'What do you know and understand about restraints?'

Results from a survey undertaken as part of The Safe Restraint Project

March 2015

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1. Introduction

Over the last six months, Sheffield Individual Employer & PA Development Group has been working in partnership with Active independence in Doncaster to focus on raising the issues of minimising the use of restrictive practices. The project has been funded by Skills for Care and began in October 2014.

The focus of the project is to start to begin to develop conversations with individual employers and their Personal Assistants (PAs) around the issues of restraints. Part of developing the conversation means working with representatives of the statutory services to inform and make changes to their practices. The common core principles of self-directed support are about ensuring those people employing their own staff receive personalised and practical support to promote their health & well-being in ways which respect and promote their independence. Minimisation of restrictive practice plays a key role in this.

To support the project we are developing a range of resources which target employers in receipt of a Direct Payment and those who self-fund. In order to achieve this it is important that we collect information about what individual employers, PA's, family carers and professionals working with Individual employers already know about what restraint means. We devised a survey which was sent out to over 1000 individual employers in Sheffield and Doncaster. The survey was also sent out to social care professionals working with individual employers.

This report feeds back the main finding from the consultation with individual employers, personal assistants, family carers and practitioners. The survey asked a number of questions around conversations that may have taken place around the subject of restraints, whether information about the use of restraints has been written into a person's care plan, what training personal assistants and family carers may have had and what their training needs might be and whether they thought this was an important issue.

For the purpose of this report we will continue to refer to disabled people who employ their own staff as Individual Employers and the people they employ as being personal assistants and the people who care for disabled people either paid or unpaid as Family Carers. In this report we refer to people working in social and health care as Practitioners.

2. What do we know?

- 103 people completed the survey out of 1000
- The survey was completed by disabled people that employ their own staff, personal assistants, family carers and practitioners working with disabled people.
- The survey was completed both online and via a postal consultation.
- The largest proportion of people who completed this survey had a long term health condition or impairment 41% 42 people.
- The largest proportion of people who completed the survey were white british 94% 96 people.
- 64 (62%) people said they had a disability.
- The largest proportion were female at 69%, 71 people.
- The largest proportion were between the ages of 45-59 at 40%, 41 people.
- 15, (14.5%) out of 103 people who completed the survey were personal assistants
- 24, (23.3%) were family carers
- 10, (9.7%) were practitioners
- 54, (52.4%) were disabled people who employ their own staff
- 70 (87.50%) people completed the monitoring form
- 62 (66.67%) people who completed the survey were Sheffield residents
- 31 (33.33%)people were Doncaster residents
- 10 people didn't answer any questions and simply sent the survey back or with comments that they didn't feel it was relevant.
- On average an equal number of people have it written in their plan about restraints to those who did not.
- Only 33% of individual employers reported that they had not had a conversation with their personal assistants around this subject as oppose to 66% of personal assistants who said that they had had a conversation about it. This being in contrast to 77% of family carers reporting that they had not had a conversation and 75% of practitioners reported that they either had been involved or were aware of conversations between individual employers, personal assistants and their family carers.
- There are huge gaps in training provision for personal assistants and family carers on the subject of understanding restraints, alternatives to restraint or safer restraint practices. With only 34% of people with disabilities that employ their own personal assistants having either provided training or employ staff that have already been trained. Only 26% of personal assistants had been trained and 95% of family carers had received

- no training and 30% of practitioners said they didn't know if any personal assistants had had training on this subject.
- There is a general lack of knowledge about where to access training among all groups.
 77.42% of individual employers, 50% of personal assistants and 80% of family carers said that they would not know where to find training on this subject.
- Only 30% of individual employers thought that training on this subject was important in contrast to 50% of personal assistants and 38% of family carers. 32% of individual employers did not see it as being relevant to the role whereas 25% of personal assistants and 9% of family carers agreed with this.
- The bite sized training sessions have proved successful in terms of educating individual employers, their personal assistant and family carers around this subject. This has been reflected in the surveys received back and the comments made.

