FORENSIC CQ
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

Your guide to relational security

SEE THINK ACT

2ND EDITION

Keep everyone safe act on it

"I'm delighted to introduce the second edition of *See Think Act* on behalf of the Quality Network for Forensic Mental Health Services.

"When *See Think Act* was first published by the Department of Health in 2010, we took a significant step in our understanding of relational security. For the first time, we had a comprehensive explanation of the content behind the label and could see what we needed to do to get it right. Our second edition continues that journey. It continues to translate what people have learned in difficult situations into something simple and positive and does so in a way that's applicable for every part of the forensic pathway."
Quazi Haque, Chair, Advisory Group, Quality Network for Forensic Mental Health Services, Royal College of Psychiatrists

"This book is essential reading for anyone involved in secure mental health. It's an uncompromising explanation of what good-quality care looks like, and perhaps as importantly, what it doesn't look like. *See Think Act* is refreshingly candid in its style, leaving readers in no doubt at all about what they must do to provide high-quality care.

"What I like most about this handbook is that it highlights the dependency between providing purposeful, thoughtful and considerate care and achieving services that are safe for everyone. It issues a loud and clear call to anyone who sees something that doesn't feel right, irrespective of his or her place in the system – to Act."
Paul Gilluley, National Professional Advisor in Forensic Mental Health, Care Quality Commission

"One of the many accomplishments of this book, from my perspective, is that it's written for staff at every level. It recognises how tough it can be to work in mental health services and provides us with some of the practical ideas and support we need to get this right. But at the same time, it demands an exacting standard from us and doesn't shy away from pointing out that positive services don't just need staff, they need staff who really want to make a difference.

"This book should be viewed as an important tool for nursing and healthcare worker professional development. I can easily see how it might be used to support supervision, reflective practice and personal reflection."
Ian Hulatt, Professional Lead for Mental Health, Royal College of Nursing

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- Providers of secure mental health services and their staff
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- The Royal College of Nursing
- The Department of Health
- Commissioners of secure mental health services
- The National Oversight Group for high security hospitals

Contents

Introducti on

This handbook is for people who work in secure mental health services.

Whether your role is medical, nursing, administrative or domestic, it's important that you have the information you need to keep yourself, patients, colleagues and the public safe.

Our job is to provide people who need our services with high-quality care in a way that's purposeful, respectful and safe. To do that, we need to understand the different elements that make up secure care and know how to respond if we think something is wrong.

Working in secure services is rewarding – but it's also hard work and highly demanding. On a daily basis, we manage a multitude of complex and sometimes emotionally challenging situations.

Only by understanding how to work together to recognise and deal with risk can we create environments that are safe, hopeful and empowering.

This book has the information you need to understand what relational security is and learn how you can help keep everyone safe.

About this book

The purpose of this book is to help you understand what relational security really means and what you can do to ensure it's maintained in your place of work.

This explanation of relational security isn't just theoretical. It reflects the collective learning of people in high, medium and low secure services. The examples of risk and measures of success you see described here reflect the real experiences of people who work in these services and the people they care for.

In this book, we look at the **main areas of relational security** and think about some of the risks to patient care and security if we don't get it right.

We focus on the importance of **talking as a team** and understanding what's really going on. We then explore what **action you can take as an individual, as part of a team and as a leader** and how you'll know if you're getting it right.

This book has been designed so you can keep it with you and use it whenever you want to **reflect on your thoughts** about how relational security is working in your area. You can use it to **help explain to other people**, such as carers and patients, how relational security helps deliver good-quality care, or to **reflect on an experience or incident** and think about how you want to solve it or what you might do differently next time.

What is relational security?

Security provides the framework within which care and treatment can be safely provided. Neither patients nor staff can participate positively in the activities of the service unless they feel safe first.

There are three distinct but inter-related elements of security in a secure mental health setting. They are:

- **Relational security**
- **Procedural security** (the policies and procedures in place to maintain safety and security)
- **Physical security** (the fences, locks, personal alarms and so on that keep people safe).

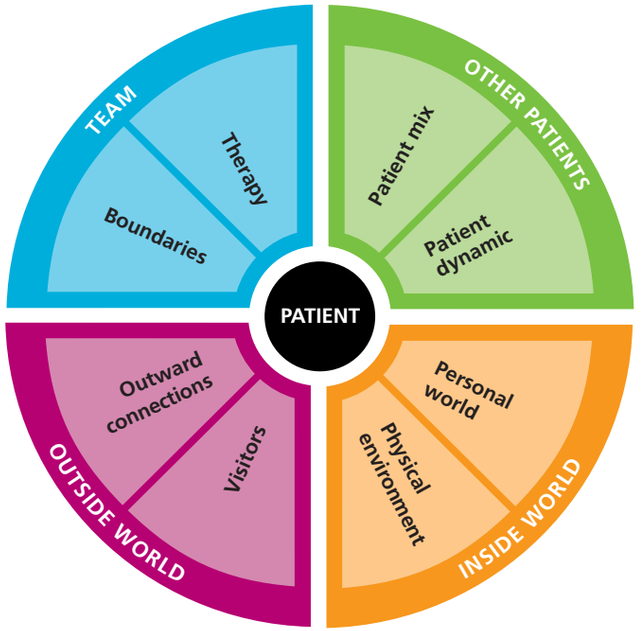
The balance between these three elements often shifts, requiring us to change our plans to meet the needs of a particular patient group or situation. However, it's essential that all three are in place at all times, and one should never substantially compensate for the absence or ineffectiveness of another.

Relational security is the knowledge and understanding we have of a patient and of the environment, and the translation of that information into appropriate responses and care.

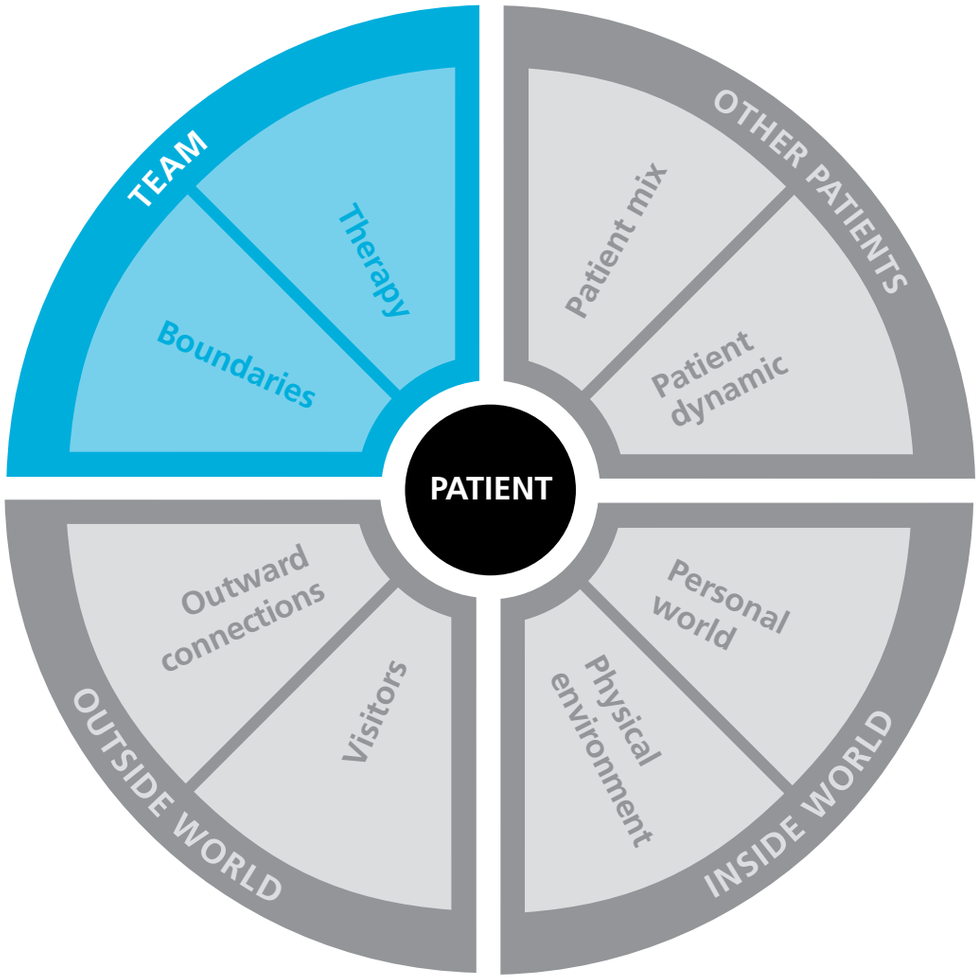
Relational security is **not** simply about having 'a good relationship' with a patient. Safe and effective relationships between staff and patients must be professional, therapeutic and purposeful, with understood limits. Limits enable staff to maintain their professional integrity and say 'no' when boundaries are being tested.

