

Helping to Keep the Promise that Scotland Must Strive to Become a Nation That Does Not Restrain its Children

Evaluation of The Promise – Rethinking Restraint Pilot

Report for Aberlour Childcare Trust and Kibble

 *Social Research*

 *Service Design & Innovation*

 *Strategy & Collaboration*

 *Evaluation Support*

 *Social Impact Measurement*

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1: Introduction

This report provides an evaluation of The Promise - Rethinking Restraint pilot delivered by Aberlour Childcare Trust and Kibble. This section introduces the pilot and its participants, state the research objectives and describes the study method.

Introduction

Aberlour Childcare Trust and Kibble have embarked on a journey to reduce and ultimately eradicate the use of physical restraint in their services.

This coincides with The Promise, the Scottish Government's policy document to reform the Scottish care system and improve the lives of some of Scotland's most vulnerable children, young people and families. One of the main aims of The Promise is for Scotland to become a nation that does not restrain its children.

Aberlour and Kibble have been successful in securing funding from the Corra Foundation to facilitate and support a pilot of service redesign with three Local Authorities and one private sector organisation providing residential care: Glasgow City Council, City of Edinburgh Council, North Lanarkshire Council and St Philip's School.

Aberlour and Kibble have commissioned Social Value Lab to undertake an evaluation of the pilot.

Aberlour

The Aberlour Childcare Trust was established in 1875 as an orphanage. Over the years Aberlour has grown into a leading care organisation in Scotland, delivering a range of services, including residential care, fostering services, addiction services, Early Years support, disability support, early intervention services and emergency financial relief.

Kibble

Kibble is a UK-wide charity that supports at risk children and young people (aged 5-26), providing care and support to young people with significant trauma, through residential care, secure care Primary, Secondary and Tertiary Education, intensive Fostering Services, Early Years services, community housing, housing support, day placements and outreach services.

The Rethinking Restraint Pilot

In 2021, Aberlour and Kibble collaborated to apply to the CORRA Foundation's Diagnostic Route funding programme to work with organisations to help them to design their services in a way aimed at ending the use of restraint in their settings. The original intention was to work with one organisation but given the strong interest from across Scotland to participate, Aberlour and Kibble agreed to select four organisations.

The pilot project sought to eradicate the use of physical restraint in residential childcare services in Scotland by looking at:

Improving opportunities for children and young people living in residential childcare services to have a say about how they should be supported when they are distressed.

Improving feelings of safety for children and adults living and working in residential care services in Scotland.

Improving learning and support to staff to make them feel safe enough to support distressed children without needing to use physical restraint.

Participant selection

The first step was to select organisations to take part in the pilot. From a written application submitted by 19 organisations via a rigorous due diligence process and interviews with six applicants, four organisations were selected: Edinburgh City Council's Secure Services, Glasgow City Health and Social Care Partnership Children Services (Dalness House, Hinshaw House, Kempsthorn House), North Lanarkshire Council Education & Families Services (Main Street House) and St Philip's School (Bracora House).

In recognition that the project was time limited, the assessment process to select the

organisations took into consideration what work had already started in the respective organisations. Given the amount of time Aberlour and Kibble had spent navigating and bringing about change in their own organisations, selecting organisations that had not already started the process, was not feasible.

Design School

All four pilot organisations were enrolled in The Promise Design School and supported by dedicated Aberlour and Kibble staff throughout the process.

Design School¹ is a bespoke programme delivered by The Promise Scotland aimed at helping care organisations to (re)design services by involving care experienced people and their families in the process.

Design School helps care organisations make sense of what care experienced people say, act on the insights they have, and understand what gaps still exist in their services.

It helps people work together to create services that work well, by teaching them the principles of service design.

The Design School consists of four 1-day sessions, delivered in person and ‘homework’ in between sessions.

Project Boards

To keep track of progress and to direct project activity a Project Board for each area was established. These Boards met every six weeks throughout the process. The membership of the Boards consisted of the pilot organisation staff that attended the Design School sessions, the Aberlour and Kibble staff that supported the pilot organisation and of Aberlour and Kibble strategic management and support staff (e.g. Psychologist, Researcher).

Ongoing support

The Aberlour and Kibble staff that attended the Design School sessions with the pilot organisations supported them throughout the Design School. They continued to support the

pilot organisations with implementation of what they have learned after Design School was finished. They met with the organisations either in person or via videoconferencing and delivered bespoke training sessions.

Research Objectives

The overall aim of the evaluation is to better understand the impact of the Rethinking Restraint pilot.

The detailed objectives of the study are to:

explore in depth the development that Aberlour and Kibble have undergone to change their culture towards using restraint;

get a better understanding of the impact that the use of restraint has on children, young people and adults and identify the (potential) impact of strongly reduced use of restraint on them;

assess the efficacy of the Design School process, evidence the culture changes resulting from it and capture the lessons learned from it;

provide evidence of the emerging change in practice and culture in the four pilot organisations; and

inform the development of a ‘model’ that can be rolled out across Scotland.

Our Research Method

For this study we have applied a mixed method, consisting of:

Review of The Promise policy documents.

Review of data on the use of restraint from Aberlour and the four pilot services².

¹ <https://thepromise.scot/the-promise-scotland/what-the-promise-scotland-does/change-projects/design-school/>

² It was not possible to review the data from Kibble.

Semi-structured interviews with 7 Aberlour and 6 Kibble staff members on the organisation’s journey so far.

Semi-structured interviews with 14 Design School participants of Edinburgh (3), Glasgow (3), North Lanarkshire (5) and St Philips School (3).

Focus group discussion with 3 The Promise Design School tutors.

Semi-structured interviews with 3 Aberlour (2) and Kibble staff (1) supporting the Design School sessions.

Vignettes plus semi-structured interviews with 12 young people in residential care facilities at Secure Unit Edinburgh (2), Dalness House Glasgow (2), Main Street North Lanarkshire (4) and Bracora House St Philip’s School (4). See section 3 for a description of the vignettes.

Semis-structured interviews with 24 staff members working directly with young people in residential care at Secure Unit Edinburgh (8), Dalness House Glasgow (5), Main Street North Lanarkshire (6) and Bracora House St Philip’s School (5).

Scottish Approach to Service Design Scorecard survey completed by 10 managers of the four pilot services in August 2022 (round 1) and 15 managers in February 2023 (round 2).

ProQOL/PSS survey completed by 106 frontline staff of three³ of the pilot services in August 2022 (round 1) and 80 in February 2023 (round 2).

Focus group discussions with the Promise Project Boards in Edinburgh (4 staff), Glasgow (4 staff), and St Philip’s (3 staff).

Acknowledgements

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³ Glasgow was unable to take part in this survey.

2: The Promise: Rethinking Restraint

This section provides an overview of the context in which the Rethinking Restraint pilot is operating. It covers the Independent Care Review, The Promise policy document, The Promise Scotland and the various frameworks for Reflective Practice and Trauma-Informed Practice.

Physical Restraint

Physical restraint refers to the use of physical force or devices to restrict the movement or behaviour of a young person receiving care. Physical restraint should only be used when other alternatives have been tried and failed, and it is only used as a last resort to prevent harm to the young person or others.

However, the definition of physical restraint is not clear across government and the sector.

The Care Inspectorate defines restraint as an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm’.

The National Care Standards⁴ (NCS) define restraint as: ‘Control to prevent a person from harming themselves or other people by the use of physical means (...), mechanical means (...), environmental means (...), or medication (...)’.

The draft guidance for the use of physical interventions in schools defines physical restraint as ‘the use of direct physical force to restrict freedom of movement.’

The national child protection guidance⁵ defines restraint as ‘an act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently. This may or may not involve the use of force. Restraint does not require the use of physical force, or resistance by the person being restrained, and may include indirect acts of interference.’

The Mental Welfare Commission for Scotland⁶ describes ‘restraint is taking place when the

planned or unplanned, deliberate or unintentional actions of care staff prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement. It should be used only where there is absolutely no alternative that would reduce an identified, specific risk to the person concerned to an acceptable level.’

The Equalities and Human Rights Commission⁷ defines restraint as ‘an act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently’, including ‘chemical, mechanical and physical forms of control, coercion and enforced isolation.’

The use of physical restraint on young people is governed by the Children (Scotland) Act 1995 and the Regulation of Care (Scotland) Act 2001, which set out the circumstances in which physical restraint may be used, and the procedures that must be followed to ensure that its use is lawful and ethical.

The Scottish Government has published guidance on the use of physical restraint on children in care⁸, which emphasises the importance of avoiding the use of physical restraint where possible and using the least restrictive methods of intervention. However, this guidance is no longer available.

The use of physical restraint should be closely monitored and regulated by care providers to ensure that it is used only when necessary and in the least restrictive way possible, and that the dignity and human rights of the young person are respected at all times.

⁴ National Care Standards for Care Homes for Children and Young people, Scottish Government, 2002, Revised September 2005

⁵ National guidance for child protection in Scotland 2021, Scottish Government, 2021

⁶ Good Practice Guide, Rights, risks and limits to freedom, Mental Welfare Commission for Scotland. 2013

⁷ Human Rights Framework for restraint, Equalities and Human Rights Commission, March 2019

⁸ Guidance on the Use of Physical Intervention for Children and Young People in Residential Child Care Services in Scotland, Scottish Government, 2014, updated in 2019. With the publication of The Promise, this guidance has been withdrawn.

The Independent Care Review

In 2016 the Scottish Government decided to commission a comprehensive review of the care system in Scotland⁹, which was conducted between 2017 and 2020. The review was led by a team of independent experts, including care-experienced people, academics, and professionals from various fields.

The purpose of the review was to examine the experiences of children and young people in care, and to identify areas of improvement in the care system in Scotland. The review aimed to ensure that children and young people in care received the best possible care and support, and that their voices were heard in the process.

The review was structured around five core themes: ‘voice’, ‘respect’, ‘care’, ‘love’ and ‘hope’. The themes were designed to capture the experiences of children and young people in care and to provide a framework for evaluating the care system.

The review involved extensive engagement with care-experienced people, including children, young people, and adults who had been in care. The review team also consulted with care providers, academics, and other stakeholders. The engagement process included public events, focus groups, and online consultations, as well as individual interviews. In total the voices of more than 5,500 care-experienced people, carers and staff were heard.

The Promise

The Independent Care Review produced The Promise¹⁰ in February 2020, a comprehensive report with more than 80 recommendations to improve the care system in Scotland. The recommendations covered a wide range of areas, including the legal framework for care, the provision of support for families, the education of children and young people in care, and the training and support of care professionals.

The Scottish Government has committed to implementing the recommendations of the

review, and has set up a dedicated implementation team to oversee the process.

Central to The Promise is the development of caring, nurturing relationships for children and young people in care, whether in kinship or adoptive care or in residential care. Children and young people in residential care feel that restraint is over-used and that makes residential care homes scary places to live. Restraint is also harming the caring and nurturing relationship with the care home staff.

The Promise acknowledges that the workforce in the care sector needs to be upskilled and supported to better enable them to develop caring relationships.

Therefore, The Promise recommend that:

“Scotland must strive to become a nation that does not restrain its children.”

The Promise Scotland

In March 2021 [The Promise Scotland](#), a new organisation to support and monitor Scotland’s progress to #KeepThePromise was established as a result of the Independent Care Review.

The Promise Scotland sets out what needs to happen for Scotland to #KeepThePromise, provides support for organisations working towards change, and supports the Promise Oversight Board to monitor progress.

One of the key activities of The Promise Scotland is the delivery of the Design School, a key element of the Rethinking Restraint pilot.

Trauma-Informed Practice

Trauma-informed practice is a method of working with people that have experienced significant trauma in their life.

Trauma-informed practice involves understanding and responding to the impact of traumatic experiences on an individual’s life, behaviour, and health. It recognises that trauma can have long-lasting effects on

⁹ <https://www.carereview.scot/about/>

¹⁰ https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf

someone's physical, emotional, and psychological well-being.

Trauma-informed practitioners create safe and supportive environments that empower individuals to feel in control of their life. They prioritise the importance of building trusting and collaborative relationships with clients, recognising their strengths and resilience, and creating opportunities for them to participate in their own care.

Reflective Practice

Reflective practice is a way of working in care environments.