3. Analysis of Individual Employer questions

3.1. We asked the question 'What does restraint mean to you?'

We had 43 different responses. The three main themes were:-

a) Being stopped from doing what a person wants to do both physically and emotionally

- Being physically restricted due to care package reductions and lack of support
- Not giving choices
- Locking the disabled person in

b) Using physical restraint to support the person to do the things they want to do

- Using lap and arm straps to keep them safe
- Holding the persons arm for an injection
- Using bed rails to keep a person safe

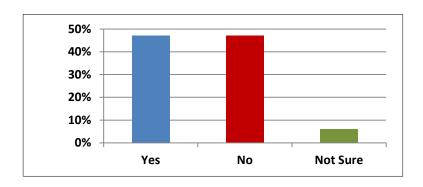
c) Using physical restraints

Holding someone to stop them hurting themselves or someone else



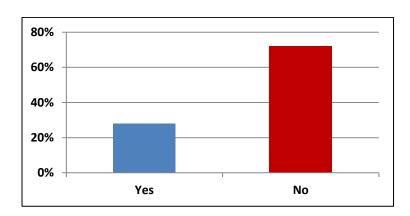
3.1. We asked whether people had information about restraints written in their care plan?

17 (31%) people answered this question.



3.2. We asked the question whether people had ever had a conversation with their PA's about restraint?

46 (85%) people answered this question.



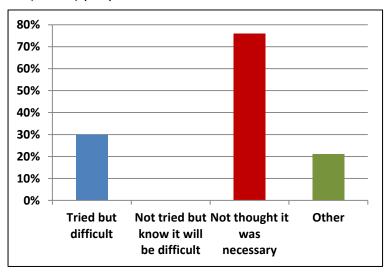
I get extra paid support when the time suits others but not myself

Discussed with my PA me changing the doors to the garden

We decided what this meant for safety

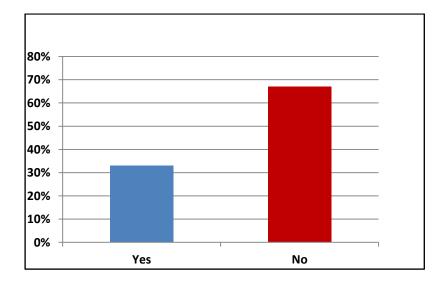
3.3. We asked people who hadn't had this conversation, why they thought this was?

33 (61.1%) people answered



3.4. We asked the question whether their personal assistants had had training on understanding restraints, alternatives to restraint or safer restraint practices.

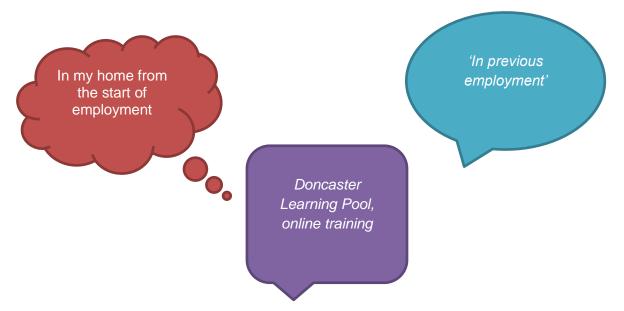
46 (85%) people answered this question. 32.61% (15) yes and 67.39% (31) no



3.5. We wanted to know when people had been trained, what training they had and where they had had this training.

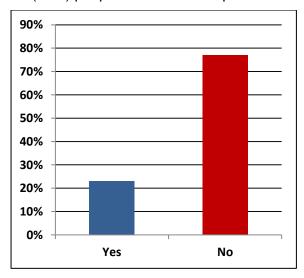
16 (29%) people responded to this with wide and varying responses.

- Only 1 person said that they did their own in house training.
- 1 person they needed to organize some training
- 5 people stated that they provided training in their own homes and;
- 3 of those 5 said that they do it as part of their employment induction.
- 6 people said that they had received this training in their former roles.