In this book we explore the four key areas that help staff maintain relational security. They are: the whole care **team**; the **other patients** on the ward; the **inside world** experienced by patients; and the connections those patients have with the **outside world**.

The diagram on this page shows each of these four areas of relational security divided in two to help you focus on what you and your team can do to gain a better understanding of relational security and take positive action.



We explore each of these eight dimensions, consider the risks involved and determine how we can act to keep everyone safe.



Team

Clear boundaries and purposeful therapy

In this section, we think about what it might feel like to be a patient in a secure service, why someone might lose hope and what we need in place to ensure patients get the most out of their time with us.

When we talk about the 'team', we don't just mean the immediate clinical care team. We mean **everyone** who has regular contact with a patient. That includes domestic, catering and short-term staff. It can even include external visitors such as friends, family and professional visitors. **Everyone** has a responsibility for relational security.

First, we explore the importance of maintaining appropriate **boundaries** and why it's so important to do so. Then we discuss purposeful **therapy**: the need to engage proactively and positively with patients.

At the end of the section, we think about how the service should feel if we're getting it right.

Boundaries:
what you need to know

Boundaries keep everyone safe. They should reflect the clinical philosophy of the service, encourage personal responsibility and help patients recover in a place that's safe for everyone.

SEE

We all function better when we understand the rules. Staff and patients need to understand what boundaries are and why they are so important.

So, what are boundaries? Boundaries can be **physical** (such as windows or walls), **procedural** (such as ward rules or hospital policies) or **relational** (professional and personal rules). Relational boundaries provide the basis for safe and effective therapeutic relationships with patients.

The first step in maintaining clear boundaries is to identify the boundaries (physical, procedural or relational) that are, or need to be, present in your service.

Next, decide what the non-negotiable boundaries are. What should never happen? (For example, "We'll never accept Facebook 'friend' requests from a member of a patient's family" or "I'll never give a patient my personal phone number".) No matter how obvious the non-negotiable boundaries might seem to you, find time as a team to talk about this.

"We don't talk about this enough. When we did, we could easily agree some obvious non-negotiable boundaries, but we'd never talked about it before and there were definitely some areas we debated!"

Even when we know a boundary is non-negotiable, sometimes it might feel easier to 'let it go'. But even if it feels easier at the time, it's a hard place to get back from unless there's a really supportive culture in the service. Reflective practice can be a great platform for talking about these issues in a supported way, providing, of course, that **everyone has access to reflective practice**.

Once you've agreed the non-negotiable boundaries and limits for your service, think about the areas where there could be flexibility or negotiation.
A procedural boundary example might be: "Our general ward rule is that all patients retire to their rooms by 10pm, but if a patient was very distressed we'd take them to a quiet-room to talk." Discipline on a ward is important but when we're too controlling and it feels unreasonable, we can create feelings of resentment in patients and affect our ability to maintain balanced and respectful relationships.

"We wanted to be in control, but we also wanted to avoid a situation where staff were too rigid when it wasn't necessary and increased tension as a result. The example I use with my team is the rule about the TV going off at 10pm in the common room. If it's 10pm, there's still 10 minutes of the match to run and everything is going fine, are we really going to turn it off? What's the point in that? Being clear about the non-negotiables allowed us to talk as a team about when we could use our judgement."

Hold on! Doesn't this mean we're being inconsistent?
No. Maintaining consistency in boundary management is critical, but being consistent doesn't necessarily mean making the same decision every time. It means being consistent in our approach to decision-making, which, because our services are dynamic, could mean the judgement we make today might be different from the one we made yesterday, because something else has changed.

We must talk to patients about boundaries and why the rules we have in place are necessary. We need to explain how we make decisions on rules that we can be flexible about so they understand what the reasons are likely to be for any change and so they don't feel they're being treated unfairly.

Talking to patients when they first arrive is a good way of ensuring they understand how boundaries work right from the start. Otherwise, a patient might not realise they're 'testing' a boundary and if we impose a personal boundary without warning we could make them feel humiliated or upset and damage the therapeutic relationship we've built.

If you're responsible for a patient's care, particularly over a long period of time, there's a risk of becoming too close, especially if you want to develop trust and take an active role in their recovery. But whatever your role is, the contact you have with patients must stay within professional limits. Whatever your job, you have a responsibility to protect patients from misunderstanding the nature of the relationship they have with you.

That means being prepared to examine our own feelings and being continually aware of the things we say and do, and how someone else might interpret them. Our relationship with a patient must always be professional and respectful; it cannot be personal.

> "We noticed a staff member having one-to-one sessions with the patient that just didn't seem necessary. When we investigated, it became clear she'd changed her shift to spend more time with the patient and further enquiries revealed they'd been writing personal letters to each other."

No one thinks this is easy. Staying alert and continuously maintaining boundaries is tough. It demands constant self-discipline as well as confidence in our own judgements and understanding. And it's harder to maintain boundaries with some patients than others. Some illnesses might mean patients have more difficulty maintaining healthy relationships, find it harder to understand or even try to manipulate, condition or groom other people.

Conditioning is when someone uses the power of his or her personality repeatedly and over time to persuade another person to act or think in a different way.

Similarly, grooming is when someone befriends or tries to establish an emotional connection with another person with the aim of exploiting weakened boundaries. These behaviours can be very subtle and difficult to spot but could result in a serious incident such as exploitation, sexual assault, blackmail, suicide, escape or the serious compromise of a colleague. You need to report any attempt by a patient to manipulate you or someone else so the care team can review the patient's care plan and keep everyone safe.

Whether ward rules are relational or procedural, fixed or flexible, they must never be punitive and should always be applied reasonably. They should reflect the current clinical strategy of the service (that means regularly checking whether rules that have been in place for a while are still needed) and never be purely in place for the convenience of staff. Unnecessary or insensitively applied rules create feelings of mistrust and resentment, which lead to conflict and confusion on a ward, and make it difficult to provide the care our patients need.

THINK

Have things gone too far?

Now you know what the non-negotiable boundaries are, do you think you, or someone else, might have been **drawn over the line**? If so, you need to take action and stop it now. Think about what you can do now to **get things back on track**.

ACT

You can improve relational security by:

- Identifying the negotiable and non-negotiable boundaries
- Communicating the boundaries to patients and helping them understand the reasons for them
- Being clear about the information you're going to use to inform decision-making and being consistent in your approach
- Using handover to let the team know when and how you've used your judgement on a boundary
- Staying aware of how you feel, how you behave and what other people may think about your behaviour
- Staying alert to the potential for you or a colleague to be conditioned, groomed or manipulated
- Being prepared to raise any concerns you have about how boundaries are managed, by patients or by colleagues
- Recognising and confirming the achievement of patients when they get it right
- Treating everyone with dignity and respect
- Being prepared to talk in the team about how you feel, and asking for help when you need it.

Therapy:
what you need to know

Care plans should make it clear to patients what they have to do to move on. They should be hopeful but also realistic.

