RRN conference 2015 Practice Leadership & Reducing Restrictive Practice

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This session

- Get to know each other and explore current restrictive practice (RP) issues
- Organisations
- Leadership of practice or practice leadership (PL), including my research on PL in intellectual disability services

Participation is good

- Wander around, find one other person you don't know and agree (if you can) two issues you are facing with regard to reducing RP

Reducing RP: quick guide

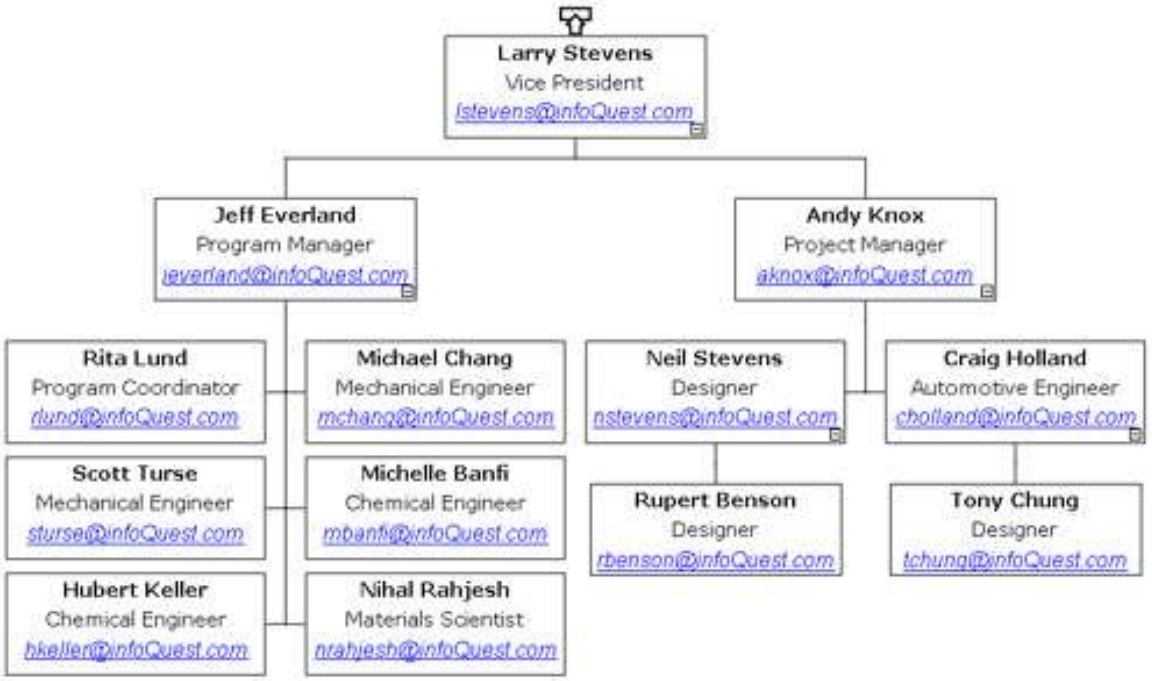
- All people living in staffed settings should have at least one active goal and support plan that reduces RP
- If a restriction is felt to be necessary then another one should be reduced – the one in one out principle.
- All restrictive practice should be reviewed and advocates, staff team and managers, commissioners involved.
- At 2007 BILD conference it was suggested that any service that has a BSP that includes RPI should also include a BSP to reduce the restrictiveness or frequency with which this is used (Deveau & McGill, 2007)

Organisations

- We all work in them, live with them, can't avoid them and they effect what we do, how we feel etc. etc.
- Leadership in organisations is crucial to what they can achieve.

