

Developing post-incident practice in residential child care survey results



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Laura Steckley

So Craig and I have put together the information that we collected from SPRAG members over the last several months and we're going to share with you some of that. And I think that's part of the draw. People indicated what they hope to get out of today was to find out about what's going on in other places and it really goes right back to Karen's original query in November just to ask what's going on elsewhere.

So this information comes from two sources. One, we had a session in SPRAG. It was a bit shorter, but it was much like today in that we broke into small groups and we spent time thinking really at some depth about the role of post incident practices, especially in relation to restraint and reducing physical restraints. And we used similar technology to what we're going to use today to collect what people were saying about what's going on in their organisation and their views about that. We also then created the small working group that you were introduced to with the celebrity interview, we created a questionnaire that was sent out to all SPRAG members to collect more detailed information about what's going on in members services in relation to post incident practises and Craig and I have done some putting together of that and boiling it down to make it a bit more intelligible for today.

So one of the questions in the questionnaire we were interested in knowing about and thought it might be useful for the sector to know about whether or not - and again it links back to what Karen had said about what they were considering at her service - we separate it out and have a different process or a different form for after a physical restraint has occurred as compared to other forms of incidents - and by incidents, when I was in direct practice we refer to them as critical incidents, so for the remainder of this bit of presentation, that's really what we're referring to.

And by critical incidents, situations that are more critical, whether it's absconding, some services consider property destruction as part of critical incidents, seclusion as Karen mentioned, of course, physical restraint, there is self-harm... It's incidents of serious self-harm. So those are the kinds of things that we've been talking about and that will be referring to here. And you'll see from the slide that that double the people who responded - 22 were saying that the same form and or processes that they use for physical restraint, they use for all incidents. But 11 of the respondents, of the 33 respondents, were saying that they have branched off to do a different form or process overall - because there's more to the process than just the form. And we'll be talking about that a little further as we go forward. So, some sense kind of an in between. And I realised that we might have had an added question. So, they have the same form, but they have added questions related to physical restraints. So some of those 22 are a bit different, but not all the way to a completely different form and process. Within the answers to this people also mentioned self-assessment, the Care Inspectorate self-assessment process, that has recently come out and I guess is going to be an updated version is coming very soon, Charlotte said. So it's good to know that that's being used and people are finding that helpful. And I think at this point, it's probably also worth saying today we're really focusing on incidents generally, but keeping in mind the relationship between the ambition to reduce and, where possible, eliminate the use of physical restraint and the way we respond not just to incidents involving physical restraint, but all incidents and how we attend to what needs to be attended to, and even getting better at identifying what needs to be attended to immediately following and then in the longer term.

So the questions that you'll be asked if you choose to help us out with filling in the questionnaire at the end of the session asks most of the questions are addressed to incidents generally, for which physical restraint may or may not be a part. This questionnaire that we used with

our SPRAG members were mostly addressed to incidents involving physical restraint. And so you'll see that some of the questions are going to look different than the questions you're going to be asked later.

Another question that we asked was about - and I kind of alluded to it a minute ago - the immediate aftermath, do people have the same process? Rather, it's immediately following or the longer term, or do they separate what in some circles is being called post incident support from post incident learning in their service, and again you'll see that of the 28 people who answered this question, 19 said no, they're combined in their processes. But again, a smaller version has begun to develop processes that address both immediately following for the support part and then post an incident learning, and that the two are separated.

And there were spaces for people to comment on this and whether they thought it was better to have them separate or combined, similar to the previous question. And this is where we're getting some of the further information and a lot of people talked about why they can see the benefit of addressing that post incident support in a different way or even thinking about it differently than the post incident learning - that there are real challenges in separating that out. It's hard enough to have the processes fulfilled and completed, including completing the form after an incident, but to separate that out makes it even more challenging to do that. Somebody mentioned hot and cold and I think that's really useful, you know, the separate - this move towards separating out these two processes I think is around in that the heat of the immediate aftermath, the most important thing is to support people. And some people are not ready to start reflecting and learning from what just happened. They just need that emotional first aid, whereas as things cool off, there's sometimes more space, I do want to make it proviso here and certainly from my own practise, there were times when in that immediate aftermath that hot debrief, as we called it back then, some people were more able because they were in that raw place and so separating it out doesn't necessarily mean it has to happen at separate times. But that there's an assessment that maybe this isn't the time for learning and it's just the time for support, or actually all the signals are indicating that this adult or this young person is in a place where they not only are ready, but maybe even want to talk in a deeper way about the things that led up to the incident happening. The other interesting thing that I thought came out of the added information people gave to this question was. Several respondents talked about there was even a further involvement of

