

# Safe to wander?

Principles and guidance  
on good practice when  
considering the use of  
wandering technologies  
for people with dementia  
and related disorders

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## Why have we prepared this guidance?

The Commission has an active role in ensuring that individuals have access to care which is most appropriate to their individuality, their unique care needs and their human rights. We are often asked about restraint and restrictions placed on individuals in mental health, learning disability and older people's services. In response to these we produced 'Rights, risks and limits to freedom' which sets out our views on the law and good practice in this area of practice. In addition to questions on the broader issues, the Mental Welfare Commission is occasionally asked for advice on the use of technology in caring for people with dementia, learning disabilities and related disorders. Our response is generally that we believe that technology can be a valuable tool

which has the potential to help people to maintain their independence and enhance their freedom and that, where new technology can provide assistance without unduly restricting or increasing the risks that an individual may face, its use is to be welcomed.

This publication provides more specific guidance for those considering the use of new technologies, particularly in support of individuals with dementia who are resident in care homes or hospitals. Although we focus on dementia and residential care, the principles of this guidance may also prove helpful for people working to provide care and treatment for other mental disorders in a range of settings, especially as the use of emerging technologies evolves to provide home based alternatives residential care.

The Commission are not the only source of advice in this area, guidance for staff working in Scotland has also been prepared by National Care Standards Committee and staff will also be supported by policy and procedures guidance prepared within their own services.

# Those considering the use of wandering technologies have to be aware of the potential for this to constitute restraint.

## What do we mean by 'wandering technology' and why is it an issue?

The term 'wandering' can have negative connotations. For the individual concerned however 'wandering' is usually a positive experience which can provide physical and psychological benefits. The Commission recognises that this term is often mistakenly used to describe a wide number of differing types of behaviour and can be considered unhelpful, particularly in relation to people with a learning disability. After a long debate however, we have decided to refer to 'wandering' in this document as it remains, rightly or wrongly, the term most commonly used in dementia care settings.

'Wandering' sometimes suggests aimless walking. This is sometimes the case, but it is more likely that the behaviour has meaning for the person with dementia. It is important to try to understand where the person is trying to go and to recognise that walking to destinations of interest will be of benefit to the person. We need to recognise that 'wandering' is not necessarily

bad and that the person should be able to walk freely and safely.

In 'Rights, risks and limits to freedom' the Commission set out its definition of restraint. 'restraint is taking place when the planned or unplanned, conscious or unconscious actions of care staff prevent a resident or patient from doing what he or she wishes to do and as a result is placing limits on his or her freedom.' Based on this definition, those considering the use of wandering technologies clearly have to be aware of the potential for their practice to constitute restraint and to take this into account in their decision making.

There are many examples of the creative use of technology to support safe movement in care homes and hospitals and technology is increasingly being used in individuals' own homes. Wandering technology that can be put in place could include:

- Sensor pads (beds, chair, floor)
- Nurse/carer call systems
- Panic buttons
- Fall and movement sensors

- Electronic tagging and tracking systems
- CCTV/video surveillance
- Intruder alerts

This document will focus exclusively on the use of 'tagging' and tracking devices. The term tagging is often associated with criminal activity and surveillance, shopping and the prevention of crime. It can involve the use of satellite technology to alert the police or probation services that a person is in breach of parole conditions or a curfew. The use of electronic tagging in this document is only in relation to care settings and has no criminal component.

To avoid confusion, the term 'wandering technologies' will be used in this document, nevertheless those considering its use should still be sensitive to the perceptions that service users, carers and staff may have of the technology.

The use of wandering technology is primarily used for individuals who are considered to be at risk from leaving a care environment unescorted. It mainly involves the use of boundary

crossing alarms whereby a member of the care staff is alerted when an individual crosses a pre-designated boundary. The alarm alerts care staff that an individual resident is possibly at risk of leaving, though the system itself does not prevent them from doing so. Wandering technology also includes the use of tracking devices which can locate the wearer if he/she becomes lost or fails to return. Tracking devices are currently rarely used in this country for individuals in care home settings but the technology is now becoming increasingly easily available and financially affordable. Tracking devices, using global positioning system satellite technology, are currently being used in Spain for some patients with Alzheimer's disease. Small electronic devices are attached to the individual's clothing and they emit a signal which can be traced if the individual strays from a previously designated area. New technology may provide a less restrictive or more beneficial care option than other ways of managing an individual who wanders.

A survey in 1998 suggested that up to 40% of individuals with dementia become lost at some point during their illness and 5% get lost repeatedly over many months. Over 70% of those who get repeatedly lost are admitted into institutional care as a means to manage the risks of their illness. Many care establishments are locked or have barriers such as keypads or handle arrangements that require some skill to open. Such barriers can then restrict the free movement of all residents of the establishment, regardless of whether they are at risk from wandering.