Two views of an organisation

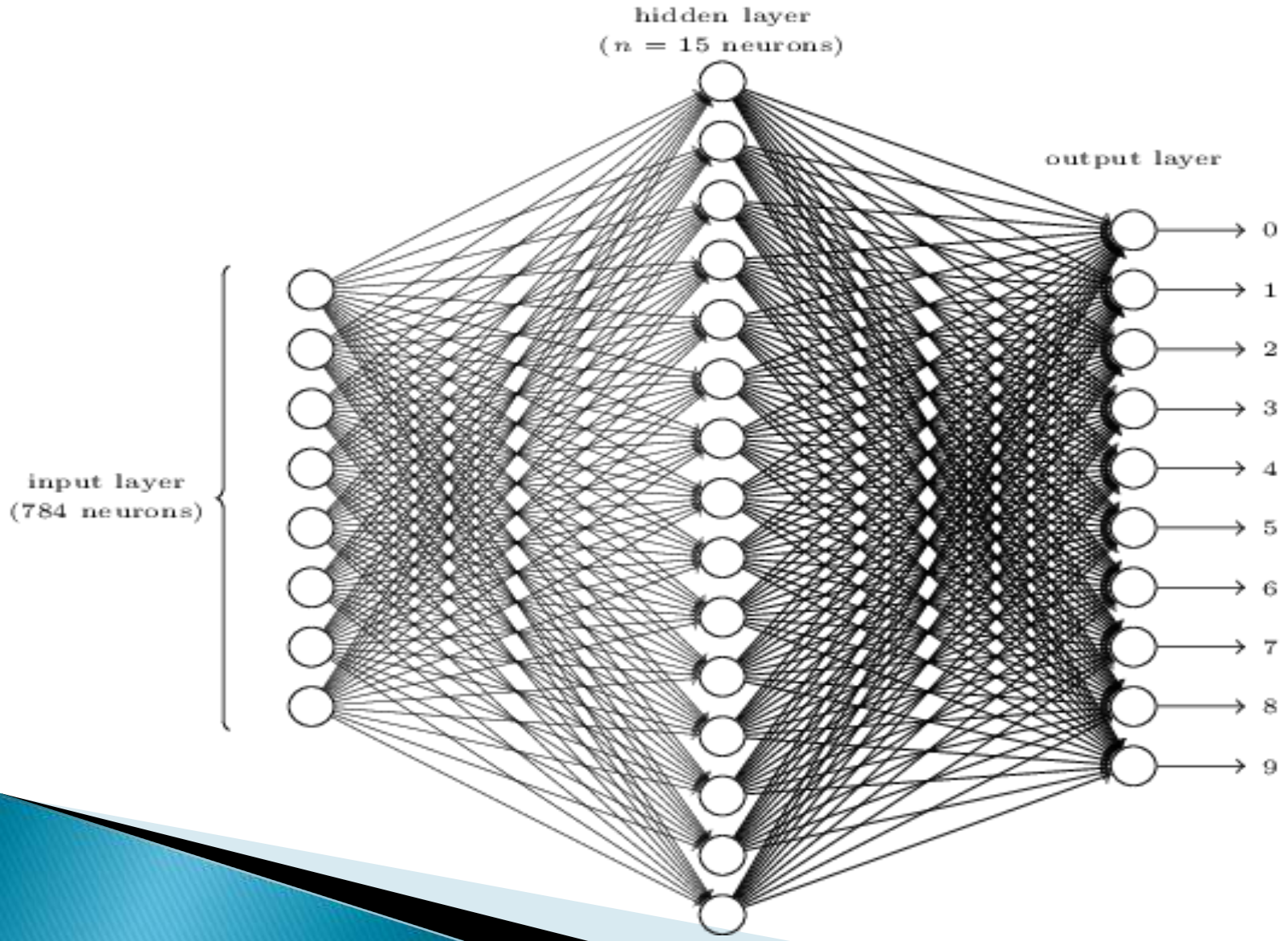
- Neat organisational tree



As a chaotic system

- Analysing organisations as complex adaptive systems *"-- neural-like networks of interacting, interdependent agents"* (Uhl-Bien & Marion, 2009 p.631)

