



Vision Sense

Training • Research • Audit • Advocacy

The 'Safer Restraint' Project Final Evaluation Report

May 2015

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Thank you!**

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The authors and evaluators have worked to make sure that the members of the project whose views we have quoted are served well and accurately by their inclusion in this report.

Vision Sense is an independent, user-led organisation of disabled people, founded in Tyne and Wear in 2003 and now working across the UK and Europe.

It delivers accessible involvement, training, audits, evaluation and policy, towards equality, human rights, choice, social justice and inclusion in all areas of public sector, community and corporate life. Vision Sense is a ONE Awards (part of Open College Network) Centre and delivers accredited training for businesses, public bodies, disabled people and the voluntary sector. Vision Sense has a strong commitment to the clarity and integrity of the process of evaluation and its purpose to create evidence, learning and improvement.

Vision Sense is a not-for-profit social enterprise; it invests its earnings in equal employment, training and human rights of disabled people, to eradicate discrimination and tackle inequality.

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The authors and evaluators declare that there are no personal, professional or financial conflicts of interest with the funders or providers of this project.

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Funded by



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Introduction

This report independently evaluates the 'Safer Restraint' project, which was delivered from October 2014 to April 2015 by Sheffield Individual Employer & PA Development Group in partnership with Active Independence, Doncaster. The lead organization for the project is Disability Sheffield Centre for Independent Living.

The project (and the evaluation) was funded by the Skills for Care 'Innovative Workforce Development Fund 2014-15' (Grant Number INN-DIS-14006, project spend £19,800). The project aimed to raise awareness of safer restraint, in order to minimise restrictive practices between individual employers (disabled people who manage their own support), family carers, personal assistants (PAs) and practitioners, to promote the principles of independence, health, wellbeing and human rights of disabled people in Yorkshire.

The evaluation was designed to accurately assess:

- Whether the project is effective and has done what it set out to do (meeting it's original bid and funding objectives).
- Whether the project gives good value in how it performs and whether people are satisfied with it.
- What the project has achieved impact to improve people's lives, skills and safety and if there have been any unexpected effects from the project.
- How well people have worked together and how successful the partnerships are, in doing what they have promised.
- What the partners can learn, develop and share what we have learned, to make improvements for this project and others in the future. This helps reduce risks and make future funding and work more valuable.

The evaluation was carefully designed and conducted, using proven methods which are trusted in the fields of disability equality, social care and voluntary sector assessment in the UK.

This report is an appreciative overview of the data, conclusions and recommendations made as a result of the project. In addition to this final report, the evaluators will produce a large print, easy words and pictures summary evaluation report and an accessible public report for publication by Skills for Care.

How was the project evaluated?

The Vision Sense approach to evaluating the project, which aims to minimise the use of restrictive practices in health and social care, was:

- To accessibly involve disabled people (including experts by experience) and their organisations in appreciatively evaluating the outcomes, successes, outputs and recommendations from project.
- To ensure the views of practitioners who work for safety and well-being in Doncaster and Sheffield, are included in the evaluation.
- To facilitate the participation of disabled people (individual employers), PAs and family carers in evaluating the usefulness and success of the project and resources.
- To support the Steering Group, delivery sessions, questionnaires and contact with representatives and mentors / coaches across Sheffield with evaluation resources and support, to ensure the evaluation is proportionate, light touch and efficient.

This report includes both monitoring and evaluation; monitoring accurately checks and counts what has happened, to make sure resources are spent well. Evaluation tries to assess what is happening, explain why things are happening in certain ways, to learn lessons and share these with people and projects.

Which tools were designed for the evaluation?

Flexible tools were designed that added to knowledge about the outcomes of the processes, project and activities. It was important from the outset to consider the information needed, so that irrelevant information is not collected and information is not missed. The classic question asked by evaluators before effective indicators can be developed is, “What is worth knowing?”