SEE

When patients come to us for help they relinquish some of their freedoms in exchange for the care and treatment we've said might help. If we fail in our duty to provide that, we shouldn't be surprised to find the patient has withdrawn from their side of the bargain too.

Stop and think for a minute:
How would you feel if you were a patient in your service? What would you miss the most? What would you be most concerned about? After a while, how do you think your behaviour might change? What might become different about you? If you became frustrated, isolated or bored, how would you express that?

It's worth remembering that people don't *always* behave in the way they do because they're mentally unwell. They sometimes behave in the way you or I would if we felt trapped and didn't know what we needed to do to change our situation.

So, what can we do to ensure that patients see the point of being in a service and get the best out of their time with us?

First, we need the right attitude.
Patients need to see that staff understand and care about how they feel. Staff who don't and who are passive or insensitive can do more harm in a service than good. They create feelings of resentment and mistrust, undermining the whole team.

Our job isn't just to watch patients; it's to find every way we can to help them manage their recovery, taking every opportunity we get to encourage participation and reinforce new skills. That doesn't just mean having the right *numbers* of staff, it means having the right *kind* of staff: people who want to make a difference.

"We used to think relational security was about how many staff we had. Now it's clear to us that it's the skills, quality and attitude of our staff that make the most difference."

Having the right attitude also means setting a great example, all of the time. Some patients don't conform to social or cultural norms and need to learn new skills to help establish themselves as valued members of their communities. That won't happen on its own. We need to set a consistently positive example every day with patients and with one another. That can be difficult to remember when the service is busy and people are demanding our attention, but remember: patients observe how we behave – being consistent, considerate, respectful and disciplined as a team sets a high standard, helps patients learn the skills they need and creates a better place for us to work.

"We looked at the language we use and realised how unintentionally stigmatising it can be. Using phrases like 'he's PD' had allowed us to drift into identifying patients as their diagnosis. We also thought about phrases we sometimes heard used such as 'kicking off' which we felt were inappropriate as a description for someone having difficulty managing their illness."

Find time to reflect individually and as a team about this.

It's easy to think of 'reflective practice' just as a periodic meeting or as only an opportunity to look back on the bad things that happened. Sure, there'll be times when you need to do that; but reflective practice is as much about thinking individually 'in the moment' and with hindsight, as reflecting formally within a meeting.

Asking others for feedback, writing down what you learned today, imagining how others experienced your practice and celebrating examples of positive practice during that shift in handover, are great ways to inject meaningful reflective practice into everyday working.

"We've had to learn the skills to talk to each other about these issues; to give and receive feedback in an open and positive way. It really works."

Think again about how you'd feel if you were a patient. You'd probably want to know what you needed to do to move on, right? Most patients do.

> "Where I am now I know what I need to work on to get home. Before, I had nothing. No plan, no hope, nothing to do and nothing really to lose. I didn't feel like I had control of any part of my life. Did I think about escaping? Yeah, there was no point me being there."

Providing patients with a clear plan of care isn't just the right thing to do, it's also the safe thing to do.

With clearly defined health outcomes (outcomes being the benefits of the work we put in rather than the therapies themselves), it should be easy for patients to see what they'll need to demonstrate by way of progress to move on. They should also be able to see the connection between the activities and therapies we're asking them to engage in, and the achievement of their health outcomes.

> "Being clear with our patients about the health outcomes we need to work on together has focused us on what's most important. One of our most difficult to engage patients has started to show interest in talking about what he has to work on to make progress."

Patients who have a clear plan and know what they need to demonstrate are less likely to feel hopeless and frustrated.

When patients are ready to move on it's easy to underestimate the significance they might place on change and miss important signs about how they're feeling. For example, the transfer of a patient to a lower level of security might (to us) feel like progress, but it can also mean increased anxiety for a patient if they haven't been supported through it properly.

> "We assumed he would be happy about moving on, but he was actually getting more and more scared about stepping down and so we were completely unprepared when he absconded."

Make sure patients are well prepared to move on and have the skills they need for the next step. That skill could be related to managing their illness, or it could be as practical as knowing how to book travel on-line.

THINK

Are you finding time?

How **patients see you behave** makes a big difference. Do you set a good example for others? **Are you a positive role model?** Take the time to think about how you behave on your ward and what more you could do to lead the way.

ACT

You can improve relational security by:

- Considering how you'd feel to be a patient here
- Engaging with patients proactively and making a commitment to their care
- Being a great role model for patients and for other colleagues
- Encouraging patients to engage in developing their care plan and helping them understand what they need to do to move on
- Making sure your patients have clearly stated health outcomes that are reasonable and measurable
- Making sure the activities and therapies you're asking patients to engage in fit with achieving their health goals
- Making sure you help patients practise their new skills whenever you can
- Planning how to manage transition and reduce anxiety by helping patients prepare well for the next stage.

We know we're getting it right when:

- ❑ We (and our patients) know what maintaining clear boundaries means and why it's so important.
- ❑ We (and our patients) know which boundaries are non-negotiable and which we can make individual judgements about.
- ❑ We feel confident to uphold boundaries with patients who continually test them.
- ❑ Patients describe staff as being considerate and respectful.
- ❑ We look out for each another and feel confident to say something if we think a colleague may be compromised.
- ❑ We set a good example and are positive role models.
- ❑ Our patients have clear and meaningful plans that help them understand what they need to do to make progress.
- ❑ There's a high level of engagement in our service.
- ❑ We talk to patients about how they feel and plan change together.

Effective leaders:

- ❑ Ensure there's a clear and well-communicated service strategy in place that explains our philosophy, clinical purpose and how we accomplish health outcomes.
- ❑ Recruit people who have the right attitude and want to make a difference.
- ❑ Have a structure in place for regular reflective practice that's developmental, supportive and inclusive of all staff groups.
- ❑ Know how to recognise and support staff showing signs of 'burn-out'.
- ❑ Focus on the achievement of health outcomes and do everything possible to ensure patients aren't unnecessarily delayed in services.
- ❑ Engender a culture of encouraging people to think for themselves and speak up if they see something, irrespective of what position they hold.
- ❑ Regularly revisit the boundaries in place to ensure they remain relevant and reasonable for the current patient population.

Summary

In this section, we talked about boundaries and how, by maintaining them appropriately, we can keep everyone safe. We learned that upholding boundaries isn't just about saying 'no'. We need to be clear about when we won't negotiate, but there'll also be times when we need to use our judgement and think about what's safe and reasonable.

