NHS England and Improvement and **Mersey Care** are working as a team. They want to introduce the **HOPE(S)** Programme to the **whole country**.

The HOPE(S) Programme aims to **stop** the use of **long-term segregation** and other **restrictive practices**.

Long term segregation is a **restrictive practice**. Restrictive practices are put in place to **stop people** from doing things. This might be things like being able to move around freely.

Restrictive practices are used to stop someone from doing things like:
- Hurting **yourself**
- Hurting **someone else**
- Getting **angry** and **breaking items** like furniture

The **law** says that restrictive practices can only be used if there is a **risk to people's safety**.

The type of restrictive practice used must be the **least restrictive way**. It can only be used for the **shortest time possible**.

Restrictive practice can only be used when it is the **last option**. This means when staff have tried things like talking and trying to find out what is wrong.

Long term segregation can cause **physical** and **psychological harm** and **trauma** to people in services

Sometimes people come into hospital feeling very **upset**, **worried**, and **angry**. This is why sometimes the hospital must be **more restrictive**.

The hospital might put **more restriction** and **security** in place to **keep them** and **other people safe**.

People with a **learning disability** and/or **autism** can find restrictions **hard**. This has a **bad effect** on that person's **wellbeing** and **human rights**.

Long term segregation can cause **trauma** and the person might find it **hard to trust staff**.

It has a bad effect on **discharge planning** and **care at home** in the **future**.

There is lots of **evidence** of the **bad effect** this has on people. There are lots of ways that this evidence has been put together:

- NHS England have done reviews about long term segregation
- Independent care and treatment reviews
- Service user and family stories
- CQC have looked at long term segregation across the country

The **family** of the person in long term segregation can have **trauma** because of this. Family will not be able to have much **contact** with them.

There is evidence that shows using the HOPE(S) model helps teams to **care better**.

The **HOPE(S) model** is **person centred** and we always think about the person's **human rights**. It is a **positive way** to **reduce** long term segregation.

The staff team will work with the person in long term segregation to do the **barriers to change checklist**. The checklist shows **any problems**, and the team will work with the person to think of ways to **fix the problems**.

The model has **worked very well** in lots of different services like with people who have a **learning disability** or **autism**.

The HOPE(S) model is a way to try and **end segregation** and to **support people** to go back into the **community**.

How the HOPE(S) model **will help**:
- Stop any harm
- Make hospital stays better for people
- People stay in hospital for a shorter time
- People with have good psychological and physical wellbeing
- Trauma support for people's families and carers
- Planning for discharge and community support

Staff who are involved in the HOPE(S) model will get the **training** that they need.

Staff will have clear **roles** and **responsibilities**. This is to make sure that everyone has the **support they need** to stick to the model.

There will be **engagement sessions** for **managers** where they can talk about the HOPE(S) model.

The HOPE(S) model will be used to **help people** to get out of **long-term segregation**. This will happen around the country.