














<p>Summary and Evaluation Report 2015</p>	
<p>About the ‘Safer Restraint’ Project</p>	
<p>A Project by Disability Sheffield and Active Independence Doncaster</p> <p>with the</p> <p>Sheffield Individual Employer and PA Development Group</p>	 <p>Disability Sheffield Centre for Independent Living</p>  
<p>The project was funded by</p> <p>Skills for Care</p>	<p>Funded by</p> 
<p>This Independent Evaluation Report</p> <p>is by Vision Sense</p>	 <p>Vision Sense Training • Research • Audit • Advocacy</p>
<p>In Large Print, Easy Words and Pictures</p>	

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<p>What was the project about?</p>	
<p>Disabled people's groups wanted to find out what disabled people know and need about restraints. Restraints are things that stop people doing things – like wheelchair straps, bed rails or locked doors.</p>	
<p>This project was one of the first in England to improve safer restraint, with disabled people, their personal assistants, family carers and practitioners, together.</p>	
<p>When and where? The project was from October 2014 until April 2015. The project happened in Sheffield and Doncaster.</p>	
<p>Who gave the money? Skills for Care funded the project. It was Grant Number: INN-DIS-14006. Skills for Care help improve learning and skills to improve social care.</p>	

<p>Why was the project needed?</p>	
<p>Bad restraint is against the Law and can be very dangerous. All people should have human rights. Bad restraint limits our human rights or stops us taking them. Some people die being restrained.</p>	
<p>There have been very important reports about bad things at Winterbourne View care home, Mid Staffordshire Hospital (the Francis Inquiry) and the David Bennett Inquiry. These reports said bad things like unsafe restraint should not happen again.</p>	
<p>We know more about restraint in hospitals, care homes and with the police, than we do about what happens about restraint with disabled people in the community. This project was the start of finding out what people need.</p>	
<p>People needed clear, accessible training and information for safer restraint practices. This can help people have safer independent living.</p>	

<p>Who did the work for this project?</p> <p>Disability Sheffield and Active Independence Doncaster with the Sheffield Individual Employer & PA Development Group, did this project. They worked with people in health and social care from Sheffield Council and Sheffield Health and Social Care NHS Trust.</p>	
<p>What did they do?</p> <p>The project did three important things:</p>	
<p>1. A survey of people in Sheffield and Doncaster about restraint and what was needed.</p>	
<p>2. New training about safer restraint. Disabled people, their personal assistants, family carers and practitioners came along. They learned how to avoid restraining people and to use safer restraint if it was needed.</p>	
<p>3. A leaflet about restraint to share what disabled people and their PAs, staff and families need to know about restraint.</p>	

<p>Who took part in the project?</p>	
<p>10 people were in a Steering Group to run the project.</p>	
<p>41 people were trained; 95 people took part in discussions and training about restraint.</p>	
<p>103 people did a survey.</p>	
<p>1000 surveys, leaflets and letters about restraint were sent out. They were posted to disabled people who employ their own PAs or are members of groups about independent living in Doncaster and Sheffield.</p>	

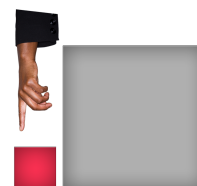
What did the survey find out?

Not many people had any training about restraint:

Only about one third (34%) of disabled people, who answered the survey and who employ their own support, have staff who have been trained in safe restraint.

Only about a quarter (26%) of personal assistants had been trained.

Almost all (95%) of family carers had no training at all in safe restraint.



Most people did not know where to find training about restraint:

77% 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.

Three quarters of practitioners thought training about safe restraint was very important for personal assistants.



What is bad restraint?

There are some restraints that are bad and can stop you getting your human rights. They might be things like:



Grabbing someone, pinning someone down or kicking them.



Deep or low chairs to stop someone getting up on their own.



Too much or too strong medication to keep someone asleep or control them.








Being left too long, waiting for help or support, or being left in dirty clothes if someone has not helped you to the toilet.



Too many people holding someone down too hard so they cannot breath or choking someone.



<p>Putting things out of reach of a disabled person deliberately so they cannot be independent.</p>	
<p>Not being able to go outside or be part of family or community activities because you do not have support you need, or because there is not enough money in your care package or benefits.</p>	
<p>Stopping someone having the information or choices they need.</p>	
<p>Taking away someone's communication or turning off their computer so they cannot speak independently.</p>	
<p>Bad restraint can be more unsafe than doing nothing. It can make a situation worse and be used to control people instead of helping them keep safe. Sometimes, people die if they are not restrained safely. Sometimes, people do not mean to do dangerous restraint, but if they have not been trained, bad things can happen.</p>	

What is safer restraint?