For those individuals already in residential care, wandering behaviour may increase, or pose a particular risk to an individual, who may as a result be moved to a more secure environment. This can prove unsettling for the resident and for carers. Where the use of technology can play a part in maintaining independence, or enabling continuity of care, we think it should be considered.

It is also worth recognising that physical activity maintains and improves general health and reduces the risk of falling in the elderly. People with dementia who have the freedom to wander receive positive health benefits from their activity and wandering technologies could have a part to play in promoting individual health and wellbeing.

# On no account should technology be used merely to save on the cost of appropriate staffing.

## General principles in considering the use of new technologies

The key to best management of wandering behaviour is to allow the person to walk freely and to destinations of interest without subjecting the person to unnecessary or causing unnecessary distress. The use of technology may contribute to this, but only in conjunction with good design of the living environment, stimulation, meaningful activity and appropriately trained care-givers.

A person for whom the use of wandering technology is being considered is likely to lack capacity in relation to decisions about its use, although this should not be assumed. Where capacity is lacking, it is important that the principles of the Adults with Incapacity (Scotland) Act 2000 are applied in decision making:

The intervention must provide a benefit that cannot otherwise be achieved

What will the benefit of the technology be to the individual? If used appropriately the benefit may be improved personal safety, increased dignity, independence and sense of freedom. It may reduce the need for obtrusive levels of observation that could be distressing for the individual.

There might be drawbacks to the use of such technology. Apart from unnecessary restriction of freedom, (see below) it may provide a false sense of security. The person may travel within an apparently safe area but may not be alert to significant risks within that area. Also, the person may leave the safe area and suffer harm before care-givers can respond to an alert. The use of new technology may reduce personal contact with care-givers and this is unlikely to benefit the person. Technology is no substitute for appropriate levels of personal care and human interaction. On no account should technology be used merely to save on the cost of appropriate staffing.

The intervention must be the least restrictive in relation to the person's freedom in order to achieve the desired benefit

Will the technology result in the least restriction consistent with the person's dignity, safety and independence? There is likely to be a tension between protection and safety, versus privacy and dignity. Technology may allow the person more freedom than locking doors or having a member of staff watch the person at all times. However if the person often has to be retrieved and returned to the place of residence, it may result in increased distress or public ridicule.

The past and present wishes of the person must be taken into account

Care-givers should not assume that the person lacks capacity in relation to wandering technology. People whose cognitive ability fluctuates may be capable of stating their wishes to be safe during periods of increased confusion and can participate fully in decisions. Even when the person appears to lack capacity, care-givers must make every effort possible

to discuss such risks and to help the person to understand the benefits of technology solutions. Care-givers should make a careful record of such discussions including whether the person agrees or disagrees with the use of technology. This must be approached with sensitivity and only after the person has had time to come to terms with his or her diagnosis and its implications.

#### The views of relevant others should be taken into account

A wide range of people will have valuable roles to play in the decision on whether to use wandering technology, including:

- Nearest and close relatives and friends will know the person best and can provide valuable information about his/her life. This may be crucial in understanding the person's behaviour. They will also have views about risks and dignity and these should be taken into account.
- A welfare attorney or guardian with powers over the person's welfare may have the authority to consent to the use of wandering technology.

Even where a specific power is not included in these granted these may include decisions on the person's place of residence, which may be affected by the potential use of technology. In such cases it is important to consult such a person on the use of technology.

- Professional carers will have experience in managing wandering behaviour, in particular their advice on environmental design or modifications and assessment of risk will aid the decision making process.

#### The intervention should encourage the person to use existing skills and develop new ones

This principle is to be observed by attorneys, guardians and managers of care establishments, and represents good practice for anyone involved in the person's care. If the use of technology to manage wandering behaviour increases the opportunity for the person to use existing skills and to develop new ones, then it merits serious consideration.

#### Considering the use of wandering technology: assessment and care planning

Prior to introducing any wandering technology system there should be careful physical and psychological assessment to eliminate any reversible cause of the wandering behaviour. This assessment would involve analysing what is actually happening, when it is happening, what triggers the behaviour and what intervention helps.

##### • Physical assessment

Any physical assessments should be multi-disciplinary and should include:

##### Medication review

Many medications for both physical and psychiatric conditions have side-effects which can include motor restlessness, confusion and constipation amongst others. All of these side-effects can contribute to the development of worsening wandering behaviour and medications should be regularly reviewed by the medical practitioner (particularly those supplied for the treatment of anxiety, depression and insomnia).

### Elimination

Constipation or urinary discomfort can lead to restlessness and should be addressed. Searching for a toilet and worries about incontinence can also be an issue. Toilets should be clearly identified.