Reflective practice is a process of self-awareness and self-examination that professionals engage in to improve their skills and outcomes. It involves regularly reflecting on one's experiences, behaviours, and reactions in practice, and using this reflection to critically evaluate and improve one's practice. Reflective practitioners are open to feedback, actively seek out opportunities for learning, and are committed to continuous improvement in their work.

The Relationship Between Trauma-Informed Practice and Reflective Practice

While trauma-informed practice and reflective practice are distinct approaches, they can be used together to support individuals who have experienced trauma.

Reflective practice can help practitioners examine their own biases, assumptions, and responses to trauma, and identify areas for growth and improvement.

Trauma-informed practice, in turn, can help practitioners create more supportive and empowering environments for young people, and build stronger relationships with them.

Together, these approaches can lead to more effective and compassionate care for young people who have experienced trauma.

Trauma-Informed Frameworks

Across Aberlour, Kibble and the four pilot organisations a number of trauma-informed frameworks or methods are used. These

involve buying into a package of training and support.

The trauma-informed frameworks used are discussed below.

CALM Training

CALM Training (CALM) has a number of stated beliefs, which are:

-
- A world where all people are supported by a system that upholds their human rights.
-
- Services which consistently provide spaces and relationships which are safe, nurturing and therapeutic.
-
- Services which nurture, cherish and provide opportunities for learning and growth for their staff.
-
- Services which focus not just on the issues around behaviour but on promoting human rights, enabling people to flourish with hope, joy and meaning in their lives.
-

CALM training typically covers courses in Core Theory, Physical Intervention and Escape Techniques.

The Core Theory course offers organisations a set of core principles drawn from practice and evidenced based theory, which will help to transform how people are supported and influence organisational culture.

The Physical Interventions course aims to prepare individuals to react to crisis situations safely and humanely where restrictive physical intervention is the last resort to prevent serious harm.

CALM offers training in Physical interventions only where organisations present evidence that this is required. In delivering its Physical Interventions course CALM distinguishes varying levels of physical intervention with increasing levels of restriction, including those outlined below.

Level 1 – Basic posture

Level 2 – Turning; and of physical intervention
Guiding

Level 3 – Directing; Secure comfort hold;

Level 4 – Crosshold; Figure 4; Seated figure 4;

Safe Crisis Management Europe

Safe Crisis Management Europe (SCME) is an internationally recognised training programme that provides staff with the knowledge and skills needed to manage crisis situations safely, calmly and competently. A member of the BILD Association of Certified Training, the focus of SCME is on prevention, intervention, and post-incident support.

To put trust in carers to provide nurturing, opportunities for growth and development, they must be provided with the skills and scaffolding to do so. SCM Europe training is built on rights of the individual and acknowledges each individual's trauma history, by demonstrating an understanding of the vulnerabilities of individuals with experience of trauma, avoids re-traumatisation and delivers services that are responsive to the needs of individual's trauma.

The programme provides a continuum of interventions that are based on the principle of the "Least Restrictive Alternative". The least restrictive approach is using the least amount of restriction necessary to manage safety. SCM Europe is designed to reduce these emergency intervention situations, with an emphasis on reducing the need for restrictive practices in line with The Restraint Reduction Network Standards.

The program also provides training on post-incident support, including debriefing, reflection and follow-up care for all people involved in the crisis situation.

Dyadic Developmental Practice

Dyadic Developmental Practice (DDP) is a therapeutic approach designed to help young people who have experienced early trauma, neglect, or abuse, and who struggle to form healthy relationships with their caregivers.

It is relational and attachment-focused approach that seeks to enhance the emotional connection between the child and their caregiver. DDP recognises that children who have experienced early trauma may have difficulty regulating their emotions, may feel disconnected from others, and may struggle with trust and intimacy.

DDP involves both the child and their caregiver in the therapeutic process, with the aim of helping both parties to form a secure attachment. Through a combination of play-based activities, conversation, and reflection, DDP helps caregivers to attune to their child's emotional needs, to communicate more effectively with their child, and to create a safe and secure environment in which the child can thrive.

The Nurture Framework

The Nurture Framework is an approach to support the social, emotional and behavioural development of children, particularly those who have experienced adversity or trauma. The Nurture Framework is an evidenced based approach that is used throughout schools in Scotland to support Children and Young People's well-being, attainment and achievement.

The Nurture Framework is based on the principles of attachment theory, which suggests that a child's ability to form close relationships with caregivers is critical to their emotional and social development. The framework aims to create nurturing environments that promote positive relationships with adults and peers, emotional regulation, confidence and resilience. It involves a range of strategies and interventions, such as group work, one-to-one support, play-based learning, structured social activities and a focus on creating a consistent and predictable environment.

The Nurture Framework is based on a set of principles, including the importance of creating a safe and welcoming environment, the need for a predictable routine and structure, and the value of positive relationships and interactions. It is designed to be flexible and adaptable to the individual needs of each child.

Therapeutic Crisis Intervention Edition 7

Therapeutic Crisis Intervention (TCI) is a crisis management model developed by Cornell University's Residential Child Care Project. It is designed to help caregivers, including teachers and other professionals, to prevent and manage crises that may arise in the lives of young people.

TCI Edition 7 is the latest version of this program. It includes updated information and strategies for preventing and de-escalating crisis situations, as well as techniques for supporting young people during and after a crisis. The program emphasises the importance of trauma-informed care and focuses on building positive relationships with the young people in care.

TCI Edition 7 is based on the understanding that every crisis is an opportunity for growth and learning. It provides caregivers with the skills and knowledge they need to create a safe and supportive environment for young people, while helping them develop the skills they need to manage their emotions and behaviour in a positive way.

3: Young people’s Views

This section provides an assessment of young people’s views on restraint, gathered from discussions around the vignettes.

The Vignettes

Guided by the Aberlour Promise Development Workers, we have developed vignettes showing two storylines to solicit the views of young people living in the houses.

A vignette is a short, fictitious scenario used to elicit responses from participants in research. Vignettes typically include details about a hypothetical situation, including the characters involved, their actions, and the context in which the situation occurs.

Vignettes are a non-threatening way of introducing sensitive subjects to young people and allowing them to participate in research with a minimal risk of re-traumatising. The vignettes enabled them talk about restraint without necessarily having to explicitly talk about their own personal experiences.

The first storyline consists of the build-up of a crisis situation followed by a response of adults leading to the use of restraint.

The second storyline has the same build up, but ends with a trauma-informed response not leading to restraint.

The vignette storylines were developed into a cartoon by [Magic Torch Comics](#) and then transformed into a [video](#), which was shown to 12 individual young people across the four pilot organisations.

We showed the young people the videos of the vignettes and then asked them to answer questions about the situation and their thoughts and feelings about the scenarios.

Snippets of the comic are shown throughout this section and the full cartoon can be found in Appendix A.

The Build-Up

The build-up introduces Poppy, a young person living in a residential house, and Martha, an adult working at the house.

Martha has had a difficult morning coming into work and has to tell poppy that her visit with her sister has been cancelled.



This stressed out Poppy and at the dinner table the situation escalated, when Martha tells the whole group that Poppy’s family visit has been cancelled. Poppy gets very agitated, swears and slams the door.



Martha, already stressed by her personal situation, reacts to this behaviour by challenging Poppy.

Almost all young people recognised this situation.

"This could be a typical day at [...] house."

"Yes, this is me every 2 weeks."

What are they feeling?

Young people were asked to describe how the actors in the vignette may feel. Most young people said that Poppy would feel stressed and angry. Some also mentioned that Poppy feels betrayed, because Martha shared personal information about her with the group.

Not many young people could relate to what Martha was feeling, but those who did said she must be feeling stressed as well.

Most young people acknowledged that this situation at the dinner table would have a negative impact on the other young people as well. They used words like: stressed, angry, annoyed and worried to describe their feelings.

Most young people would expect that, apart from feeling sad for Poppy, this situation would have negative consequences for them as well.

"It's annoying because the person causing the problem, gets all the attention."

"They are taking up all the staff time, so I couldn't go to [activity] on time."

What happens next?

When asked what would probably happen next most young people said that Poppy would be asked to go to her room to calm down, but they also recognised that this situation could lead to restraint.

"Adults have to get in the way to calm things down, but sometimes it doesn't, it makes things worse."

"Somebody will be laying on the ground screaming soon."



Storyline 1: Restraint

The story then develops further by both Poppy and Martha becoming more agitated. The situation escalates with more swearing and screaming by Poppy and Martha reacting in a confrontational way.



The situation escalates further and Martha is threatening Poppy with restraint, which eventually happens.





What could be done differently?

Young people had range of suggestions what could be done differently by Martha. Most mentioned was she should have given Poppy some space to let her anger out.

To the young people it was clear that Poppy was struggling to communicate how she feels and Martha should have picked up on that.

Martha should not have jumped to conclusions and should have listened to what Poppy had to say.

Finally, Martha should not have touched Poppy, which is an invasion of her space and dignity.

"Martha could have tried to find out how to help Poppy."

"If someone can't communicate, give them space."

"Poppy feels humiliated."

Young people acknowledged that external circumstances in the adults' lives or their mood could have an effect on how they deal with situations.

"You can tell if adults are having a bad day."

"Some adults are grumpy all the time."

What Poppy needs?

Young people gave a range of things that Poppy needed in this situation, but that Martha did not provide.

They saw Poppy's behaviour as a cry for support and solidarity. Martha did not pick up on that.

Space was mentioned frequently as something essential when in distress.

Martha is not listening to Poppy she did not give Poppy the respect she deserves.

"If you respect someone, and they respect you, it's not going to deteriorate."

"Martha was not listening to what Poppy had to say."

Does restraint affect relationships?

Young people all acknowledged that the use of restraint has a strong negative impact on the relationship between adults and young people.

The use of restraint is a breakdown in communication between adult and young person.

Many young people mentioned that the use of restraint leads to a breakdown in trust.

"I wouldn't want to speak to Martha ever again."

"How can you look someone in the eye when they've pinned you to the floor."

"It [restraint] makes it [the relationship] ten times worse."

Young people clearly saw that Martha was using her power to deal with the situation and Poppy felt powerless.

"Poppy feels powerless."

"Martha has the power in that situation and she needs to be careful about that."

The few young people that had actually been in a situation of restraint told that it took weeks to repair the relationship afterwards.

Is restraint ever justified?

Many young people repeated that restraint is justified as a last resort when young people are in serious danger to harm themselves or others. This vignette storyline was not seen as a situation that would justify restraint.

"If someone's going to harm themselves or others."

"Slamming doors does not justify restraint."

"I don't like restraint, but what if there is no other option?"

However, when asked further, the most common opinion is that restraint should not be used in residential care.

"It would be a good thing if restraint wasn't used at all."

"Safeguarding should be banned altogether in a place of care."

"I personally wouldn't want this to happen to me."

"Would your parents put you on the floor and sit on you when they are annoyed with you?"

"It [restraint] is avoidable if you build up those relationships in the first place."

"I would like to see adults doing this to their friends."

"Safeguarding makes you less safe."

Some young people pointed out that restraint does not work as a means to calm young people down.

"Restraint is supposed to make me calmer, but it just makes me angrier."

What happens after restraint?

Young people talked about how restraint harms the general atmosphere in the house and has not only a negative effect on the person restraint, but also on the other young people in the house. Young people will feel embarrassed for Poppy and will have lost trust in the adults that applied the restraint.

"Restraint makes everyone feel uneasy."

All young people agreed that after such an event Martha and Poppy should have a chat to reflect on what happened. Young people should get an explanation why safeguarding was used.

Storyline 2: Trauma-Informed Practice

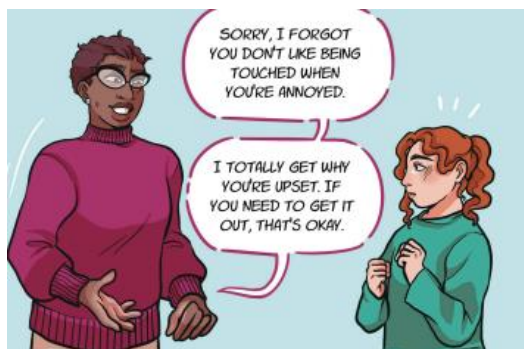
The second storyline picks up where the Build-up stopped.



Martha then recognises how Poppy feels and realises the cancelled visits bring back traumatic experiences for Poppy.



Martha apologises to Poppy, acknowledges her feelings and gives her a choice how to proceed.