There are some restraints that are good and can help you keep safe, balanced with your rights. It might be things like:



Bed rails to stop someone falling onto the floor at night.



Keypads for the door to stop someone wandering out of their house unsafely.



Electronic tracking devices to help find someone if they are lost and cannot remember where they live.









Belts to help people sit in a wheelchair without falling out.



Holding someone safely so they cannot harm themselves or someone else.



<p>The difference between good and bad restraint can be if you have been involved in the decisions about it (or have an advocate help decide in your best interests) and whether it is the best and safest option for you.</p>	
<p>What should I do?</p>	
<p>Write what you need your restraint to be (and what you do not want) into your care plan..</p>	
<p>Have a conversation about safer restraint with your family carers, professionals and your PAs.</p>	
<p>Decide what people will do (and what not to do) in a crisis or an emergency, or incase there is a time when you cannot tell them what you need.</p>	
<p>Get some training for your PAs, family carers or other staff about safe restraint.</p>	

If there are things you do not understand about making important decisions, you can ask for an advocate or an advocacy group to support you. The Care Act 2014 is a law that says you can do this. Your local independent living centre or organisation of disabled people can help find you an advocate.



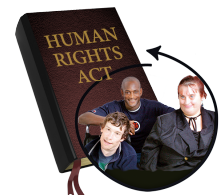
If you are unhappy or worried about what happens to you, someone else, or what to do, you can contact your local safeguarding team in social services at the Council where you are or where you live. If you can't get through to your local team, telephone the

Care Quality Commission:

**03000 616161 or email them at:
enquiries@cqc.org.uk.**



It is your right to stay safe and not be abused or treated in a way that you do not want to be.



Evaluation: What do people think of the project?



An independent user-led group of disabled people at Vision Sense, worked with people who teach social care, PAs, people who work in services where restraint is used and disabled researchers to independently evaluate the project. This means we had to see what happened and tell people what worked.



32 out of 40 people who took part in the project thought this project was excellent.

That is over 75% of people, which is very good indeed compared to other projects.



What worked best that can help other projects?



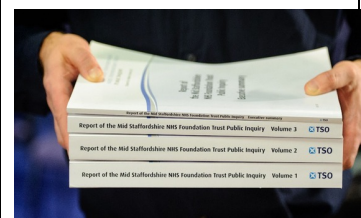
The best thing was the co-production. This is when people who use services and professionals share the power and work together in a project equally.



Co-production is really important for good social care and health. Disabled people are experts in their own needs.



The Francis Public Inquiry (2013) into the bad things that happened in the NHS in Mid Staffordshire made recommendations to make services better. It said that service user involvement must be done more.



In this project, co-production was with disabled people who employ their own staff, PAs, family carers and professionals all working together. They planned, developed and made the project happen at every stage. This is even better than involving disabled people sometimes.



A Steering Group designed the project and looked after it all the way through.



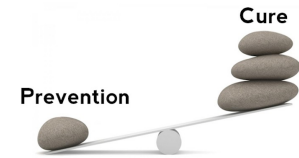
These groups had not worked together to deliver a whole project before. This project has been very good and the groups want to work together again in the future. The bigger group helped to do the paperwork and had more staff to help the project work and answer questions about restraint. The smaller group had good links with disabled people in their area and fresh energy. The professionals knew what the Law said and have taken information from the project back to other professionals in their networks. Everybody shared information and helped.



People who had been to the training were more aware about technology, chemical restraint and barriers to safety than other people who answered the survey.



This project helped people know that safeguarding can stop bad things happening in the future (prevention) and not just do things when bad things have already happened.



One professional said,

"I have been really impressed with the work from the ULOs - it proved how well disabled people can work to deliver change. They have reached disabled people and their families in a positive way that the safeguarding team might not have been able to do. We sometimes focus on risk and harm too much - this project has taught me that prevention can be just as effective."



Was the project value for money?



We cannot put a cost on some things that the project made happen. Lives might be saved by safer restraint, time in hospital, legal cases or reviews after bad restraint might be avoided.



Funders should compare the costs of different projects to see what is value for money and value for safety and independent living over the years. It is too early to tell yet about all the value of this project over the years ahead.



There are some things we could not count, like the cost of wages for professionals coming to the meetings when they are not doing other things. The evaluators used the Treasury Green Book, DWP Cost Benefit Analysis and the PSSRU Unit Costs of Social Care 2014 for budget average assessment. These are things Government tell evaluators to use to assess value of projects they fund.



We can say that the cost of sending out each survey was £3.96. The cost of designing, analysing surveys and sharing findings was £33.56 each survey. The cost of training each person in safer restraint was £191.61. These are averages, but the costs are very low compared to some other social care and health training, which in the same year were £216 per person (PSSRU 2014).



