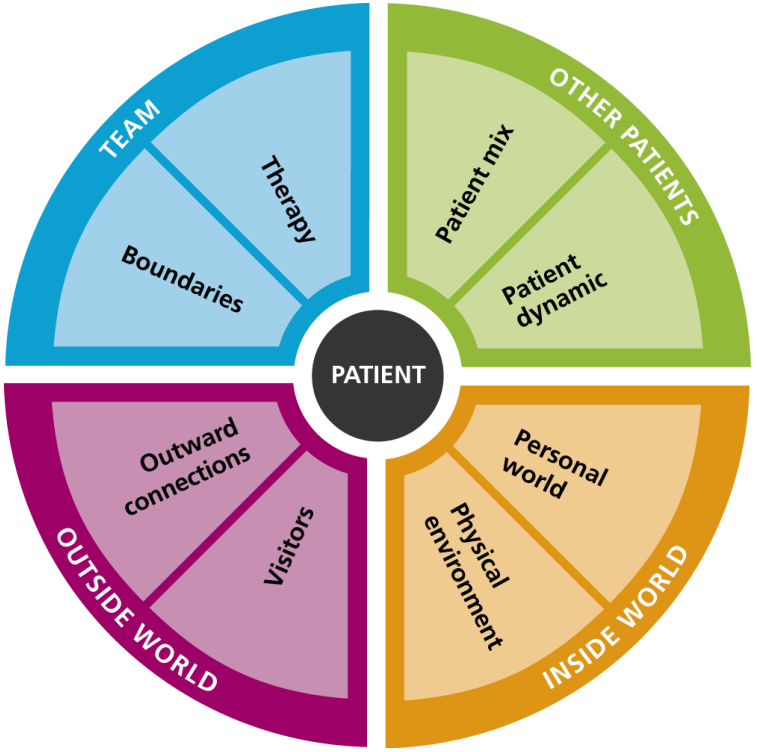
Your guide to relational security

SEE THINK ACT

3RD EDITION

- Background to See Think Act
- 3rd Edition revision process
- Key changes
- Further training & resources available



The Background

See Think Act was first written in 2010 (edited 2015)

Followed a ‘cluster’ of events in medium security hospitals

SoS (Justice & Health) argued for enhanced physical security in medium security

A thematic review considered events from the full spectrum of services – from HSH to community services.

It looked at not just the event but also what preceded it.

It also looked at the basic definition and explanation we had for ‘relational security’.

Applied in HS, MS, LS, Acute, PICU, CAMHS, supported living, hostels.

