Actively Listening to the Voices of People With Lived Experience (or Experts by Experience) Developing Respectful and Fair Relationships

A RRN Community of Practice Project Working Towards Best Practice

Katherine Smith & Lee Hollins (with Thanks to Gary Molloy)
Staff

MY thoughts and feelings

Behaviour and communication (& interactivity)

YOUR thoughts and feelings

Patient

Restrictive Practice
MY thoughts and feelings

Behaviour and communication (& interactivity)

YOUR thoughts and feelings

Restrictive Practice
Secondary Manifestation of “Power Over”

“Organisations often pick me up and put me down.”
“*I sometimes feel* I’m treated as a ‘resource’ and not as a person.”
“The main interest seems to be in my ‘tales of trauma’.”

“More often than not I’m not paid for my time.”
“The work is often branded as ‘co-production’ when it isn’t.”
“There is no sense of a future, or opportunity to grow and progress.”
GET THE RIGHT

PEOPLE WITH THE RIGHT EXPERIENCE

• “An expert by experience is someone who has personal, lived experience of using health, mental health and/or social care services, or of caring for someone who uses those services.” (NHS Improvement, 2018)

• “Experts by experience are people who have personal experience of using, or caring for someone who uses, the health, mental health and/or social care services that we regulate” (CQC, 2017)

• “People with a lived experience of receiving services and experience of having restrictive interventions applied to them” (RRN, 2019) - The term can also apply to families and carers.

• “An expert by experience is someone who is able to articulate lessons and suggestions from their own ‘lived’ experience of homelessness and health challenges. Their expertise is based on their own individual experiences, enabling them to speak with authenticity. EbEs can also be in a unique position to connect to others with similar experiences, bringing a wider range of ‘lived’ experience views to partnership working” (Pathway, 2017)
A Working Definition for the RRN CoP?

• “An expert by experience is someone who has had direct experience of living with a particular diagnosis or status, and of receiving care, support and/or treatment as well as the potential exposure to restrictive interventions aimed at minimising or managing those behaviours which may have been presented during periods of crisis or distress.

• As a result of this lived experience they possess a unique insight and understanding that allows them to think, feel and act in ways that brings an ‘added value’ to whatever form of partnership working they are engaged in.

• Partnership working designed to either dispel stigma, raise awareness or understanding, enhance or improve practice and/or reduce distress but ultimately decrease and ideally eliminate the future use of restrictive practices and/or restrictive interventions.”
Who is the Right Expert-by-Experience?
Emmeline Pankhurst initially tried to evade police harassment by wearing disguises. Eventually the Women's Social and Political Union established a ju-jutsu trained female bodyguard squad to physically protect her against the police. She and other escorts were targeted by police, resulting in violent scuffles as officers tried to detain her.

Pankhurst described her first incarceration in Holloway as "like a human being in the process of being turned into a wild beast..."

Pankhurst said she was horrified by the screams of women being force-fed during hunger strikes in prison. In her autobiography she wrote: "I shall never while I live forget the suffering I experienced during the days when those cries were ringing in my ears..."
SET OUT CLEAR

OUTCOMES AND EXPECTATIONS FOR ALL INVOLVED

# Save the Planet
# Save the Children
# Justice for All
# Gender Equality
# Rethink Mental Illness
# Make Poverty History
# Make ‘Black Lives Matter’
SET OUT CLEAR OUTCOMES AND EXPECTATIONS FOR ALL INVOLVED

Standard 1.3

Any physical restraint technique that is included in the curriculum must be risk assessed by an independent professional or organisation with relevant expertise.

1.3.1 The training provider must ensure that the commissioning organisation receives a current risk assessment for each physical restraint being taught.

1.3.2 The individual or organisation commissioned to complete the risk assessment on behalf of the training provider must be able to demonstrate that they are competent and experienced in order to make an accurate determination of the risks, as they relate to the specified population.

The risks identified must include:

- moving and positioning/manual handling risks
- physical and physiological risks
- psychological risks

The experience and competencies required may be held by one individual or distributed across a team who each contribute to the final risk assessment.
Co Working

- **Recognising people as assets**: seeing people as equal partners in the design and delivery of services, not passive recipients of – or, worse, burdens on – public services (New Economics Foundation, 2014 p.31)
- **Facilitating rather than delivering**: enabling professionals to become facilitators and catalysts of change rather than providers of services (NEF, 2014)
- **Fostering mutual and reciprocal relationships**: co-production is about mutual and reciprocal partnerships, where professionals and people who use services come together in an interdependent relationship recognising that all have a valuable role in producing effective services and improving outcomes (NEF, 2014)
- **Building on people’s existing capabilities**: rather than starting with people’s needs (the traditional deficit model), co-produced services start with peoples capabilities and look for opportunities to help these flourish (NEF, 2014)
ENSURE INCLUSIVE