Proven social science research tools and methods (both quantitative and qualitative) were used during the evaluation:

- Observation
- Interviews
- Surveys
- Evaluation forms
- Post event evaluations (to capture joint-working, capacity built or changes as a result of the project)
- Reflective Logs (used by the evaluators after events)
- Community and project resource collection
- Group discussion

Dialogues with partners and participants included:

- What were the needs, issues, successes and difficulties? (Descriptive questions)
- Why did it work or why did people react in that way? (Explanation questions)
- So what? What have we learned, what changed or what was the outcome, whether expected or not? (Synthesis questions)
- Now what? What will we do next, or differently and what power do we have to change things? (Action questions)

Evaluation Statement

Vision Sense values the rights and cultures of the communities it is assisting in evaluation of the project. It has undertaken to work with the partners in the project to:

- Explain the purpose, scope and methods of the evaluation clearly
- Value all contributions and treat material in a way that protects the dignity and social capital of the individuals and communities who provide it
- Collect and store data for the evaluation confidentially and securely for three years, protected by password and use it anonymously and sensitively
- Provide independent analysis and feedback in the final report and to the Steering Group during the project
- Make information about conclusions and recommendations available to the Steering Group and lead organization before it is submitted to the funder, so that they have an opportunity to comment on a draft for fairness, accuracy and how they are represented in the evaluation report

This evaluation is designed in line with UK Evaluation Society best practice guidance.

This evaluation is delivered by Vision Sense, a user-led organization (ULO), run and controlled by disabled people, founded in 2003. The evaluation team for this project included a disabled researcher (Dr. Susie Balderston), personal assistant (David Pedder), a professional trained and experienced in restraint practice with people with the label of learning difficulties (Mark Cooke) and a Disability Studies lecturer (Hannah Morgan) from Lancaster University, who teaches on the course which Compuniguide rated in 2015 as the top social work programme in the UK.

Project Background:

Why is this project important?

The 'Safer Restraint' project is one of the first in England and Wales to assess the needs of individual employers, their personal assistants, family carers and practitioners and to develop practical and accessible information, training and support planning for safer restraint practices.

The project was designed to address a legitimate need in the area; practitioners, family carers, PAs and disabled people wanted safe alternatives to restraint, information about minimising restraint practices and training to use restraint safely when and where it is needed.

The project found that only 34% of disabled people who responded to the survey employ their own personal assistants, have staff who have been trained in safe restraint. Only 26% of personal assistants had been trained, 95% of family carers had received no training and 30% of practitioners said they did not know if any personal assistants had training on this subject.

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.

Which legislation and policy is important to this project?

The Human Rights Act (1998), the Mental Capacity Act (2005), the Equality Act (2010), the Children and Families Act (2014) and the Care Act (2014) provide a framework of rights and responsibilities for disabled people and other social care service users in England and Wales. In order to promote the health, well-being, safety, human rights and independent living of disabled people (and avoid preventable deaths), the safe use of restraint and the minimization of restrictive practices is crucial.

This project also contributes to several of the objectives in 'A Positive and Proactive Workforce,' by Skills for Care, the Department of Health & Skills for Health in 2014; when implemented with the Common Core Principles to Support Self Care, these guidelines are designed to promote the health and well-being of disabled people, in ways which support independent living and respect. This project supports the current Joint Policy Framework on the Prevention and Management of the Use of Restraint in Sheffield.

Key Activities: Project outputs and outcomes

Output	Predicted	Achieved
Number of training courses designed	1	1
Number of sessions delivered	'What restrictive practice means' 'Having the Discussion' and 'Best support and interventions' bite-size sessions (3 in total)	3 in total (2 x Doncaster, 1 x Sheffield)
Resources developed: Easy Read flyer about safe restraint distributed Needs assessment surveys	1000 individual employers 3 surveys (disabled people, PAs and practitioners)	700 in Sheffield 300 in Doncaster 1000 x 1 integrated survey with letter
Number of individual employers trained	10	10
Number of Personal Assistants trained	10	17
Number of family carers trained	0	1
Number of practitioners (social care and clinical staff) trained	20	3
Steering Group participation	0	1 group met 4 times
Presentation to SfC Framework Group	0	1 presentation
Number of people participating in the project	n/a	10 Steering Group members 103 survey responses 95 participants in discussions and training

Project delivery

A training package was developed and delivered for the project.