Adopted in UK, Canada, New Zealand, Australia, US, Netherlands, Germany etc

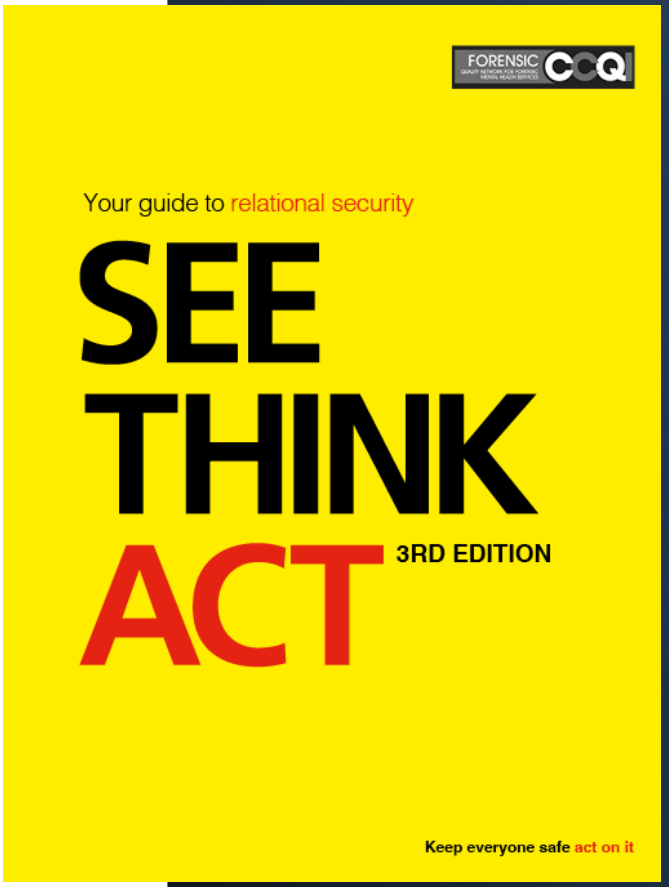
The 3rd edition

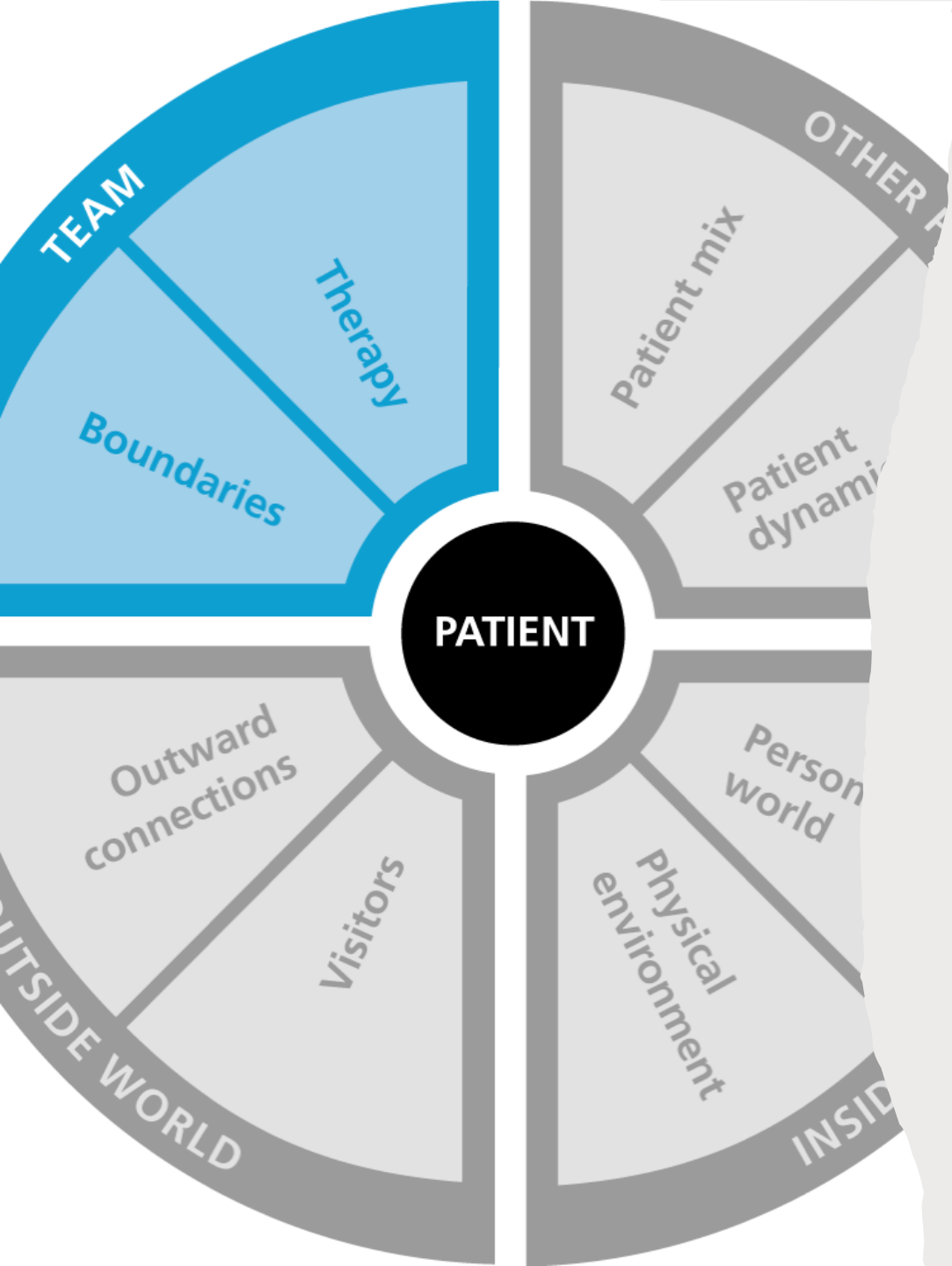
See Think Act is the policy document for relational security:

- Easy to access for staff and other stakeholders
- Digestible – so it can't include everything
- Straightforward language
- Supported by a range of further resources available from www.frontfoot.net

General inclusions

- Updated definition – to include “and of ourselves”
- Harm to patients
- Patients not seen as the “unreliable other”
- Trauma informed practice
- Developed service and leadership outcomes (strategic relational security)
- Emphasis on – it’s not about staff numbers
- Reflective questions.