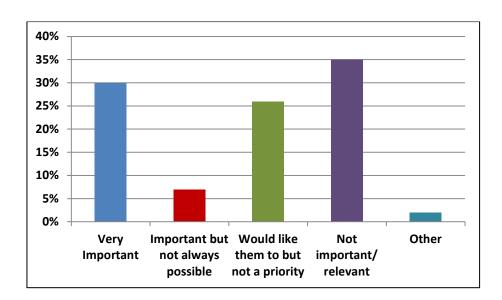
3.6. We asked if personal assistants had not had training on understanding restraint, alternatives to restraint or safe restraint practice would they know where to find and access training?

31 (57%) people answered this question.



3.7. We asked individual employers whether they think training on this subject is important?

46 (85%) people answered this question



4. Analysis of Personal Assistance questions

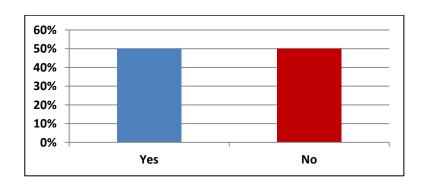
4.1. We asked the question 'What does restraint mean to you?'

11 (73%) personal assistants answered

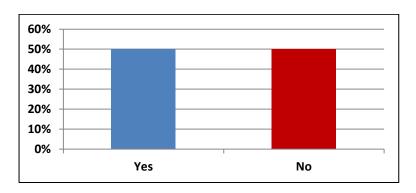
- Stopping a specific action e.g. self-harm, abuse, potential injury
- Not giving someone the full freedom and choice or restricting their choice in someway
- Keeping someone safe i.e. safety belt, harness, postural

4.2. We asked personal assistants whether there is anything in the way they provide support to someone that would be considered restraint.

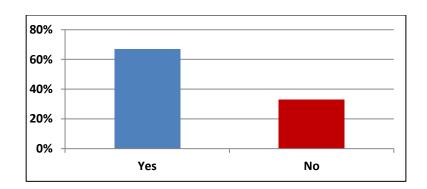
6 (40%) personal assistants answered



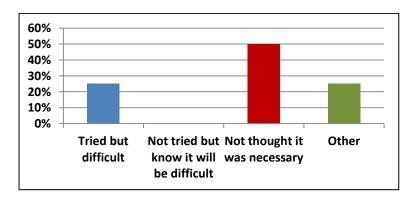
- 4.3. We asked personal assistants who had answered yes if there was anything on restraints written down in their employers plan.
 - 3 (20%) personal assistants answered



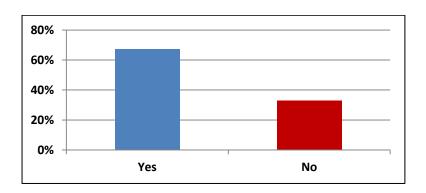
- 4.4. We asked personal assistants whether or not they had had a conversation with their employer about restraint
 - 12 80%) personal assistants answered



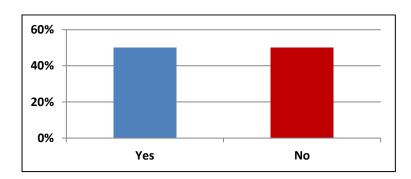
- 4.5. We asked personal assistants that had not had a conversation with their employers, why they thought this was?
 - 4 (26%) personal assistants answered



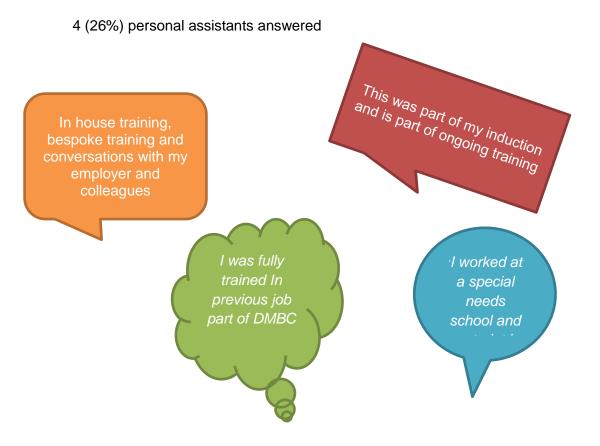
- 4.6. We asked personal assistants whether they had had training on understanding restraint, alternatives to restraint or safe restraint practice.
 - 12 (80%) personal assistants answered



