

Safewards for Safe Homes

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care in mind:

Care in Mind

- We are a Tier 3+ service for young people and young adults aged 16-25 years with complex mental health needs
- We offer residential care in small group homes in the North West, West Yorkshire and the West Midlands, supported by an integrated multidisciplinary mental health team working into the homes
- Our clients are often stepping down from Tier 4 inpatient services but we can also offer an alternative to hospital admission
- We provide a 24/7 intensive in-reach mental health service including psychiatry, nursing care and a range of psychological therapies based around a Structured Clinical Management model
- Many of our clients meet criteria for Borderline Personality Disorder but we look after people with a range of mental health presentations
- Our client group often have significant attachment issues
- Many have high levels of self-harming behaviour
- Our staff team understand Personality Disorder and have a passion to work with this client group

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Why we do what we do

- Our founding staff had several years experience of working with Personality Disorder patients in inpatient secure settings:
 - Use of restraint, seclusion and PRN medication
 - Development of dependency and institutionalisation
 - Delayed discharges
 - Lack of suitable residential placements for discharge
- We recognised an unmet need to offer well-supported step-down placements from secure settings for young people with high levels of complexity and risk

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What are our key challenges?

- How can we provide good 'relational' containment within a non-secure residential context?
- How can we support good transitions from inpatient services into a community setting?
- How can we help external agencies to understand our model and 'buy in' to a less restrictive therapeutic risk taking approach?

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Safewards

- An evidence based intervention used in inpatient services
- Widely used internationally
- Promotes better relationships between patients and staff
- Increases safety, leading to reduced coercion
- Fewer assaults and hence fewer injuries
- Provides staff with the skills to manage conflict more effectively

Bowers L et al.
A New Model of Conflict and Containment on Psychiatric Wards (2014)
Journal of Psychiatric Mental Health Nursing 21(6) 499-508

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Why Safe Homes?

- To avoid multiple or prolonged inpatient admissions which can escalate risk and lead to high levels of incidents
- To improve control and choice for service users (most admissions are compulsory)
- Interventions in the homes are often overlooked in terms of their importance in supporting young people to feel contained and able to utilise more structured and effective approaches
- Safe Homes provides a model for the residential team that supports the provision of care and meets the complex needs of the YPs in a least restrictive and least stigmatising way

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Our Model

- **Specialist evidence based therapies**
 - Schema Therapy
 - CAT
 - DBT
 - Family Therapy
 - Art Therapy
- **Overall therapeutic approach**
 - Structured Clinical Management (SCM-A)
 - Primarily a nursing intervention
- **Residential model**
 - Relational security
 - Consistent integrated care
 - Reflective practice

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Interventions

Interventions target key areas of developmental need in the context of secure and boundaried relationships

- Clear Mutual Expectations
- Soft Words
- Talk Down
- Positive Words
- Bad News Mitigation
- Know Each Other
- Mutual Help Meeting
- Calm Down Methods
- Reassurance
- Discharge Messages

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Calming Methods

Description

■ Calming Box Contents

- Colouring books, personal CD players, relaxation music, tangle kit, lavender smelling bags, head massagers, stress balls, different fabrics (mindfulness), rubix cubes, eye masks etc.

■ Tools for the Staff Team

- Utilising sensory grounding techniques to support young people to meet normal developmental milestones e.g. self-soothing and self-regulation
- Available for the young people to use when required
- Always evolving... new things added and services sharing what they have added

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Calming Methods

How was this helpful?

- Emotional regulation –Young people could utilise the box as a distraction at times when they were struggling
- Impulsive behaviour –Helped staff and young people to engage in interaction before incidents occurred
- Validated distress with the young people and also showed them that the staff team care
- Supported the young people to manage periods of severe distress which were difficult to control
- Helped to avoid self-destructive behaviours
- Helped to develop meaningful relationships when times were difficult (for both a staff member and young person)
- Some young people just get fed up and don't want to talk