Three 'bite-size' sessions were delivered during the project, by Zara Clarke, Clinical Psychologist for the Sheffield City Council Joint Learning Disabilities Service and Kathryn Littlewood from Disability Sheffield. Sessions were hosted by Disability Sheffield and Active Independence and held in Sheffield and Doncaster.

Pilot 'bite-size' training sessions were delivered as follows:

- 3 November 2014 at the Circle in Sheffield City Centre. This session was attended by 6 delegates (disabled people, PAs and practitioners).
- 2nd December 2014 held in Doncaster – attended by 23 delegates (disabled people, PAs and practitioners).

Another event, planned for 2nd February 2015 at the Circle in Sheffield City Centre was cancelled in advance due to lack of bookings, but this was replaced in the delivery of the project by a group discussion event in Doncaster on 7 October 2014 with 4 individual employers and 4 PAs.

Steering Group Meetings

The Steering Group for the project consisted of 10 members, including individual employers, PAs, SCC workforce development, Sheffield Health and Social Care Trust, Disability Sheffield and Active Independence. Four Steering Group meetings were held between November 2014 and March 2015. These meetings discussed the design of the project and the survey, progress of the project, evaluation and issues raised by participants and best practice guidelines for safer restraint information.

Information delivered

A survey, letter and leaflet about safer restraint were developed in co-production between statutory authorities, voluntary sector user-led organisations of disabled people, practitioners, individual employers, family carers and personal assistants.

An additional presentation to the Skills for Care PA Framework Group was delivered on 15th October 2014 and information was shared with the local Skills for Care Network in Yorkshire, so that other disabled people and their organisations could benefit.

Information from the project was shared with key health and social care teams and networks in Doncaster and Sheffield Councils and NHS Trusts.

Successes: What Worked Well?

Project Evaluation Survey Feedback

(Note: Not all respondents answered all questions).

1) Did you participate in this project as?

Individual Employer: 16

Personal Assistant: 11

Family Carer: 9

Practitioner 4

2) How did you rate the delivery of the project:

Delivery	Very poor	Poor	Average	Good	Excellent
Information about Safer Restraint?				14	22
How useful was the project to you?			1	4	32
Presentations and trainers?				10	25
How well were your access requirements met?				2	18
The project overall?				17	23

What was the most useful / best part of the project for you?

- Talking to other disabled people about restraint.
- Up-to-date information about safe restraint (it is about ten years since I had the last training).
- Working with Active Independence Doncaster and Disability Sheffield.
- Finding out the needs and views that family carers have – what is different between what the policy says and what happens really.
- The leaflet was really helpful.
- Filling out the questionnaire. It made me think about restraint and talk to my family about what I wanted.

Project Excellence: co-production between the partners

According to the Social Care Institute for Excellence guide¹, “good co-production means that..:

- social care professionals and people who use services work in equal partnerships towards shared goals
- there is a movement from involvement and participation towards people who use services and carers having an equal, more meaningful and more powerful role in services
- people who use services and carers are involved in all aspects of a service – the planning, development and actual delivery of the service.” (2013, page 8).

Co-production is crucial for good social care and health; it is being developed more importantly since the Francis Public Inquiry Report² (2013) into failings of care provided by Mid Staffordshire NHS Foundation Trust, recommended improved patient and public involvement in health service provision. Co-production is an important way to deliver personalization policy, reduce unnecessary deaths and prevent neglect or abuse in health and social care. It is therefore an excellent and valid part of project design with regard to ensuring safer restraint and independent living with disabled people, personal assistants, health services and social care practitioners.

Sheffield Individual Employer and PA Development Group, Active Independence, Doncaster and Disability Sheffield Centre for Independent Living had not worked together formally to deliver funded work before this project. Co-production between the partners has been excellent and has produced a valuable relationship; all partners intend to develop this project and other partnership working in the future.