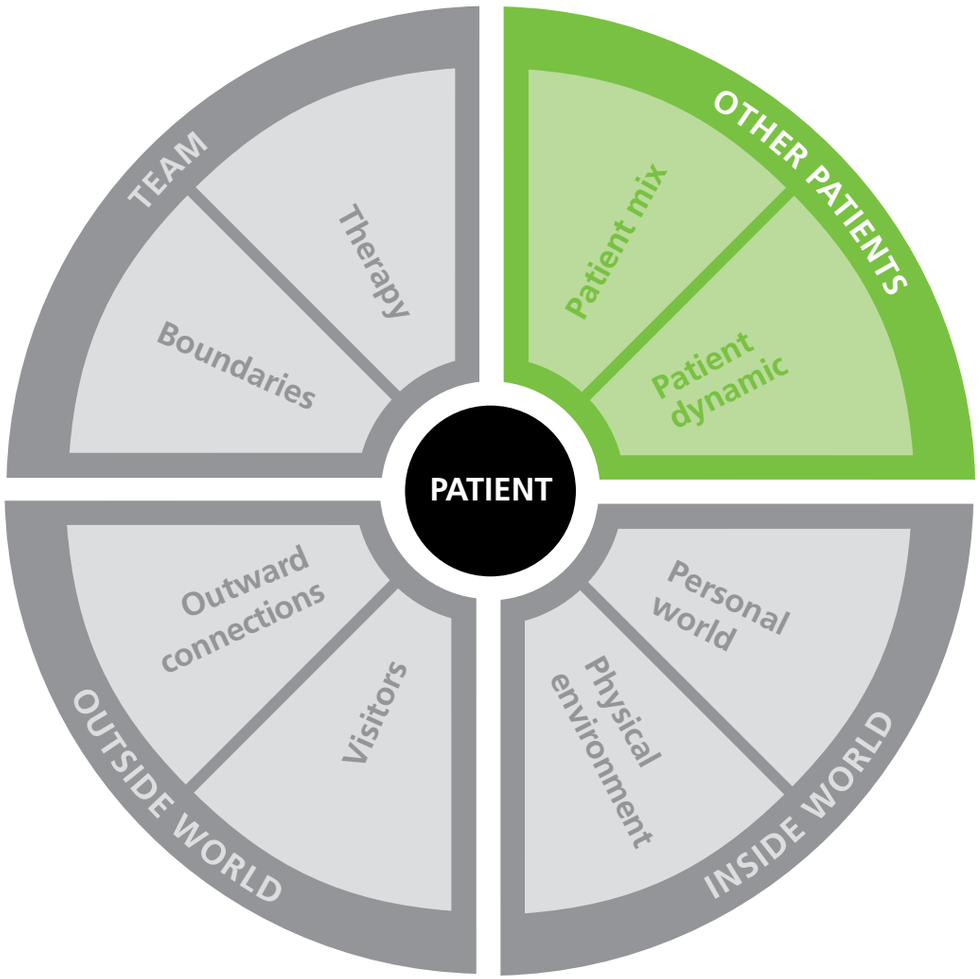
We talked about our attitude, the example we set, the difference between watching patients and engaging with them, ensuring patients have meaningful treatment plans and making opportunities to help patients practise what they've learned.

Lastly, we looked at some measures that might help you think about when you're getting it right; and some of the things effective leaders do to support their staff to deliver good relational security.

SEE
THINK
ACT

Do you know what the negotiable and non-negotiable boundaries are on your ward? How confident **do you feel that patients are engaged** and have hope in recovery? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.

Notes



Other patients

The effect of the mix of patients and the patient dynamic

Wards are dynamic – they constantly shift and change. The dynamic between individual patients and between the entire patient group and the staff can alter between two shifts, over a lunchtime, or in a conversation between two patients that we're completely unaware of.

The **mix of patients** and the **dynamic** that exists between them has a fundamental effect on our ability to provide safe and effective services – the whole group can be affected by the arrival or departure of just one person.

In this section, we explore the importance of **knowing what the limits are, continually monitoring how the ward feels** and being **prepared to act** when something needs to change.

Patient mix:
what you need to know

The mix of patients on a ward presents its own set of risks. We need to understand these and be prepared to act if we're approaching the limit.

SEE

There is no special formula for creating the perfect ward with the right number of patients whose diagnoses, histories, offences, planned pathways and risks all fit well together. When we think about 'patient mix', we really mean the combined effect and potential risk of all the people that make up the ward community.

Establishing the potential impact of the mix of patients relies on understanding what the important elements of the mix might be and understanding as much about our patients as possible. That means not just understanding their current state of well-being, but working with other agencies to understand past histories and experiences in other places such as prison, other secure services and the community.

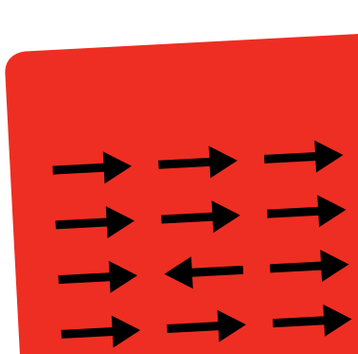
When a new patient is considered for admission, we shouldn't just think about how they'll function on the ward, but also consider how that person might change the overall risk profile of the whole patient group. Every team has its own limits for the risks it's able to manage and sometimes this depends on the purpose, experience and philosophy of the ward. The most important thing is to be clear about what the limits are.

"We really thought we knew the score on our ward but it was only after a serious incident that we discovered three of our patients had been in the same prison before. They re-formed a gang on our ward and were intimidating vulnerable patients, undermining our staff and generally creating chaos. Once we'd taken action, it was like a cloud lifting. The self-harm that emerged among the most affected patients stopped and eventually we got back to normal, but we really learnt a lot from this and now think a lot more carefully about the mix of patients."

We have a responsibility to understand the manageable risks and limits so we can safeguard everyone and ensure the service represents the best therapeutic community possible. That sometimes means service leaders communicating proactively with external stakeholders so everyone understands what the safe limits are for the service.

"We really felt a pressure to admit patients and admitted a few who had a very different engagement profile. Within only a few months, we were closed to admissions while we sorted out the aftermath of an incident."

Continuity of care is really important for patient progress, but there may be some circumstances where it's necessary and appropriate to move a patient from one clinical area to another. That shouldn't be regarded as a failure. If it's managed appropriately, it can disrupt escape planning, allow other patients to disclose information without fear of intimidation, provide respite to fatigued staff, enable reflection and re-establish a healthy therapeutic environment.



THINK

Spot the difference?

How well do you **know your patients' histories** and the effect they can have on one another? Do you have the information you need to spot the difference your patients can make to the ward dynamic? Think about what you can do and who you need to talk to, to **ensure that you have all the information you need** to help keep everyone on the ward safe.

ACT

You can improve relational security by:

- Being clear about what the limits are for your service
- Constantly monitoring how patients are interacting with one another
- Monitoring the effect a patient arriving or leaving has
- Staying alert and being prepared to speak up if you have misgivings
- Being prepared and knowing how to act if you need to change the mix.

Patient dynamic: what you need to know

The relationships across patients and the team shape how a ward community feels and influence our ability to **promote a positive culture** of recovery.

SEE

Ward communities aren't that different from the communities we live in. When wards feel positive, safe and co-operative, and have common values, not only do patients recover more quickly, but staff are more content, suffer less sickness and are likely to stay for longer. This means healthier, happier and more experienced staff and better continuity of service for patients.

Do you ever think about **what makes your home community a good place to live**? You may not think you live in a good community. If so, what is it about the community that you don't like?

It's a good bet that if you are thinking about a bad community, you'll be using words such as **crime, fear, isolation** or **intimidation**. If you are thinking of a good community, **safety, solidarity, support, relationships, common goals, certainty** and **trust** might be some of the words you'll use.

When things go wrong and a ward feels unsafe and out of control, it can be a stressful place to work for staff; over time this can erode our confidence in dealing with the issues. It can also be frightening for patients and result in self-harm or even suicide. Patients who are frightened or intimidated can't easily engage in a therapeutic programme.

> "It felt like these two guys were running the ward, not the staff. It was pretty tense and felt like all the bad bits of being back in prison again. We spent more time watching our backs than anything else. The staff finally split them up and moved one of them to another ward."

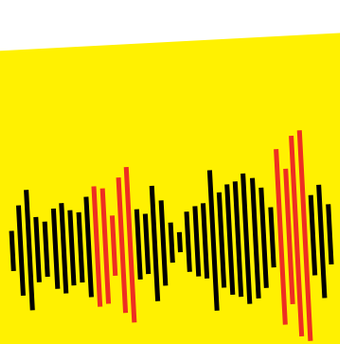
It isn't always the case that patients behave in a subversive way but it can happen and the consequences for other patients can be devastating. Be alert to the possibility of:

- Victimisation or abuse (such as bullying, sexual abuse or extortion) of vulnerable patients
- Evidence of collusion/secretiveness or planning between patients
- Patients exerting pressure on others to disengage from treatment
- Planning to undermine staff and security (such as planning an escape or hiding restricted items)
- Inappropriate attachments to other patients or to staff.

If your suspicions are aroused **you must act** before a serious incident happens, even if you're not completely sure. It's always better to say something.