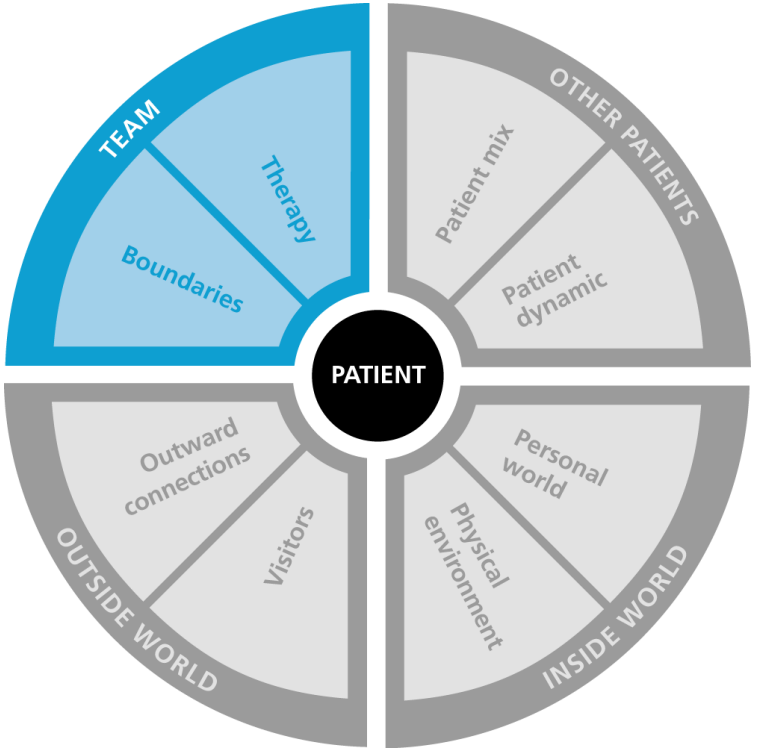


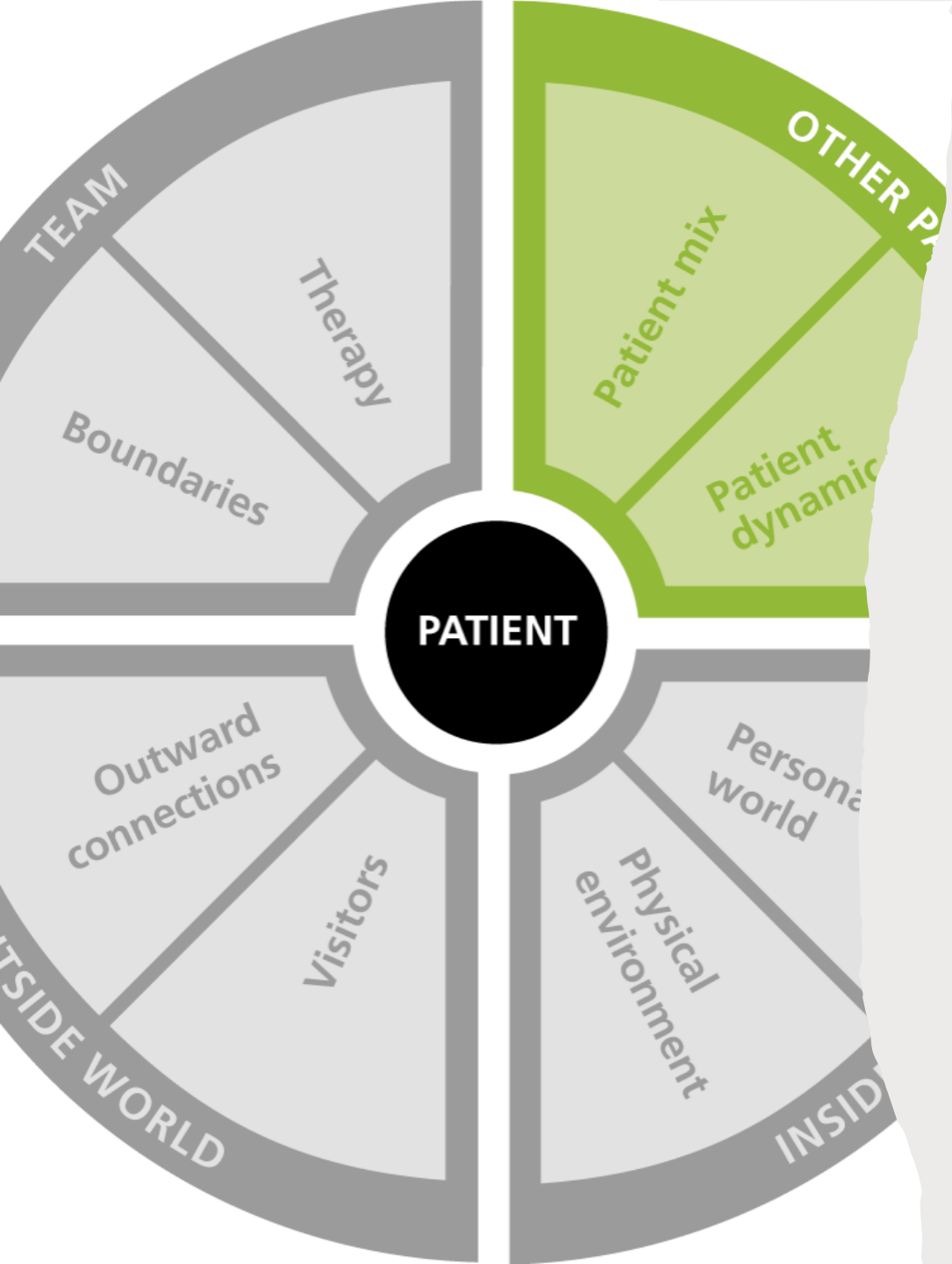
Boundaries

- Recruiting the right people
- Acting with integrity and curiosity
- Increased emphasis on negotiable and non-negotiable boundaries
- Consistency and negotiating – examples of factors to consider
- Accepting it's easy to get wrong but talking about it is safer
- Understanding and properly explaining rules and boundaries.