¹ <http://www.scie.org.uk/publications/guides/guide51/files/guide51.pdf?res=true>

² <http://www.midstaffspublicinquiry.com/report>

Active Independence in Doncaster benefitted from the capacity, administrative support and experience of Disability Sheffield.

The lead organization, Disability Sheffield, benefitted from Active Independence strong links with individual employers and PAs in their local area, as well as their energy, a range of views and experience and the fresh approach to problems of a smaller organization.

Practitioners involved in the project including a Safeguarding social worker, a clinical psychologist and two speech and language therapists who have been supporting workforce training in health and social care. These partners brought expertise about the policy context of the project and were able to feed information about the project to their own teams and the Sheffield Health and Social Care Trust (SHSCT).

A Steering Group for the project ensured that the delivery of this project was co-produced by individual employers, family carers, personal assistants, disabled people's user-led organisations and practitioners. The Steering Group continued to input into the evaluation and reporting for the project.

Project Impact

One statutory partner 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.”

The value and quality of this project in Doncaster and Sheffield far exceeds its budgetary cost. It has developed ‘Safer Restraint’ best practice training, materials and information, which has already improved:

- The number of individual employers, personal assistants, family carers and practitioners trained in safer restraint practice
- The extent to which individual employers, personal assistants, family carers and practitioners are positively discussing their needs and wishes with regards to restraint practice in Sheffield and Doncaster
- Awareness of the need to include information about restraint in support plans
- Confidence and delivery in advocacy and consistent advice about safer restraint practice provided by two user-led organisations of disabled people. This element particularly will sustain the benefits of the project in the lives of disabled people, their family, personal assistants and practitioners beyond the deliverables already produced.
- Sustainable joint working between user-led organisations, individual employers, personal assistants, family carers and practitioners and statutory authorities across Sheffield and Doncaster was developed.
- Three posts were partly safeguarded for the duration of the project by the funding.

- Participants who attended the training demonstrated greater awareness of chemical and technological restraint practices and barriers, than other respondents.
- Confidence and motivation to embark on conversations about restraint with personal assistants and family carers by practitioners and individual employers. This unanticipated outcome also provided the user-led organisations with opportunities to provide other information, advocacy and signposting about services and support about other issues to disabled people, family carers and practitioners.
- Awareness that safeguarding provision can be positive and helpful and that contact with authorities does not have to be punitive or damaging.
- Feedback to the evaluators said that the training sessions were 'excellent' (25 respondents) or 'good' (10 respondents).

The 'Safer Restraint' Survey

The 'Safer Restraint' survey results are available in a separate report by the project partners. However, this evaluation assesses its value and impact for respondents and the partner organisations in the project.

The survey not only generated information for the user-led organisations and statutory partners about the needs of disabled people in the area. It also triggered conversations between respondents and their support team (practitioners, respite providers, family carers and personal assistants) about restraint and how it could be more safely and less restrictively delivered in the future.

Reach

The survey was distributed to 1000 individual employers through Council and user-led organisation lists. The survey had 103 respondents (a response rate of over 10%):

- Two thirds of respondents were from Sheffield and one third from Doncaster.
- 52% of respondents were disabled people who employed their own staff. 41% said they had a long term health condition or impairment and 62% of respondents said they had a disability. This demonstrates that family carers, personal assistants and practitioners are also disabled people, as well as the individual employers.
- 15% of respondents were personal assistants, 24% of respondents were family carers and 10% of respondents were practitioners. The higher response rate from family carers is particularly important, as this group were the least likely to have received information or training in the past, regarding safer restraints.

Learning to date

The project was a pilot and involved many partners participatively.

In order to achieve the best outcomes, the project Steering Group worked with the funders to adapt the original project design, to provide greater value in light of learning and feedback at each stage. These adaptations included:

- Greater partnership working between Disability Sheffield and Active Independence and Doncaster to extend the value of the project across two geographical areas and three hundred more people.
- Adjusting the project deliverables so that all information was received before the information about restraint was produced, to ensure it was more representative of the needs and views of participants.
- Commissioning this evaluation to independently assess value and share learning from the project more widely.

