



## SAFE TO WANDER?

Principles and guidance on good practice in caring for residents with dementia and related disorders where consideration is being given to the use of wandering technologies in care homes and hospitals

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## CONTENTS

	<b>PAGE</b>
Why do we need good practice guidelines?	1
What do we mean by “wandering technology”	2
Considering the use of wandering technology	
– general principles	3
– assessment and care planning	5
The care plan	7
Of particular importance to care homes	7
Good practice checklist	8
Summary	8
Specific legal issues to consider	8
Bibliography	10
Acknowledgements and contact information	11

## **SAFE TO WANDER?**

### **WHY DO WE NEED GOOD PRACTICE GUIDELINES IN RELATION TO THE USE OF WANDERING TECHNOLOGY IN CARE HOMES AND HOSPITALS?**

The Mental Welfare Commission is occasionally asked about our position on the use of technology in caring for people with dementia, learning disabilities, and related disorders in care homes, hospitals and their own homes. We believe that technology can be a valuable tool which helps people to maintain their independence and enhance a person's freedom without unduly increasing any risks that he or she may face and this is to be welcomed.

We are also interested in ensuring that individuals have access to care which is most appropriate to their needs and that proper consideration is given to respecting the individual's human rights and respect for their individuality and unique care needs.

Although it is not for the Commission to give licence to the use of these technologies or to endorse individual systems or products, the Commission is interested in ensuring that there is good practice in this area and that general principles and guidelines are considered prior to the use of any wandering technology.

This guidance will look at the principles which should be applied when considering the use of wandering technology and the current legal implications of its use. This guidance is not exhaustive, it should be used to help guide staff in conjunction with standards produced in Scotland by the National Care Standards Committee and local policies and procedures in care homes and hospital settings.

Although primarily aimed towards the care of residents with dementia in care homes and hospitals, this guidance may also be helpful in relation to care of people with a learning disability or an acquired brain injury.

The guidance is also relevant to people living in their own homes particularly as the use of developing technologies can be helpful in delaying and preventing admissions to institutional settings.

## **WHAT DO WE MEAN BY “WANDERING TECHNOLOGY” AND WHY IS THIS AN ISSUE?**

The term “wandering” can have negative connotations but is usually a positive experience which can provide physical and psychological benefits. After long debate, we have decided to use the term “wandering” in this document as this remains, rightly or wrongly, the term currently used commonly 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 for the person. It is important therefore to recognise that “wandering” is not necessarily bad and that the person must be able to walk freely and safely.

The Commission recognises that this term is often used mistakenly to describe a wide number of differing types of behaviour and also is not considered helpful in relation to people with a learning disability.

In November 2002 the Mental Welfare Commission published its document “Risks, Rights and Limits to Freedom”, principles and guidance on good practice in caring for residents where consideration is being given to the use of physical restraint and other limits to freedom. The definition of restraint used in that document was:

“In its broadest sense, 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.”

This definition of restraint could therefore include the use of wandering technology and this was indeed described in Section 5 of Rights, Risks and Limits to Freedom. Since publication of that document, the Commission has been aware of developments in the use of technology, particularly in dementia care, and that there was perhaps a need to have guidelines specifically for the use of wandering technology.

There are many examples of the creative use of technology in care homes and hospitals and technology is also being used increasingly in individuals own homes. The use of passive alarms and video surveillance is also discussed in Sections 6 and 7 of the Rights, Risks and Limits to Freedom document.

Some examples of the use of technology include:

- sensor pads (beds, chair, floor);
- nurse/carer call systems;
- panic buttons;
- fall and movement sensors;
- temperature and gas sensors;
- flood alarms and controls;
- electronic tagging systems;
- use of CCTV and video surveillance;
- intruder alerts;
- epilepsy seizure monitors.

This document will focus on the use of wandering technology in care homes and hospital settings. Although not primarily intended to cover the use of wandering technology in an individual’s own home, many of the principles discussed here will be of use to help guide consideration of using technology in that setting.

**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 described in this document is in relation only to care settings and has no criminal component. Tagging is an emotive term when used in care settings, there is an implication of the tagged person being restricted or treated as a commodity in some way. To avoid confusion the term “wandering technology” will be used hereafter instead of the term “electronic tagging”. Wandering technology involves mainly 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 in 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 become 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 is currently 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.

The use of wandering technology is primarily used for individuals who are considered to be at risk from leaving a care environment unescorted. A survey in 1998 suggested that up to 40% of individuals with dementia become lost at some point in their illness and 5% get lost repeatedly over many months with up to 70% of those who repeatedly get lost being admitted to institutional care. Also, many care establishments are locked or have barriers such as those with keypads or with two handles that require some skill to open. Such barriers can then apply to all residents of the establishment regardless of whether they are at risk from wandering or not. Also, people with dementia may be transferred from care homes in which they are settled to a more secure establishment because of wandering behaviour. This can be unsettling for the resident. In both of these situations, the use of technology could have a part to play.