Therapy

- Potential harm and personal accountability
- More detail on clinically valid health outcomes and how to write them (examples)
- Involvement of family and friends as part of the care team
- Avoidance of care plans that are about corporate assurance rather than valid clinical practice
- Notes linked to health goals – not just for the sake of writing something



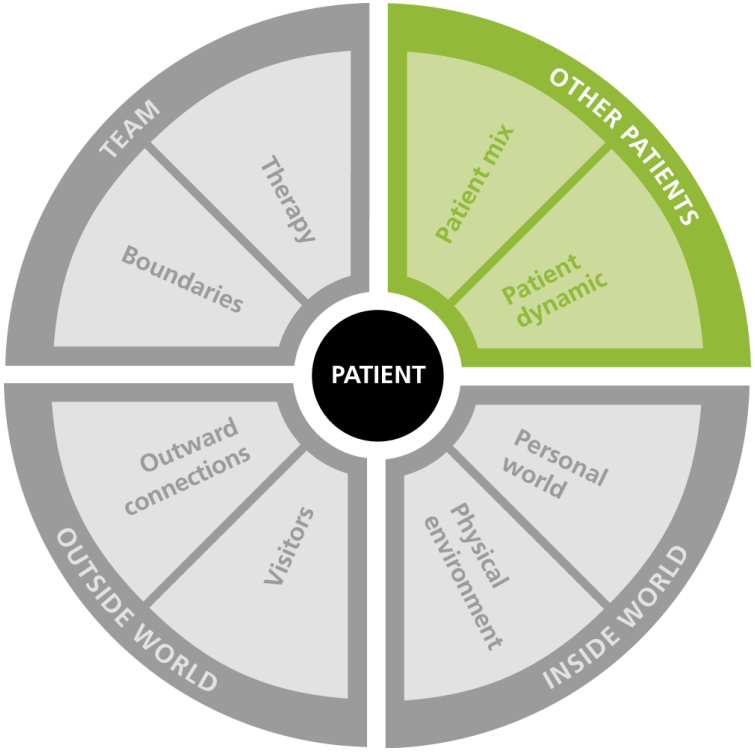


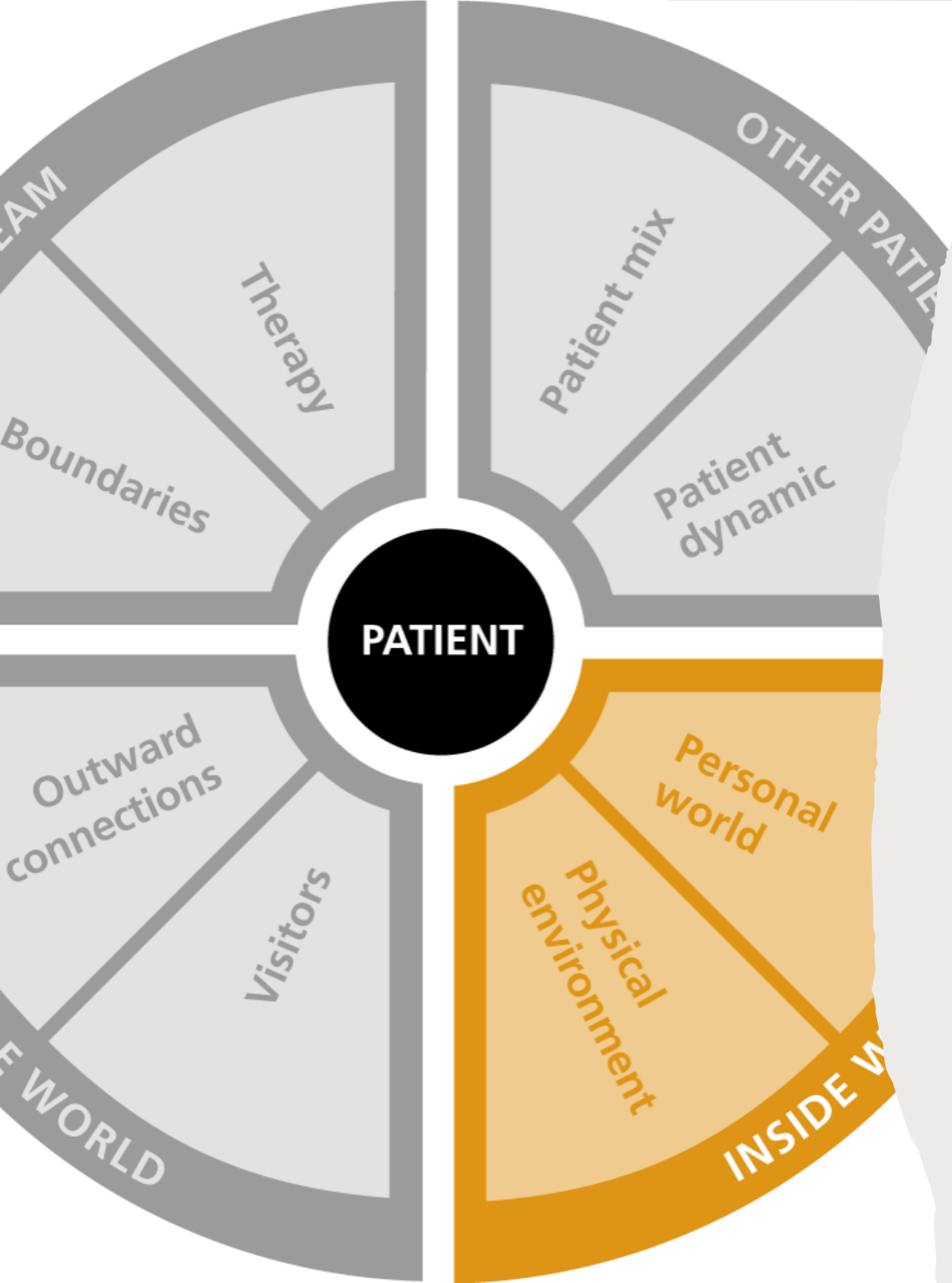
Patient mix

- More detail on how to evaluate the mix
- More detail on the steps to responding to the mix
- Dealing with the ‘inappropriate admission’ narrative
- Reflecting on why we want to move a patient – what does another service have that we can’t provide?
- Examples of good practice in patient mix mapping and understanding how to respond.

Patient dynamic

- More detail on understanding general and personal signatures for events
- More emphasis on staff dynamic