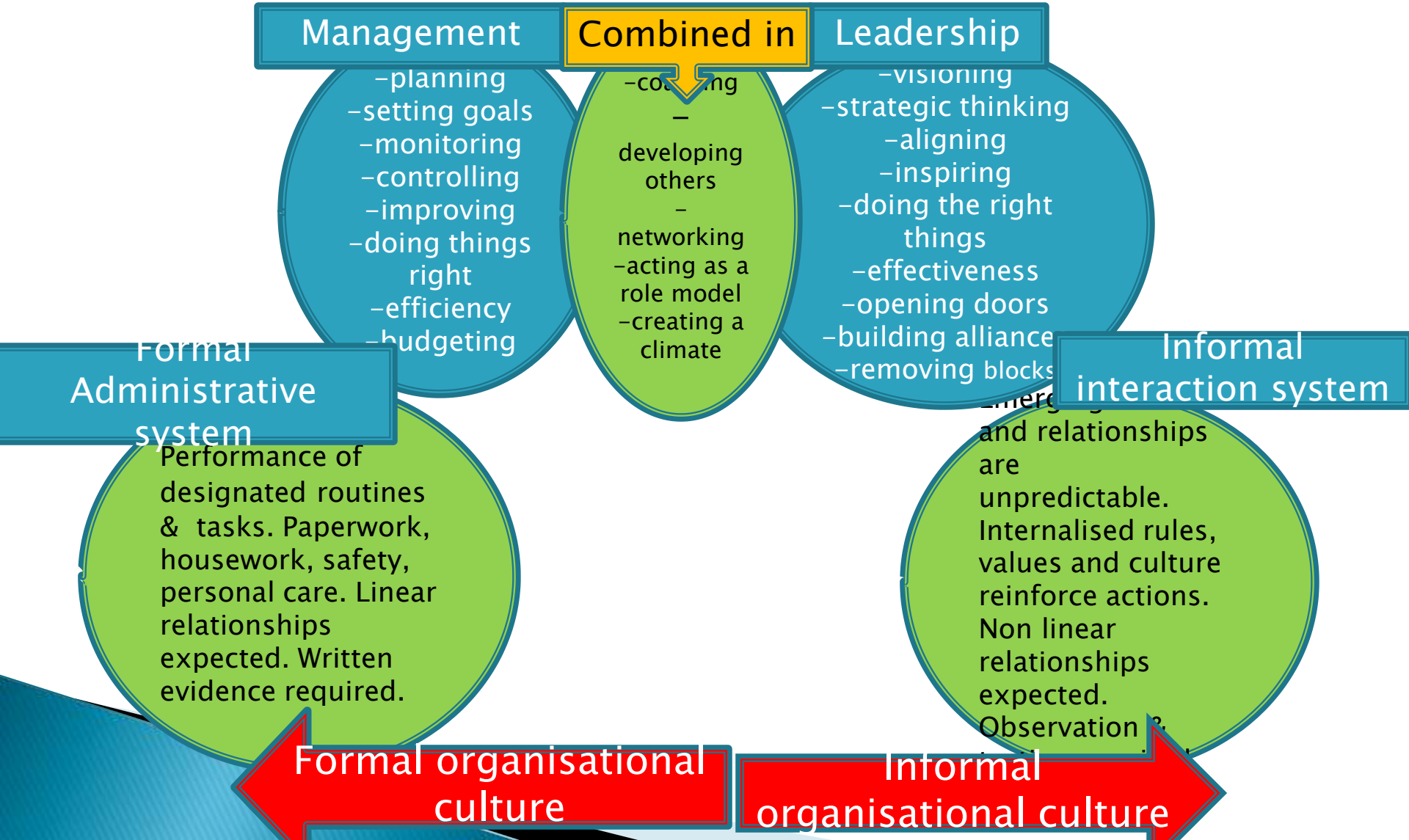
A neural network



Management versus Leadership

- Leadership is a dynamic human process, in essence the use of *social influence* to develop and achieve organisational goals, focus on organisational values and culture.
- Management is the scheduling and monitoring of staff to ensure *routine* policies and procedures are carried out, focus upon organisational policy/procedure

A framework for thinking about frontline management /leadership in ID (Deveau & McGill, 2015)



Three core strategies for reducing RP (Deveau & McGill, 2007)

1. **Leadership** for organisational change
2. Use data to inform practice
3. Service level practice changes

What makes great leaders?

Followers

Deveau & McGill (2015) qualitative interviews with 19 service managers of community group home settings

settings

- Large house in ordinary residential area was the usual setting
- 123 service users in total Mean per service 6.5 people
- Max 11 in one house
- Min 3 in two houses

Disability

- MMID 67 people
- SID 46 people
- PMID 10 people

A variety of challenging behaviours described
76 people (61%) had ASC
8 services had all people with ASC

Group 1. Managers knowing what's going on/ monitoring	Group 2. Developing new practice and ways of working with service users	Group 3. Manager's approach to developing and shaping staff performance	Group 4. Influence of employing and external organisations	Group 5. Manager's personal feelings and values
The importance of personal observation and knowledge for managers	Degree of staff inclusion/ involvement in developing new practice	The importance of personal observation and contact to inform shaping performance	Positive/negative influences of external organisations on managers	Managers promoting their value base within the team
Covert/informal versus formal/structured approaches to monitoring	Recognising and using individual staff abilities & observations	Long-term, patient development of staff, but happy to 'let them go' if performance will not improve	Positive/negative influences of employing organisations on managers	Managers working within the constraints and strengths of their own personalities and experiences
Keeping on top of staff performance which can go 'downhill' very quickly	Using in-house and external professionals	Using positive/negative feedback		The prime importance of development of self, staff and service users
	Implementation of new practice requires more formal management processes			
	Use of modelling & role play			

