

Access the internet

Reporters

Richard, Katie Casement and Louise Bannister at [Cygnet](#) on 4 December 2014.

What do you do*?

We have personalised access to the internet and mobile phones, so our arrangements are responsive to each service user and can be varied as each person develops in independence and self-reliance.

What is excellent about it?

We wanted to create a system that could be varied according to the level of risk and the person's stage of their rehabilitation journey, rather than apply a 'one size fits all' approach. We needed to apply the principle of least restrictive environment to phone and internet access, whilst taking seriously the risks that could occur, such as access to violent or sexualised content, access to drugs or opportunities for stalking.

As far as possible, the rehabilitation process needs to equip people with skills they need to participate in the 'internet society' (especially people who have missed out on these opportunities through a long history of institutional care) and prepare people for independent living by mirroring ordinary life as far as possible. We are keen to support residents to stay in touch with family, friends and local facilities.

We have developed a traffic light system through discussion with service users. Service users undertake not to share their internet access with one another, thus enabling the arrangements to be personalised to the individual. People on green can purchase and hold their own smartphone, and if they have a computer or tablet, they can access the internet 24 hours a day from the privacy of their bedroom. They can also use the ward computer which is only supervised by dint of being in a communal area and the staff needing to ensure that other service users do not gain unauthorised access.

People on amber can access any reasonable websites during a booked session on the ward computer. They can have a computer in their bedroom, but do not have internet access in their bedroom. This means that the timed record showing which pages were viewed can be matched with the individual. We manage this by signing out the Ethernet cable which enables internet access. Staff supervise use of the ward computer and also check that the Ethernet cable being used is the official

Stories of Striving for Excellence in Locked Rehabilitation Services

bright red one, rather than an illegal purchase! However, people on amber may have some individual variations to their internet freedoms in line with their care plan, and these may be changed gradually as people develop in independence.

People on red must gain approval from the multidisciplinary team to access named webpages on the ward computer and this access is supervised. This means that they can skype family members, shop online or manage their online bank account. They may not have a computer, tablet or smartphone, USB sticks, SD cards or any other kind of media storage in their bedroom, but can hold a simple phone without internet access.

Even better next time?

The internet is a major route to self-reliance and empowerment, enabling people to find phone numbers and maps, contact organisations and individuals, maintain social networks and family links, and administer the practical aspects of modern living, such as booking cinema tickets and paying bills. In the future, we might offer additional training on internet skills as this helps us assess the appropriate stage in the traffic light system, keep people safe and alert them to the risks of internet use (secure payment arrangements, appropriate confidentiality, viruses, inaccurate or malicious information) and offer an opportunity to progress through gaining skills, rather than merely focus on risk. We normally ensure that referrals start with a similar level of internet access. This approach will be periodically reviewed, to ensure that we keep pace with experience and technological advances.

NDTI was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- *A series of seminars for key staff and people using services to promote a more personalised and inclusive approach*
- *A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.*
- *Learning exchange visits between members which lead to individual action plans for each service*
- *Excellence stories that capture and share ideas for service improvement.*

These case studies have arisen from members of the Excellence programme and NDTI has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.