- Collective professional development and feedback
- More emphasis on the language we use to discuss the people we care for, and how we use humour in our services.



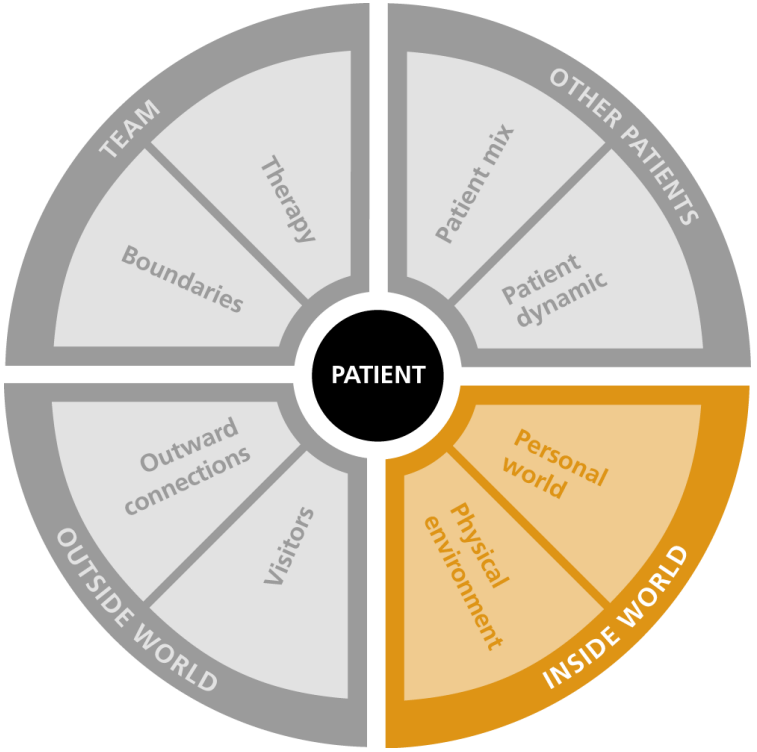


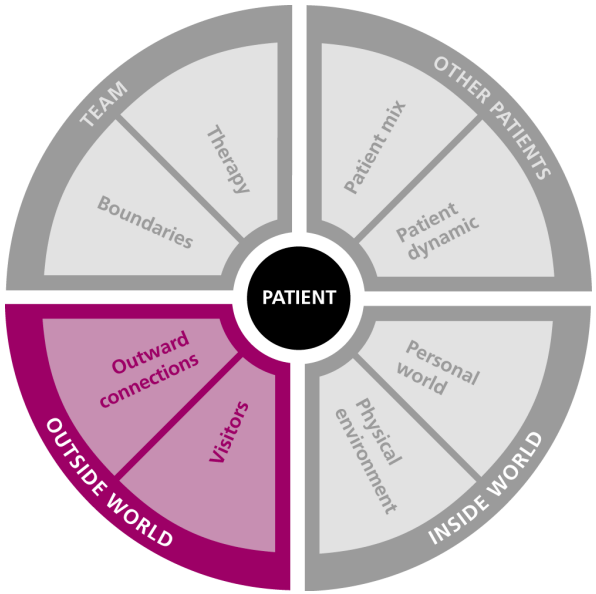
Personal world

- Trauma informed
- Therapeutic conversations
- Thinking about the possible range of responses to predictable situations
- How our own personal world, inside the service and out, impacts on our ability to care
- Handover prompts.

Physical environment

- Still talk about observing how patients use the environment
- Recognising how difficult the environment is for patients
- More emphasis on staff utility of the environment and rule adherence
- Recognising when the office is being used as a sanctuary
- Clinical effectiveness and prioritisation
- Organisational fear of external judgement over-riding achieving health outcomes.



