

“Looking to the Future”

Implications related to the use of restrictive practices for people with learning disabilities and dementia.

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and**

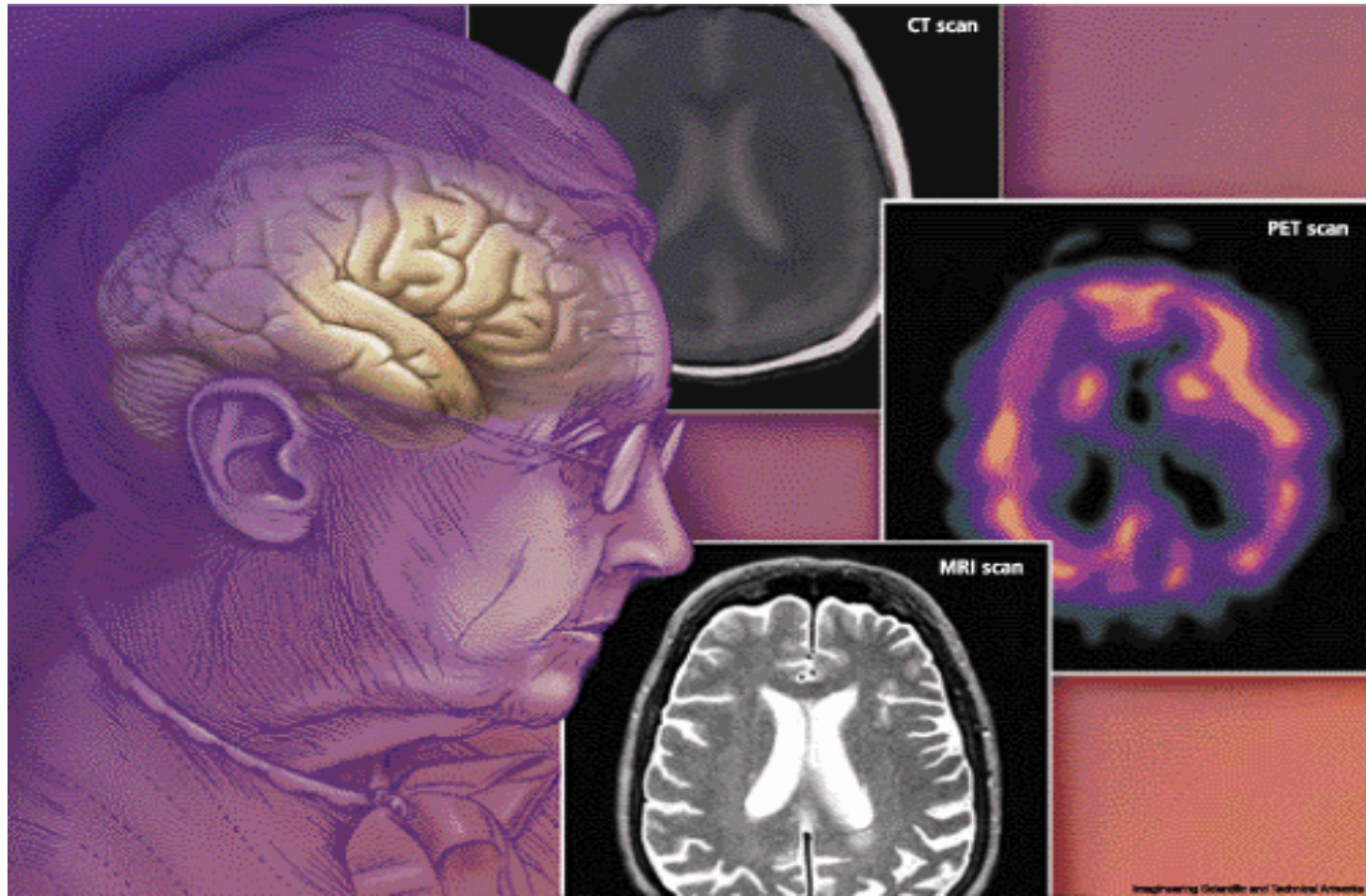
Serena Jones

**Down Syndrome Nurse
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Aims

1. Identify 'restrictive practice', understand the increasing implications for the rights of people with learning disabilities and dementia.
2. Using a human rights framework to understand the legal and ethical issues for practitioners / services.
3. Using a human rights based approach and tools to reduce the need for restrictive practice.

What is “Dementia”?