Challenges: What has not worked so well?

This project design had challenging milestones and aims, given the short time for the project (six months) and the limited budget.

This project was designed to be as participative as possible, involving disabled people, their organisations, family carers, personal assistants and practitioners at every stage. Unfortunately the Skills for Care PA framework Group were unable to accommodate a long distance presentation through Skype or a webinar with members of the steering group. Travel to London, access and budget constraints meant the presentation was given by Disability Sheffield, on behalf on the Steering Group. Whilst Group Members fed into the presentation content, Steering Group members would have liked to have been able to discuss the project in more detail with the PA Framework Group.

The partners were initially disappointed with the number of delegates who booked to attend the first two planned training sessions in Sheffield. However, three disabled people told the evaluators this was an inconvenient time of year for them to attend events, due to risk of infection or trips and falls in poor light, treacherous and cold conditions in February in Yorkshire. These barriers for disabled people's participation may be worth noting when considering future funding project plans and delivery. In addition, these sessions were delivered early in the project programme, before awareness raising of the subject had been delivered through the survey and discussions about the project at network meetings in the area. Given the innovative nature of the project, it is important to note that training sessions which were delivered once information about the value of considering good restraint practice had been disseminated achieved higher attendance numbers.

Most of the project beneficiaries from this pilot were white, British women of working age. A delivery project after this pilot could extend the diversity of reach to be more representative of the population who use social care services in the wider community.

Survey design and analysis was new to several of the participants in the Steering Group. Technical challenges were overcome, but took extra time in the project. Nevertheless, important skills (for example in using the SurveyMonkey online tool to analyse data) and confidence were gained by workers and participants, which will be retained and valuable in the future.

Evaluation respondents reported that the following elements could be improved in future projects:

- The training sessions should be longer.
- There should be real examples about when things have gone wrong and when things turn out really well for people.
- More parents of younger disabled children to come along.
- A free advice line that you could ring for advice without getting the authorities involved incase they think I am a problem!

Risks and Mitigation

All risks to delivering the project outcomes and outputs were successfully mitigated by the user-led organisations working with the project steering group and statutory partners.

For example, limited responses received by practitioners to the survey was addressed by the endorsement given to the project from the Sheffield city-wide Alternatives to Restraint steering group, which includes representation from all main statutory organisations.

Deadweight and displacement

These measures are an assessment of participants who would have achieved learning outcomes without the project (deadweight) and whether the project would have prevented people accessing other training or information (displacement).

From 40 participants in the evaluation, only 1 social care practitioner said she would have undergone training or received information about Safer Restraint if this project had not been delivered. No evaluation participants reported that they would have attended other training, or gained other information about Safer Restraint in the timescale of the project. Nine participants said they were not aware of any other training or information available – one said that existing information was not accessible to them because of jargon used and another said they had attempted to find local training previously but had been unsuccessful in doing so.

Therefore, deadweight and displacement from the project are almost nil.

Sustainability

The co-production relationship developed through this project between Disability Sheffield Centre for Independent Living and Active Independence Doncaster is a sustainable, which the Steering Group predict will lead to future joint-working and information sharing.

Further funding for the project could ensure that the training package is developed to be sustainably delivered in the future, mitigating against the reliance on the current two workers to deliver it. Self-advocates, disabled trainers and statutory partners could be trained to deliver the package (as accredited and non-accredited training) in the future; with development this could lead to important income generation for the two ULOs involved.

Scalability

With further funding, this project has evidenced that it is sufficiently well-run, robust and demonstrating sufficient benefits from the pilot to provide excellent possibilities to successfully scale the project nationally. The project could be scalable by developing:

- Level 2 and 3 modules for QCF qualifications in social care and practitioner education
- Online quizzes and participative activities to demonstrate learning of delegates
- Case studies about legal provision and judgements and best practice in restraint practice for people with self-directed support or living at home with family carers.

The survey instrument now developed could be easily used and adapted to be scalable by rolling it out through User-Led Organisations in other parts of England and Wales, perhaps annually, to show progress in restraint progress over time.