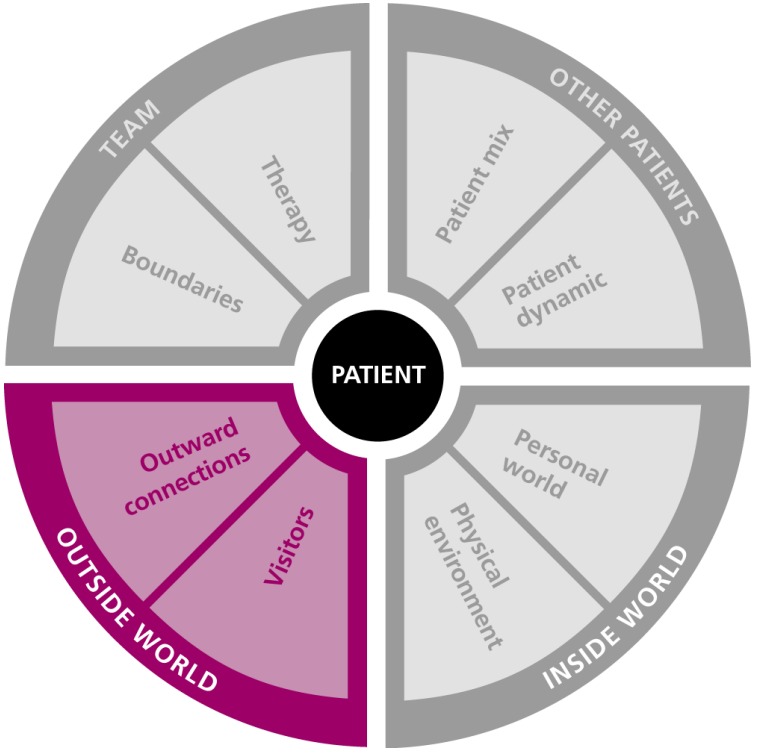


Visitors

- Understanding how difficult it can be for someone visiting
- Recognition that family and friends often know the people we care for better than us - and have information we don't
- Friendship
- Meaningful communication and accessibility
- Checking in when people leave
- Setting visits up to go well
- Risks of some visitors and our responsibility to protect.

Outward connections

- A space to be outside one's illness
- Insight into what it's like in a limited world
- Digital connections and using experts to make decisions - examples
- Meaningful (planned) therapeutic leave/supported leave rather than 'escorted leave'
- Connection with health outcomes
- Meaningful and personalised leave – not everyone needs to learn the same things – recognizing what people have already accomplished
- Understanding the responsibility of supporting someone outside the service.



Your guide to relational security

SEE THINK ACT

3RD EDITION

Additional resources & training

Direct MDT training

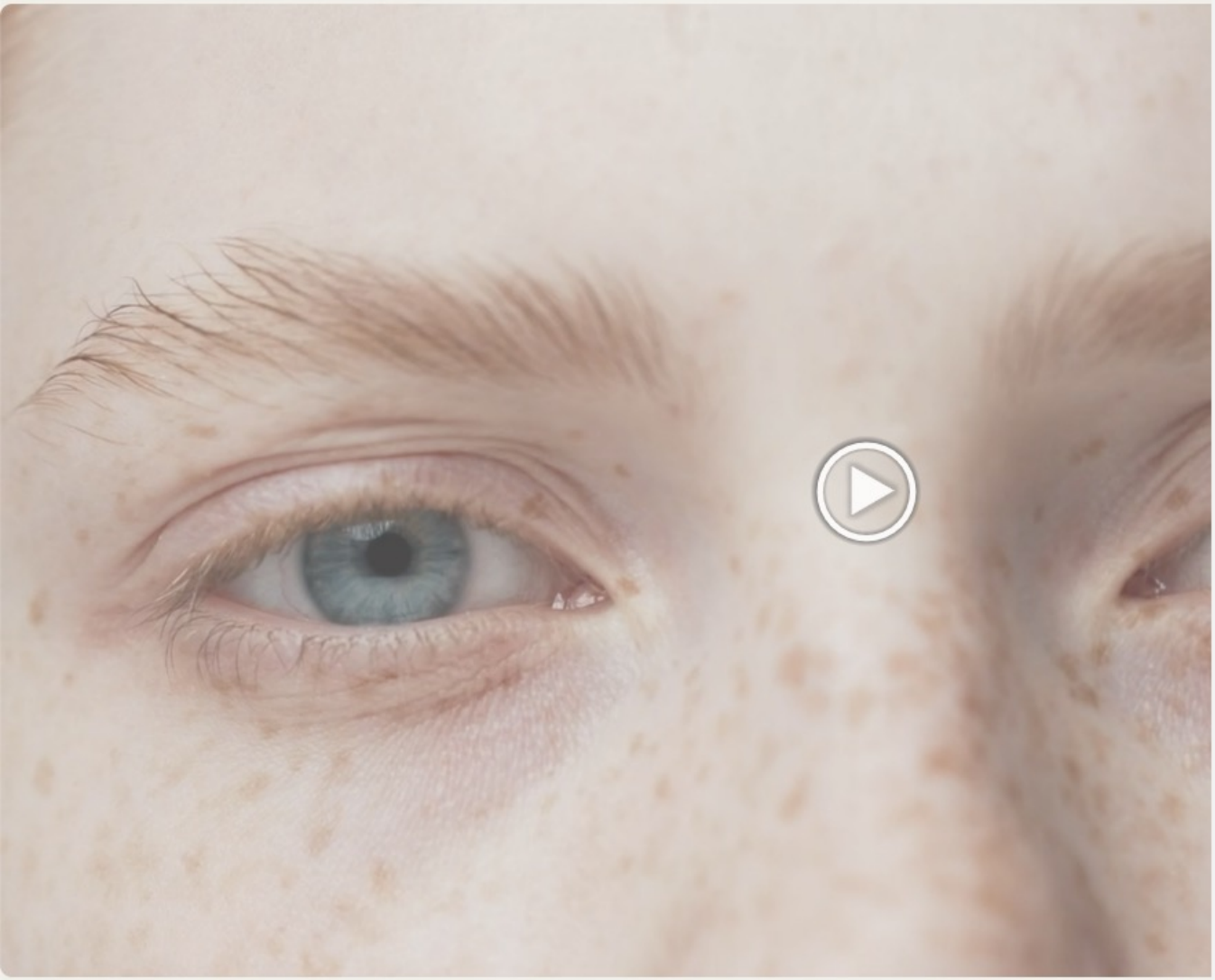
Leadership development workshops on strategic relational security