The cost of involving people in the Steering Group and running the project was £148.50 each event. These costs will be cheaper each year the programme is funded.



The project has been more valuable than the small budget it had. It has trained people in Safer Restraint and helped disabled people to talk about restraint with their PAs and staff. It gave advice and information about restraint to more people than was planned at the start. It made people more confident about restraint and some put it into their support plans and assessments.



What should happen next?



Disability Sheffield and Active Independence Doncaster should get more money to make training accessible to other groups (in other formats, languages and for children and older people).



Black, Asian people and people from minority ethnic communities do not get enough help from services and some have died from unsafe restraint. It is important to make sure there is more support, advocacy and information about our rights.












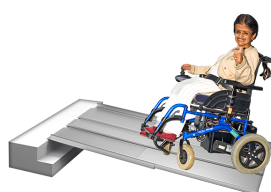

Service users and professionals from this project should train other user-led organisations to run the training in their areas, in other places in England and Wales. Inspectors, experts by experience and advocates need the training too. They need to make sure their funding covers their core costs for groups as well as projects.






There should be more information for professionals about what Safer Restraint means for independent living and safeguarding in the community. There should be questions about restraint in all care and support plans.



<p>People who were in the project said these things are needed in the future:</p>	
<p>The training sessions should be longer and have more time to talk in groups.</p>	
<p>There should be real examples about when things have gone wrong and when things turn out really well for people. They should learn about what the Law says.</p>	
<p>Parents of disabled children should come along.</p>	
<p>A free advice line that people could ring for advice without getting authorities involved would be good!</p>	
<p>Disabled people's ULOs should be involved in delivering more training, information and advocacy in their local areas. Disabled service users should always be involved about safety, restraint, advocacy and independent living – "Nothing about us, without us".</p>	

<p>Glossary – hard words in this report and what they mean. We have chosen the words about us– we should be able to say what we are called so that we are not labelled by other people.</p>	
<p>CILs is short for Centres for Independent Living. These should be centres run and controlled by disabled people in local areas that provide advice, information, peer support and advocacy for independent living.</p>	
<p>Disabled people is the term that organisations of disabled people and many disabled people ourselves like. It is a way we show and tackle the barriers in society that disable us. The term comes from the ‘social model of disability.’ This explains how discrimination, segregation, stigma, abuse and negative attitudes towards people with impairments, exclude us. Using this term shows that disabled people are respected and that society should create access and equality for disabled people, instead of saying that impairment is our own private problem.</p>	  

<p>Family carers are people who provide care and support for disabled people but who are not paid for their work. They might live with the person, be related to them or be their guardian.</p>	
<p>Independent Living : Disabled people should have the same freedom and rights to exercise choice and control over their own lives as any other person. It does not mean doing everything yourself, but having dignity and choice over decisions about your life and control about when your support is provided, when, where and by whom.</p>	
<p>Individual Employers: We are disabled people or older people who employ our own personal assistants to provide our support at home. This might be with personal budgets, like Direct Payments, or our own money. This way of meeting our social care needs allows us to have independent living, work and community life and stay in our own home. It can be cheaper and safer than living in institutions.</p>	

<p>PAs is short for Personal Assistants. Personal Assistants are people we employed to assist us to live at home, go to work and receive the support we need to live with dignity and safety.</p>	
<p>Restraints are things that stop people doing things – like wheelchair straps, bed rails or locked doors. Restraint can be good or bad. Bad restraint can be dangerous and good restraint can help keep you safe.</p>	
<p>ULO is short for User-Led Organisation. These are groups that are led and controlled by disabled people. Each local authority area should have a User-Led Organisation which they fund to assist them to meet the standards of the 'Improving Life Chances Report', 'Think Local Act Personal' and legal requirements for advocacy and self-directed support in the Care Act 2014. Some ULOs run Centres for Independent Living.</p>	 
<p><i>After this evaluation project, Vision Sense made a small donation to justiceforlb.org in memory of Sarah and Connor, disabled dudes who might still be alive if more people had safer restraint, support and independent living.</i></p>	

The partners in this project were Disability Sheffield, Active Independence Doncaster, Sheffield Individual Employer & PA Development Group and health and social care workers from Sheffield Council and Sheffield Health & Social Care NHS Trust. For safer restraint training or more information about independent living, telephone Disability Sheffield: Telephone 01142 536 750 or Active Independence (Doncaster): info@activeindependence.org



The project was funded by Skills for Care: www.skillsforcare.org.uk



We used Photosymbols and stock photos for the pictures.



This summary was written from the project and evaluation reports and made into Easy Read by Vision Sense. The evaluators were Vision Sense: Phone 0300 111 0191 e-mail info@visionsense.co.uk or visit www.visionsense.co.uk

