

## Case Study Example

<b>Title</b>	Reducing the use of restraint and moving towards a therapeutic approach.
<b>Subheading</b>	How supine restraint practices can be reduced through training and clear communication.
<b>Short description of the organisation</b>	<p>This case study was produced as part of the Bild ACT re-certification process by <i>Example Training Provider</i>.</p> <p>Working in: England</p> <p>Our organisation is an in-service training provider – we develop and deliver the training within our own organisation.</p> <p>This case study is about delivering training into the following settings:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health care provision (independent and NHS commissioned services)</li> <li><input type="checkbox"/> Specialist NHS services: e.g., Mental Health, Learning Disability, Autism or Dementia</li> <li><input type="checkbox"/> Education provider</li> </ul> <p>This case study is about delivering training into services supporting adults and children with mental health conditions.</p> <p>You can find out more about <i>Example Training Provider</i> on <a href="#">our website</a>.</p>
<b>Summary of the case study</b>	<p><b>Actions taken:</b> An in-house behaviour support programme, based on the Restraint Reduction Network Training Standards, was introduced to support a reduction in the use of restrictive practice and strengthening staff understanding of the needs of the people we support.</p> <p><b>Why:</b> Our organisation made high use of restrictive physical interventions (especially supine restraint).</p> <p>Previous training focussed on physical intervention to deal with behaviours of concern, but we wanted to reduce levels of restrictive physical intervention (especially supine restraint) and to build staff understanding of the needs of the people we</p>

	<p>support.</p> <p><b>Difference made:</b> The result has been to significantly reduce the use of physical intervention, especially supine restraint (from 1000 - 38).</p> <p>There has been a shift to a therapeutic lived experience approach where emotional regulation is supported through attuned interactions with staff, rather than rewards and consequences.</p> <p>Plans are also underway to introduce a new Meaningful Life Model which will involve challenging and reducing the use of all kinds of restrictive practice as part of a community effort to maximise the quality of life outcomes for the people we support.</p>
<p><b>What training did you provide?</b></p> <p><b>What actions did you take?</b></p>	<p>From 2019, all staff in the organisation across adult and children’s services were trained and since refresher courses have been run 3x over the subsequent years</p> <p>The focus of the training was on enabling people to understand</p> <ul style="list-style-type: none"> <li>• the needs of people we support.</li> <li>• trauma-informed practice.</li> <li>• the nature of learning disability, autism and sensory processing disorders.</li> <li>• attachment and relationships.</li> <li>• positive behaviour support.</li> <li>• primary and secondary strategies.</li> <li>• that physical intervention should be a last resort and as part of a gradient response which promotes de-escalation and positive behaviour support approaches.</li> </ul> <p>In addition, changes were made to the way supine restraint is taught and authorised – now a phased approach.</p> <p>Other actions taken were:</p> <ul style="list-style-type: none"> <li>• There was consistent delivery of the message through improved induction and guidance for trainers.</li> <li>• Effective quality assurance processes supported by greater awareness throughout the organisation of the importance of restraint reduction.</li> <li>• Development of a common language around behaviour support principles.</li> <li>• Underpinning approach of the RESPECT methodology.</li> <li>• Improved reflective practice and debriefing processes encouraged the development of a culture of learning.</li> </ul>

- Improved recording processes led to better scrutiny and oversight over incidents.
- Commitment and dedication of trainers, most of whom have a vested interest in seeing reductions in the use of restraint as they work in operational roles.

**What difference did this make? (Impact)**

**Quantitative data: evidence in numbers**

Use of supine restraint reduced from over 1000 in 2016 to 38 in 2022

Service	2016	2017	2018	2019	2020	2021	2022
A	229	80	21	17	8	4	3
B	119	35	0	1	1	0	0
C	466	111	18	112	44	23	9
D	83	79	43	20	13	9	7
E	105	120	97	82	66	48	19

There is high level of staff buy-in with the values of the programme - with close to 100% attendance throughout.

**Qualitative data: the story of change**

1. Staff: They have more awareness of the triggers that can lead to possible outburst and understand that they relate to past traumatic experiences that the person may have encountered. They are also better equipped to use their communication skills with confidence to deal with the situation rather than resorting to a 'hands on' approach first.
2. People we support: Staff join with the people they support and their families to clarify what a meaningful life would look like for them personally and then design provision to ensure the person's life with us is fulfilling and that they move in the direction of a meaningful future. The people we support have a therapeutic lived experience. This means interactions with staff and the environment are therapeutic in nature. Emotional regulation is supported through attuned interactions with staff, rather than rewards and consequences.

Adam is a young person who moved into one of our services following school exclusions and involvement with the police. When he arrived at the service, Adam was being restrained daily due to high-risk behaviours that he was presenting. Staff worked with Adam to understand the reasons for his behaviour and to develop a bespoke package of support that helped him

to achieve his goals. Adam is now engaged in education at our provision and is hoping to start driving lessons soon. Adam has not been restrained for over a year and attributes this to having positive relationships with staff and being able to talk about his feelings.

3. Organisation: Previous culture of restraint has been transformed permanently and we plan to shift the focus of the work to restrictive practices more generally.

We have also devised a ‘Reducing Restrictive Practices Organisational Strategy’, based on the Restraint Reduction Network’s Towards Safer Services (2022), which is designed to address restrictive practices within our services and consolidate existing policies and restraint reduction plans in a consistent and company-wide approach.

**Pictures**



**Alt Text:** Two staff members and a teenager (Adam) sitting on a sofa, engaged in conversation. They are all smiling and interacting warmly with each other.

**Sign Off**

I agree that the above is an honest and accurate representation of the work of the organisation. All the data referred to is accurate to the best of my knowledge.

Name: A.N.Other

Job title: Restraint Reduction Lead

Signature: *A.N.Other*

	Date: DD/MM/YY
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A blank case study template can be found [here](#).