Group 1 Theme – Covert/informal v formal structured monitoring

- Some managers felt they would get a more realistic idea of how staff were behaving:

"Staff behave differently when the managers around.. All that means is they know how to behave.. I keep it informal, sit around and then you get to see how staff actually behave towards the residents"

Theme – Covert/informal v formal structured monitoring

- Some managers placed importance upon hearing rather than seeing:

"They (staff) really don't realise how much I can hear through the floor here… so I know how they're talking to clients, I know what the resident is doing at the time"

- and having a central, accessible, office:

"I've been told by my line manager that sometimes I just need to shut that office door and say "no I'm busy, I struggle with that I really do"

Group 2- Developing ways of working with service users

Staff involvement in developing practice

Recognising and using individual staff abilities & observations – emerging behaviours

Useful or not so useful

Theme – Staff involvement in developing practice

Most managers described extensive staff involvement, leading to various benefits, including:

- Better implementation:

"*I'm not the one… trying to get that person doing that new thing every-time… If you want staff to be successful then the best way … is for staff to feel that they have involvement*"

- *Better plans:*

" *the staff, they work with them day in day out, they're faced with the problems ….Yes, we can sit in the office and come up with ideas, but they (the staff) will help finalise the idea, how they think it will be better. Because they're always in the environment and they're the ones dealing with the challenging behaviour, a little bit more than people up here making decisions" (9,14).*

Theme – Recognising and using individual staff abilities & observations – emerging behaviours

- *"Something you maybe took for granted, you actually think…..well it is only that person who does that, you know or it's only that person who tends to have that rapport with that service user…..if something's working well for one service user with one staff member, we'll try and incorporate that into the support plan so all staff have the opportunity to work at that level with that service user" (5, 5).*

- *"…..recently, we've got L. (a service user who needed a physical intervention (PI) to get him out of the car). M (the behaviour specialist) and I did a lot of work with the staff team. However,……because we got them involved (two staff who worked a lot with L) they literally changed the whole guidelines from what M. and I thought, into how they felt and basically they ended up leading the sessions with the staff team and they were sort of doing their little role play and showing the staff as well, whilst M and I are sitting there observing them doing it…..we haven't used a PI for months" (3, 4)*

New data (Deveau & Leitch, in prep)

Title: Organisational strategies to reduce RP for people with intellectual disability and challenging behaviour

Small sample of specialist professionals working in organisations to manage challenging behaviour.

Two items that explored the potential of frontline staff to impact positively upon service user experience of RP received strong overall positive support

'In some services the frontline staff are great at coming up with ideas for reducing RP and fully support this goal'

'Our best examples of staff practice come not so much from just the registered manager but from a core of frontline staff who work together as practice leaders'

More participation

- In your new pairs, spend around five minutes discussing: In what ways do you experience frontline staff,
- useful with helpful suggestions and full support for reducing RP
- Not fully cooperating with plans for achieving reductions in RP and seem to lack the right motivation to do so

Managers being themselves 'leadership starts with me'

- Challenging potential RP

The first manager described her response to the staff member who had attempted to stop the service user making herself a sandwich. Then second manager explains how he got his staff team to accept the kitchen door being unlocked:

"She (staff) felt she'd supported the client and now I've actually said (to the client) you can absolutely go, it's your kitchen, so she (staff) felt, I think, undermined. What was important to me was not that she felt undermined but that she understood why we couldn't make that decision." (7, 9).

"When I came I basically indicated the kitchen would be opened, I met an awful lot of resistance from staff, I then offered a compromise that we would lock the kitchen as long as the lounge was also locked and that personally I would rather be hit by an empty kettle than a television. Needless to say I won the argument." (17, 6).

Lets sum up potential for frontline leaders and staff to achieve reductions in RP

- Leaders need followers – It does not matter what the policy says will happen if frontline staff are unwilling or unable to practice in a committed and thoughtful manner, people will still be 'put' into hospital, restrained, over medicated and subject to all sorts of minor and major restrictions.
- Frontline/practice leaders need a supportive context – what does the CEO expect, how much paperwork is there to do, what expectation are placed upon frontline
- How do frontline managers include staff in practice developments, do they observe staff working, informally, formally, do they give feedback.
- What is the role of external practitioners/ clinicians do they genuinely support emergence of good practice? Do they add to the pile of pointless paperwork? Or think they have all the answers?

- Thank you for listening and being such a rewarding audience.
- If you would like to chat about the ideas we discussed, a copy of the slides or can't get hold of any of the references please contact me, roydeveau@aol.com.

Useful references

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