### Pain assessment

Some people with dementia are not able to express their pain, which can manifest as restlessness or increased confusion. The physical exercise that wandering provides may prevent pain developing, or provide a form of pain relief in itself. Early pressure sore development can cause extreme pain with no obvious visible injury.

### Other factors for consideration

Deterioration in hearing or vision can lead to restlessness and increased confusion. It is extremely important that these are assessed regularly and that spectacle and hearing aids are well maintained and available.

A person may be wandering because he or she is too hot or too cold and is trying to find a more comfortable environment. Hunger and thirst may also be a factor.

A poor sleep pattern can contribute to wandering behaviours and it is well known that infection can increase confusion and restlessness. These potential causes should be investigated quickly and treated appropriately.

### • Psychological assessment

#### Identification of the purpose of walking

Understanding what the person is trying to achieve is critical to successful management of wandering behaviour. The person may believe that he or she has to go somewhere or something to do. Most likely, this will involve tasks from the person's past that he or she believes are necessary in the present. Examples would be going to work or getting the family's dinner ready. The person may believe that he or she lives at a former address and may be attempting to go there. Life-story books and information from relatives and friends can provide knowledge of his or her life history that may be very helpful in understanding the person's present behaviour.

### Wandering as communication of distress

Wandering may be occurring simply because the person is bored and unstimulated in his or her environment. The person may not have a peer group he or she can relate to, or feel cut off from his or her family and friends. These issues this would need to be fully addressed in an individual care plan.

Depression is very common among people with dementia and can require specialist input with regard to diagnosis and treatment. Depression can lead to anxiety which produces restlessness and an inability to initiate meaningful activities.

Wandering may also be caused by feelings of fearfulness. The person may be afraid of particular aspects of his or her environment, for example uncontrolled noise levels or individual phobias. Psychological assessment should also consider if there is any evidence of hallucinations, delusions or delirium as these can be extremely frightening for the individual.



### Assessment of risk

Any assessment must include analysis of the risk that is being presented. This must focus on the risk to the individual, not the organisation or care facility. Assessment should always take the views of the individual, formal carers and involved relatives into account. There should be a careful evaluation of the risk that is presented and the likelihood of that occurring. The risk to the individual of any proposed intervention should also be discussed and this would include psychological as well as physical safety concerns. Care establishments should have written policies on care planning and risk assessment that take into account the person's need to exercise and move freely.

### Alternatives to wandering technology

Before considering the use of wandering technology there should be an appraisal of the interventions that have been tried to date. This should form part of the assessment process.

People with dementia need appropriate stimulation and activity. Individual care plans must reflect this and will benefit from input from a skilled occupational therapist. A person with dementia who finds him or herself in an under-stimulating environment, may well explore in an attempt to find something more interesting or meaningful to do. It would be wholly inappropriate to use a technology solution for this behaviour, unless great attention is paid to appropriate, person centred occupation and stimulation.

The importance of dementia-friendly design, including the creative use of outdoor space should not be underestimated although there will obviously be physical limitations in older, non-purpose built units. Ideally, buildings should

provide open access to safe outdoor space. The internal environment must contain destinations that are of interest. Long corridors leading to locked exit doors must be avoided.

Small changes in practice and environments can have successful outcomes. The importance of exercise should be taken into account and incorporated into the care plan as appropriate.

The use of cloth panels to conceal doors or door knobs (which can be described as 'subjective barriers' to wandering in that they appear as an obstruction only to those who are cognitively impaired) could offer a less restrictive option than a locked door.

Another alternative to wandering technology is the adaptation of nursing observation policies to meet the needs of the individual flexibly and when most necessary. Many individuals require increased levels of observation only at particular times of day and night, rather than having fixed observation levels.

### The care plan

Following individual assessment, any factors identified can be addressed in his or her care plan. If a decision is taken to introduce wandering technology then a specific care plan relating to its use should be drawn up. This care plan should address:

#### How the technology works?

There should be clear, explicit instructions for staff about how the system works and training in the use of the system, including maintenance and contingency plans in the event of malfunction. Training should be viewed as an ongoing need, not a one-off occurrence.

The plan will include definition of which areas are considered safe for the individual and which are not. There must be clear identification of who will respond to the alarm and when, of what should happen if the individual refuses to return. This may involve external agencies such as the police. The police will need to be consulted if they may be required to respond.

### Involvement of the individual and relevant others

There must be a clear verbal explanation of the system given to the individual, relatives, visitors and advocacy workers. It would be good practice to provide written information about the system.

#### Monitoring

It will be extremely important to monitor how well, or not, the system is working. This should include reports of how often the system is being triggered and the individual's reaction to it. It will be important to monitor if there has been a change in the individual's general wellbeing.

#### Review

Regular review dates should be set and all involved professionals and care-givers, both informal and formal, should be invited to the review. It would be best practice for the key worker/named nurse and unit manager to be present. There should be an identified senior manager who receives copies of the reviews. The primary purpose of the review is to consider whether ongoing use of the system is indicated or not.