Understanding what's going on between patients and acting before it goes too far means you stay in control and keep the ward focused on its main aim of recovery. Understanding what's *really* going on might also rely on gathering information from outside the clinical team. The patients, domestic staff, other visitors to the ward and friends and family all get a unique perspective of the ward dynamic. Providing them with a space to contribute their thoughts about the ward dynamic completes the picture.

The dynamic on the ward isn't just determined by the patients. It can be influenced by the mix and attitude of staff too. If incidents are occurring in your service, don't *just* look at the patient dynamic. Consider too whether there might be correlations with the staffing profile.



THINK

You hear it but are you listening?

Do you know what's really happening on your ward? You know when something **just doesn't sound right**. It might be the smallest thing but it's always better to **say something** than do nothing. Think about what might really be going on.

ACT

You can improve relational security by:

- Detecting suspicious, unusual or out-of-the-ordinary behaviour between patients
- Being continually aware of the dynamic on the ward and monitoring any change
- Staying alert and ready to act, and moving patients if necessary
- Encouraging patients to talk about how the ward dynamic affects them and makes them feel
- Providing patients and others with a 'safe space' to report suspicious behaviour without fear of retribution from other patients
- Talking at handover about the dynamic, the reasons for any change and the effect it might have on safety and security.

We know we're getting it right when:

- ❑ We know what our patient mix is, and understand what the limits are and when to act.
- ❑ We know how to respond if the patient mix needs addressing.
- ❑ We know how patients feel about the other patients around them.
- ❑ We promote tolerance and deal robustly with discrimination, bullying and harassment.
- ❑ We feel confident to engage with this patient group and can maintain control.
- ❑ We are vigilant to the possibility of collusion between patients and can detect plans to subvert security.
- ❑ Levels of patient violence are low.
- ❑ Staff turnover and sickness absence levels are low.
- ❑ We (patients and staff) communicate with one another about how the ward feels.

Effective leaders:

- ❑ Ensure there's proactive communication with other agencies to get and provide good information about patients.
- ❑ Have a meaningful structure in place for handover that enables staff to discuss how the current ward dynamic feels.
- ❑ Routinely monitor incidents (and near misses) to help them identify trends and prevent incidents before they happen.
- ❑ Ensure patient admissions are handled safely, cognisant of how that admission will influence the rest of the service.
- ❑ Spend time observing the patient dynamic for themselves.
- ❑ Observe the effect that the staff dynamic has on the service.

Summary

In this section, we talked about the difference individual or groups of patients can make to how safe or positive a service feels, and the importance of being in touch with what's happening. We learned that the dynamic of a service is never static but constantly changing, and discussed the need to continually gauge how the service feels.

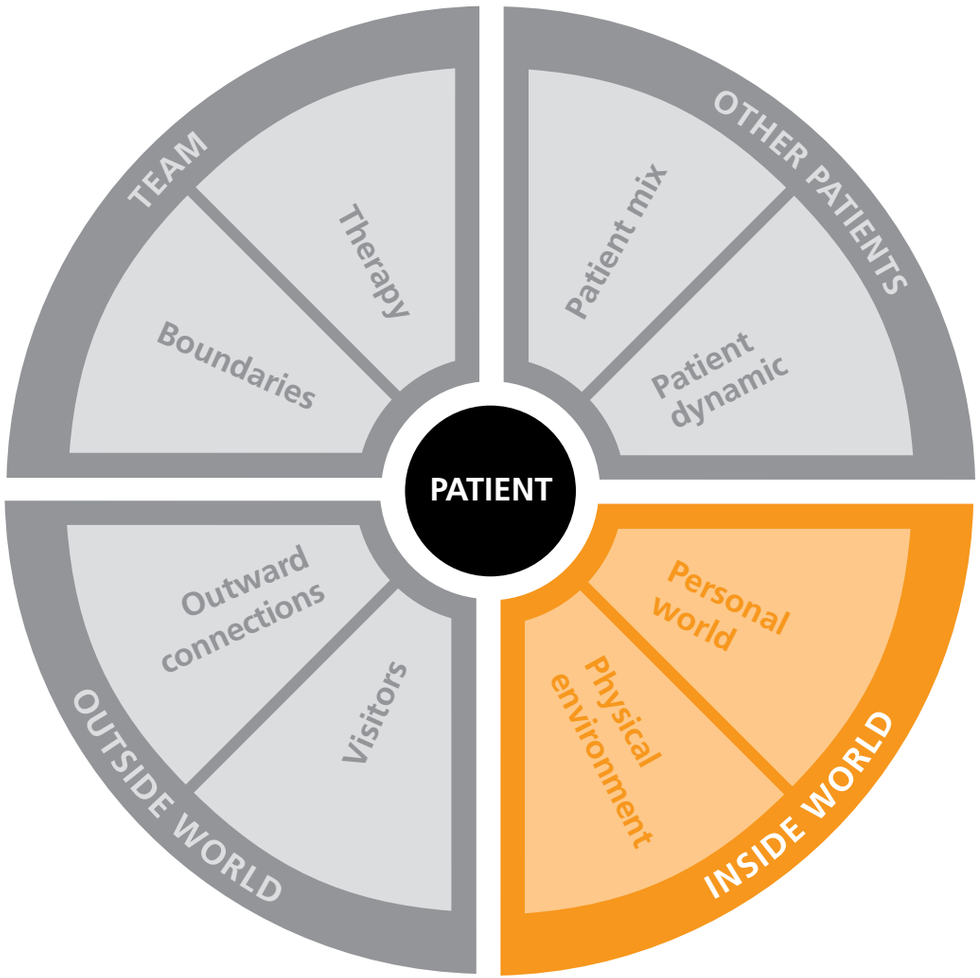
We talked in this section about the need to say something if the ward doesn't feel right, to talk as a team about what might need to change and to act when we know something is wrong.

Lastly, we looked at some measures that might help you think about when you're getting it right; and some of the things effective leaders do to support their staff to deliver good relational security.

SEE
THINK
ACT

Do you **know what your patient mix is**? Have you talked about how the ward dynamic feels? How confident do you feel that you **know when to act? Talk about it** with your team and when you next meet to use the Relational Security Explorer.

Notes



Inside world

A patient's personal world and physical environment

How patients feel inside their own world makes a big difference to the risk they present. It will affect how well they engage with treatment, how connected they feel with the service and their ability to take responsibility for their own actions.

In this section, we will explore in **personal world** how a patient's response to events is likely to be affected by how they are feeling within themselves.

In **physical environment**, we'll look at the effect patients' immediate living environment has on them and the ability staff have to maintain relational security.

Personal world: what you need to know

Some events can act as triggers for patients. We need to know the histories of patients and understand how they feel.

SEE

Most of us function better when we feel happier about life. It's no different for patients. How a patient feels inside really influences their ability to cope with treatment and to use the skills they've learnt to manage their mental health and well-being.

Sometimes something unexpected can happen in a patient's life, such as an argument with another patient or a visit that goes wrong, that acts as a trigger to send them off course. Unless we know what's going on, we run the risk of being too late to help them. On other occasions, there'll be things we can predict and prepare for (such as key anniversaries or contact with certain individuals who we know will cause a patient distress) and we can be ready to give extra support.

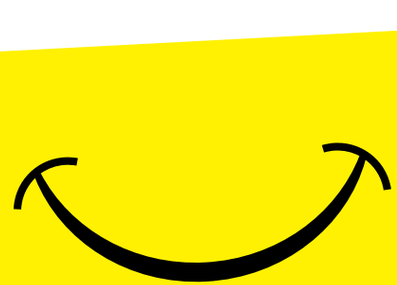
"Christmas can be a difficult time for many of our patients and we work hard to keep spirits high, but we also have some patients who really deteriorate around the anniversary of when someone they loved died or when they offended, so we include these dates in our care plans to make sure we're providing the support they need."

