

# The use of restraint and care plans

- Aim of document is to provide assistance to those who need to consider care plans that include the use of restraint
- Focus is on what may be needed when these care plans are being examined (and potentially approved) by the court, and specifically for people with learning disabilities (who may, or may not, also be autistic)
- Policy and practice say that restraint should only be used ‘as a last resort’ and when other methods of responding to challenging behaviour have failed to be effective (and as a way of keeping people safe and managing risk)
- The court may be asked to approve care plans that include the use of restraint as part of the person’s support and treatment
- It may be difficult to challenge/counter these plans, especially if they are being proposed by the professional team around the person.

# What do we know about use of restraint for behaviours that challenge in learning disability services?

- CBF/PABSS report 2019
- NHS Digital March 2022
- Out of Sight- CQC report 2020/2021
- HoL/JCHR Report 2019
- HSCC report 2021
- Media reports (Kent County Council 2022)
- Patient A
- Bethany
- etc

# What are behaviours that challenge and why do they occur?

- Used to be described as behaviour problems, implying the behaviour was a problem largely to do with the person.
- Changed to challenging behaviour (Emerson 1995) to shift the focus from the person whose behaviour is challenging to the care/support they were receiving
- *‘Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.’ (RCPsych, BPS, RCSaLT 2007)*
- Their behaviour is a challenge to the way that support is being delivered, therefore responsibility for it resides more with the service/support than with the person whose behaviour challenges. The behaviour occurs because the person’s needs are not being met.
- Behaviour is learnt and serves a function for the person. The function is to communicate an unmet need.

# Functions of behaviour: the unmet needs

- The functions have been defined as:
- Sensory
  - *The person engages in behaviours that make them feel better by creating an internal reaction.....The function is to impact on their own internal state.*
- Access to items or activities
  - *Person wants food, drink, an activity*
- Social interaction
  - *The person wants some social contact*
- Escape
  - *Person finds a situation (could include sensory stimuli) too difficult, their behaviour is a means of escaping from it*

# Positive Behaviour Support (PBS) plans

- PBS plans are a way in which appropriate support for the person whose behaviours challenge is developed, planned and delivered - their use has been recommended by a number of policy and guidance documents. They are frequently included in an overall care plan.
- We acknowledge that autistic people have raised concerns about the use of plans that seek to 'manage' behaviours that challenge, especially when they include aversive or punishment responses.
- Important therefore to understand what PBS is (and that it rejects the use of punishment as a means of 'managing' behaviour):
- *.....is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS practitioners aim to understand the reason for the behaviour so as to better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.'* (2017)

# What can you expect to be in the plan?

## ■ Proactive strategies:

- *Assessment: the person's life, what is important to them, their needs, the behaviours, assessment of functions, how history and current support interact with needs*
- *Whole view of the person - they are not just their behaviour. How to plan a good quality of life*
- *Communication - how they communicate, how to teach additional skills*
- *Teaching new skills*
- *Environmental management - arranging it to minimize risk (e.g noise, routines etc)*

## ■ Preventive and reactive strategies:

- *early warning signs,*
- *de-escalaton,*
- *focused support to prevent and what to do if behaviour happens*

## ■ Post-incident support

## ■ Staff training and support

## ■ Monitoring and review

# Staff training

- Should be related to the individual who they are supporting - a few days of generic introduction to PBS unlikely to be sufficient to provide effective support for a person whose behavior is challenging and where restrictions and restraint are being implemented
- Therefore staff need to understand functions of behaviour, communication, sensory needs etc and how to use this knowledge to support the person so that challenging behaviour is not needed as a means of communicating their needs.( Assessment should be done by specialists)
- Mechanisms for staff supervision and support need to be in place
- Agency staff need to be aware and trained also. Increasing ratios (1:1/2:1/3:1) is not always a good solution.
- Training in PBS needs to be comprehensive - however frequently consists mainly of preventative and reactive strategies (not proactive), insufficiently based on detailed assessment of the person and includes methods of physical restraint

# Use of restraint as a last resort?

*‘This indicates that restraint is only used when all other support strategies to reduce an individual’s distress have been tried and failed. This is usually taken to mean that proactive, preventive and non-restrictive reactive management strategies have been tried and failed. It is important to confirm what proactive strategies are in place, how they are being implemented, whether staff know how to deliver them, how they are being monitored for effectiveness. Without these steps being in place, it is not reasonable to state that restraint has been used as a last resort either generally, or on a specific occasion’ (para 33)*



# Some questions (and what to look for in the answers)

- What assessments have been undertaken to understand the functions of the person's behaviours?
- Should include:
  - *Assessment of the functions of the behaviours*
  - *Communication assessment*
  - *Sensory assessment (autistic people especially)*
  - *Skills assessment (current and new)*
  - *Preferred activities/objects*
  - *Goals/aspirations*
  - *Health assessment*
  - *Mental health assessment*
  - *Include views and info from family members*

# Some questions (and some answers.....)

- What do you understand to be the functions of the person's behaviours?
  - *Relevant professionals should be able to describe the functions of the behaviours and how to meet P's needs in a way that means they do not need to engage in behaviours that challenge*
- How does the PBS/care plan address the need to develop more appropriate methods of communicating for P? Is it on the basis of assessment?
  - *Range of possible supports - 'now and next', visual timetable, PECS, communication passport etc*
- How has this been put together in a coherent plan that can be used by those supporting P?
  - *How this information been put together to form a plan, and how it is being implemented. What does the plan look like?*

# Some questions (and answers.....)

- **What proactive strategies are in place for P?**
  - *Should include: improving quality of life, teaching new skills, adapting the environment, supporting P's communication. The strategies should be developed on the basis of the assessment and formulation work, and should be available for the court to consider*
  
- **How often is restraint used? What are the plans to reduce it for P?**
  - *Should be able to produce good quality data and show how the service/ organisation uses it*
  - *Effective monitoring of current plan and implementation, oversight by service managers*

# Some questions (and answers.....)

- What specific training have the staff team had? When was it? Have all staff received it?
  - *Understanding behaviours that challenge, with specific reference to P's needs. Should have good detail of proactive strategies and how to deliver them*
  - *That there is more than induction training, refreshers focus on P as an individual. Training should not just focus on restrictive methods of responding to P's behaviour.*
  - *Agency staff have been trained in the detail of how to support P*

# Whether to approve the use of restraint

- Restraint has significant consequences for the person who is being restrained
- It can be presented as an inevitable part of a person's support
- PBS plans are frequently presented without consideration of proactive methods that demonstrate understanding of the reasons for the behaviour and could prevent the need for the behaviour to occur.
- Instead they focus on strategies to deal with behaviour when the person is already becoming distressed
- Care plans should include appropriate PBS plans, if they do not do this, then have they addressed P's needs appropriately?
- Should restraint be considered a 'last resort', when the methods of making it unnecessary have not been implemented?

Any questions?