- 4.7. We asked personal assistants that had not had training on understanding restraint, alternatives to restraint or safe restraint practice whether they would know where to find it?
 - (53%) personal assistants answered

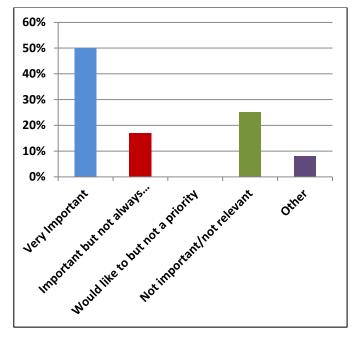


4.8. We asked people who had had training where and when they had received this...



4.9. We asked how important personal assistants think receiving training on understanding restraint, alternatives to restraint or safe restraint practice is.





5. Analysis of Family Carer's questions

5.1. We asked the question 'What does restraint mean to you?'

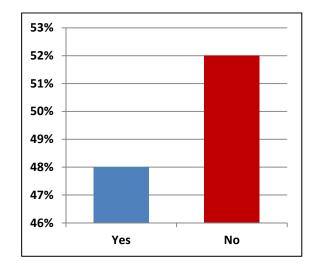
20 (83%) family carers told us what they thought the term restraint meant to them.

My son will want the door open so he can go out whenever he wants to although it is not safe Holding still to stop injury when having injections, taking blood, doing colostomy care

Keeping my daughter safe and well as other people as she is likely to push. Also keeping door locked to prevent escape Restricting choice and control, can be in a person's best interest but may not be

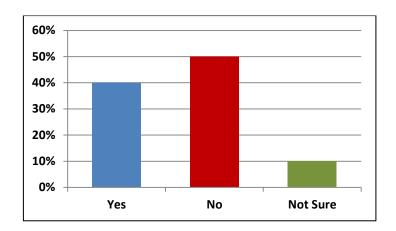
5.2. We asked family carers whether there was anything in the way you provide support to someone that would be considered restraint.

23 (91%) family carers responded



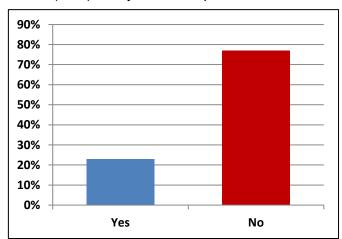
5.3. We asked family carers if it was written down into a plan

10 (41%) family carers responded



5.4. We asked family carers if they had ever had a conversation with the person they care for about restraint.

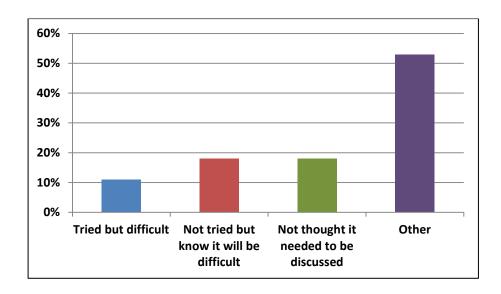
22 (91%) family carers responde



I have spoken to my sons PA regarding this and he is aware of my sons needs so he should keep him safe Told her it's for her own safety which she accepts

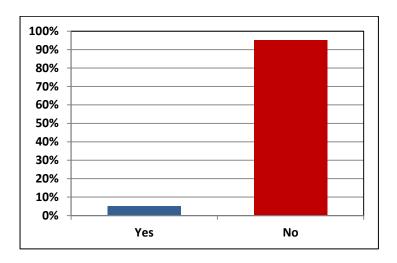
5.5. We asked them if they had not discussed this issue why that was.

17 (70%) family carers responded



5.6. We asked whether they had had any training on understanding restraint, alternatives to restraint or safe restraint practice.