Further funding to scale this project could allow the lead ULOs for this project to work with InControl and academics to integrate some of the questions asked with the POET³ social care question instrument which has already been completed by more than 8000 people across the country. This would improve national intelligence with regard to the impact of restraint practice about the following areas of life in which personal budget holders provide annual information, relevant through the following areas of the POET survey:

- Being supported with dignity and respect
- Your physical health and mental health
- Being in control of important things in your life
- Staying as independent as you want to be
- Feeling safe (at home and when you go out)
- Doing things like volunteering that help your local community
- Your relationship with your family carer, other family and friends or people paid to support you
- Your quality of life

With further funding to develop this project for scalability, it is the view of the evaluators from evidence presented in the evaluation, that in the future, development of such a training and survey package could lead to important income generation opportunities for the ULOs involved in the future.

³ <http://www.in-control.org.uk/what-we-do/poet-@-personal-outcomes-evaluation-tool.aspx>

Transferability

The co-production approach delivered in this project by ULOs in different geographical areas, supported by a Steering Group which included service users who use restraint, family carers, personal assistants and practitioners, is a best practice approach which is not only important with regard to restraint practices. Encouraging this proven approach in future project design is a transferable benefit for Skills for Care and can develop capacity and information sharing across sectors in other geographical areas.

Further funding could allow the programme training materials and information leaflets to be transferred for use by diverse communities and groups currently under-represented as beneficiaries of safe restraint practice. For example:

- Further development of specialist materials to advise in more depth about the impact of mental capacity and deprivation of liberty safeguards on restraint practices.
- Easy Words and Pictures accessible materials for community health trainers to disseminate as part of their work with disabled people and their families
- Information in community languages and culturally competent materials to discuss appropriate restraint given particular community requirements.
- Age appropriate materials for children and young people in transition to adult services, to develop their choices and discussions about safer restraint
- A tool to support safer restraint practice being developed in support planning, for use by other User-Led Organisations across the country

- Training for 'experts by experience,' CQC inspectors and practitioners involved in 'Enter and View' as well as 'Care and Treatment Plan' assessment of the conditions and rights of disabled people in residential and healthcare settings, who could benefit from 'safer restraint' knowledge to prevent further deaths and Serious Case Reviews when restraint goes wrong (intentionally and unintentionally).
- Information for family carers about safer restraint, advocacy and sources of support should be provided through carers organisations and carers assessments.
- Information for Independent Mental Capacity Advocates (IMCAs) about safer restraint practices could assist them to improve practice in other areas of the country.

Conclusion

The 'Safer Restraint' pilot project has met and exceeded its stated outputs, all of its planned outcomes and exceeded expectations of additional value, despite the challenges encountered, short timescales and small budget of the project.

Particular excellence has been demonstrated in co-production between user-led organisations of disabled people, practitioners, family carers and personal assistants, supported by a broadly representative Project Steering Group.

This innovative project is not only valuable in the context of Doncaster and Sheffield, but has high relevance and potential for scalability and transferability, with further funding to support this process in the future. If funded for a further stage to develop materials for other areas and audience, the evaluators assess that this project has the potential to reduce preventable deaths from unlawful and unsafe restraint, improve the independent living and human rights of disabled people and the skills of the social care workforce across England and Wales.

Glossary – Words we have used in the report and what they mean

Term	Meaning
Beneficiaries	People who have benefited from the ‘Safe Restraint’ Project, including disabled people, personal assistants, practitioners, family carers and people in the community.
Disabled people	This term is the preferred term chosen by organisations of disabled people and many disabled people ourselves. It is a way we show and tackle the barriers in society that disable us. The term comes from the ‘social model of disability’ which describes the experiences of discrimination, segregation, exclusion, stigma and negative attitudes towards people with impairments. 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.
Family Carers	People who provide care and support for disabled people but who are not paid for their work. They might live with the person or be related to them through family ties.
Independent Living	Disabled people 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.