Getting this right involves knowing a patient's history, being able to anticipate how some events or behaviours might affect them, and helping them plan coping strategies that will get them through. It also relies on us to having the **confidence to speak up** when we think something might be wrong.

"The staff on my ward can usually tell when something's up. Someone usually says 'Come on, let's talk', and we work it through. That didn't happen where I was before and it would build up and up until I ended up in seclusion or hurt myself."

If you see a change in a patient's behaviour that just doesn't feel right, don't ignore it. Say something – it could be important. You could help prevent a serious incident and keep the patient on track. If we don't know how our patients are feeling, we can't make the right decisions about their care or make sound judgements about the risk they might present to themselves and others.

Talking during the shift and handing over at the end of it are really important. We need to communicate with one another about what we've seen during the day and talk about what we think that suggests about how patients are feeling. We can't develop meaningful health outcome plans and risk assessments if we don't talk about what's going on. Our patients need continuity of care between shifts, especially if they are feeling vulnerable.



THINK

What's behind the smile?

Do you know how your patients are really feeling? **Noticing small changes** in patients and talking to them about it helps you build a better picture of **what's really going on** in their world. Think about what more you could do to **encourage patients to open up**.

ACT

You can improve relational security by:

- Recognising patients as people who have good days and bad days like everyone else
- Knowing patients' histories, understanding the risks associated with each patient and considering possible triggers
- Talking to patients sensitively about what they think the likely triggers are
- Planning with patients how you'll respond, and coping with their triggers together
- Staying alert and attentive to change
- Communicating to the team during the shift and at handover about what you've noticed
- Changing care plans when the needs or risks of a patient change.

Physical environment: what you need to know

We need to understand how the **physical environment affects our ability to engage with patients** and maintain relational security.

SEE

We've already identified physical security as another dimension of security, but there are also some material things we can do to help maintain relational security. Think back to what we said about creating good ward communities. Wards need to be environments where patients feel safe and connected to other people.

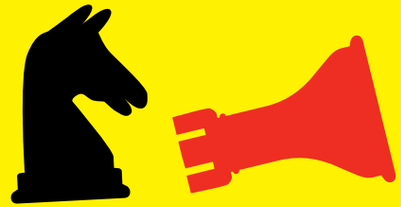
Patients still need their own private spaces, but they also need areas where they can socialise and interact with others. Those areas shouldn't be crowded, and as much as possible they should feel 'normal', comfortable and relaxed. Crowding and noise can create tension among patients, which can result in hostility and fear.

We've already established that relational security isn't just about watching patients, it's about engaging with them. To do this, staff not only need good lines of sight where they can see what patients are doing, but they also need spaces where they can connect with patients as a group or individually.

Some patients might try to establish authority over others by taking control over a certain part of the ward or a room. This can be very subtle, but lead to bullying and intimidation of other patients and undermine staff and ward security. If you think there are areas where patients have established too much authority, you need to talk as a team about how things need to change and take action.

> When we investigated the incident some staff told us that they just didn't go in there because they felt intimidated and threatened and it was easier not to have the hassle. Over time they were conditioned to avoid that space, and of course when we took action and searched the room, we discovered why.

It is important to establish rules or a code for how people are going to live together on the ward. These rules and the examples set by us should prepare patients for living in the community by encouraging them to take pride in their living environment and show respect for the other people who share their space.



THINK

Playing by the rules?

Take a **look around your ward**.

Does it help you maintain good relational security? What could you do to make it better? Think about whether your ward rules **encourage everyone to look after their space**.

ACT

You can improve relational security by:

- Creating opportunities for positive social engagement
- Arranging your environment so it's a space where you can observe *and* engage with patients
- Encouraging patients to care for and take pride in their environment
- Identifying areas or items that could be used by patients to establish dominance or control over others
- Talking about the environment with patients at community meetings
- Minimising noise and overcrowding
- Giving patients plenty of opportunity to access fresh air.

We know we're getting it right when:

- ❑ We know the histories of our patients. We understand it isn't our role to judge – but we don't ignore risk either.
- ❑ We can make the connection between the history of a patient and the likely responses to possible triggers.
- ❑ We recognise the relapse factors for each of our patients and are vigilant to the possibility that patients may conceal deterioration in their mental well-being.
- ❑ We recognise the effect that key anniversaries/events may have on some of our patients.
- ❑ We know how our patients are feeling day to day and care plans are up to date to reflect this.
- ❑ We involve patients in planning their care.
- ❑ We talk as a team during the shift and at handover.
- ❑ Our patients describe feeling connected and able to talk to us.
- ❑ We feel the environment enables us to engage with patients and our patients to connect positively with one another.
- ❑ We're alert to the possibility of some patients establishing authority over others by controlling certain physical areas or items.
- ❑ There's a discipline and pride in our service reflected in a tidy and well-cared-for environment.

Effective leaders:

- ❑ Ensure patient record systems are organised in a way that enables staff to quickly understand a patient's current risks, vulnerabilities and support needs.
- ❑ Have meaningful structures in place for handover to enable staff to discuss how patients are currently feeling and raise any concerns for a patient.
- ❑ Encourage their staff to minimise time spent in offices and maximise opportunities to engage with patients in their environment.

Inside world

Summary

In this section, we talked about the difference a patient's inner feelings can make to how they function in a service, and the role we play in helping them recognise and manage the times when they're likely to be distressed. We learned that we can only help patients if we understand them and have the information we need to make good judgements about their care.

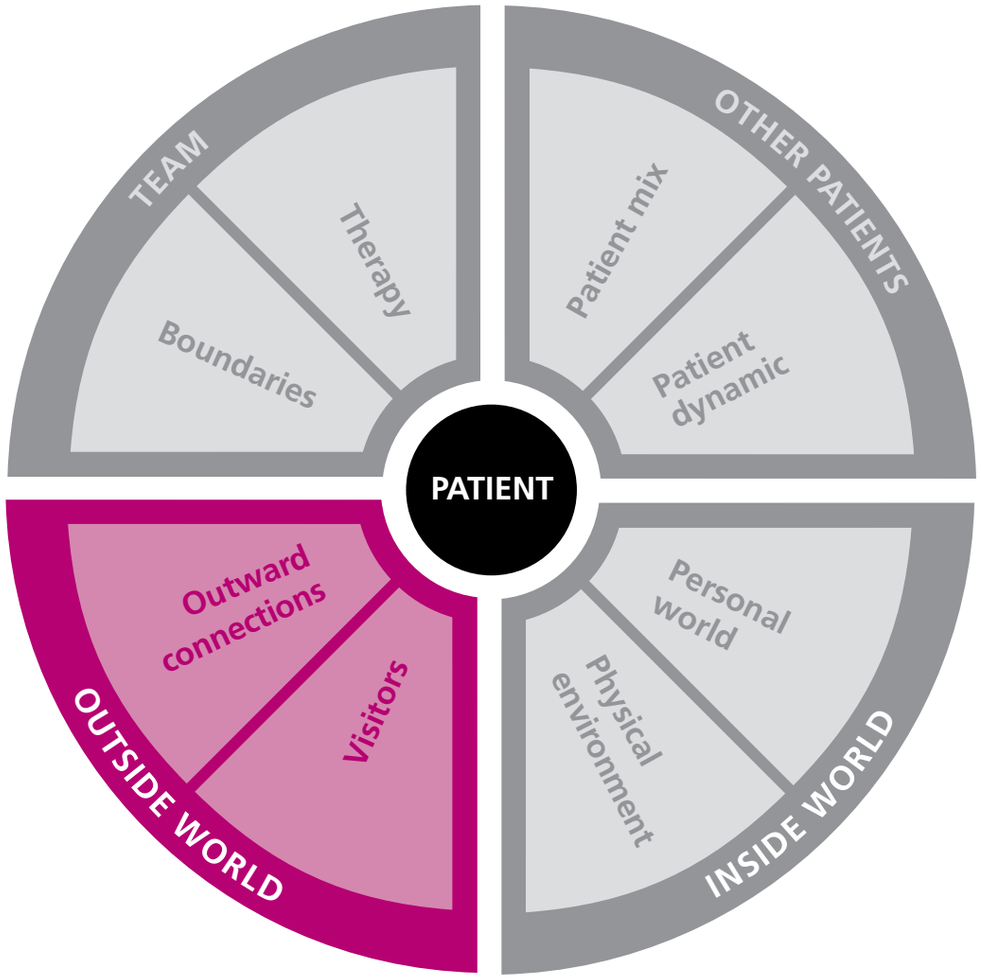
We talked about the difference that the physical environment can make to our ability to maintain good relational security. We also discussed the effect that the physical environment has on the ability of patients to learn and practise the skills they need to interact socially with others.