21 (87.5%) family carers responded



5.7. We asked family carers to describe where, when and what training they had had on understanding restraint, alternatives to restraint or safe restraint practice

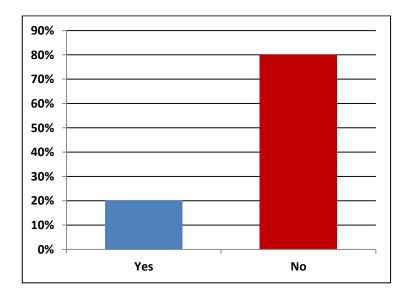
2 (8%) family carers responded

When he was younger I rang team teach but it was only available to professionals not parents



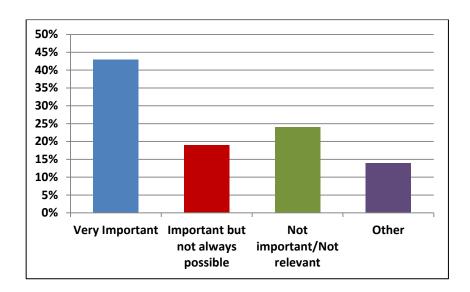
5.8. We asked family carers who had not had training on understanding restraint, alternatives to restraint or safe restraint practice whether they would know where to find training?

20 (83%) family carers responded



5.9. We asked family carers how important they thought was for them to receive training on understanding restraint, alternatives to restraint or safe restraint practice?

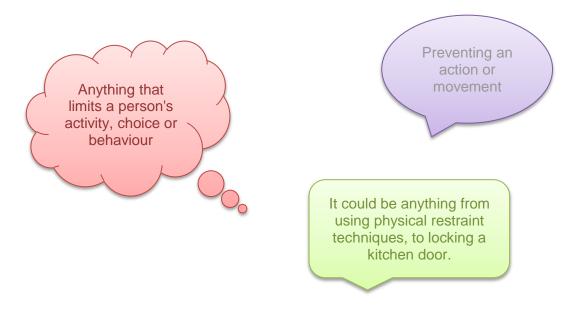
21 (87.5%) family carers responded



6. Analysis of practitioner's questions

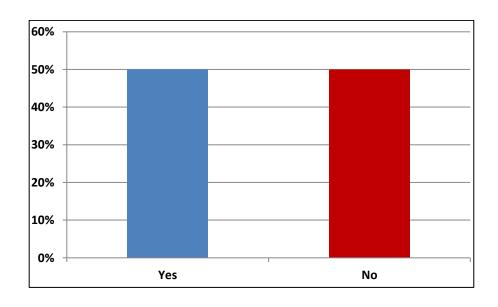
6.1. We asked the question 'What does restraint mean to you?'

4 (40%) practitioners answered the question



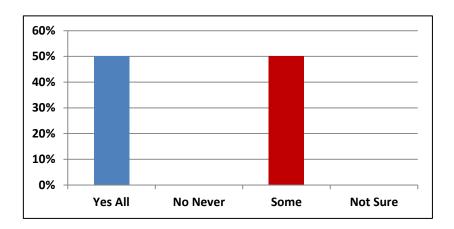
6.2. We asked practitioners if they knew of any situations where personal assistants had used restraint.

4 (40%) practitioners responded



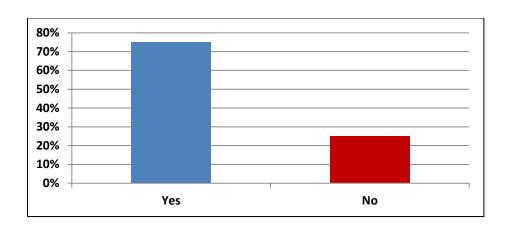
6.3. We asked them if they knew whether it was written in the persons care plan.

2 (20%) practitioners responded



6.4. We asked them if they had been involved in any conversations or been aware aware of/ have you been involved in any conversations about restraint?

4 (40%) of practitioners responded

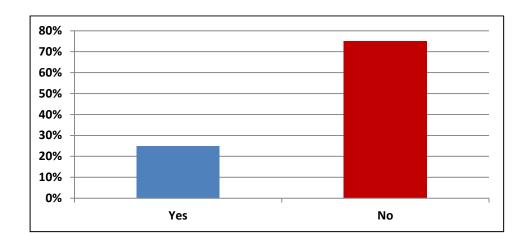


6.5. We wanted to know if they had not had a conversation with individual employers they work with about restraint, why this is.