Poppy calms down, both of them go to a quiet place to reflect.



What difference does this approach make to young people?

Young people agreed that from their perspective the trauma-informed approach is much better.

Martha tells Poppy that she gets her and Poppy feels listened to. This makes that Poppy does not get very angry, her stress levels are much lower and she is less annoyed.

It was noted that Martha actually stopped and thought about the situation, before acting.

It is important that Martha apologises to Poppy. This signifies an equal relationship.

The trauma-informed approach de-escalates situations and makes everyone calm down much sooner.

It is good that Martha takes Poppy to somewhere where they cannot be heard by anyone else. Privacy to deal with emotions is essential. Some young people pointed out that they would not want to have that chat straight away, and they appreciate it that Martha gives Poppy the choice to talk about it now or later.

This approach is also much better for the other young people in the house. Restraint has a detrimental effect on the atmosphere in the house and restraint stops things happening for them.

"If the atmosphere in the house is calmer, everyone feels better."

What difference does this approach make to adults?

Many of the young people mentioned that in this approach makes their job more enjoyable for adults and they do not get hurt.

Adults learn that they can solve most situations without having to resort to restraint.

"Adults don't like safeholding."

What difference does this approach make to relationships?

The trauma-informed approach ensures that relationships are not breaking down and build trust between young people and adults.

It is important that an adult can recognise that a young person is struggling without them having to say it.

"Talk to us, stop safeholding."

"Adults know me, know what sets me off and what not."

"If I saw an adult talking calmly to someone, then I'm more likely to trust that adult."

Conclusion

Young people and adults do not like restraint.

The use of restraint is not the answer to the young person's need at that moment. They need space, a listening ear and empathy.

The use of restraint upsets the power balance between adults and young people.

Restraint is seen as a breakdown of communication and trust.

The trauma-informed approach gets better results for all. It maintains relationships and builds trust and keeps young people calmer and reduces stress. Adults have more job satisfaction and avoid getting hurt. Other young people in the house benefit from a better atmosphere and no restriction of their activities.

Most young people would like to see the use of restraint banned.



4: Aberlour and Kibble’s Journey

This section explores the development that Aberlour and Kibble have undergone to reduce the use of restraint significantly in their residential care services for children and young people. Information in this section is gathered from interviews undertaken with management staff of both organisations.

Aberlour’s Journey

The Start

In 2016 senior management within Aberlour started talking about their attitude towards risks in reference to the use of physical restraint.

The justification for the use of physical restraint is based on a risk assessment. Organisations allow and enable adults to restrain young people to prevent events happening that deemed to be a greater risk to harm the young person, the adults or other young people. Although there are risks involved in restraining young people, the risks from not restraining young people were seen as greater.

One of the conclusions of those discussions about risk was that the negative impact of restraint on young people and adults was much greater than previously thought. A lot of adults were being hurt when using restraint, and young people are being traumatised by it. It was felt that restraint was not working. Independent research confirmed that restraint was used far too often and it led to more injuries rather than fewer.

The next step was for Aberlour to review its risk assessment on restraints and start working towards significantly reducing the use of physical restraint in its services.

This meant in the first instance looking more closely at types of challenging behaviour and the reasons why young people displayed challenging behaviour. This then led to holding people more accountable for their rationale behind using physical restraint.

As part of the Strengthening Sycamore Services programme, in 2017 Aberlour started working with the CELCIS Improving Care Experiences Team to develop a new vision statement based on literature, best practice and stakeholder consultation by CELSIS. This resulted in a collaboratively developed vision that the residential services should be: “A loving home where everyone laughs, learns, grows into their future, and is treasured always”.¹¹

From this, Aberlour and CELCIS have developed Practice Profiles that were implemented using Active Implementation. The Practice Profile describes the core elements of a high quality residential care practice and Active Implementation sets out how Aberlour is supporting their workforce to achieve this. Building relationships between adults and young people and reflective practice are key to this approach.¹²

In 2018 Aberlour conducted a Rethinking Restraint survey of all the young people and adults in their residential services. Young people and adults alike did not look favourably on restraint.

“The staff said they didn’t like having to restrain children, and the children said they didn’t like being restrained. No one likes it!”

The Independent Care Review and The Promise did not play a role in Aberlour’s decision to try to eradicate restraint from its services. But it was seen as a welcome support for their efforts and a confirmation that Aberlour was on the right track.

“[Aberlour] were already implementing all these things before The Promise

¹¹ Strengthening Sycamore Services, Residential care: policy, research, practice and the Sycamore vision, Lorraine Sillars and Lizzie Morton, CELCIS October 2017

¹² <https://www.celcis.org/knowledge-bank/search-bank/supporting-change-residential-child-care-through-use-practice-profiles-and-active-implementation>

came out. So it just kind of showed us that we're heading in the right direction."

Love InC

Love InC was a partnership project between Aberlour, the Care Inspectorate, CELCIS, and Includem, funded by the Life Changes Trust.

The ultimate aim of the project was to 'ensure that loving relationships are able to flourish for children and young people who experience care'.

The main outcomes that Love InC project aimed to achieve were:

Supporting paid staff members, carers, and volunteers to put relationships first.

Supporting engagement and co-production with care experienced young people.

Policy and practice become more responsive to care experienced young people (including culture change within organisations).

The project engaged with young people and adults in Aberlour services and elsewhere. The main conclusions from the project were:

Culture change is necessary towards a more loving practice in children's care.

Leadership is needed to embed a trauma-informed, love-led approach to all elements of work within the organisation.

The workforce need to be recruited based on its values.

Time and space to allow relationships to develop and be nurtured is needed.

Young people with care experience need additional support to succeed.

Flexibility in structures and processes are required to ensure barriers are removed for young person with care experience.

The Love InC research data gave Aberlour the confirmation that they were on the right track and further supported culture change in the organisation.

Changes in Practice

Aberlour has created the time, support and facilities for adults to get to know the young people they work with really well and build a relationship with them.

Trauma-Informed Practice

All adults have been trained in trauma-informed practice and have a greater understanding of young people's behaviour and the 'arousal cycle' and they are more aware of different strategies that can be used to de-escalate. There is a greater awareness that traumatised young people will revisit instances of trauma when dysregulated.

"I never ever hear anybody say nowadays 'oh they're just at it' or attention seeking. They actually stop and think 'what is this young person needing at the moment, what is this behaviour trying to tell me?'"

Adults are present while the young person de-escalates thus ensuring that relationships remain intact.

"You might have to take a step back and you might have to say, we can re-engage as soon as you're ready, I'm here for you.' And these kinds of communication makes it doesn't feel like the relationship has disappeared."

One House Manager gave an example of a young person who was new and very traumatised. Despite displaying very challenging behaviour, they never used restraint. Now they have formed strong relationships with the adults in their life and turned their life around.

"[Young person] is a prime example of a child who has strong, strong

relationships built on safety and security, who's managing now to thrive through life. And I don't know if we would have had that relationship if at that point we still were an organisation where we restrained children."

Adults treat escalating situations in a fundamentally different way. They know and are encouraged to let situations play out, try to use de-escalation techniques, rather than intervening straight away.

"We're allowed to walkaway now – previously you felt that you had to fix the situation there and then, but now you can step back. Maybe right now isn't the best time to try and fix the situation."

"We were given more permission not to control situations straight away."

"You can let to a certain extent, if the kid's not putting themselves in danger, destroy a few things in a room, because it's just stuff."

"We just have to ride it out with her, we just have to be alongside her, spend that time so she learns that as much as she tries to push you away, you're alongside her and actually we're going to get through this together."

Reflective Practice

Aberlour has created time and support for managers to put more emphasis on reflection in staff team meetings. Adults that require or desire it, can speak to Aberlour's Clinical Psychologist. This gives adults the opportunity to be open about challenges they experience looking after a young person in a safe space that acknowledges that the job they are doing is really hard.

Aberlour has introduced reflective supervision with managers and assistant managers by Aberlour's Clinical Psychologist. Typically in residential care line managerial supervisions are the norm, which leaves no room for reflection or discussion of experiences. Now Aberlour has created a safe space for reflective discussions.

"If you can create safety within the workforce, then you create safety for children."

"Adults immediately feel contained, and that massively impacts on their capacity to contain children."

Staff Training

Aberlour has stopped training their workforce in using restraint. The COVID-19 pandemic has made it impossible to deliver the CALM Physical Intervention course. After the pandemic, Aberlour senior management decided not to reintroduce this training. If staff are not trained in physical intervention, they are less likely to use it. Staff are trained in CALM Breakaway Techniques.

The resources that are freed up by not delivering CALM Physical Intervention courses are now used to deliver more trauma-informed practice training (DDP).

"If you train people in things, that's what they'll use."

"It's better when you haven't been trained in the use of restraint because you use so many other tools to de-escalate."

Aberlour realises that training staff and management once in trauma-informed practice is not sufficient. The workforce regularly gets refresher training, that reinforces theory, restates why reducing restraint is a good idea, reinforces the methods used and shares psychological research and evidence behind the theory.

"The most important thing is that these concepts are revisited all the time, that there is a rolling programme of revisiting this all the time."

"I think probably the other most important factor is that adults understand our purpose, understand why they do what they do in residential care, why they parent the way they do, why that might be different to the way they were parented or the way they parent their own children."

Debriefings and Incident Forms

What happens after an incident of restraint has changed. Previously, staff would have debriefings with a manager immediately after the incident, and this would be used to vent their frustration and then move on and go back to their work.

They would fill out an Incident Form immediately, often while still ‘in a foul mood’, meaning that incident reports were written very negatively, including blaming the child and using language and expressions that they were ‘horrified’ to look back on.

Now, both staff and young people are given time to decompress and regain composure before moving forward. As part of the debriefing process, young people are invited to have a reflective discussion with the staff member that restrained them, with the aim of building better awareness for the future, and repairing the relationship between staff and young person.

Staff are encouraged to write incident reports as if the child or young person themselves is going to read it, meaning that they include the young person’s perspective, show love and empathy, and are mindful about word choices.

“I always say to adults, don’t write anything unless you would happily give it to the child and it doesn’t make your toes curl at the thought of them reading it.”

Incident Forms are now reviewed by an external senior manager, not the house manager.

Staff rota

Staff rota changed as well. A typical shift was 2 days on 4 days off, and is now changed to 3 on 6 off. This allows adults to completely decompress from the emotional and physical demands of the job and provides more continuity for young people, as there are fewer staff switch-overs.

“They basically feel like they’d been on annual leave, and come back completely recharged and ready to go again.”

Corporate Language

There is a shift in the corporate language used within Aberlour. Rather than talking about restraint, adults are now talking about the ‘duty of care’ that adults have. This means that adults are only required to step in when there is an imminent risk to life or serious harm.

“I’m not trained in any form of restraint, but if a child is running into a road, I will step in front of them as a duty of care.”

The Impact of Culture Change

The changed practice has had a number of impacts on young people, adults and the organisation.

An obvious impact was the strong reduction of incidents whereby physical restraint was used. This automatically led to fewer injuries for adults.

“I feel a lot more comfortable with what we’re doing. I feel staff and children are safer.”

“Whenever they know that adults are going to restrain them they’re going to put on a fight, you know, because they need to protect themselves. And now they know we’re not going to do that it’s taken away that threat. They don’t look for that anymore. They’ll talk to us, they’ll shout, they’ll swear they’ll break things. But they’re allowed to express themselves in that way.”

Relationships between adults and young people are much better and young people are thriving under the new culture.

Previously, emotions of young people were controlled rather than expressed. Young people showing emotions and getting distressed was seen as a failure. Adults reacted when emotions were high quickly with the good intention of taking pain away, but young people need to be able to express pain.

“What you often found was children saying, ‘Why is this child not being restrained?’ because they are looking at

the child in distress and thinking take this away from me, this needs to stop.”

Now there is the perception that a young person displaying emotion is a good thing, not a bad thing.

Adults now understand that young people displaying emotion does not mean they are not doing their work well or are failing to provide care. They now realise that it can actually mean the opposite in most cases. It means that the adult is providing the young person with space to communicate with them. This makes adults feel that they are providing care and doing their job well.

“I think it's actually taken a lot of pressure off our staff teams. No one likes restraining and it's actually a bit of a relief, because if you had to go into a restraint, you could see the anxieties across the team members that were there.”

“If you can remove the expectation that an adult has to control the child, adults can feel so much freer to work alongside a child.”