whether it was signalling things to go into supervision or signalling things to go into other learning and development processes within their organisation. But they had integrated that learning from incidents into other component parts that are designed for supporting reflection and practise and I think that's really good to see in a more joined up approach I think would be something we'd like to drill down more on and share good practise around.

So what model and resources are you using to support practise after a child or young person has been physically restrained? Again, we were interested in what was informing people's post incident practices and you'll see that the largest number of respondents indicated that they had developed their model or resources in house the RRN, the Restraint Reduction Network which is UK wide, very large network addressed to reducing and where possible, eliminating physical restraint beyond just residential childcare. In fact, they're much more focused in healthcare and other settings where physical restraint happens. That is what the RRN is referring to. And a few places have either taken on their whole tool kit - you'll see one place did that and two places have incorporated some learning from that tool kit. And then 14 people responded with other and they talked about, mostly they talked about the training package that they use for responding to crisis and to critical incidents, whether or not that involves physical restraint.

Some places just said other because they aren't restraining, and as you'll see, this question was addressed to physical restraint. One other interesting response was around emotion works. And they had involved that into their post incident practises and processes in their organisation.

And I think this is my last slide for a bit and you get to hear from Craig for a while, we wanted to know what people thought about how well things were going. No, I have two more I just remembered. So, on a scale of one to 10 people were asked how effective they thought things were going in terms of the model and the resources that they were using in their places of work after a child has been physically restrained. And you'll see nobody answered anything zero to three, so it's not dire anywhere in anyone's view that answered this question, and you'll see that there's space for improvement. Seven got the most answers. One place thinks that it's as effective as it could be, but the rest, there's at least a smidgen of space for improvement all the way down to quite a lot of space.

So, this maybe is a good point and this is my last slide for a bit. I've already touched base about the RRN post incident Tool kit. We asked a question about it's maybe a little bit making its way in. There's a link there at the bottom and somebody I think is set to put that same link in the chat, should you want to take that link away with you or open it up and bookmark it on your browser. But this is the restraint reduction networks post incident tool kit. This addressed, this particular part of the work of the restraint reduction network, this particular part was very much addressed to in patient settings, and it had very strong involvement of people with lived experience of being in in patient settings as a patient. Being subjected to physical restraints and other forms of response to critical incidents, and so they have this whole set of toolkit. Some of it is very applicable to residential childcare, some of it less so. But it is a useful resource. And so, we wanted to alert you to its existence should you want to have a look at it.



Craig McCreadie

Thank you. So we're obviously keen to pose the question, why do you think it's important to do some form of debrief with staff and or young people following an incident of restraint? Not surprisingly, there were a number of key thematic areas which arose from this, and I'm just going to briefly highlight a couple of those for you just now. The first is culture and continuous learning. The nature of the responses to the questionnaire and the discussion that we had in the SPRAG session emphasise the importance of these moments being about people first. With any process designed to enable quality reflection and learning, not just at an individual level, but to support improved understanding and insight collectively. And it was the importance of the collective element of this really highlighted. I'm going to come back to that principle again later. If it's done in an environment which demonstrates the culture, which values learning highly and is centred on the needs of children and young people, this allows for a degree of transparency and authenticity. This moves the conversation away from any sense of shame or blame and supports staff to remain fully engaged with the work, knowing that leaders care about both their welfare and the well-being. This nurtures hopefully, a sense of healthy accountability and allows for new patterns to emerge for both young people and the adults.