1 (10%) practitioners answered saying that they didn't feel it was their role.

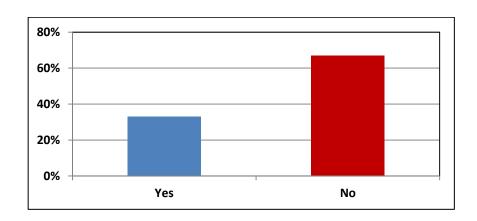
6.6. We wanted to know about practitioner's knowledge of the level of training that personal assistance have access to.

4 (40%) practitioners responded



6.7. We wanted to know whether they would know where to signpost people to for training.

(30%) of practitioners responded



6.8. We wanted to know how important practitioners think it is for PAs to have training on understanding restraint, alternatives to restraint or safe restraint practice

4 (40%) practitioners answered. 3 thought it was very important and 1 thought it was important but not always possible.

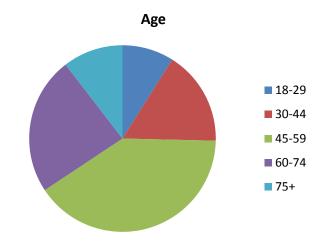
6. Additional comments

This section relates to any additional comments that people made on the survey. These are generic meaning that they are from all categories of people.

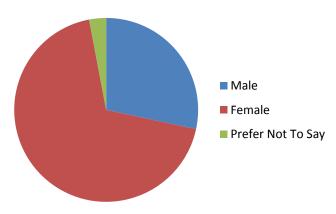
- I care for my mum who also has carers that call to her 4 times a day, she has MS
 and cannot do anything for herself, she couldn't walk or use her arms anymore so is
 totally dependent on other people
- My Pa understands my situation and deals with it in a very understanding and capable way
- Because we have been married for so many happy years I feel I know what my husband would like to happen to give him the best and safest life for him
- diversion/distraction for choice for those who have limited capacity
- if individuals didn't have the training this would be extremely important as individuals need to realise that restraint is not just about stopping someone from attacking you as it suggests but about safeguarding
- I realise I may be unique in wanting these straps but I decided for myself that these were essential
- I have had NAPPI training around challenging behaviour training. That was over ten years ago. In understand the importance of training
- As a very good and well respected IE (individual employer) of 4 excellent carers, restraints in this context are not needed. In the past with previous carers I have had psychological restraints by being told how to run my life and jobs. I have sought the help from Doncaster Council Adult Safeguarding who did not see it as abuse when it was. This is in the past and has made me a stronger person. Carers and cared for can be abused and restrained.
- My PA has training in all aspects of caring for elderly/vulnerable adults, dementia care, EMI patients, been senior support worker for 12 years plus

- Guidelines on good practice needed for family carers
- My daughter is 27 yrs old. I have been her carer for that length of time. I regard it as common sense
- More information in the community needed. Families need to understand!
- We use a crash mat rather than bed guards. Bed guards are a physical restraint that could cause hard as well as prevent it where a crash mat would

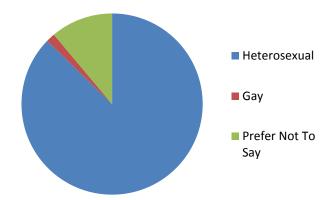
7. Monitoring information



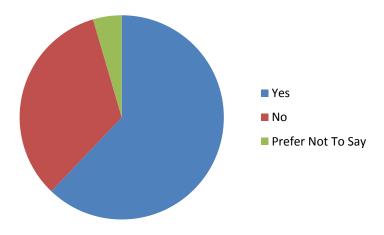
Gender Identity (Same At Birth)



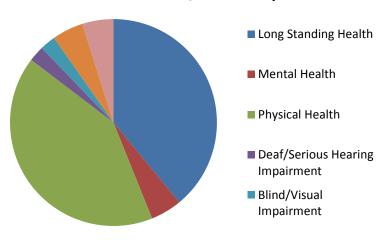
Sexual Orientation



Do you consider yourself disabled?



Condition And/Or Disability



Ethnicity