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Calming Box



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Bad news mitigation

- Delivery of bad news needs to be planned and not reactive
- Helps the team not to avoid discussing bad news and to plan appropriate support
- Normalising that life can be difficult at times and bad news happens to everyone; ensuring that the young people have the skills to manage this
- Because effort has been taken to remember anniversaries and significant events, the young people feel validated
- Improves interpersonal relationships
- Contains emotional upset for both staff and young people
- Solid team approach

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Positive Words / Discharge Messages

- Discharge Messages Incorporated – adapted for a community setting
- Positive Trees – adapted with the young person's involvement
- Compliments, messages, inspiring quotes
- Ending handover of each young person on a positive
- Encourages positive thinking, both for young people and staff

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Positive Messages Tree



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The Farm's Tree



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Role of the 'champion'

- Working party of Safe Homes 'champions'
 - To take the lead with implementation of the model
 - To train the teams
 - To discuss with the young people
 - To introduce the model to new starters
 - To incorporate into transitions
 - To develop the culture
 - To review and evolve the model
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- Video from one of our Safewards for Safe Homes champions

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Know each other

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NAME Martin Richardson, Hadfield
JOB TITLE Registered Manager - Ashurst
YEARS WORKING IN MENTAL HEALTH 2 1/2
LIKES Sweets, Biscuits, mangoes, cheese, jelly pop, Corgie in the morning, tea in the afternoon, Chocolate, Red wine.
DISLIKES Dishwashing, stickers, =
HOBBIES/INTERESTS Going the gym, playing snooker, Studying, walking.
PREVIOUS JOBS Caring for children with life limiting illnesses.
FAVOURITE TV PROGRAMME Jeopardy
FAVOURITE FILM Don't have one.
FAVOURITE BOOK Angels + Demons (Dan Brown)
FAVOURITE MUSIC Acoustic, house.
FAVOURITE QUOTE Ohh Noo!
TOP LIFE TIP Treat people how you would like to be treated
ANYTHING ELSE? Nope

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NAME Dominique Hopper
JOB TITLE Deputy Manager
YEARS WORKING IN MENTAL HEALTH 9 years
LIKES Smiles, Positiveness, fun, Chicken
DISLIKES Beans, Rideness
HOBBIES/INTERESTS Watching Funn, Spending time with friends/family, Midnights, Love my kitten
PREVIOUS JOBS Hair Dresser, Mental Health Practitioner
FAVOURITE TV PROGRAMME Game of Thrones
FAVOURITE FILM Alice in Wonderland
FAVOURITE BOOK Scared
FAVOURITE MUSIC Kings of Leon
FAVOURITE QUOTE "I knew who I was this morning but I've changed a few times since then"
TOP LIFE TIP A happy girl is a pretty girl
ANYTHING ELSE? it doesn't cost a penny to be nice so

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The Safe Homes Story So Far...

- We have been collecting qualitative data
- It is still early days, however we are seeing a reduction in incidents
- We are beginning to collect quantitative data – collation of data is in progress
- We are working toward peer-reviewed publication
- We value the approach as a core part of our model and are rolling it out into our new services

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What the Young People Say

- “The items in the box are good, good distractions if I feel distressed. When I see the positive messages in the morning they sometimes make me feel like I’ll have a good day”
- “The positive messages wall looks good, I like the hearts”
- “The box is good”
- “I will let you know in a few months but I think it will be good, its been fun being involved”

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Testimonials

- “It will help the young people to accept support when there are problems and will help the team to reduce conflict and incidents” (Sonja Rudd, Safewards for Safe Homes Champion)
- “Staff were committed to delivering therapeutic care and used the 'Safewards' model, adapted as 'Safe Homes' for the residential care setting. The principles of this were used to support the organisation's least restrictive policy in order to meet the complex needs of people” (Paula Fretwell, CQC Inspector, Adult Social Care)
- “I feel the Safewards for Safe Homes training was delivered well and the Champion had a good understanding of the model, relating it to practice and real life situations. I feel the model complements the ethos of the service and other values e.g. therapeutic risk, structured clinical management. It also helps provide consistency for the staff and young people with mutual expectations which help the view of the young people to be valued just as much as the staff team’s” (Oliver Scrimshaw, Deputy Manager – Lyndhurst)

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Thank you!

Any questions?

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