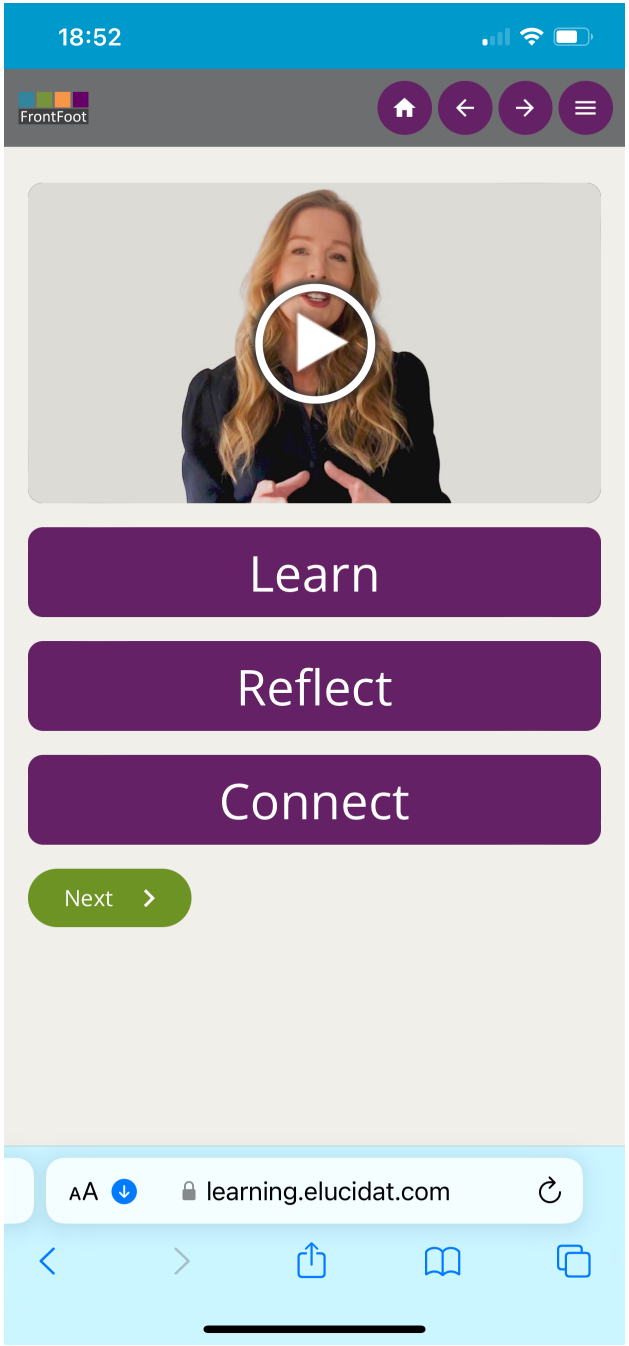
Relational security facilitator programmes (training & mentorship)

Revision of policies, training and care planning strategies

Relational security resource e-pack license

E-learning programmes

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FrontFoot
Learn
Reflect
Connect
Next
AA
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The three elements of security

Zendaya is a healthcare worker. She needs to search someone who's learning to cope with their addiction to heroin. They've just returned from unsupported leave.

Physical Security	Procedural Security	Relational Security
Flip	Flip	Flip

Next

The three elements of security

Which element of security feels the strongest (or most evident) in your service right now?

- physical security
- procedural security
- relational security

Submit ›


19:38
FrontFoot
You said, **physical security** and 50% of other people felt the same.
Here's what your peers felt was the most evident element of security in their service:
AA
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What our experts say

Su Pashley

People Participation Lead - Norfolk & Suffolk NHS Trust

I've come to understand the importance of physical security for both my own and others safety. But in my lived experience physical security is also the fence that blocks my view and prevents my access to the outside world.