It is well recognised that physical activity maintains and improves general health and reduces the risk of falling in the elderly. Therefore, people should have the freedom to walk although increased observation and monitoring of wandering may become necessary if risks are intensified.

The following section proposes general principles and guidelines that should be followed when consideration is being given to the use of wandering technology.

## **CONSIDERING THE USE OF WANDERING TECHNOLOGY, GENERAL PRINCIPLES**

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 risk or causing unnecessary distress. The use of technology may contribute to this, but only in conjunction with good design of the living environment, stimulation and activity appropriate to the individual and appropriately trained caregivers.

It is likely that a person for whom wandering technology might be appropriate will lack capacity in relation to decisions about its use. Therefore, it is important that the principles of the Adults with Incapacity (Scotland) Act 2000 are applied in considering the use of such technology. Whether specific interventions under the Act are considered will be covered in a later section.

### ***PRINCIPLE 1. The intervention must be of benefit that cannot be otherwise achieved***

What will be the benefit to the adult with incapacity of using wandering technology? For example, it may ensure the safety of the person. It may allow caregivers to assess the person’s movements and make decisions about appropriate freedom. When used appropriately, it can increase the person’s dignity, independence and sense of freedom. It may reduce the need for sedative medication, although it must be emphasised that

medication has little effect on wandering behaviour. It may also reduce the need for obtrusive levels of observation that could be distressing for the individual.

There may 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 caregivers can respond to an alert. The use of technology may reduce personal contact with caregivers and this is unlikely to benefit the person. On no account should such technology be used merely to save on the cost of appropriate staffing.

***PRINCIPLE 2. The intervention must be the least restrictive in relation to the person's freedom in order to achieve the desired benefit***

Will technology result in the least restriction consistent with the person's dignity, safety and independence? There will 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 and may result in public ridicule.

***PRINCIPLE 3. Take the present and past wishes of the person into account***

Caregivers should not assume that the person lacks capacity in relation to decisions about the use of wandering technology. In particular, 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, caregivers must make every effort possible to discuss such risks and to help the person to understand the benefits of technology solutions. Caregivers should make a careful record of such discussions including whether the person agrees or disagrees with the use of technology.

It is also important to consider past wishes. If the person was always an active, outdoor type, this must be taken into account when considering a solution that limits the person's activity. At an early stage in a person's illness, there will be value in seeking his/her views about how to maintain safety as the illness progresses. An advance statement of the person's wishes will be very helpful in guiding decisions on the use of technology. This must be approached sensitively and only after the person has had time to come to terms with the diagnosis and its implications.

***PRINCIPLE 4. Take the views of others into account, in so far as is reasonable and practical***

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

- Nearest and close relatives and friends – they will know the person best and will provide valuable information about his/her life. This may be crucial in understanding the person's behaviour. They will also have their views about risks and dignity and these should be taken into account.
- An attorney or guardian with powers over the person's welfare may have the authority to consent to the use of wandering technology. Even if that specific power is not included in the diet of powers granted, the powers may include decisions on the person's place of residence. In such cases, it is important to consult such a person over the use of technology.
- Professional carers – they will have experience in management of wandering behaviour. In particular, advice on environmental design and modifications and on assessment of risk will aid the decision-making process.

***PRINCIPLE 5. Encourage the person to use existing skills and develop new skills***

This principle is to be observed by attorneys, guardians and managers of care establishments and should be good practice for all involved in the person's care. If the use of technology to manage wandering behaviour increases the opportunity of the person to use existing skills and 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. The following is a guide only to what should be included in any assessment and should not be considered comprehensive.

**Any physical assessment should be multidisciplinary and include:**Medications:

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 or worsening of wandering behaviour and therefore medications should be regularly reviewed by the medical practitioner (particularly those prescribed for the treatment of anxiety, depression and insomnia).

Elimination:

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

Pain:

Some people are not able to express their pain and this 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 visible injury obvious.

Other Factors:

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/she is too hot or too cold and trying to find a more comfortable environment. Hunger and thirst may also be a factor.

A poor sleep pattern can also contribute to wandering behaviours.

It is well known that infection can increase confusion and restlessness and should be investigated quickly and treated appropriately.