“So we're just about having that discussion. It's okay to ask for a hug. Are you okay with me giving you a hug? Just those very, very simple conversations, but essentially seeking the child's permission to go, how would you like me to help you? And I think that was the biggest change as before, it was always on our terms.”

One manager talked about a young person who was struggling to connect with adults when she arrived, who is now a thriving person with strong relationships.

“Now, we've got a child who is able to speak about her emotions, she's got connections with adults, and she is open to physical touch so she'll come and ask for hugs and things like that.” I doubt this would have been possible if she had ever been restrained in the house.”

There is a much better understanding of the strain that adults are under when doing their

job and there is much more time to decompress. In the past adults felt unsupported and undervalued.

Young people and adults are now much more settled, emotionally contained and connected than previously.

“If we just acknowledge that these children come to us with a huge bundle of emotion, and anger, and acknowledge that that is natural and understandable, given their experiences, then we provide an environment then that enables them to show us that.”

An additional benefit from the changed culture is a better relationship with the police. There were fewer criminal charges and less property damage.

Resistance Against Change

People are afraid of change in general. And in the case of reducing physical restraint, these fears were expressed in relation to losing a tool they need to do their job.

“It creates anxiety for people because they feel they've lost a tool.”

“It totally changed the culture as you don't need big strong males on shift to be able to manage your shift, you need a set of tools to be able to do that and a relationship. I guess it was more people who had been here for a while who struggled with that change. People who had anxiety about when our kids become distressed – ‘How are we going to manage this?’.”

“When we talk about taking that away, it almost makes people feel probably quite vulnerable as they think, ‘What do I do in a serious situation?’”

An underlying sentiment among adults that caused some resistance was their need to feel in control, the concept of managing young people as a group through controlling them.

“When things are getting difficult, people get anxious. Adults wants to be able to control things, to stop things.”

And people also get anxious when things change.”

Change takes time. Adults have been working in a reactive way for a long time and were used to react to certain situations with restraint, even if there is no immediate risk of serious harm.

“With people who were more new to residential care, there was probably a little less resistance than from people that maybe have been in it for years, because change is scary, and you stick by what you’ve done.”

Examples of behaviour that would previously lead to restraint that were frequently mentioned by adults included: swearing, name calling, threatening, trashing the place or breaking things.

“[on seeing a YP causing damage to stuff] obviously you have this response a residential worker that you want to do something, but if you take away everything from that situation, there’s no real risk. Whereas if you put someone in there there’s a higher risk so it was really just getting people’s mindset and to that that place.”

Many adults were sympathetic to the idea of reducing restraint, but had serious doubts whether reducing restraint would work and there was a lack of clarity around what would replace restraint. Therefore, it was very important that positive feedback was given for situations where alternative to restraint were used. This positive feedback was shared widely with all teams across the organisation. This has helped changing mindsets.

“One worker admitted he thought we had lost the plot when we started this, and now he has become a convert.”

A learning culture, supportive leadership and a safe space without a blame culture also helped to break down resistance against changing ways of working.

“I think staff need to know that you’ve got their back at the end of the day, that they’re doing their best. The

assumption is that generally people come to work with the intention of doing a good job, and they can be faced with really difficult decisions.”

Key Success Factors

There were a number of key success factors that have been pivotal to changing the culture:

Seeing the reduction of the number of restraints across the organisation has been a key factor. Seeing that it actually works has spurred management and practitioners on to further change.

The involvement of young people and adults that work directly with them has been critical to the successful change of culture. Although there needs to be strong leadership to achieve change, a top-down approach alone would not have worked so well.

A third critical success factor has been the introduction of reflective practice and supervision as a key means to support the workforce.

“I think if adults are properly supported, that is the absolute only way forward for children. You can’t do a restraint reduction programme without a huge amount of support for adults.”

Lessons Learned

There were some things mentioned that Aberlour management would do differently if they had to do this again, or where lessons can be learned by others.

It is important that the issue of restraint does not become a taboo in the organisation. Change can only happen if restraint can be discussed in an open way and adults feel safe to talk freely.

It makes it very difficult for adults to discuss it if restraint is seen as a categorically ‘bad’ thing. If adults are scared they would get in trouble if they had to use restraint or have doubts about the chosen direction, they may not be as forthcoming when sharing views and the organisation will not get the full picture.

"If it's been done [restraint] for the right reasons, you will be supported. As opposed to, if you do that [restraint], then automatically you're going to be up an investigation and you've lost job."

Another comment was that the change process took a while to get off the ground and more action in the early stages would have been better. People got bored of hearing about reducing restraint but not seeing any actual change.

The definition of restraint could be clearer from the outset. Some adults thought that any touching of a young person, including turning and guiding, and normal affectionate touches would be seen as restraint.

Also it was not clear from the start what restraint would be replaced with. Greater clarity and training on de-escalation techniques and tools that can be used instead of restraint would have alleviated scepticism and fears around lack of safety, and increased staff's confidence in the approach.

"I think we very much made it clear, we're not going to restrain our children, but what we maybe didn't follow that up with was: but here's what you can do instead."

Final comments

"I think we're on the right path but we do have some work to go. And I think it's very, very worthwhile what we're doing. Often it's not until you actually go on it that you realise you need to go on this path."

"The shift is going to have to come as a whole system shift. It's great that we're doing this but we're a very small fish in a very big ocean when it comes to things like this."

"If we've had a part to play in that, in Scotland, in the UK, then we've done something pretty remarkable in terms of system change."

"If I had one wish, it would be that I wish I'd done it much sooner, 3 or 4 years ago!"

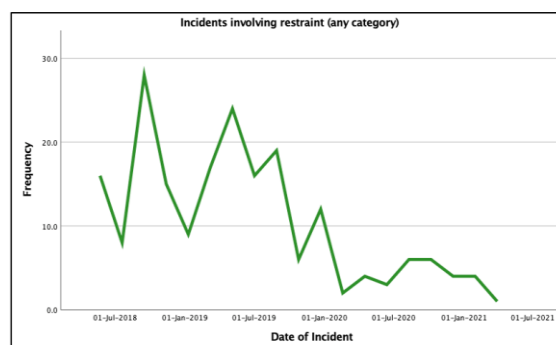
"People might look back and be horrified that this was normal, like how we look back at Victorian practices and are horrified."

Aberlour's Data on Restraint

Aberlour uses the CALM framework to measure the use of restraints in the organisation.

Aberlour has commissioned the University of Stirling to better understand Aberlour's experience of minimising physical restraint in their services.¹³

This research showed a strong reduction of the use of physical restraint over the period 2018-2021, as shown in the graph below.

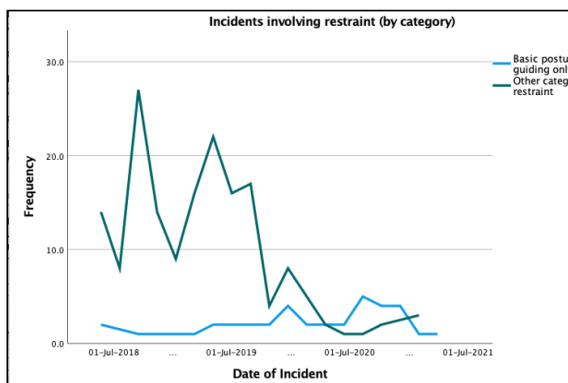


Source: Safer Places: Implementing policy change in physical restraint practice

This graph shows the reduction of the use of physical restraint over the period, which shows a clear and downwards trend.

When separating out the level of restraint, the trend becomes even stronger, as presented in the following graph.

¹³ Safer Places: Implementing policy change in physical restraint practice, Dr Ruth Emond and Dr Maggie Grant, University of Stirling, February 2021



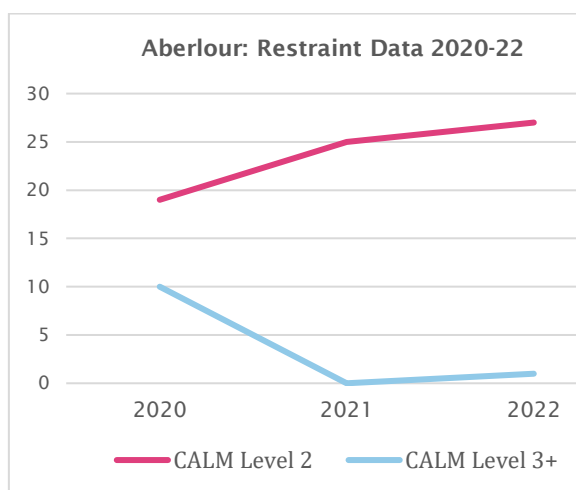
These data show that Aberlour has successfully managed to reduce the use of restraint to the absolute minimum in their services.

Source: Safer Places: Implementing policy change in physical restraint practice

The graph shows that restraint using CALM level 3 and up has reduced to almost never (green line), most is CALM level 2 turning and guiding (blue line).

In the period 2020-2022 across Aberlour’s residential services there were 82 reports of interventions across five houses where 27 young people live. These 82 interventions were evenly split across the three years.

Only 11 of these were CALM level 3 or Level 4 restraints. Of these only one occurred in 2022, the other ten were in 2020. In 2021 no Level 3 or 4 restraints were used, although that may be affected by the Covid-19 pandemic. The graph below shows the data of the period 2020-22.



The level of turning and guiding incidents (CALM Level 2) remains fairly constant, while the use of CALM Level 3 and up has been reduced to almost zero.

Kibble’s Journey

The Start

Central to Kibble’s DNA is the development of innovative practice and services, grounded in the latest research and expertise in the child and youth care sector. This has led to the implementation of advanced learning and development opportunities for all staff in order to effectively meet the needs of the children, young people and families they support.

In 2015, Kibble completed a needs analysis with young people they cared for, and this highlighted severe, frequent and varied traumatic experiences. This posed a question about how to effectively respond, not just at the individual level, but also as a whole organisation. Kibble’s then principal psychologist completed a Churchill Trust Fellowship, researching models of trauma informed-care and developed a therapeutic, trauma-informed model to be implemented across Kibble. This integrative model brought together a range of approaches including social pedagogy and specific trauma models, as well as a framework that would determine the implementation of trauma-informed care and hold the organisation accountable in its delivery.



Figure 1. Kibble’s Therapeutic Trauma Informed Model

The model states that:

- all staff should receive four days of advanced trauma training and then bi-annual refresher training;

- all staff receive a range of supports including reflective practice;
- there should be a high degree of integration between care, education and specialist mental health services, including a linked and integrated mental health practitioner to each service;
- that young people’s care should be driven by a trauma-informed shared understanding (psychological formulation) developed by the team around the child, facilitated by a psychologist and reviewed regularly; and
- that services should be evaluated and researched

Implementation of the model began in 2018 in Kibble’s services for primary-aged children. Since then, it has been successfully rolled out across all other care services. The implementation was built on existing good practice and trauma-informed understanding. The implementation led staff to closely relate the trauma that young people have been through to their behaviours, feelings, emotions and actions, therefore enabling adults to respond in a trauma-informed way. This has now become an expected standard across all services, acting as a blueprint for organisational practice.

It was a very fluid process and did not change overnight. The culture shift was initially a bottom-up process, with practitioners recognising the trauma that young people had experienced and seeking something that could respond to this. This was in parallel to senior management redesigning their strategy and supporting this top-down.

The model focuses on seven key themes, as demonstrated in figure 1, with the young person at the centre. This has led to a myriad of changes being embedded across the children’s houses, schools, indoor and outdoor spaces and family areas. Environmental changes have been driven by trauma-informed design principles. In addition, there has been shifts within: staff culture, practice, processes, learning, language, and ongoing monitoring and evaluation to drive continuous improvement. This ensures all areas of the organisation are working collectively to provide the highest level of support to young people.

Whilst Kibble has not entirely eliminated restraint, the use of the trauma-informed model and SCM Europe practice, have led to a significant reduction in the number of safe holds. In addition, in the event where a safe hold is deemed necessary to support safety and wellbeing, the least restrictive methods are used.

Middle management were very supportive and drove the change, becoming champions for the new way of working. Adults realised having more information about the effects of trauma made it easier to carry out their role and better respond to the needs of young people. In depth knowledge about the history of the young person, and a thorough understanding of their traumas and triggers, made it much easier to support and effectively respond to their behaviour, emotions and actions.

One adult found that there was lots of discussion, before change occurred.

