
This version is available at https://strathprints.strath.ac.uk/26876/
Changing the Culture of Care: Reducing restrictive practice

Bert Lawrie
VSA

Dr Irene Stevens
SIRCC
What is culture?

Culture is the creation of meaning through which human beings interpret their experiences and guide their actions (Geertz, 1973)

There is something extra – something more than the sum of the parts – that is important (Bullock, 2008)
Positive aspects of culture

- Identity
- Commitment
- Community
- Communication
- Clear goals

A positive culture facilitates coordination, motivation, meaningfulness and decision-making
Negative aspects of culture

- Inertia,
- Limited learning
- Lack of openness
- Problems in external relations

A negative culture can lead to the ‘freezing’ of the social order, lack of imagination, and low receptivity to new ideas
Context

- Role of Linn Moor
- Resident group
- Need for changes
- Implementation of BSS
- BSS Partnership Organisation
B S S Partners

- Aberlour Childcare Trust
- Archway
- Cornerstone Community Care
- Camphill Schools Aberdeen
- Inspire Partnership through Life
- VSA : host and management of staff
Aim of Evaluation

- To examine the impact of BSS at Linn Moor over a ten year period from 1998 – 2007.
- To analyse the extent to which approaches to behavioural management have changed in the past ten years, including the use of restraint.
- To examine staff perceptions of changes in behavioural management strategies.
Methodology

• Documentary analysis of records for three snapshots over ten year period (1998, 2002 and 2007)

• Questionnaires to all staff

• Three focus groups: >10 years; 3-5 years; < 2 years
1998 Recording

- Property damage was a problem
- ABC Charts, value and number
- Behavioural ✓ Charts for most severe as an alternative to Incident Reports
- Outside specialist who developed all plans with no staff involvement
Interventions (including S.C.I.P.):

- TOUCH CONTROL
- ONE/TWO PERSON ESCORT
- ARM CONTROL

IF IS NIPPING/SCRATCHING TELL HIM TO STOP

IF HANDS ON EARS → "HANDS DOWN"
**Interventions (including S.C.I.P.):**

- Touch control
- 1/2 person escort - Seated variations
- Front Deflection | Front Arm Catch
- Front | Back Hair Pull | Stabilization and release

**Strict adherence to Behaviour and Eating Guidelines**

- Positive programming
- Removal, return
- Planned ignoring
- Instructional control
1998 Physical Interventions Recording

- Significant under recording of number, frequency, duration
- Completion at end of shift
- Very low staffing levels
- Typical comment “Supine or Escort on and off all day”
- Tick Charts for most severe behaviours
Number of Incidents

The chart shows the number of incidents over different months and years. The x-axis represents the years 1998, 2002, and 2007, while the y-axis represents the number of incidents ranging from 0 to 80. The chart indicates that the number of incidents was highest in 2002, with a significant drop in 2007.
Duration of Incidents

- <1 min
- 1-3 mins
- 4-5 mins
- 6-10 mins
- >10 mins

- 1998
- 2002
- 2007
Type of Intervention

- None
- Touch support
- Escor
- 2 person escort
- Supine hold
- Other

Year:
- 1998
- 2002
- 2007
Are the numbers of physical challenges you face, more or less than they were when you first started?

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>More</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Less</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Same</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
Is the severity of the physical challenges you face, more or less than they were when you first started?

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>More</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Less</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Same</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>
Is the duration (length of time) of the physical challenges you face, more or less than they were when you first started?

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>More</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Less</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Same</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>
Duration, type and severity of physical intervention used in 1998

• The PIT went off 4-5 times a day . . . and children being supined who should never ever had . . . and I think even staff began to think ‘this isn’t right’.

• (Speaking of a full supine hold) I myself had to go through to the sleepover room and I said to myself ‘what have I just done?’
Types of Challenges in 1998

• They come and say he hit me and that’s terrible but they don’t realise. We’ve got chunks taken out of us. I could put a name to every mark I’ve got.

• (Of injuries resulting in staff going to hospital) These are few and far between of staff going to hospital. 10 years ago you would have staff at hospital once a week.
Usefulness of Strategies

- Instead of just reacting now, we are now good at working out what’s caused it so it doesn’t happen.
- We were reactive as opposed to being proactive.
- If we weren’t thinking proactively now we would still have to pull the pit a lot more.
- I think there was also the fact that through SCIP and BSS that staff have more confidence to wait. They say this incident isn’t going anywhere. If it gets worse….I can stay a wee while longer. You don’t need to act as fast as you did in the past.
Importance of Recording

• Incident recordings are there so that we can see in our situation if there are triggers. We can put recordings together in graph form and see what causing things. Incident sheets are vital to all of us.

• When you’re writing it, it may not be apparent what caused it. Someone else comes on and reads it and comes and sees you straight away and says ‘that’s why that happened’. We share information all the time.
Incident Report Recording - 1

VSA 2008

Supplementary Report Form – IR3   Code No.   VSA the best of care

<table>
<thead>
<tr>
<th>Service User (Full Name)</th>
<th>Date of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Involved (Full Name)</td>
<td>Time of Incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of Incident</th>
<th>Place of Incident</th>
<th>Detailed record attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**IN MY OPINION THE PRECURSOR TO THE INCIDENT WAS DUE TO:**

- Toilet
- Tiredness
- Noise
- Activity
- Person

- Transition
- Over stimulated
- Environment
- Confusion
- Hunger/Thirst
- Under stimulated
- Health
- Other
- Other

Additional information:

- Additional information:
- Additional information:
- Additional information:
Incident Report Recording - 2

<table>
<thead>
<tr>
<th>Action taken at time of incident, including BSS Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From Thrown Objects</td>
</tr>
<tr>
<td>2. Using “STOP”</td>
</tr>
<tr>
<td>3. Touch Support</td>
</tr>
<tr>
<td>5. J Hold</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distraction/Calming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redirection</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After the incident ended, what did staff do? How did the Service User react?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accident/Injury Form (IR2) Completed? Y / N</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please tick appropriate box(es):</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Other Staff</td>
</tr>
<tr>
<td>Service User A</td>
<td>Service User B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Completing Form (in capitals):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Form passed to Line Manager/Senior (time and date):
I am ... and this is a little bit about me!!

I really like...

I really don't like ...

IMPORTANT !!

Eating and Drinking

Personal Care

Allergies...

Due to my ____ I need to be discouraged from...

How I Communicate

- signing
- word & picture cards
- speech
- pointing or showing
Working in partnership 1

• Staff ‘buy-in’ takes time
• Behaviour support team established in 2002 with seconded staff
• Regular hands-on support from specialists as well as team within the family group 24/7 if need be
• Partnership between training staff / practitioners focussing on ‘what works for student’
• Cultivate strong links with other providers
Working in Partnership 2

• Parents informed very regularly through staff and parents group
• Parents trained in proactive strategies
• Constant feedback to staff with offer of hands on support within family, group / class
Cultural shift

- Reduced use of physical interventions
- Staff move from reactive to proactive practice
- Staff see recording as tool for practice and not a chore
- Creation of ‘culture carriers’: policy and people
- Move from ‘them and us’ to partnership
- Newly appointed staff need extra support to implement proactive strategies
- Training seen as integral not marginal
Message from the evaluation

Transmission: Initial force

+ 
Transformation: messages interpreted and translated on the ground

= 
Enduring change
Contact Details

Bert Lawrie
Bert.Lawrie@vsa.org.uk
www.vsa.org.uk

Irene Stevens
Irene.c.stevens@strath.ac.uk
www.sircc.org.uk