**Any psychological assessment should be multidisciplinary and include:****A. 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/she has to go somewhere or do something. Most likely, this will involve tasks from the person's past that he/she believes are necessary in the present. Examples would be going to work or getting the family's tea ready. The person may believe that he/she lives at a former address and may be attempting to go there. Life story books and information from relatives and friends can be very helpful in understanding the person's present behaviour through knowledge of his/her past life.

## **B. Identifying “wandering” as a communication of distress**

### Depression:

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

### Boredom and Loneliness:

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

### Fear:

The person may be afraid of particular aspects of his/her environment which can be modified, e.g. uncontrolled noise levels or individual phobias.

### Other Factors:

The psychological assessment should also consider if there is any evidence of hallucinations, delusions or delirium, 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. The assessment should always take into consideration the views of the individual, formal carers and involved relatives. 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 account of the person's need to exercise and move freely.

### **Alternatives to Wandering Technology:**

Before considering using wandering technology there should be, as part of the assessment, an appraisal of interventions that have been tried to date.

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 an attempt to find something more interesting or meaningful. It would be wholly inappropriate to attempt to use a technology solution to control this behaviour unless great attention is paid to appropriate and 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. Small adaptations can still have successful outcomes. These can include for example the use of cloth panels to conceal doors or door knobs and the use of such techniques can be described as subjective barriers to wandering in that they appear as an obstruction only to those who are cognitively impaired. In addition, the environment must contain destinations that are of interest. Long corridors leading to locked exit doors must be avoided.

The importance of exercise should be taken into account and incorporated into the care plan as appropriate. Another alternative to wandering technology is the adaptation of nursing observation policies to meet the needs of the individual which can provide flexible interventions and observations when most necessary. Many individuals may require increased levels of observation only at particular times during the day and night rather than fixed observation levels.

## THE CARE PLAN

Following the assessment, any factors identified can be addressed in the individual's care plan. If a decision is taken to introduce wandering technology then a specific care plan relating to its use should be drawn up and this should include:

### How will it work?:

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 and not a one-off occurrence. The plan will include defining 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. What should happen if the individual refuses to return should be addressed. This may involve external agencies such as the police. They will need to be consulted over the use of such systems if they might need to respond.

### Involvement:

There must be a clear verbal explanation of the system given to the individual and to any relatives/visitors/advocates. It would be good practice to also provide written information about the system.

### Monitor:

It will be extremely important to monitor how well, or not, the system is working. This should include written 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 general improvement or not in the individual's wellbeing.

### Review:

Regular review dates should be set and all involved carers, professionals, etc. 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.

## OF PARTICULAR IMPORTANCE TO CARE HOMES

It is of vital importance that managers of care homes consult with the Care Commission if considering the use of wandering technology.

It should be noted that 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.

## GOOD PRACTICE CHECKLIST

- Consider causes of behaviour.
- Assess the risk.
- Consider alternatives to wandering 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 concerned, particularly in relation to 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.

## SUMMARY

All technologies including wandering technology 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 human contact or be used as a substitute for effective and compassionate care. Any technology used should be an appropriate response to the risk identified and tailored to the individual's needs.

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 the individual by the care home or hospital staff. By placing limits on the individual's ability to leave the care home or hospital 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 in care homes and hospitals including wandering technology is in itself not a good or a bad thing, but how that technology is applied can make the difference between providing a restrictive and inflexible care setting or a freedom enhancing setting.

## SPECIFIC LEGAL ISSUES TO CONSIDER

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

### Human Rights Act:

Of increasing significance are the legal rights of the individual with the introduction of the European Convention of Human Rights into UK law. Of particular relevance to the use of wandering technology could be Articles 3, 5 and 8. In developing this guidance, we feel it is particularly important to emphasise article 5 of the European Convention on Human Rights. **“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 recently 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 who wander. Specific measures available in law are outlined below.

In addition, 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 Act:**

*Powers of Attorney.* A person, when capable, may have granted a Welfare Power of Attorney. Such a person must always be included in discussions about the use of technology. The views of a Welfare Attorney must always be considered when making a decision. If specified in the powers granted, the Attorney may have the authority to decide on the use of technology. Legal advice may be necessary to clarify the extent of the Attorney's powers.

*Guardianship.* The same applies to an existing Welfare Guardian. 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/her place of residence a Welfare Guardian should be appointed if it is necessary to restrict the person's movements. Where wandering behaviour is more aimless, the legal situation is less clear and it can be argued that Guardianship is unnecessary and too restrictive. This issue is the subject of a separate document issued by the Commission.

**Mental Health Legislation:**

The Mental Health (Scotland) Act 1984 and the Mental Health Care and Treatment (Scotland) Act 2003 authorise detention in hospital. The use of wandering technology could be regarded as treatment for mental disorder under these Acts. As 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.

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