One adult talked about a young person that was new to the house, and was restrained a lot in the beginning, but soon due to trauma and relational work with the staff team, this reduced and stopped altogether in a few months. It went from 20 times in the first month to 7 times next month and none after that.

The COVID-19 pandemic was a catalyst for change. It gave management staff time to reflect and deliver new approaches and ways of working anyway, which made change easier to implement.

“Especially the last two or three years probably with COVID, where you’re dealing with more difficult situations where you don’t necessarily have all the tools at your disposal.”

Changes in Practice

Trauma-Informed Practice

In Kibble, the Three Pillars of Trauma Informed Care in Residential Services (Bath) was used as the key framework to operationalise trauma informed care to staff. It was chosen for its good-fit to existing good practice and its simplicity. It specifies that the goal of care should be to provide three pillars: *safety*, build trusting relationships through *connection*; and

help young people *cope* with the past and present. The trauma training and care planning were structured around these three pillars.

This helped enhance existing good relational practice and further develop a focus on building strong positive relationships.

“We use our positive relationships to de-escalate a situation and to try and avoid any physical restraint.”

“If you don’t have a relationship with the child already, the child won’t take anything on board and won’t respond.”

One of the biggest changes was the way that adults dealt with crisis situations where restraint was used. In the past restraint was used too quick and too often and accepted as something that was used regularly when young people did not behave as expected. Now when restraint has been used adults need to justify their reasons why restraint was used.

“Always the questions: why, why, why – that was the biggest change for me.”

Adults have switched to utilising ‘Time In’ instead of ‘Time Out’. Time In is an alternative approach to supporting young people during crisis that focuses on positive reinforcement and emotional regulation, rather than exclusion. It encourages young people to remain present and engaged in the environment.

This has also influenced the way that Kibble works with young people in general. For example, when a young person is introduced in the house, adults first study their history and reflect on their past trauma, before allocating the most appropriate key worker. That way they can try to get the best relational connection. Young people are also asked for preferences like male or female, for example, so they are involved in the decision.

“Some people might have thought that’s like the kids sort of dictating who they want on their case, but actually, it’s not, it is trauma-informed working with that kid, taking into account what specific kind of things that they struggle with.”

Reflective Practice

Kibble’s therapeutic model has pushed an increasing focus on staff wellbeing. This includes the introduction of formal and structured reflective practice in their services. They use the Reflective Practice Group model where a house team engage in a group reflection facilitated by a psychologist regularly e.g. every 6 weeks. In addition to this there is also a confidential in-house counselling service that any staff member can access for individual support.

In the past therapeutic issues came up in the team meetings and were discussed there. Now there have been specific therapeutic team sessions introduced, separately from the team meetings.

“If people are then feeling emotionally and physically well, within their work, it then does inform their practice.”

“I think it’s allowed people to be reflective in saying ‘Do you know what? I could have maybe done that a bit differently’. Or ‘I’m really struggling with this; can you help me with this?’. Whereas I feel that maybe 10 years ago within this line of work you didn’t share that.”

Shared Understanding (psychological formulation)

Initial Shared Understanding Assessments involve a psychologist drawing a team together and exploring what the child has experienced, how this has affected them in the past and present, how this can help explain behaviour and what therefore the carers should do to best support them.

“What’s a child experienced? And how might that have made them feel or behave? And how do we best respond to that? And how we best respond to that is what informs their care plan?”

These are chaired by the Special Intervention Service (SIS), a multi-disciplinary group including social workers, therapists and psychologists. The shared understanding meetings also act as a reflective space to discuss the emotional need of the young

person and how the adults can contribute to that.

Team dynamics have also changed. Staff are open to having more discussions about trauma, discussions about how past experiences have affected young people.

Adults are now more open to discussing things and getting people around the table and having proper open forums to discuss how they can do things different.

“Previously staff would say ‘they’re at it today’, now we try to find out why they’re struggling.”

“I think just having that kind of emotional understanding of each other (staff), has been really helpful. And it’s a very new way of working, I would say.”

The SIS Team is also available for management, adults and young people at request. They provide strategies to staff team’s and individual adults can go to them at any point and just ask a question or get their opinion on a situation.

“The SIS team does not tell you what to do, it’s more let’s explore how we can do things differently.”

Training

Trauma-informed practice training has been essential for the culture change in Kibble. Training has been made available to all staff, not just managers.

“Upskilling the staff in terms of your knowledge of the kids, gives you the right resources.”

Debriefings and Incident Forms

In line with SCME, Kibble has adjusted their debriefing process and the forms they use when incidents occur to include how young people and adults feel. The debriefing is seen as a chance to address the psychological and emotional impact of the event and a chance to learn from the event. The debriefing considers the whole context of the young person (e.g. ADHD, impulsive behaviour, personal triggers) as well as the immediate context of the

situation (e.g. the build up to restraint and environmental factors).

The main aim of the debriefing is to consider alternative approaches to avoid getting to point of restraint in the future.

"I was quite robotic in my thinking in terms of being in a crisis, like right that's documented, done."

"For a long, long time, violence just became the norm. Violence and aggression were just like, 'Oh you got punched, write it down.' Whereas now, that's an invitation to have a discussion."

"There's definitely time for reflection and for people to challenge each other's practice."

The Incident Forms have also been adjusted to reflect the changed approach. The forms that need to be completed are more reflective in character. They focus less on what has happened, but more on why it happened and what could be done differently next time.

As part of supervision staff teams have regular staff review sessions every 12 weeks. The template for supervision has changed and is completely build around trauma-informed practice.

Recruitment

The type of people that are recruited to vacancies has changed. There is more focus on applicant's values and their understanding of and willingness to work with young people on addressing their traumas.

"We are looking for people to be coming in to the service that are willing to work with kids on their past and their issues, not just looking after them."

The Impact of Culture Change

The first, and perhaps the most important impact was the strong reduction of the use of restraint.

"I think our stats for safeguarding speak for themselves, they've definitely

dramatically reduced and the type of hold that we're using is less restrictive."

Some adults pointed out that statistics can be sometimes misleading. Not all houses are the same. Kibble works with young people with very serious trauma where restraint is much more likely to be used as the last resort when they first arrive at a Kibble house. But the use of restraint with individual young people reduces sharply within a few weeks or months after arrival.

Adults working with the young people have been won over by seeing that the new way of working actually worked. It made their job more pleasant, and more importantly, had a positive effect on the young person and the house in general. Celebrating successes and a clear focus on progress keep adult's commitment and morale up.

"So, if you are in an organisation with a culture where you are handling kids more, more and often you're going to just see that as the norm."

"It might not resonate with the person at the time, but it's constantly getting regurgitated, and that's not just in debriefs, that's in team meetings and specific care plan meetings."

"In the eye of the storm it can be really hard to see the positive change that you have achieved, because you're just like, 'Oh, my god, I've been dealing with this for a whole month.'"

Another important result of the change is that young people have a greater say in their care, in particular their involvement with and influence on their care plans. They have a say in the choice of their Key Worker. This has also trickled down to more practical levels. Adults give them a greater say on daily routines like bedtime or curfews. Like in many natural families, this is more a negotiation than a rule.

Young people feel more listened to and are more relaxed, which improves the general atmosphere in the houses, and subsequently makes adults' jobs more enjoyable.

"So, they are getting to make decisions about their lives, which is obviously really important. It can't just be us making those decisions without their

say at all, because it's not our life at the end of the day. "

"So yeah, I definitely think that that has been something that's been really positive as well as they have autonomy over what's actually going on and their own lives."

Adults are happier and more content in their job. Working in residential child care is a difficult and stressful job. Adults find it difficult to switch off and not take their work home. Using restraint puts additional pressure on adults and the reduction in the use of restraint has resulted in happier adults.

"Staff is our biggest resource, so if you're not looking after them, how do you expect them to look after the kids?"

"The houses are much more homely with less animosity and staff morale is a lot higher."

"I don't want kids thinking I can intimidate them and it's been a breath of fresh air for me that Kibble gave me autonomy to work that way, to speak in the right manner to kids and not have to chase them into their rooms."

Reflective practice, looking back on restraints and the feelings involved, has made a difference to the job satisfaction of adults. The adults still don't like being involved in holds, however they now feel like there are solid processes in place to try to minimise or avoid restraint completely in the future.

Resistance Against Change

Overall adults have reacted positively to the changes. Of course, there has been some resistance to the new way of working, in particular from some adults that have been used to thinking and working differently for a long time.

"I don't think it's like you're taking the power away from people, but I think it's more just helping them recognise that you have other tools to use."

"So I think everyone works in this line of work, works in it because they genuinely care and want what's best for

the kids. But yeah, they will need supported through that change."

Some adults felt that a useful tool was taken away from them and others experienced feelings of powerlessness.

It was also pointed out that Kibble is a large organisation and implementing change takes time.

It should also be noted that given the support needs of young people Kibble is looking after and the intensive nature of services they deliver, the use of restraint is not always avoidable and could lead to significant harm if not available as a last resort.

Key Success Factors

Strong leadership and support from senior management was seen as a key success factor behind the changes.

Another success factor that was mentioned was the genuine will of adults to reduce restraint and their appetite for continual learning.

Lessons Learned

There were some lessons learned from the process.

It does take time for people to adopt the new practices and for people to get on board with changes.

Clarity of the focus of the change from the start and what the organisation wants to achieve is key.

It is important to bring everyone on board in implementing changes. Adults directly working with young people need to understand and believe in the new way of working, and be properly supported by management in carrying out change.

There will always be apprehension prior to change but hearing from people who have made the change and are passionate about the benefits can help people come around.

5: Design School: Using Service Design to bring about Culture Change

This section of the report presents the experiences of participants and facilitators of the Design School and the impact on the thinking about service design and restraint in the four pilot organisations.

The Design School

The Promise Design School is aimed at transforming the care system in Scotland by helping people get better at co-designing new approaches to caring for children and young people. The ambition is to create a care system that has been influenced by what families, children and young people expressed that matters most to them.

The aim is to create a care system that is more responsive to the needs and experiences of children and young people in care and that provides better support for families and caregivers.

The Design School is based on a "design thinking" approach, which emphasises collaboration, creativity, and innovation and follows the recently developed Scottish Approach to Service Design (SAAtSD).

The Design School is structured around a series of intensive workshops, which bring together small project teams each working on a 'live' issue; something they know is not working and where they have the scope to change. Workshops are designed to encourage participants to think creatively about the challenges facing the care system and participants are supported to challenge their own assumptions about what the 'right' answer is, led by what people tell them about their experience.

A key point of the Design School is to help participants to start from what children and young people who contributed to the Independent Care Review have said about this problem. The Design School helps participants to take stock of what is already known and then to find the gaps in that understanding

and contextualise it. The aim is to help organisations to take the conversation further than it previously been.

Workshops are led by experienced designers and facilitators who provide guidance throughout the process. The Promise Scotland team also draws in team members with no design background, but have a strong experience in delivering child care services to show that you don't have to be a designer to co-design.

The Promise Design School is not a process where designers are deployed into the sector, but instead teaches people already delivering services how to 'get it right' when designing them by introducing them to key principles of the Scottish Approach to Service Design (SAAtSD).

The Scottish Approach to Service Design

The Scottish Approach to Service Design (SAAtSD)¹⁴ is a framework developed by the Scottish Government that emphasises a collaborative and user-centric approach to designing public services.

The SAAtSD aims to create public services that are more effective, efficient, and responsive to the needs of the people they serve. By putting the needs of users at the centre of service design, the Scottish Government hopes to create services that are more accessible, inclusive, and sustainable.

It is based on the idea that service design should focus on meeting the needs of users, rather than just delivering services. It involves working closely with service users and other stakeholders throughout the design process to

¹⁴ <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

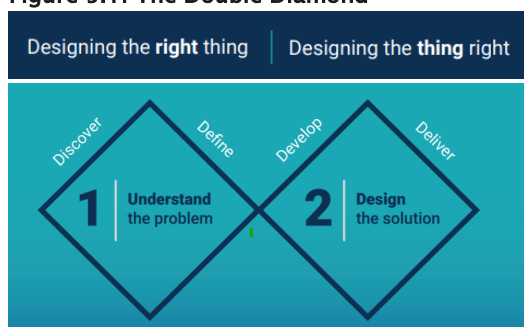
ensure that services are co-produced, and service users and stakeholders are meaningfully involved in the design and delivery of services.