Lastly, we looked at some measures that might help you think about when you're getting it right, and some of the things effective leaders do to support their staff to deliver good relational security.

SEE
THINK
ACT

Do you know what the triggers are for each of your patients? **How much time do you spend** watching patients and how much time **actively** engaging? How confident are you that the ward team **hands over properly** at the end of the shift? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.

Notes



Outside world

The impact of visitors and outward connections

To maintain safety and security in a service, it is important to consider the contact and relationships that patients have with the outside world and how risk should be assessed and managed.

Effective relational security not only safeguards the unit, patients and the public, but also provides the framework to help patient recovery by establishing safe connections with the community.

This section explores the effect **visitors** can have on patients and looks in more detail at the risks, benefits and consequences of **outward connections**, when patients have telephone contact and escorted or unescorted leave outside the unit.

Visitors:
what you need to know

Visitors can have a significant impact on the relational security of a ward. We need to be aware when that impact is good – and when it is unhelpful.

SEE

Most patients place a lot of value on the contact they have with people like family or friends. Visits can play an important role in sustaining hope and helping someone stay connected to their community.

Imagine being a visitor to your service. Not a professional visitor – the mother, father, boyfriend or daughter of someone who's found themselves in secure care. How do you think you'd feel? Intimidated, unsure, self-conscious? It's easy when we move about our familiar services, to forget what it's like for someone new to this.

We have a responsibility to make visitors feel welcome, safe and comfortable when they visit our service and to talk to them about their visit beforehand, while they're visiting and afterwards. A warm welcome, positive engagement and recognition as part of the patient's care team and onward pathway makes a big difference. Some friends and family, by being involved in the planning of care, can actually help to ensure the patient is successful when they move on.

Make sure visitors have the information they need before they visit. That doesn't just mean providing a list of restricted items – tell them about your service. What are you trying to achieve? What's the clinical strategy for the service? What health outcomes are you trying to achieve? What can they do to help? What rules and boundaries does the service have in place and why are they important? Visitors who understand the service and how it works are far more likely to work with you to achieve your aims.

Visitors can also be an important source of information to us. They can give us clues about how the patient is feeling, whether they've been upset during the visit or whether they've disclosed something about the ward we should know. Having this insight could help you give a patient the support they need after a visit or help you understand the ward dynamic better.

> "The staff here are really good, but because they're here all the time, I'm not sure they'll see how hard it can be to be a visitor, particularly at first. I don't tell the staff everything, that's personal, but I do tell them if I hear about something happening on the ward that doesn't seem fair or he's upset at the end of our visit. That way when I leave, at least I know he'll be safe."

Sadly, sometimes a visitor won't have the best interests of a patient at heart and will try to undo their progress or undermine security during the visit. When that happens, your job is to protect the patient from the potential damage the visit might cause and act quickly if you detect any unusual or suspicious behaviour.

> "When a patient's girlfriend tried to bring drugs into the unit concealed in a plaster cast on her broken arm, it reminded us that not all visitors are 'friends'."

THINK

How do you welcome visitors?

Do your visitors know the rules and boundaries? Think about whether you **take the time to talk to visitors** before, during and after a visit to explain the rules, reassure them about the visit and **learn more about how the visit went**.

ACT

You can improve relational security by:

- Encouraging visits you know will play a positive role in a patient's recovery
- Helping visitors prepare for visits
- Talking to visitors about the effect of their visit
- Ensuring you know the potential risks to patients and visitors – thinking of 'safeguarding' at all times
- Picking up on suspicious or unusual behaviour during a visit
- Acting on any misgivings you have before, during or after a visit
- Being quick to take action if something unexpected happens.

Outside world

Outward connections: what you need to know

Contact with the outside world can have a noticeable effect on patients. We need to be aware of the possible risks and **know when to act.**

SEE

Understanding the interactions a patient has with others outside the service is an important part of maintaining relational security. People can interact outside the secure service in a number of ways, such as escorted or unescorted leave into the community, access to hospital grounds and telephone or Internet contact with friends or family.

Contact with the outside world isn't a concession or privilege; it's an important part of treatment, an intervention delivered at a point in therapy when it's judged to be safe. As well as feeling like a lifeline for some patients, it's an important opportunity for people to demonstrate the fulfilment of some critical health outcomes. Our job is to help patients develop safe and sustainable relationships with others so they're prepared for a successful return to society. As much as we can, and where it's appropriate, we should encourage contact with friends, family and the community.

We also need to make sure that the contact patients have with others is safe – for them and for other people. If a patient escapes from a secure perimeter, absconds from escorting staff or fails to return from unescorted leave, they could be at risk from other people or to themselves and others. It can also mean a backward step in their recovery and take them longer to move on. Our job is to make sure this doesn't happen, that patients are protected and the public have confidence and trust in the services we provide.

Sometimes this means that the decisions we need to make about safety conflict with the hopes of a patient. When this happens, it's important to talk to them about the reasons for our decisions. We can help them to understand what they can do to progress to the next stage.

> "At the end of the visit the patient asked if he could go to the bathroom and so we allowed him to go upstairs unescorted. The visit had gone well and so I think we were starting to relax a bit. What we hadn't thought about was that coming to the end of escorted leave was the hardest bit for the patient and probably the time we should have been most alert. We worked that out very shortly after he climbed out of the bathroom window."

Making sound decisions about the contact a patient has with the outside world and the level of security they need relies on good information and knowing as much as possible about them. If we haven't spotted a change in mood, haven't thought through and discussed the potential consequences with the team, or haven't realised a patient is anxious or planning escape, we can make the wrong decisions about safety and risk a serious incident happening.

Everyone should understand the rules for how contact outside the unit will work. For patients, this means not just being clear about what the rules are but also understanding the consequences of breaking them. For staff, it means ensuring that there's an up-to-date plan for each patient, that we're alert to suspicious behaviour and that if something changes or goes wrong, we act on it – quickly.

THINK

Can you see the signs?

Would you be able to **spot if a patient was planning to escape or abscond**? What if they were making more telephone calls than usual? Would you walk away… or would you **say something**? Make sure you know what the signs are and talk to patients about the possible consequences.

ACT

You can improve relational security by:

- Developing clear management plans for when patients have leave or for when they connect on-line
- Being clear with patients about the non-negotiable limits and rules of contact outside the service
- Acting decisively if those limits and rules are breached
- Ensuring patients understand the consequences of escaping, absconding or failing to return
- Staying alert to changes in patient behaviour
- Staying alert for signs of unusual behaviour that may indicate a patient is planning to escape or abscond
- Using your judgement and acting quickly and safely if something unexpected happens.

Outside world

We know we're getting it right when:

- ❑ We continually assess the risks of patients and current leave statuses reflect this.
- ❑ There are management plans in place for all escorted leaves of absence.
- ❑ Patients understand the potential consequences of absconding or failing to return from unescorted leave.
- ❑ We and patients understand the therapeutic purpose of leave and record skills learned and practised.
- ❑ Visitors report feeling welcome, valued and safe in our service.
- ❑ Visitors understand the rules we need to have in place and the reasons for them.
- ❑ We understand the risks some visitors might present to our patients.
- ❑ We're watchful during and after visits about how the visit has affected the patient.
- ❑ We understand the potential for some visitors to undermine the treatment plans and recovery of patients and take the necessary action to address this.