### Consulting with the Care Commission

It is of vital importance that managers of care homes consult with the Care Commission if considering the use of wandering technology. Under the Regulation of Care (Requirement as to Care Services) (Scotland) regulations 2002, 19 (3), 'A provider shall keep a record of: any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it'.

## Important legal considerations

As outlined in the section on general principles, the Adults with Incapacity Act must guide the process of deciding on the use of wandering technology. This section examines the impact of specific principles of this Act, the principles of the Human Rights Act and the provisions of the Mental Health (Care & Treatment) (Scotland) Act 2003.

### Human Rights Act

The legal rights of the individual have become increasingly significant with the introduction of the European Convention on Human Rights into UK Law. Articles 3,5 and 8 could be of particular relevance to those considering the use of wandering technologies. In developing this guidance we feel it is particularly important to emphasise Article 5 of the Convention; ‘Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law.’ One of the cases is ‘the lawful detention of persons of unsound mind’. The

European Court has ruled that failure to follow legal procedures to detain a person in hospital for treatment of mental disorder was unlawful. This ruling has implications for the management of people with dementia or other mental disorders who wander.

In addition, Human Rights law says that the person must not be subject to degrading treatment and has a right to privacy. Any decision to use technology must be consistent with these principles. In practice, attention to the principles of the Adults with Incapacity Act will be likely to result in compliance with Human Rights law.

### Specific measures under the Adults with Incapacity Scotland Act

Incapacity legislation makes several provisions for delegation of decision making for people lacking capacity. A person, while capable, may appoint a Welfare Power of Attorney to take decisions on his or her behalf once capacity is lost. Welfare Guardians can be appointed by the court to make decisions on behalf of an adult who lacks capacity. The views of Welfare Attorneys

and Guardians must always be considered when making a welfare decision. If specified in the powers granted, the Attorney/Guardian may have the authority to decide on the use of technology. Hospital and care home managers should be aware of the extent of the Attorney’s powers and may need to seek legal clarification on this.

If there is no Attorney or Guardian with the authority to make decisions about technology, anyone faced with a decision about the use of wandering technology will need to consider whether to seek a Guardianship order under part 6 of this Act. If the intervention is necessary, and if the person lacks capacity in relation to this decision, it can be argued that Guardianship is necessary.

The Commission takes the view that, where a person demonstrates a purposeful desire to leave his or her place of residence a Welfare Guardian should be appointed should it be necessary to restrict the person’s movements. Where wandering behaviour is more aimless, the legal situation is less clear and it can be

# New technology is no substitute for human and compassionate care.

argued that Guardianship is unnecessary and too restrictive.

Good practice guidance on the use of the Adults with Incapacity Scotland Act is available from the Commission's website [www.mwscot.org.uk](http://www.mwscot.org.uk).

## [Mental Health \(Care & Treatment\) \(Scotland\) Act 2003](#)

This Act authorises detention in hospital and the use of wandering technology could be regarded as treatment for mental disorder under this Act. Mental health law can authorise compulsory measures to ensure treatment outside hospital, this may also include wandering technology. It is, however, unlikely that this type of legislation would be appropriate for people not already liable to compulsory measures for other reasons.

## **Summary and good practice checklist**

All technologies, including wandering technologies, have the potential for abuse if not used within a proper legal framework and with reference to good practice guidance. Where such technology is used, great care must be taken to ensure that the person concerned has his or her rights protected. It is possible to see the potential benefits of wandering technology for the individual in some cases, but this should never stigmatise the individual and should never replace direct contact with care-givers. New technology is no substitute for human and compassionate care.

It is acknowledged how difficult it can be for care staff to provide a balance between the autonomy of the individual and the duty of care owed to that person by the care home or hospital staff. By placing limits on the individual's ability to leave the care setting, there could actually be an opportunity to offer a less restrictive environment and this apparent tension can cause dilemmas for staff and relatives.

The use of technology, including wandering technology, in care homes and hospitals is not in itself a good or a bad thing. Where technology is used, this should be as a tailored and appropriate response to the identified risks faced by an individual. How technology is applied can make the difference between providing restrictive and inflexible care, or a freedom enhancing setting.

## Checklist

Consider causes of behaviour	
Assess the risks to the individual	
Consider alternatives to use of technology	
Identify if wandering technology is available and appropriate	
Ascertain views of individual, relatives, care team, Care Commission etc	
Consider ethical implications, the benefits and disadvantages of the system	
Consider legal implications for individual, in particular the possible use of Adults with Incapacity (Scotland) Act 2000	
Formulate individual care plan	
Ensure all staff and involved relatives understand care plan	
Monitor implementation of care plan	
Review care plan frequently	

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