National Dementia Strategy

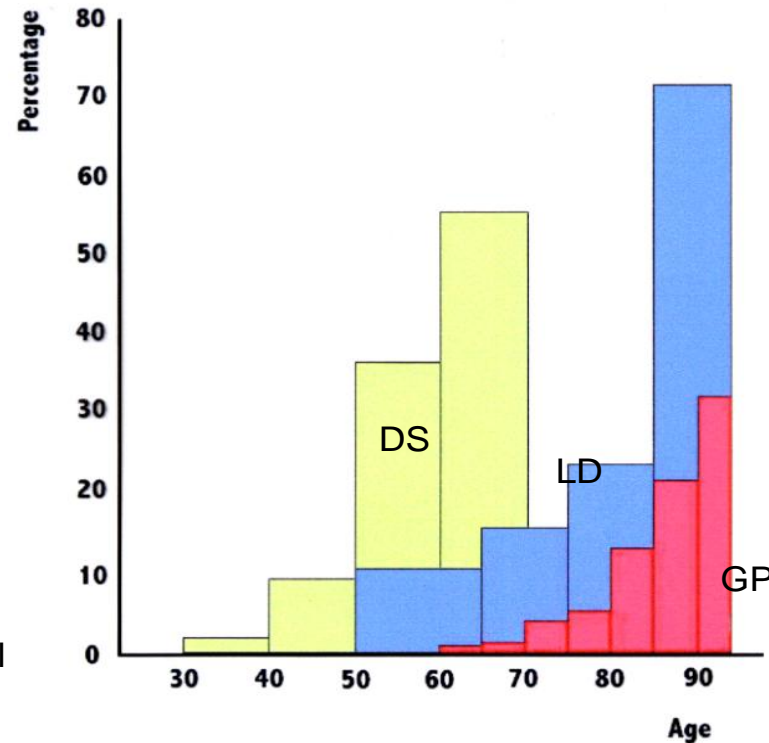


Living well with dementia:
A **National Dementia Strategy**



Prevalence Comparison.

Comparative Rates of Dementia - Down's syndrome, Learning disabilities, General Population



Cooper, personal communication

British Psychological Society, Royal College of Psychiatrists, 2009

Group Discussion!

“Think of the difficulties that might be presented when assessing a person with learning disabilities and possible dementia”.

“Diagnostic Overshadowing”

Both people with learning disabilities
and people with mental health
problems experience,
“diagnostic overshadowing”.

Group Discussion!

“What are the Behavioural and Psychological Symptoms of Dementia (BPSD)”.

Management of BPSD.

“Restraint amongst the
institutionalised elderly with
dementia and problem behaviour is
inevitable”

Testad, Aasland, Aarsland (2005)

Contrasting views!

- Challenging behaviour is an inevitable aspect of dementia,

(Stokes and Gouldie, 1990)

- Challenging behaviour is not an inevitable consequence of the condition.

Kerr (2007)

Restraint vs Restrictive Practice?

- “The **intentional** restriction of a person’s voluntary movement or behaviour”

- Counsel and Care (2002).

“RESTRAINT is a form of RESTRICTIVE PRACTICE”

Mental Capacity Act, 2005



Section 6:

- Restraint is only permitted to;
- Prevent harm,
- Must be proportionate.

Forms of Restrictive Practice

- Chemical
- Mechanical
- Physical
- Psychological
- (RCN, 2008)

Risk Groups

- People who are difficult or threatening.
- People who are non-conforming, therefore causing a management problem
- People who are less physically or mentally able

CSCI (2007)

Discussion!

What might the harmful effects of having a restrictive practice applied be?

FREDA

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

Human Rights Based Approach.

“A human rights based approach offers one method for facilitating positive risk management”.

- Whitehead, Greenhill, Carney, (2010)

Key Concepts.

- Proportionality, and balancing the rights of the service user.

- Whitehead, Greenhill, Carney, (2010.)

Human Rights Risk Screen.

- Used as a prompt to question whether appropriate interventions are in place.
- (Greenhill, Whitehead, Carney, 2010)



Reducing Restrictive Practices.

- Health Needs Assessment
- Health Action Plans
- “Life Stories”
- “Person Centred Plans”
- Behavioural Assessments
- Pain Management.
- Environmental assessment.
- Medication Reviews
- Capacity assessments
- Communication assessments.

Case Example 1

- D, who has a visual impairment and scoliosis, kept colliding with people and furniture then falling, this resulted in injuries. The staffing levels at her home were not sufficient to support her when walking round her home so she was strapped into her wheelchair.
- Joint committee on Human Rights (Seventh Report), 2008.

Case Example 2

- K a middle-aged woman with Down's syndrome threw a cup at a wall in her care home on the first anniversary of her mother's death. Instead of trying to find out why she had thrown a cup, the woman was prescribed anti-psychotic medication.
- Joint committee on Human Rights (Seventh Report), 2008.

Future Direction



- Human Right's Toolkit.
- BPSD Management Consultation.
- Specialist Dementia Services.
- Training
- Audit
- Links with local services.

Conclusion.

- “If all you have in your tool box is a hammer, all the world looks like a nail.”
- Abraham Maslow



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