Effective leaders:

- ❑ Make sure visitors to the service feel welcome.
- ❑ Provide visitors with the information they need about the service, its therapeutic purpose and how they can help.
- ❑ Give visitors information about the boundaries in place and why those rules are important.
- ❑ Help staff understand how to respond if a safeguarding issue arises during a visit.
- ❑ Verify that all staff fully understand escorted and unescorted leave policies.
- ❑ Ensure escorted leave is undertaken by suitably qualified and experienced staff.
- ❑ Ensure the therapeutic purpose of leave is clearly understood by patients and the staff supporting them.

Outside world

Summary

In this section, we talked about the positive effect connections with the outside world can have on patients. We also highlighted some of the risks – to patients and to our ability to keep people safe. We discussed the effect visitors can have on patients and established the need to ensure that visitors understand their impact and talk to us about their visit.

We talked about planning for and managing leave, how to reduce the risk of escape, absconsion or failure to return and being prepared to act if something goes wrong. We learned that to act decisively we need to stay alert, be aware of the signs and be clear about what our responsibilities are in case we need to act quickly.

Lastly, we looked at some measures that might help you think about when you're getting it right; and some of the things effective leaders do to support their staff to deliver good relational security.

SEE
THINK
ACT

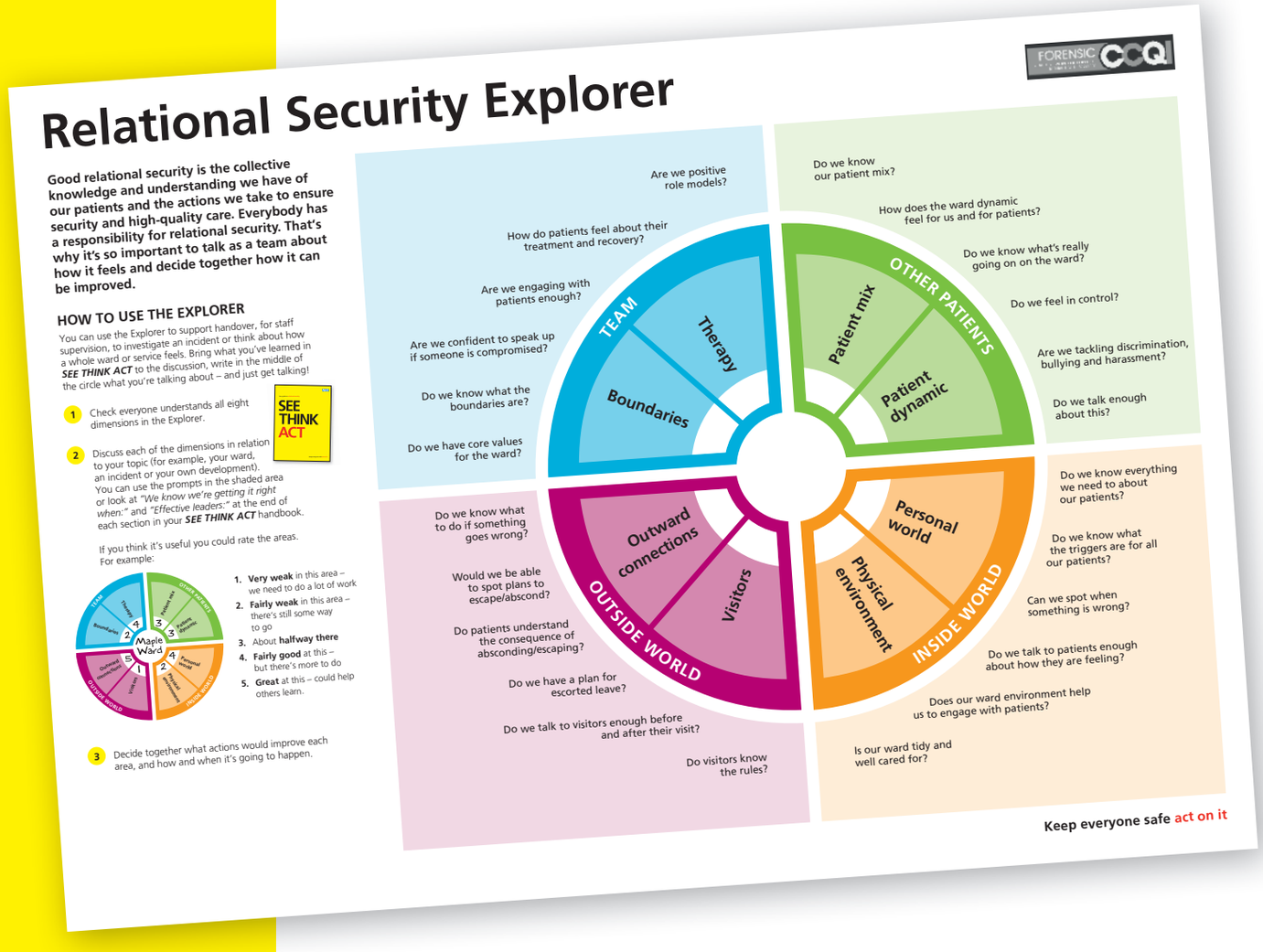
Do you know what the risks are to your patients from visitors? **Would you know how to react** if a patient tried to abscond from escorted leave? How confident **do you feel that you could spot the signs** if a patient was planning to escape? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.

Notes

Summary

This handbook should have helped you develop a clear understanding of:

- What relational security is and why it is so important
- The different factors that influence relational security: team, other patients, inside world and outside world
- The importance of **seeing** what's going on around you
- The importance of **thinking** about what behaviour you observe might really mean
- The importance of **acting** before something goes wrong
- Practical steps you can take to keep people safe
- What your ward might look like if you and your team are getting it right
- What effective leaders do to ensure relational security.



Now you've read this book and know what you need to do to maintain relational security, join up with the rest of your team and talk about how you can work together.

The Relational Security Explorer is a tool that can help teams talk about relational security.

You can use it to discuss a patient, to support handover, for staff supervision, to investigate an incident or think about how a whole ward or service feels. Bring what you've learned in this book to that discussion, write in the middle of the circle what you're talking about – and just get talking!

Contact information

An online version of this handbook and other *See Think Act* materials can be downloaded from: **www.rcpsych.ac.uk/sta**

Need more?

If you require further copies of this handbook, please email **sta@rcpsych.ac.uk**

For further information about the Quality Network for Forensic Mental Health Services please visit: **www.qnfmhs.co.uk**

Your feedback

If you have any comments about this handbook, or would like to tell us about how relational security is working or let us know how you've used this book to improve relational security in your service, we'd like to hear from you.

Email us at:

sta@rcpsych.ac.uk

Or write to us at:

Quality Network for Forensic Mental Health Services
Royal College of Psychiatrists
2nd Floor, 21 Prescot Street
London, E1 8BB

"This excellent guidance provides an accessible, user-friendly resource for everyone in secure services to gain knowledge and understanding at the same level. It promotes confident professional practice, and its introduction will make a real difference in developing ever higher standards of care froman increasingly skilled and competent workforce."

Louise, modern matron

"We've been talking about relational security for ages… but it feels as if someone just switched the light on!"

Martin, ward manager

"Finally, something that we can all understand and share rather than just personal opinion… I really like the poster campaign!"

Lisa, housekeeping manager

"This handbook is so useful. It picks up on issues completely relevant to the ward and helps staff and patients work closer together."

Nelson, staff nurse

"At last, a clear and concise strategy that puts the patient at the centre."

Sonia, occupational therapist

"How the key areas of relational security are illustrated is simplified and easy to understand. This is a really user-friendly guide that will help improve our [staff and patients'] approach to relational security."

Fabian, team leader

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