The SAtSD places a strong emphasis on evidence-based decision-making and continuous improvement. This means that service design is informed by data and feedback from service users, and services are continually evaluated and refined based on this information.

The SAtSD uses the Double Diamond, a well-known model in the field of service design that helps designers navigate the design process by breaking it down into four distinct phases.

The double diamond model was first introduced by the Design Council in the United Kingdom in 2005 as a way to visualise the design process. Since then, the model has been widely adopted and adapted by designers and organisations around the world as a framework for designing products, services, and experiences.

Figure 5.1: The Double Diamond



The first diamond focuses on ‘Understanding the problem’. It starts with exploring the problem space and gaining a deep understanding of service user’s needs and perspectives. During this phase, designers gather information through research, user consultation and other forms of data collection.

Once the problem is clearly defined, the second diamond focuses on designing the solution. This is the delivery phase, which involves creating solutions that address the user’s needs identified during the discovery phase. During this phase, designers generate ideas, prototype potential solutions, and test them with users to refine and improve them.

The Double Diamond model emphasises the importance of divergent and convergent thinking in the design process. In the discovery phase, designers should explore a wide range of possibilities and perspectives to gain a deep understanding of the problem. In the delivery phase, designers should focus on refining and narrowing down their ideas to create effective solutions.

Senior managers from Aberlour and Kibble participated in training on the SAtSD prior to the project work beginning with the four organisations.

Reasons for Taking Part

All people interviewed from all four organisations stated their personal and their organisation’s commitment to The Promise and their genuine desire to eradicate, or at least significantly reduce the use of physical restraint.

Reducing physical restraint was already on the strategic agenda for all four pilot organisations, and all had taken steps to start changing their practice. Some of the organisations have been involved in legal procedures involving physical restraint, which has enforced the need to change practice.

As a result of their experiences St Philips School, as a member of the Scottish Physical Restraint Action Group (SPRAG), has co-produced their approach to reducing restraint across their services. They continue to be committed and involved in the work co-produced by this group to reduce and where possible eliminate the use of physical restraint in the residential care sector in Scotland.

“The Promise is essentially about values and it’s about giving young people a voice.”

The COVID-19 pandemic had halted the process of moving away from the use of restraint.

The organisations welcomed the opportunity to take part in a planned and structured approach leading to a further change in culture and practice.

"We wanted to build on the progress already made."

"We've been looking at reducing restraint for many years now, it's not something that has just stated through this pilot."

"We wanted to be part of this [the pilot] because it enabled us to keep moving forward."

One participant described how physical restraint was historically used as the go-to tool to manage challenging behaviour. This resulted in using restraint on a regular basis, also for situations that did not require or justify restraint. There was a disconnect between the needs and safety of young people and the adult's need to manage the situation. This subsequently led to bad or non-existing relationships between young people and adults.

This culture has been changing over the recent years. Some of the trauma-informed frameworks were introduced, but adults became really confused and the leadership was not able to support the adults sufficiently.

Some participants also observed the ongoing trend over the last few years from a reactive to a more reflective practice. The Design School fitted in well with this trend.

The offer to take part in Rethinking Restraint pilot and Design School therefore came at a very opportune moment. It allowed organisations to take the next step on their journey to reduce the use of restraint.

Some interviewees saw themselves as ahead of the curve in reducing restraint and saw the pilot as a good way to share their experiences. Others saw the pilot as a good way to check their approach to what others are doing.

"First of all, we wanted to know whether our thought processes and actions are right."

"We're quite willing to share what we're doing."

"It is a recognition that we're on this journey together."

All interviewees acknowledged that there was still some way to go in reducing restraint and more change was needed.

"If we are still thinking in 2024 that it's okay to have adults physically restrain the child, then we're not keeping The Promise."

Expectations of Design School

Design School has a slightly confusing name. Participants will not (re)design a service in Design School, but learn how to (re)design services. It teaches you how to apply design approaches to interrogate a problem (simulation). It teaches you how to do it, but you then need to go out and do it.

The Design School is about learning how to interrogate a problem, and practicing techniques that focus on empathy and experience as the key tools to help them do that. The aim of Design School is not for project teams to leave the sessions with the 'right' solution but teaching them how to find the right solution.

"It's like a Gusto or Hello Fresh box, you're not going to be a chef, you're not going to be a service designer, but we're going to give you the ingredients, the tools you need."

All interviewees indicated that they did not really know what to expect from Design School when they signed up.

"I'll be honest, I had no idea what we were getting into."

"I was confused when we started, but it all made sense once we started."

"There was a lot of frustration, but once we got our head around what it was, the benefits were absolutely plain to see."

This suggests that the explanation of the process and what to expect from it could be improved. This was a specific issue just for the four pilot projects who did not sign up to Design School via the usual route. This was acknowledged by the facilitators and the pilot support staff.

Most communication with the four pilot organisations was undertaken by Aberlour and Kibble, which had practical advantages but was not ideal. Usually, the Promise Team would do a ‘readiness check’ with prospective applicants, send out Welcome Packs and have discussions with participating organisations. Many times organisations ask a lot of questions in this process, but this did not happen with the four pilot projects.

The four pilot organisations were relatively late in enrolling to the Design School. The initial plan was that Aberlour and Kibble staff would attend Design School and then apply their skills and knowledge to the four pilot organisations, but that plan changed at the last minute.

Design School facilitators thought other organisations in the Design School cohorts had a much better understanding of what to expect. They signed up themselves and made a more conscious decision to join and had direct communication with The Promise team.

The pilot organisations responded to a very specific offer by the Rethinking Restraint pilot about looking at reducing restraint within their services, with the view to eliminate it entirely. The expectation was sometimes that service design was a ‘quick solution’ to achieving this. However, the issue is complex and there are no quick fixes.

“There would have been this idea that there’s a methodology with a beginning, middle and an end, but it’s actually an iterative loop, but they don’t really know that until they come on board.”

The lack of understanding of the process at the start has led to slow starts and delays. One participant talked about how these false expectations resulted in having to redo some work.

The limited understanding of what to expect, has also resulted in relatively low attendance at the Design School by the pilot organisations.

Almost all participants from the four pilot projects missed one or more of the four Design School sessions, which obviously did not help the learning of the organisations, and caused extra work for the facilitators.

The facilitators indicated that there was a significant difference between the attendance rates of the four pilot projects and the other organisations in the Design School.

It was also pointed out that organisations should come to the Design School with a real live problem, something that already had a high priority on their to-do list. In that case, the Design School should save organisations time, rather than be seen as an additional task.

There were also practical reasons for the low attendance, such as school holidays.

Selecting the Participating Houses

The four pilot organisations are large organisations with a range of different services. Therefore they had to pick one or a limited number of services to focus on initially.

These selection criteria were slightly different in each organisation. Edinburgh, Glasgow and St Philip’s School started by looking at their data and selected the facilities where the issue of restraint was most prevalent.

“We were looking at a incidents and things in the staffing group and we felt it’d be quite good for them to think about reflective practice.”

“We didn’t pick the easy option.”

In Glasgow and St Philip’s School an additional selection criterion was the willingness and ability of the house managers to implement change and bring the rest of the staff members with them in the process.

North Lanarkshire, which is smaller than the others, was able to work with four out of their five residential facilities.

Defining the Problem

Design School requires participants to come with a real live problem that they want to explore. The pilot organisations initially came to Design School with a very clear problem: reducing and ultimately eradicating the use of physical restraint in their services.

By its nature, the care for children and young people environment is more complex than most other service environments. Through the Design School process the organisations started to unpick the problem by exploring all facets of and perspectives on the issue and challenging their assumptions and biases. They quickly realised that ‘the problem’ was far more complex than they thought.

Design School forced the pilot organisations to segment the problem, look at all the dimensions of the problem, explore what was within their scope to change and how much of the problem is systemic.

“Here’s a problem, here’s a solution. And I suppose what the Design School taught us, we had to really slow down.”

“Instead of going directly from A to Z, we had to go through all the different letters in order to be able to get there.”

“In the end I left Design School with more questions than answers, which is not a bad thing. Design School showed the complexity of the issue.”

“Design School forces you to slow down and sit down with the problem, no matter how uncomfortable that is. And some of that can be depressing because you realise what’s not within your scope.”

“You’re going really wide before you’re able to go really narrow again. The going wide is very, very challenging because you feel like you’re lacking focus, but actually, all you’re doing is sort of allowing yourself space to really think things through.”

“We were really able to explore a lot of our assumptions about what the challenges were and what the solutions might be.”

Another thing they realised was that services are not static but dynamic and change all the time.

The organisations realised that change needs to be gradual and can only be implemented phased and incremental.

“Until we have no restraints, I don’t think we’ll stop re-defining the problem.”

So from the clear starting point of eradicating restraint, all organisations came to define the problem they needed to solve slightly different during the Design School process:

Edinburgh - realised that their workforce was currently not optimally equipped to implement the required changes to reduce the use of restraint. Their focus became to give staff the competence and confidence that is needed for the change.

Glasgow – started off with a focus on developing leadership to facilitate change. When exploring the conditions that would eradicate restraint, it became clear that there is a strong correlation between emotional containment of adults and the emotional containment of the young people. Therefore the focus became on how to create emotional containment, of young people, of staff and of organisations (management). The conclusion was that it should start with emotional containment of staff: how to attend to staff’s emotional needs so they become more emotionally available for the young people.

North Lanarkshire – made the initial change from eradicating all restraint to greatly reducing the use of restraint. They also shifted their focus on how to upskill and support their staff better. They further realised that to be effective for the young people they cared for, they need to look further than their own services, and bring others along at this journey, such as Education and Police Scotland.

St. Philip’s School – realised that they were good at reflecting on how young people felt about incidents, but they did not take the staff’s feelings into consideration enough. The focus became to improve the opportunities for staff to reflect on incidents, and how that would affect planning and management.

“We started with the idea to change the world. Soon we realised that we have to take a phased approach.”

“Design School allowed us to really think deeply about the questions we were being asked. And some of where we landed at the end didn't reflect what we anticipated at the beginning.”

“And it took us a long time to get there. What we recorded was really the young person's reflections on incidents, but we did not reflect on how that made staff feel.”

“It is critically important for staff to feel safe at their work, and that they're able to carry out their work without fear of being physically harmed, or having their belongings damaged.”

One participant recalled that their first objective was to be the first local authority to eradicate restraint altogether. Once they understood more of the complexity of the issue, their objective changed to eradicate restraint from one service, which eventually became to reduce restraint in one service.

Restraint is also a highly emotive issue, with lots of controversy and protectionism around particular viewpoints. These are really difficult conversations to have. The Design School uses visualisation techniques to let organisations discuss difficult topics and take the heat out of these conversations.

Design School facilitators and Aberlour and Kibble support staff confirmed this. They saw that the pilot organisations came to Design School with a simple problem and a preconceived idea what the answer should be.

“I think it has renegotiated their relationship with the problem.”

“It's not about service design, it's more about them using design thinking tools to interrogate a problem and get underneath it.”

“It really helped us to realise that our service wasn't fit for purpose to deliver The Promise.”

Some participants expressed the realisation that before Design School they immediately jumped to the solution, without going through the process of defining the problem.

Involvement of Young People in the Design School

The core of a co-design approach is to involve service users. Many organisations find this difficult and scary. Design School aims to give participants the tools to do so.

None of the pilot organisations service users, the young people in their services, were directly involved in the Design School. Service users were represented in the Design School process through the participation of the two Aberlour The Promise Development Workers.

The Promise Development Workers are care-experienced staff with the remit to make the voice of young people heard throughout the organisation.

The Promise Development Workers went into the participating pilot services and interacted with young people in those services. They led group discussions about the use of restraint in the participating houses and then fed the views of the young people back into the Design School process.

However, the level of contact with young people differed between the pilot organisations. For example, in Glasgow there were a number of visits of the Promise Development Worker to Dalness House, while the first visit to St Philip's School took place after the final Design School session.

Staff of the participating organisations also had discussions with the young people about the theme of restraint. For example St Philip's School's Learning and Development Manager and their Psychologist had discussions with young people about restraint.

In Edinburgh the Care Experienced Young People's Champions Board became involved.

In North Lanarkshire their own care-experienced Promise Development Worker was participating in the Design School.

For the most part the views of young people were as expected; they did not like being restrained and the use of restraint is damaging for relationships.