It is the locked door that prevents me from getting out, limiting my movement and controlling my access to items I might want but the service has deemed too 'risky'.

It is the restrictor placed on my window limiting my ability to control ventilation when it's too hot or too cold.

It is the camera you have watching over me 24/7 limiting my privacy and making me feel paranoid.

It is physical security that controls my day-to-day living space, limits my freedom and choices, where my independence is lost, and where I become reliant on you for everything I used to do for myself.

Next >

Licensed Resources

www.frontfoot.net

Relational Security Licensed Resources

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Information | Purchase

Scroll down for free resources

Relational Security Development Workbook

Over 100 exercises plus competency assessment tools for staff from healthcare workers to leaders to build workplace competency in the areas of relational security.

This workbook enables services to comprehensively deliver on Quality Network standard relating to having a development plan in place for staff and provides an essential toolkit for supporting new facilitators in their roles.

(versions for forensic, acute, PICU and rehabilitation services)

More about the workbook

Organisational Tools

Implementation plan (outlining opportunities to sustainably integrate relational security)

Relational Security Explorer (organisational strategy version)

Relational Security Explorer (investigation versions)

Relational Security Explorer (admission version)

Relational Security Explorer (discharge version)

Relational Security Explorer (case conference version)

Relational Security Explorer (handover versions)

Interview questions for leaders, ward staff and support staff

Patient Mix Mapping Tool (editable to needs of service)

Staff Development Tools

Multi-disciplinary team development presentations and group exercises in the 8 modules of relational security

Relational Security Explorer (staff reflection/supervision version)

Relational Security Explorer (leadership reflection/supervision version)

- Learn
- Develop
- Lead
- Reflect
- Evaluate
- Plan

Relational Security

Development Workbook

Boundaries	4
Therapy	17

Patient mix	31
Patient dynamic	40

Personal world	59
Physical environment	70

Visitors	79
Outward connections	94

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Boundaries: Exercise 6

Learn | **Develop** | Lead

Alert to when a non-therapeutic relationship has developed

Here are some things that might indicate a colleague may have developed an inappropriate relationship with a patient. Can you think of any more of your own

1. Finding opportunities to see the patient more than necessary
2. Uncharacteristic degree of advocating for the patient
3. The patient seeming to know more about the colleage personally than is professional
4. Favouring the patient over others
5.
6.
7.
8.
9.
10.

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Boundaries: Evaluation

Learn | **Develop** | Lead

Evaluate each of the key capabilities below

Area of capability	Self assessment			Supervisor		
	Below standard	Meets standard	Exceeds standard	Below standard	Meets standard	Exceeds standard
Can identify negotiable and non-negotiable boundaries	☐	☐	☐	☐	☐	☐
Clear about the information used to decide when to be flexible	☐	☐	☐	☐	☐	☐
Communicates boundaries to patients - helping them understand the reasons and when they're doing well	☐	☐	☐	☐	☐	☐
Able to appropriately discuss own observations about how boundaries are managed with colleagues and team	☐	☐	☐	☐	☐	☐
Aware of own feelings and of how own behaviour can be interpreted by others	☐	☐	☐	☐	☐	☐
Alert to the possibility for self or colleague to be conditioned, groomed or manipulated	☐	☐	☐	☐	☐	☐
Applies boundaries and rules respectfully	☐	☐	☐	☐	☐	☐
Demonstrates can talk in the team about boundaries (i.e. at handover) and can handle feedback constructively	☐	☐	☐	☐	☐	☐
Can ask for help with boundaries when needed	☐	☐	☐	☐	☐	☐

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Personal world: Exercise 5

Learn | Develop | Lead

Able to identify how trauma is relevant to personal world

Many of the people we care for have experienced trauma in their past. How, within the context of Therapy, might a trauma informed approach be relevant?

Previous trauma

1. Someone may conceal their previous experiences because of shame
2. Someone may have difficulty entrusting staff with their historical traumas
3.
4.

Potential for new trauma

1. Discussing trauma without the necessary skills could do more harm to a person
2. Feeling neglected, unsafe or isolated can create new feelings of trauma
3.
4.

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Personal world: Exercise 7

Learn | Develop | Lead

Able to talk therapeutically about how someone is feeling

Everyone has a different approach that works for them. But here are some phrases staff say they've used to engage with people about how they feel. Think about what you could ***say.***

"What's going on for you right now? Is there anything I can help with?"

"It's ok if you can't explain how you feel. I'll just sit here and we can figure it out together".

"I can understand you don't wont to talk about how you feel all the time. But I'm noticing you ... can we just check in on how you feel right now?".

"Thank you for trusting me enough to talk about how you're feeling"

"So, I'm hearing that you're [frustrated]. That's a valid way to feel and I understand".

"I'd like to sit and listen, if you'd be willing to talk to me?".

"We don't have to talk about how you feel if you're not ready. I'll just sit here and keep you company for a while, if that's ok and you can talk to me if you want to?".

"You're not alone. We're here for you".

Write some of your own phrases below:

" "

" "

" "

" "


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