The second thematic area which came out of our analysis of this was the importance of reflection and repair. And this is something Laura also

referenced in the celebrity interview earlier as an area that we've recognised as crucial in The Promise, particularly in relation to post incident processes and how this informs change and improvement in practice, the role of reflection provides a broad range of benefits and crucially can allow for new patterns to emerge for both adults and young people having a sense of equity and reciprocity through this reflection. It is really important that there is a sense of dialogue and supports the rebuilding of relationships, and if I could verbally underline the rebuilding of relationships, I would. We know that when it's done well and with a good level of considered support, this becomes very holistic in nature, works like restore and repair feature repeatedly and the responses we received as well as a number of other synonyms, the strong sense here is that the elements of reflection and repair actually make requirements of each other.

Back to some of the numbers - we asked on a scale of one to 10, how would you rate the practises in your organisation addressed to what happens after a child or a young person has been physically restrained? An observation here is that the majority scored themselves as seven, with eight being the next highest number, which I think is a fairly honest reflection that things are going OK, but there's still work to be done, which is fairly consistent with the some of the information that Laura shared earlier. So the interesting question here is what creates the sense that the effectiveness of the practice and of practice in these moments? That was great as it could be and more is going to go on now and talk about what it might be that's needed, but may want to add an additional reflection on this slide first, Laura?



Laura Steckley

You know, I want to make an additional reflection on something you said on the previous slide that I just think is worth underlining too. You said reflection and repair have demands that they make on one another. I don't know if that was the word to use but, to be able to do the repair requires a lot of reflection, both at individual level around that individual event. But in the culture as well. And I think when relationships are repaired people are more able to reflect generally because they have a greater sense of safety.

So we asked a question about - and this was in both the discussion day and in the questionnaire - what people think is most needed in relation to practise development post incidents involving physical restraint and

generally people talked about training and guidance and wanted to know what maybe they're missing that they should be doing and what they can be doing better. But also the time to train and develop, especially with the key pressures right now around turnover and holding on to staff being such a challenge, reflection just comes through in so many of the different answers to questions and just support for more skills around reflection. Getting the right tools and getting the tools right. Nobody used that phrase, but that's what really struck me too in reading people's answers. So whether that's getting the form right that people fill out or getting the right tools in, this this seems to be an area that people would welcome more input. And then time - and Cecile mentioned earlier about the pressures of time and how busy it is and how it's hard just to stop the action when that's so urgent sometimes, and to get in the habit of stopping the action when we're so used to trying to run, to keep up with everything. To be able to breathe and reflect. And so those were the common themes across what people think is most needed in relation to post incident development or practise development. And two quotes, one talked about more awareness of the effects of physical restraint on both workers and young people. I think including the breakdown of relationships, so again coming back in again, that came across many as answers to many questions, not just the ones that Craig was mentioning. And then a move from reaction to reflection, attention to the emotional experience of staff depending on the type of incident. And again, how in the busy day today we can forget to step back and consider how people are being affected. Not just the young people, of course, most importantly the young people, but also the staff. And I don't think we can attend to the young people, of course, without attending to staff.

So I've just got two more questions to talk about and then I'm going to hand back over to Craig. We were interested about people's sense of safety and whether or not there is attention being given in services to create, and whether it's needed to create a sense of safety around discussing incidents in which a child or young person has been physically restrained. This is partly to do with the fact that in some of the answers, well, this is partly to do with the fact that there's some stigmatisation around working in residential childcare. There's been that for a long time, but around physical restraint, blame culture was mentioned. You know, people being worried about being labelled if they have been involved in a physical restraint was also mentioned and we have pretty strong agreement that that we need to do more to increase people's sense of

safety in discussing incidents in which a child or young person has been physically restrained. A couple of people strongly disagreed, and we didn't get much in the qualitative data about what that was about in terms of people adding words to why they thought what they did. But people not feeling safe talking about it tends to push things underground and tends to compromise people's ability to reflect and manage all the different parts of ourselves that get triggered when we're in situations that are frightening or infuriating or that sort of thing.