The discussions with the Promise Development Workers also brought things to light that the adults did not realise were important for

young people. Young people saw restraint predominantly as the result of communication breakdown. Therefore, in their eyes the way to reduce restraint is through improving communication adults and young people. This brought the issue of emotional containment to the forefront.

“Restraint happens because of a breakdown in communication. And that’s not something we had really talked about before.”

“When you contain someone’s emotion you restore their capacity to think and respond. So if we want to improve communication, we need to get people thinking and responding, as opposed to being emotional and reactive.”

The Promise Development Workers involved in Design School saw a lot of improvement opportunities to involve young people more in the design and running of services. For example, one organisation was planning to conduct a survey with young people. At the Promise Development Worker’s suggestion this survey was co-designed with young people.

All four organisations realised that it is essential to involve service users in the design and running of services. Organisations understood the concept and agreed with the importance of doing so, but they also acknowledged that there was room for significant improvement. Design School gave them tools and confidence to get service users more involved.

“We now realise that change cannot happen without the involvement of young people with lived experience.”

Involving Young People in the Future

All four pilot organisations said that they have learned from the Design School and have concrete plans to involve young people more in designing and running services. It was acknowledged that there is a distinction between consultation and meaningful involvement.

“It’s their life, they are the experts.”

“It’s like making a cup of tea. Who decides what a good cup of tea is? Is it the person that made the cup, or is it the person that’s drinking the tea?”

“The people who are closest to the problem usually have the best ideas how to fix it. It’s really just as simple as that.”

Design School gave them the tools and confidence to work collaboratively with young people about the development of services in the future. Design School provided them with a model to involve service users in a much more meaningful and effective way.

“What the Design School has helped us is think about move away from tokenistic consultation.”

“We’ve done snippets of it, but this has definitely made us think about young people being really involved from the start.”

“We want to get to that next part where they’ve really got a seat at the table, and really influence the development of new services.”

“I’ve always thought that young people and families have a level of lived expertise that we don’t have, and therefore need to be involved in service design. I suppose what the Design School has done is help us think about how we actually do it.”

For example, St. Philip’s School is currently planning the development of new studio apartments for older pupils to make the transition to living independently. The first three flats were developed before Design School and they have been completely designed by adults. For the next apartments, St. Philip’s School has engaged with the young people and taken their design wishes into account. One of the changes expressed by the young people was the wish for a bedroom that could get a double bed in, which are now included in the design.

St. Philip’s School also discussed services for interdependent living. Young people said that they wanted staff involved in a different role than the present. They want adults more as a sounding board rather than as an enforcer of rules. This is currently also implemented.

“The Design School helped us with that, because the previous three flats that we’ve done, we’ve just done, we’ve done what we think’s right. For the new flats the young people have had a bit of a say.”

Design School participants also said that it was helpful to see what other organisations were doing, and it helped to reinforce the determination across teams to make changes in the future.

“It has helped cement my view, but it also helped me find allies.”

However, there were no plans disclosed to fully co-design services with young people as equal partners in the whole process conforming to the SATSD.

Opinions on Restraint

All interviewees indicated that their view on restraint has not changed as a result of Design School. They found that physical restraint is damaging and should be reduced as far as possible, and, if possible eradicated totally from care services.

Opinions differ a little on whether total eradication is possible. Some do, others thought that in situations of acute danger to young people or adults physical restraint would be necessary.

“My opinion has always been the same, we need to reduce restraint to a minimum by upskilling staff to deliver better care for young people.”

“I do believe it is the desire of all practitioners not to be involved in that level of intervention.”

“I have always probably felt quite strongly that restraints is only something that really does get used in the very, very last resort. And I still very much believe that to be the case. But I feel more passionately about it through this process.”

Interviewees did report on development on their thinking about restraint.

As mentioned before, the realisation that developing and upskilling the workforce is the key to reducing restraint was mentioned frequently.

“Whilst I feel the same about the use of physical restraint, I feel definitely I’ve had re-ignition of the drive to look at how we support staff to ensure it is reduced.”

Interviewees said that there needs to be a better understanding of why young people behave the way they do. And likewise, we also need to get a better understanding of why staff react the way they do.

The use of language is important. By labelling young peoples’ behaviour as aggressive, you lose sight of why they behave the way they do.

An awareness emerged that the use of restraint is more about the needs of adults (the need to do something) and not so much about the need of the child. Adults need to realise that it is their choice of how to react to a situation. That is the power of an adult.

“When something happens, adults think: I have to do something.”

Views on Design School

All interviewees enjoyed the Design School and thought it was well delivered.

All interviewees mentioned the knowledge and skills of the facilitators. Their affiliation with The Promise and their understanding of the care environment was valued highly. The exercises were seen as exiting and creative.

The fact that the facilitators were linked with and had a thorough understanding of The Promise was seen as very positive. It was noted that sometimes it is difficult to translate training into the residential care sector, which was not an issue with the Design School.

“I think, that made it easier for participants to translate that into what this might look like in our services; some of that translation has already been done.”

In general, interviewees reported that through the Design School process they have got a better understanding of what service design is, and what they need to think about and do so that they are doing it in the right way.

"I couldn't fault anything to do with the delivery of the design school, I thought it was excellent."

As stated before, almost all participants had no idea what to expect from Design School. Many commented that it was a much bigger commitment than they had anticipated, in particular the homework that needed to be done in between sessions.

"Not a bad thing, but just it was bigger than we had realised."

"We went through a cycle of feeling excited and then overwhelmed, because of the volume of the work that that was involved."

Participants views on the number of sessions differed. Some agreed that four sessions was enough, others said that they could have benefitted from more sessions. Some also thought that more time in between sessions would be helpful.

"I think the more input you get, the better you'll be able to implement that."

Several participants recommended introducing a catch-up session after 3-6 months to see how everyone has implemented what they have learned.

Participants also valued the interaction with other organisations that took part in the Design School. People learned from others and different perspectives in the room stimulated creativity.

"In the words of the Dalai Lama: If you will listen to yourself, you only know what you already know, if you listen to other people, you might learn something new. So I think it was a great opportunity for us to make connections and to hear what other services are doing."

"It was really powerful not just to be in our own bubble."

"It's good to see everyone has their own issues."

How Design School Differs from Other Approaches

The biggest difference with other change programmes that participants mentioned was the focus on getting the problem clearly defined before thinking about the solution. Other approaches assume the problem is clear and start with the solutions.

The strong link of the Design School with The Promise and therefore the strong focus on the importance of including young people with lived experience in the design process made Design School stand out from other approaches.

Some also mentioned protected time away from the day-to-day delivery and the creation of a safe space to do creative outside-the-box thinking was helpful.

The fact that organisations entered Design School as a team has helped teambuilding.

"I've got lots of experience of different implementation models, but the Design School model wasn't in wasn't one of them."

Ongoing support from Design School

Design School facilitators offered multiple times to help with implementation (e.g. co-facilitate a session) but so far nobody has taken them up on their offer.

"We'll do anything that supports and walking alongside you, but it can't be done for you."

Design School facilitators thought that organisations were sometimes so overwhelmed by the novelty of the approach and conversations in the room, that perhaps that was enough for them at that moment in time.

And sometimes they thought that they had solved the problem. But Design School was only to teach them how to do it. They need to go away and start again from the beginning.

Critical Friends

Interviewees really valued the support from Aberlour and Kibble staff, both in between the Design School sessions and afterwards. They brought the right kind of skills and experiences that helped the pilot organisation make the most of Design School.

However, some participant pointed out that the Aberlour and Kibble staff that did support them throughout the Design School process had not undergone the training themselves and had not used the SAtSD to bring about changes in their own organisations. It should be noted though that Aberlour and Kibble do not use the SAtSD to bring about the changes in their organisation.

“They [Aberlour/Kibble staff] were learning it at the same time as us and hadn’t actually implemented it within their own organisation. So in terms of them been able to consult with us and to help us, that experience didn’t exist, they didn’t have it, because they haven’t actually used it themselves.”

The SAtSD Scorecard

We designed an SAtSD Scorecard to assess the understanding of the four pilot organisations of the principles, ethos and practicalities of the SAtSD.

The scorecard contained a number of statements where managers in the four pilot organisations were asked to indicate the extent to which they agreed with the statement. The scorecard was designed around the five assessment criteria of the Scottish Approach to Service Design Maturity Assessment Matrix.¹⁵

The Scorecard was administered twice during the evaluation period, at the start of Design

School (August 2022) and again after Design School had finished (February 2023).

Table 4.1 shows the percentage point change in score across the five areas of the SAtSD Maturity Assessment Matrix.

TABLE 4.1: SAtSD SCORECARD

SAtSD Maturity Assessment Matrix	%points change agree round 1 - 2 ¹⁶
1. Engagement with SAtSD principles, tools, methods and community	18%
2. Capacity and capability for SAtSD	5%
3. Understanding the problem	-11%
4. Involvement of young people in project research and design activities	-14%
5. Service user inclusion and accessibility needs for participation in design	-23%

Although at first glance, the picture portrayed in Table 4.1 is a negative one, for three out of the five there is a decline in agreement to the statements. However, we believe this should be interpreted in a slightly different way.

The increase in understanding of what the SAtSD is (Maturity Assessment Matrix 1) and the increased capacity and capability of organisations to implement the SAtSD (Maturity Assessment Matrix 2) are both straightforward positive results of Design School and the rethinking Restraint pilot.

The decrease in the other three areas of the Maturity Assessment Matrix could be explained by the unfamiliarity with truly inclusive service design before they started Design School. They thought they did quite well, but through the Design School process they came to understand that the issue is more complex than they thought and they could improve a lot on the way they design services. This is corroborated by the interviews

¹⁵ [https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2019/04/the-scottish-approach-to-service-design/documents/the-scottish-approach-to-service-
design/the-scottish-approach-to-service-](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2019/04/the-scottish-approach-to-service-design/documents/the-scottish-approach-to-service-design/the-scottish-approach-to-service-)

[design/govscot%3Adocument/Scottish%2BApproach%2Bto%2BServi
ce%2BDesign.pdf](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2019/04/the-scottish-approach-to-service-design/documents/the-scottish-approach-to-service-design/the-scottish-approach-to-service-)

¹⁶ This is the comparison of the people who answered positive (Strongly agree or Agree) to the statements of the SAtSD Scorecard

we have undertaken as part of this study and are described in this section of the report.

The detailed answers to all the 32 statements of the scorecard can be found in Appendix 2.

6: Culture Change: The Impact of the Pilot

This section explores the impact of the Rethinking Restraint pilot on the four participating organisations. It is based on the views expressed by adults working directly with young people.

The Use of Restraint

When asked, all interviewees mentioned a significant decrease of the use of physical restraint over the last few years. This was not especially attributed to the Rethinking Restraint pilot, but the project was seen as a helpful step to consolidate and further reduce the use of restraint.

Interviewees mentioned that in the past the use of physical restraint was used as a tool to manage behaviour and as a control mechanism of adults over young people. This culture has changed drastically. The Promise was seen as an acknowledgment of this trend and as a mandate from the government and the sector to further reduce the use of restraint.

“Our staff do have a not just an awareness of restraint reduction, but I think a real desire to reduce restraint. People don’t want to be involved in that kind of interventions with young people.”

“Nobody wants to put their hands on a kid.”

It is very difficult to make statements about the use of physical restraint, because there are a number of different factors that play a role.

Some services feel they have to use restraint more because of the type of service they are or the nature of the young people they care for. For example, young people with complex needs and complex backgrounds more often express difficult behaviour. Neurodiversity and a history of childhood trauma and domestic violence were mentioned as factors that lead to higher levels of emotional dysregulation and increase the probability of using restraint.

Young people are usually more unsettled and displaying more challenging behaviour when they first arrive at a new residential unit. Usually it takes some time for the young

person to settle in and in that period the use of physical restraint is much more likely.

Similarly, staff turnover can have an effect on physical restraint. Young people sometimes have to get used a new member of staff and an increased use of physical restraint is sometimes part of the settling in period.

However, this varies between organisations. For example, St Philips School does not see a significant impact of new arrivals or staff turnover on the use of restraint.

The use of restraint is more likely for younger children, because it is likely that dynamic risk assessment does not deem it safe for staff to restrain older children.

Some practitioners also pointed out that specific circumstances play a large role in the frequency physical restraint is used.

