

Easy Read



Llywodraeth Cymru
Welsh Government

Rules about Restrictive Practices and using them less

Response Form



Please tell us what you think by 6 January 2020

This is an easy read version of the questions from: **Reducing Restrictive Practices Framework. A framework to promote measures and practice that will lead to the reduction of restrictive practices in childcare, education, health and social care settings.**

14 October 2019

About this response form



These questions are about **restrictive practices** and using them less.



Before you answer the questions, please read the main easy read document: **'Rules about Restrictive Practices and using them less We want to know what you think.'**



Please try to explain your answers. And give your own thoughts and ideas too.



You may need support to read and understand this document. Ask someone you know to help you.



Some words may be difficult to understand. These are in **blue writing** and have been explained on page 27 of the main document.



Where the document says **we**, this means the **Welsh Government**.

Llywodraeth Cymru
Welsh Government



Please send this form back to us by **6 January 2020**.



By post:

Sam Clutton
Safeguarding and Advocacy Branch
Social Services and Integration Directorate
Welsh Government
Crown Buildings, Cathays Park
Cardiff, CF10 3NQ



By telephone: 03000 616 056



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The response form is also on our website:

<https://gov.wales/consultations>

How we use the information you give us



Llywodraeth Cymru
Welsh Government

Welsh Government will be looking at your answers in this response form.



Sometimes we ask other organisations to help us make decisions. They may also see the answers that people gave in the response forms.



We will make sure we follow the law when we use your information.



We will write a report about what people said.



We might write some people's answers in full with their names and addresses in the report or on the internet.



When you send us your answers, please tell us if you do **not** want us to write your name and address in the report or on the internet.

The **data protection laws** give you the right to:



- Know what information we have about you and how you can see it.
- Make us change any mistakes in the information about you.
- Ask us not to use the information in some cases.
- Ask us to delete the information we have about you in some cases.
- Move the information about you somewhere else in some cases.
- Complain to the **Information Commissioner's Office**.

If you would like to know more about how your information is kept and used please contact us at:



Data Protection Officer
Welsh Government
Cathays Park
CARDIFF
CF10 3NQ



Email: Data.ProtectionOfficer@gov.wales



You can also contact the **Information Commissioner's Office:**

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF



Tel: 01625 545745 or 0303 123 1113



Website: <https://ico.org.uk>

About you

Your name:

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Pinetree Hospital; Beechwood College

Matthew Turner

Sam Woods

Lucy Morris

David Marshall

Gemma Edwards

Geraint Jones

Suzie Yates

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for or with:

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Your address and
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Do you want your answers to be shown on the internet and in a report?

Yes

No

Questions

| | | |
|---|------------------------------------|--|
| 1. Are the rules in this document clear and easy to understand? | | |
| Yes X | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Is there anything else you would like to say? We felt the recommendations were clear however we were concerned that they would not be followed through with. We felt it was important that people were held “accountable” for making sure people do what they are meant to do. We understood that restrictive practices include restraint and medication and we talked a lot about the importance of using medication in the most least restrictive way (i.e. offer us as required medication before giving us intramuscular injections). We talked about the importance of staff having good training around restraint and all agreed that the training our staff has is really good. Communication was a big part of our discussion and we felt that ensuring staff communicate well with us was vital in reducing restrictive practices. | | |
| 2. Is the information about human rights on pages 8-10 clear and useful? | | |
| Yes X | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Is there anything else you would like to say? We understood that human rights are “what you’re entitled to,” that they should be held as a top priority and that “no-one wants to hold” us. However, we also understood that “if restrictive practices weren’t used people could get hurt.” Staff need to understand human rights too though and we need to try and change the “us and them” culture that often exists. | | |

Power

We discussed the fact that we have the “same rights as staff” but they are not our friends and they inevitably hold a position of “power over us” which they should not abuse. We felt we had had “enough taken away” from us already (being detained under the Mental Health Act) without the addition of being restrained. Some of us felt the Mental Health Act in itself was “repressive” and “not what we want it to be yet.” We talked about the importance of staff removing themselves if they are the trigger to our distress.

Language

We talked about the fact that the use of the term “safehold” rather than “restraint” can help us to see that when staff have to hold us they do so for our own safety. However some of us also felt that the act of holding someone may be experienced the same regardless of what it is called.

Dignity

We talked about the importance of maintaining our dignity during restraints by “redirecting others or shutting doors.” We also talked about the importance of confidentiality.

3. Is the information about Positive Behaviour Support on page 11-12 clear and useful?

Yes

No

Unsure

Is there anything else you would like to say?

Understanding us

We discussed the importance of staff knowing what our behaviours and triggers are and what is “soothing” for us. Staff know when to intervene. Sometimes “what staff do can elevate” us and my “trigger words should be in my plan.” PBS plans were also discussed as being good for supporting transition as they

move with us, however this would only work if staff talked about the alterations that were needed with us to make it fit our new placement.

Some of us felt that it was also important staff got to know us before reading the plan as this stopped staff from pre-judging us based just on what was written.

Plans need to be more specific and more accessible for staff so that they can actively engage with them.

Including us

It's "my life, I should be involved." Generally, our experiences were that we are not involved enough in writing or reviewing our plans. We are "not always listened to when doing PBS review." We felt that our PBS process should be done with someone who knows us well and can "make (our) voice heard." "Everything should be personalised."

Active engagement

It is important that our plans are kept up to date. "Some people use out of date plans" and staff "talk about the plan more than actually using it." We discussed the fact that plans need to be more regularly updated as sometimes "some bits are just wrong." It is important that staff communicate with us to check their conclusions about us are "right."