WORK & SUPPORT ARRANGEMENTS ARE IN PLACE

• “We” don’t have enough time (Kong & Evans, 2012)
• “We” don’t have enough resources (Kong & Evans, 2012)
• “We” need restraint to keep ourselves and patients safe (Paley & Jamal, 2016)
• Lack of clarity around definitions of restraint & restraint-free care (Kong & Evans, 2017)
• Lack of knowledge/education regarding alternatives to restraint (Paley & Jamal, 2016)
• “It’s ‘them’ and ‘us’”: Entrenched/encultured power dynamics…. (Kong & Evans, 2017)
• “They” are so unreliable…. (Hollins, 2018)
• “They” often have an agenda… (Hollins, 2018)
ENSURE INCLUSIVE

WORK & SUPPORT ARRANGEMENTS ARE IN PLACE

• The ‘Other’ or ‘Second’ order (de Beauvoir, 1949)
• The ‘Self/Other’ Gradient (Galtung, 1990)
• I/It (Buber, 1923)

Breaking down barriers: changing the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered (NEF, 2014)
ENSURE EFFECTIVE

EVALUATION AND LEARNING OPPORTUNITIES

Multinational Experiences in Reducing and Preventing the Use of Restraint and Seclusion

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ABSTRACT

Restraint and seclusion have been used in many countries and across various settings for decades. With the recent and increasing recognition of the harms associated with these practices, efforts have been made to reduce and prevent R/S. Following a scathing media exposure in 1996 and congressional scrutiny, the United States began a national effort to reduce and prevent R/S. With several initiatives and funding, an evidence-based practice, the Six Core Strategies™ to Prevent Conflict, Violence, and the Use of Seclusion and Restraint, was developed. This unique, evidence-based practice has been successfully implemented in a number of clinical sites and is being adopted by other countries, including Turkey, Australia, and the United Kingdom. Recently, the first cluster-randomized controlled study of the Six Core Strategies™ in Finland provided the first evidence-based data on the safety and effectiveness of a coercion prevention methodology. Preliminary findings of some offline assessment tools are discussed. Reduction in R/S use and other positive outcomes are also reported. (Eur J Psychiatr Res 2011; 23:26)
Pinpointing Critical Success Factors?: HOW is WHAT Working?

• RESTRAINT REDUCTION: “Assessment, planning and review measures designed to reduce the number of times restraint techniques are used within defined settings, or in relation to a defined population or a specific individual” (RRN, 2019 p. 185)

• RESTRAINT MINIMISATION: “Assessment, planning and review measures aimed at reducing the intensity and duration of any physical restraint techniques that are used within defined settings, or in relation to a defined population or a specific individual” (RRN, 2019 p. 185)
The aim of this study is to identify effective components of programmes that seek to reduce restrictive interventions in adult mental health inpatient settings using the BCT taxonomy. Our objectives are to:

1. Provide an overview of programmes aimed at reducing restrictive interventions;
2. Classify components of those programmes implemented in adult mental health inpatient settings in terms of behaviour change techniques and determine their frequency of use;
3. Explore the evidence of effectiveness by examining behaviour change techniques and programme outcomes;
4. Identify and prioritise behaviour change techniques showing most promise of effectiveness and that require testing in future high-quality evaluations.

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https://mentalhealthresearchleeds.co.uk/studies/compare/
Enables evidence gathering?

Influx of the reassured?

Supports effective deployment of staff?

Conscience Alert?

EVOKES FEELINGS OF PARANOIA OR MISTRUST?

PROVOKES ANXIETY OR INHIBITION LEADING TO LOST ENGAGEMENT?

“I NEED TO BE SURVEILLED”
“THEY NEED TO BE PROTECTED FROM ME” ‘THEM’/’US’

How Is Co-working Working? or Not?
ALWAYS ENSURE THE

REVISION OF PLANS & REVIEW OF CO-WORKING OPPORTUNITIES

- Right person?
- Right SMART Goals? Project goals? Personal goals?
- Right support? Reasonable adjustments? Remuneration/reward?
- What did you learn about any underlying mechanisms?
- Share all learning? Internally? Externally?
- What next? With who? How?
European Network of Training in Management of Aggression

Chris & Tony
BLOGS WANTED!
About restrictive practice reduction?
Cultural change?
Practical information?
Up to 1000 words

CASE STUDIES
What did you do?
What were the results?
What lessons were learnt? What next?
Up to 1000 words

COMMUNITY VOICES
• Discussions
• Debates
• Support
• Suggestions
• Answers

SHARE resources

Community of Practice

SHOWCASE results

SHAPE the conversation

Restraint Reduction Network

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FB/RestraintReductionNetwork/
References

- Evans, T. (2015) Restrictive interventions and practices: An organisation’s reduction strategy, Centre for the Advancement of PBS
- New Economics Foundation (2014) Commissioning for outcomes and co-production A practical guide for local authorities
- Pathway (2017) Experts By Experience Involvement Handbook
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