Individual Employers	We are disabled people who employ our own personal assistance and support, often through personal budgets, including Direct Payments. This way of meeting our social care needs allows us to access independent living and community life, instead of being institutionalized and segregated.
Personal Assistants (PAs)	Personal Assistants are employed by disabled people to assist us to live at home and receive the care and support we need with dignity and safety.
Practitioners	Professionals or workers who support disabled people in health, education or to self-direct their support.
ULO	User-Led Organisations 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 independent living recommendations from the 'Improving Life Chances Report', policy standards in 'Think Local Act Personal' and legal requirements for advocacy and self-directed support in the Care Act 2014.

The Safer Restraints Project Leaflet:

What do we mean by the word restraint?

“Anything that prevents somebody doing something”

How might this affect you?

Restraint is unique to each individual; it could mean lots of different things. Here are just a few examples we were told of...

- An elderly person might need bed rails to prevent them falling out of bed in the night
- Someone with Alzheimer's may need key pads for their doors to stop them leaving the house and getting lost
- Electronic tracking devices use global positioning technology as a way of locating a person with dementia if they are lost
- Grabbing someone's arm
- Deep seated chairs that prevent people from getting up without support to stop them wandering
- Antipsychotic medications used to treat people who are experiencing an episode of psychosis
- Being left waiting for help
- Belts to help disabled people sit upright in their wheelchair and prevent them falling out
- Leaving someone in dirty, soiled clothing
- Holding to prevent self-harm or harm of others
- Not being able to go outside and engage in community activities
- Putting things out of reach of someone who has limited mobility

Are you disabled?

Do you employ your own staff or have family carers?

Disability Sheffield teamed up with Active Independence and Sheffield City Council.

We consulted with people who employ their own personal assistants, family carers and social care practitioners. We asked them for their understanding of the term 'restraint'.

This leaflet is formed by those responses.

The aim of this leaflet is to help you...

- have a wider understanding of the term restraint*
- think about how to start having the conversation with your PA or employers about restraint*
- think about the different ways to keep people safe*



Let's talk about





Disability Sheffield
Centre for Independent Living



active independence



Sheffield
City Council



Skills for Care



Sheffield Health and Social Care NHS

There are various types of restraint...

- Physical restraint
- Mechanical restraint
- Chemical restraint
- Restricting choices
- Withholding information
- Many many other things

'Restraint' is a broad term that can mean many different things.

Remember...

It's not a dirty word!

We do the same things we've always done and never really thought about alternatives!



From talking to people we found out that:

- many employers had not had conversations with their carers about restraint
- it wasn't written into their care plans
- many family carers and personal assistants had no information or training on restraints
- most people would welcome training on the subject of restraint

If you feel you are affected by any of the above there are things you can do to help your carers have a better understanding.

- Make sure it is written in your care plan correctly. Jointly agree how everyone will respond to your needs in a crisis. This could be a situation when you might not be able to give consent, for example a mental health episode or a sudden illness that affects your cognitive ability.
- Open up a discussion with your carers or PAs by showing them this leaflet.
- Find some training for your staff or family carers. This is available in your area.

I want to talk to my personal assistant about the way they do things, but how?!



Is restraining someone always a safeguarding matter?

No! The type of restraint used might be necessary to keep a person safe.

How can things be done differently?

Sometimes people do things the way they've always been done, and may not have considered how things could be done differently.

Having a conversation with your PA or family carer about restraint is a good thing. It will help everyone think about the way things are done.

As his carer I know I need to raise the issue with my brother, but I just don't know how to approach the conversation!



If you are unhappy with something and would like to talk to somebody about it you can call

Sheffield Adult Safeguarding Team
01142 734 908

Doncaster Adult Safeguarding Team
01302 737 391

For more information contact

Disability Sheffield
01142 536 750

Active Independence (Doncaster)
info@activeindependence.org



Contact us:

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Policy & Training Director



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NE32 3DT



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Telephone: 0300 111 0191

**For this report in another accessible format
or language, please contact us:
access@visionsense.co.uk or 0300 111 0191.
Thank you!**