacology, psychiatric

services for elderly offenders and the history of psychiatry, which he believes has much to offer in furthering our understanding of current controversies in mental health.

List of figures and tables

List of acronyms and abbreviations

BILD	British Institute of Learning Disabilities
C&R	Control & restraint
CAICA	Coalition Against Institutionalized Child Abuse
CALM	Crisis Aggression Limitation Management
CFSMS	Counter Fraud & Security Management Service
CoE	Council of Europe
CSCI	Commission for Social Care Inspection
CWLA	Child Welfare League of America
DCFS	Department for Children, Families and Skills
DH	Department of Health
HCHC	House of Commons Health Committee
HSE	Health and Safety Executive
NAO	National Audit Office
NASMHPD	National Association of State Mental Health Program Directors
NICE	National Institute for Clinical Excellence
NHS	National Health Service
NIMHE	National Institute for Mental Health in England
NPSA	National Patient Safety Agency
Ofsted	Office for Standards in Education, Children's Services and Skills
OPCS	Office of Population Censuses and Surveys
PCC	Physical control in care
PI	Physical intervention
PRN	*Pro re nata* ('when required')
RCN	Royal College of Nursing
RCP	Royal College of Psychiatrists
SAN	Secure accommodation network
SDE	Seated double embrace
SIRCC	Scottish Institute for Residential Child Care
STC	Secure training centre
TCI	Therapeutic crisis intervention
UK	United Kingdom
UN	United Nations

USA	United States of America
V&A	Violence & aggression
WAG	Welsh Assembly Government
WHO	World Health Organization
YJB	Youth Justice Board
YOI	Young offender institution

Reducing restraints in health and social care: an overview

Rhidian Hughes

Throughout this book the term *restraint* will refer to the restriction of someone's freedom. To do so raises complex ethical and legal considerations for services, not least in the careful balance that needs to be struck between care and control and between risk and safety. The issues are rarely clear cut and it is difficult to suggest which responses are 'right' or 'wrong' without full appreciation of the wider context of 'real life' care. Instead, what is important here is an understanding of the issues that restraint raises and practice that places individuals' rights and wishes at the centre of all decision making.

This book has been produced so that the problems surrounding the use of restraints across a range of health and social care settings can be better understood. Ultimately it is hoped that the book will contribute, in some way, to levering improvements in how we understand restraint and practically in the care people receive. It is designed to appeal to a wide readership, including health and social care professionals, researchers, students and lecturers. Chapters assume no specialist knowledge.

Chapter 1, by Graeme Yorston and Camilla Haw, traces the use of restraints from the classic Greek-Roman period onwards. They are primarily concerned with mechanical restraints and note that, in the first hospitals, views on their use were divided. Interestingly, mechanical restraints received criticism from a government select committee as early as 1792 (and again in 1815). The non-restraint movement emerged at a time when more humane treatment of the 'insane' was encouraged, yet restraints continued to be employed nevertheless. Pioneers of the movement emphasised keeping restraints to a minimum, which mirrored trends more widely in Europe. In contrast, restraints continued to be promoted in North America during the same period. Yorston and Haw demonstrate the move from mechanical restraints in the early nineteenth century to physical holding techniques that continue to be used today. They also comment on chemical and surgical restraints to manage mental illness. This chapter illustrates some of the linkages between past and current usages of

restraint and emphasises the value of looking at past debates to help inform our understanding of contemporary issues.

Following these historical perspectives, Chapter 2 (Hughes) provides a broad introduction to the current use of restraints across health and social care settings. It places restraint within a human rights framework, before going on to highlight briefly some definitions of restraint and the tensions in practice and policy. Some of the later chapters in this book will discuss restraint primarily with regard to physical restraints and interventions. However, from the outset it is important to recognise the wide range of ways in which an individual's freedom can be restricted. Chapter 2 therefore presents a working typology which captures both direct forms of restraint as well as methods that are more subtle and, perhaps, taken for granted – from physical restraint and interventions to electronic surveillance. The chapter goes on to locate restraints within a broader care context and emphasises the importance of understanding people's behaviour and involving them fully in decisions about their care. These principles are elaborated in later chapters.

The book moves to explore restraint from the perspectives of people who use health and social care services. Di Hart examines the use of physical restraint on children and young people in Chapter 3. She begins her analysis by raising concerns about the contradictory legal and policy frameworks, and comments on the absence of single criteria for restraint across children's services and care settings. She notes that any criteria will be interpreted during 'crisis points' and during these situations what constitutes the 'last resort' for one is not the same for another. Equally there is lack of consistency about methods in different service settings. Certain methods are prescribed in secure settings, for example, but there is limited guidance in other health and social care settings. Hart explores some of the ethical sensitivities of the different methods, with reference to studies that have explored children and young people's views and experiences. Issues for children and young people centre on the fair and appropriate use of restraints that are neither excessive nor punitive. Hart argues for restraint avoidance via improved behavioural management of children and young people coupled with positive organisational and care cultures. She concludes, 'the exercise of power must always be taken seriously and constantly questioned' and calls for a series of additional safeguards to be in place when restraints are used.

Physical restraint continues to be explored in Chapter 4 by John Turnbull and Debbie Townsend, who examine its use among adults with learning disabilities. They introduce their chapter by explaining about learning disabilities and the shift towards specialist community services in recent years. The chapter emphasises the importance of a managed response to challenging behaviour which involves keeping restraint to an absolute minimum. When restraint is applied it should be done with the highest regard to safety. Their positive practice model emphasises consistent, managed and proportionate responses.