But what people did talk about when they added words to their answer to if they wanted to weigh in further; support for reflection was really dominant and in some cases, people connected that to the notion of therapeutic containment. They might not have used the word therapeutic, but containment - not keeping a lid on things, type of containment - but containment that enables people to think more clearly about things. And therefore, be able to change. And we know that when people are frightened, they tend to be uncontained and less able to reflect. Interestingly, people wrote both about work being done at organisational level, but as also the link between that and then people at individual level being able to feel safer being more candid about the issue. But throughout that there's some responses that still were at pains to say, but we still signal that a physical restraint is the last resort in situations. And that's part of being able to still have safe discussions where people can feel safe talking about it.

This is a direct quote from the things that people wrote about why they answered the way they did. This person said this is part of an ongoing project and this being work to increase that sense of safety where we have reshaped the conversation and reflection following restraint. The majority of our team can be reflective, leading to growth and development, which in turn is demonstrated by the low number of restraints used across our services. The challenge we have is that people who join us from other organisations can at times have a different perspective on post incident discussions, which serves as an initial barrier and I think that's me. I'm going to hand back to Craig.



Craig McCreadie

Thanks Laura. Naturally, and the through the questionnaire and in the SPRAG session, we were keen to explore what's working well and also where the greatest challenges. So to start with what's working well.

I think we recognise as a level of improved insights around what's going on for children and for young people through the use of trauma informed principles and everyday practice. A number of respondents reported having moved away from the use of physical interventions and offered a reflection on the positive impact that this has had on the quality of relationships between the young people and the adults.

There were also examples of inclusive approaches which go beyond the immediate service or setting, which speaks to the point that Laura was just reflecting on about broader cultural contribution from staff at a senior level as well as connections being made, and learning shared across structures which relates to some of my other comments on culture and continuous learning.

The system or the process of post incident practice was recognised as being vital within a continuous learning system, with the central benefit of an increase in the quality of the relationships between young people and the adults and a reduced likelihood the post incident behaviours will be required over time, which in itself poses an interesting philosophical learning point.

So where could things be better or what have been the biggest challenges, relationships not yet been fully seen is not only an element that can nurture repair, but which can also provide an active ingredient and the potential reduction in the likelihood of incidents. A sense that more could be done to the provision of guidance in relation to post incident practice, whilst recognising the gains in any associated forms or paperwork, should act as a tool for learning. We noticed one respondent observing that although they had processes in place for these post incident moments, so that they could capture the details of what happened after the fact, there wasn't any real meaningful analysis carried out to ensure the effect of learning from these records. They just stayed the records without any of the meaning making to be done. This led to a reflection between Laura and I about any paper based processes in these moments, only providing a tool within the system and never being the end in of themselves or never being interpreted as being the system which could be the case sometimes as opposed to an artefact within the system.

A critical factor in supporting the embedding of the culture and the continuous learning behaviours I've referred to previously and with Laura refer to as well as time. Time came up over and over again. In a very dynamic space with the number of adults may well be limited. Finding the capacity and space to always fully engage with high quality reflection with

an intentional approach to the application and dissemination of learning can be really reduced if not lost. And an honest reflection about the use of any reflective space beyond the mechanisms of the paper elements of the process is dependent on how the space is created and enabled. In the absence of this space being created and enabled effectively it can further lead to a reluctance to meaningfully engage with a reflective process. So finally we were interested in what's happening creatively. And the final question in the questionnaire invited people to let us know if they were using any creative methods that help people put words to their experiences of incident so much as held a young person had been physically restrained and some of the methods that people refer to where storybook recording approach, life, space interviews, the use of play therapy, team huddles, creative supervision processes. And an approach to reframing language across this whole area. For people, will they say that there wasn't any creative approaches being used, there was very much a strong appetite that this is something they would they would want to continue to explore together. So with that, I'm just going to pass back to Laura just for any other final reflections before we conclude this part of the session.



Laura Steckley

Nope, that was great. Craig, thank you.