My PBS should "change with my behaviours" and this "helps me to help myself" and see the progress that I am making in my care pathway. When we ask for things to be changed there should be clear processes of feedback so we know they have been changed, or if they haven't, why they haven't.

Proactive Support and Reducing Restrictions

PBS, learning from what has happened and mediation can all be important in reducing the use of punishment. "Using PBS helps reduce restrictions as they (staff) understand me better, it's more individual, it helps staff understand me and see my progress."

Communication

This was something we talked about a lot. We identified the need for “honest conversations.” “Staff and clients working as a team builds trust and teaches new staff better.” We also talked about the training staff receive and although we thought this was good, we thought it was important that service users are more involved in helping with the delivery of staff training.

We also talked about some of the difficulties we have experienced in relation to communication with leaders/managers and felt that we would like our conversations with them to be “more about care and less about signing documents.” At times we feel patronised which is unhelpful.

We saw communication as key to preventing incidents and reducing restrictive practices as it enables us to “get things off our chests.” When communication works well with regular talk time with familiar staff it feels more helpful, like staff listen and are paying attention. This gives you the confidence to talk more. Documenting what is said is also important so that information can be shared and everyone knows what is said.

4. Is the information about using less restrictive practices on page 13-20 clear and useful?

Yes

No

Unsure

Is there anything else you would like to say?

Staff Training

We agreed that it is important we are involved in staff training. We thought the training our staff have is good and they do not use restraint first, instead using our support plans first.

Staff need to have more training around the Mental Health as some staff still have limited understanding and can be stigmatising.

With regards agency staff we felt they needed more training in most areas in order to be able to better support us.

Debrief

We talked about the fact that staff can “get elevated with us” and need “supervision to understand how they may have contributed to our incidents.” We also thought it was important that everyone has the opportunity to learn from what has happened in order to reduce restrictions. This should include supporting new staff to read our plans and ensuring staff are following our plans.

It was felt that debrief (for staff and service users) wasn't happening enough and that by not doing debriefs with us, we feel “frustrated and let down (by) false promises.”

Encourage debrief first before our observation levels are changed.

We agreed that different people will have different time scales within which debrief will be most effective and these should be personally identified and written into our plans.

Data and Accountability

We talked a lot about staff needing to be accountable for making sure things are done the way they should be. We spoke about the importance of “leaders making sure talk time happens” as it is prescribed in our plans. If staff are “doing the wrong thing” there should be consequences to this.

Staffing

We felt that there are not always enough staff to respond to incidents in the most helpful way. We thought it would be helpful to have more staff although we also talked about the fact that sometimes being on 1:1 can be restrictive in itself. We recognised that sometimes we can be too dependent upon staff and need to look at ways to reduce 1:1 observations.

We had mixed views in regards to our experiences of Managers. Some of us felt like managers had time for us, which was

positive, but some of us felt that managers spent too much time in the offices.

In relation to shift planning we thought it was important that managers think about our relationships with staff and allocate support according to how safe we feel in our relationships.

Agency staffing and Consistency

We agreed that it is important that the way we should be supported is documented so that everyone works to the same plan to reduce inconsistency. We talked about some of the difficulties when staff from different areas or from agencies support us and do not use the same types of holds. In these cases it is even more important that staff read our plans so they know how to work with us. We thought about different ways that agency staff could get information about supporting us quickly.

When working with high levels of agency there can be little motivation to invest in building relationships with them and it often feels like they don't care and just "sit and do nothing."

Language can also be a barrier with agency staff at times. If services have to use agency then we think using regular agency staff will better improve relationships, understanding and reduce the use of restrictive interventions.

We also felt that agency staff do not always follow the policies and procedures that are in place in the service.

Inclusion

We agreed that it is important that we are involved in all processes in relation to our care (see above)

We also spoke about ensuring we are given positive feedback every day in regards what we are doing well.

We all agreed that the use of advocates is really important in helping us to feel heard and supporting us to communicate with others.

5. Is the information about how to use restrictive practices on page 21-26 clear and useful?

Yes

No

Unsure

Is there anything else you would like to say?

Medication

We all felt that staff must be encouraged to think about how they use medication with us. If we say we don't need as required medication we felt it was important that staff listened to us and tried to work with us more proactively before using the option of as required medication in oral or intramuscular form. It could be helpful to think of individualised ways that we can communicate with staff during a restraint regarding whether we think as required medication would be helpful or not.

Complaints

Our experience was that complaints were not always taken seriously, particularly when we felt that restraint had been used inappropriately. Sometimes it feels as if staff "stick up for each other" and we thought that the current governance procedures can make staff defensive about their practice rather than open to constructive discussions. Making sure that complaints are processed by an independent person could help with this we thought.

6. We would like to know your views about this document and the Welsh language:

- Could it give people the chance to use Welsh?
- Could it mean the Welsh language is treated the same as the English language?

Please tell us your views here:

Not discussed

7. The Welsh Government would like to know if this document could affect some groups of people at all. For example groups like:

- People of different ages
- People with a disability
- People who have changed their sex (this is called transgender)
- People who are married
- People who are pregnant or have recently had a baby
- People from other countries
- People with different beliefs
- People who are attracted to people of the same sex as them (for example they are gay or bisexual)

These groups are sometimes known as people with **protected characteristics**.

Yes

No

If you said Yes please tell us which groups and why:

Not discussed

8. Please write anything else you would like to say in the box below:

Thank you for your views.