For example, several practitioners talked about the generally low frequency of using physical restraint in their house (once or twice a year). But last year, they had a huge spike in the use of restraint (to several times per week) due to the placement of a particular young person, who was particularly violent towards staff and other young people. Once that young person was transferred to another more suitable service, the use of restraint fell back to almost never.

Data on Restraint

The four pilot organisations provided data on restraint in their organisations and/or the services that were part of the pilot. The volume of data available and the content differed greatly between organisations, and therefore a comparison would not be useful.

Some significant highlights from the data supplied include:

One organisation reported that the use of physical restraint has reduced from 50 in 2020 to 30 in 2021 and 2022, a reduction of 40%.

The type of restraint has also changed during this period from mainly prone holding in 2020 to only 3 prone holdings in 2022).

Another organisation reported that the use of physical restraint has reduced from on average 23 per month in 2018 to around 6 per month in 2021 and 2022. Since 2020, the use of restraint has reduced with 44%. The use of prone holdings reduced from 75% to 59% in this period.

A third organisation reported a reduction from 95 restraints per year in 2020 to 28 in 2021 and 25 in 2022, a reduction of 74% over the period. The use of prone holdings reduced from 26 in 2020 to 7 in 2022, however, this remained relatively stable as a percentage of the total restraints (27-28% during each of the three years).

In two of the organisations that have supplied relevant data per house, it is clear that the use of physical restraint is predominantly prevalent in one specific house (87-89% of the restraints took place in one particular house).

Some of the organisations also reported data on staffing. Some significant data include:

In one organisation three staff members have left the organisation in the last year because they felt that the changed culture of trauma-informed practice aimed at reducing restraint was not an environment they could work in. Two staff members have been dismissed because they could not adapt to the changed culture.

Another organisation reported the suspension of two staff members due to the inappropriate use of restraint.

Another organisation reported that in 2022 only one staff member was absent due to an incident with a young person (8% of the total people absent during that period)

From the interviews we have undertaken with staff and management of the four pilot organisations, strong anecdotal evidence of the reduction of restraint emerged:

One service manager estimated a reduction of restraint with 90% over the last years.

Another service manager reported that in the last year in almost two thirds of their houses (63%) restraint has not been used at all.

Of the five staff members in one house we interviewed, only three had used physical restraint in the last year, and one relatively new staff member had never used or seen restraint.

The Definition of Restraint

Physical restraint is in most cases called 'safeholding', and there is not one single definition (see Section 2).

"Before it was called restrain and then we moved and called it 'safe holds'. Which made it sound nicer in some respects, but it is what it is – it's a restraint."

Safeholding is generally defined as physical intervention to keep the young person, other young people and the adults from serious harm.

All management and service delivery staff saw restraint as the very last resort to keep young people or adults safe from serious harm.

However, it has always been the case that restraint should be used as last resort, but what qualifies as last resort has changed over the years.

"We've always been asked to use it as last resort, but when this last resort is, has changed quite a bit over the last years."

When asked, practitioners gave a variety of definitions of what they would consider restraint. Most agreed that it involves a physical intervention to restrict the young person's movement.

There was less agreement over whether turning and guiding was seen as restraint.

Some expressed that they saw every physical intervention as a form of restraint.

Others said that restraint started where turning and guiding did not work or where young people resisted turning and guiding. A small minority believed that restraint only started at CALM level 4 or only included prone holding.

Practitioners pointed out that it could also differ from one young person to another. Some young people do not like to be touched at all and in these cases they were extra careful with turning and guiding as well.

Adults do everything to avoid using safeholding, and use restraint really as the last resort.

"It's a horrible, horrible thing that you have to do."

"What would I do with my own kids. If it's not okay for them, it's not okay for the children I care for."

"It makes you feel dirty."

"No-one I ever worked with feels good about it."

"The first time I saw it I was physically sick."

Culture Change

Although the timing of this study is too soon to really assess the impact of the pilot, participation in the Rethinking Restraint pilot and the Design School has led a number of concrete changes in policy and practice withing the pilot organisations.

It should be noted that any of the culture change described in this study cannot be attributed to the Rethinking Restraint pilot alone. All four organisations have been in the process of changing their culture to more trauma-informed and reflective practice and as a result reducing the use of physical restraint for some years. Some are further on this journey than others, but no one started from scratch.

All four pilot organisations were inspired by The Promise. In some cases organisations were working towards culture change because of a

desire to be the best among their peers, in other cases external circumstances (e.g. tribunals, bad media coverage) spurred the organisations on towards change.

"I think there's nobody in care that would disagree with The Promise and its objectives, but it's much harder to deliver it."

The following will assess the impact the Rethinking Restraint pilot has had on this process and try to single out specific learning and action stemming from the pilot.

Adults' Views on Restraint

In our visits to the houses across the four pilot organisations, we interviewed a total of 24 adults working directly with the young people.

Most adults acknowledged that the use of restraint is more talked about in team meetings, supervision meetings, informal discussions with house management, young people's conferences and in the development of care plans for young people.

They mentioned that the training they have undergone over the last years (e.g. CALM, Nurture) has given them the tools and confidence to change the way they are interacting with young people and rely less on the use of restraint.

"As we become better informed, we're less likely to use restraint."

"It's humbling, but also rewarding to see that what we're doing is actually working better."

"It used to be that adults were always right, but that is no longer the case, and rightly so."

Some adults pointed out that they though more about how to justify the use of restraint before using it.

"Property damage doesn't warrant a hold."

Most adults have seen a significant decrease in the use of restraint over the past three years,

and the vast majority thought that was a positive development. They saw that the new de-escalation techniques they learned really work.

Several adults working in one house talked about a young person who sometimes gets excited, starts to swear at the adult and pushes the adult. Adults know him very well and know that is as far as it gets and let him get it out of his system. In the past, and in many other facilities, this behaviour would have led to restraint.

There is also a much better understanding of special needs of young people (e.g. ADHD).

"When I started it [restraint] was very common, too common."

"At the time, I just thought this is what we do, but looking back I thought this is not a nice situation."

"12 years ago, restraint was the go-to tool."

However, not all adults agreed that restraint was in principle a bad thing that should be avoided, and some adults were of the view that the reduced use of restraint has led to more chaos in young people's lives. Others expressed a sense of loss of power to manage young people.

"If we know how to do it [restraint] properly, no one should get hurt."

"I don't believe any young person wants to live in chaos."

Drivers for change

Adults mentioned a range of drivers for the change towards reduced restraint.

Many adults mentioned the intensive training input they have received over the last years as a main driver for change, including CALM, Nurture, trauma-informed practice (TCI, TCI Edition 7) and reflective practice. This gave them skills and knowledge to adjust their practice and made them feel valued as a staff member.

Many also reflected on the drive from the leadership of the organisation to change the culture.

"We're much better at recruiting people with the right attitude."

The Promise and the focus on Children's Rights were also mentioned as drivers for change.

"In the past we learned about children's rights, but now we actually acted upon them."

Some adults mentioned the positive impact of the COVID-19 pandemic. This has brought the adults more together as a team, and strengthened the relationship between adults and young people. Others, however, talked about the negative impact of the pandemic on young people's mental health.

"I'm quite excited about how things are changing in residential settings."

Escalation

Adults working with young people described a range of factors that can escalate situations to the point of the use of physical restraint.

Contributing factors for young people

Perhaps unsurprisingly the young people's background and previous experiences were frequently mentioned as a reason for escalation. The young people in residential care are almost all affected by childhood trauma, and many live with neurodiversity. These young people sometimes have very clear triggers related to their trauma that results in challenging or violent behaviour.

The mood of young people is another factor. Young people's mood can be affected by many things, but a frequently occurring event that affected the mood of young people significantly was cancelled family time.

Many young people in residential care have low self-esteem and blame themselves for being in care. This makes their mood volatile and behaviour sometimes reckless.

Interactions with other young people were also frequently mentioned as reasons for escalation of situations. Group dynamics are often complicated and bullying can be an issue.

New young people placed in the house can be unsettling for them and other young people. The new person needs to settle in the group and find their place in the hierarchy.

Unfamiliar staff, such as agency staff, can also act as a trigger for challenging behaviour.

The use of alcohol and/or drugs is unfortunately not uncommon. This can lead to very tricky situations that can get out of hand very quickly.

Sometimes there are external influences, most commonly social media, that can cause the young person to start displaying challenging behaviour.

Finally, some of the adults thought that young people sometimes just like to ‘push their buttons’. This assumes that there is no underlying reason for their behaviour, which is strongly contradicted by trauma-informed practice.

Contributing factors for adults

The adults we interviewed acknowledged that there are also a range of factors that can contribute to situations escalating and potentially end in restraint.

Many adults pointed out that they had a hard job, involving a lot of physical work, and sometimes were tired and worn down. This made that they not always were able to interact to young people in the most optimal way. Some mentioned being on the verge of burnout.

"Kids feed off your presentation, they pick up vibes very quick."

Some adults mentioned their level of confidence or the level of confidence of their colleagues as a contributing factor to situations escalating.

"If your anxious or not feeling confident, young people will pick it up. It can put them on edge."

Adults also mentioned that not everyone has the same attitude towards challenging behaviour. What constitutes challenging behaviour that can be ignored for one adult, may be a trigger for another to intervene.

Staffing ratios, understaffing and the use of agency staff was frequently mentioned. In order to de-escalate a situation you need enough adults on site to calm down the young person and divert the onlookers from the situation. This is not always the case.

The relationship that the adult has with the young person and the history between them sometimes plays a role. Young people are more easily calmed down by someone they know well and have a good relationship with.

Finally adults also regularly cited natural human reactions from their side as a reason why situations escalated. When verbally or physically challenged or attacked natural self defence mechanisms come into play and the adrenaline levels in adults rise.

Interestingly, a number of adults said that they would not restrain a big young person, as they thought they would not be able to without getting seriously hurt themselves. This suggests an uneven experience of restraint across age ranges.

"I'm not going to put a 6ft boy in hold."

The Impact of Restraint on Relationships

All practitioners agree that the use of physical restraint has a detrimental effect on the relationships between adults and young people. After the use of restraint there is a break in the relationship, but in most cases this is recovered in a few weeks' time.

All adults stressed the importance of communicating with young people afterwards to explain their reasons for using restraint and reflect on what went wrong and what can be learned from the incident to prevent them happening in the future.

Many adults pointed out that in many cases young people have a different view on the need for restraint than adults. Sometimes

young people understand the reasons why, other times they do not.

Using physical restraint can upset the relationships between adults and young people. It makes young people feel powerless.

Communication is key. After incidents it is important to speak with young people, explain why the adult did what they did, what can be learned from the incident and find a way forward.

Strengthening Trauma-Informed and Reflective Practice

Trauma-informed practice or reflective practice was not new for any of the four pilot organisations and all have been on a journey to implement trauma-informed and reflective practice for several years.

The training of staff on and implementation of trauma-informed and reflective practice, and therefore the understanding of delivery staff of trauma-informed and reflective practice is growing.

However, all organisations reported that being part of the Rethinking Restraint pilot has strengthened their implementation of trauma-informed and reflective practice and helped them to further change their culture.

The Rethinking Restraint pilot and Design School helped organisations to focus more on the next steps towards a fully trauma-informed and reflective practice.

Moving Towards Containment

Throughout the process of the Design School and the Rethinking Restraint pilot all four organisations have been moving closer to recognising the importance of containment, containment of young people, containment of adults and ultimately the containment of the organisation.

The concept of Containment

The concept of containment refers to an experience of feeling held and protected, both in a physical and emotional sense.

Containment is a concept in child development, which offers guidance to

offering practical support to young people through an awareness of their emotional distress. Containment creates an environment around the young person that gives them a feeling of safety and security.

Parents usually are the key adults in a young person's life who acknowledge and accept a young person's distress and makes experiences safe by offering a way, to relieve them of their anxieties, until they are able to understand and control them themselves.

The earliest experience of containment is after birth when the baby cries or is distressed and not able to communicate their feelings, the parent will respond to the baby's needs and replace the emotional despair with something comforting (e.g. feeding, changing nappy, cuddling). Children and young people continue the need for containment until they are adults.

The thoughts and feelings that cause fears and anxieties are 'contained' by the adult until the child learns to understand and manage these feelings themselves.

For young people in residential care these 'containers' should be the adults, the corporate parents, that are looking after them.

Young people in residential care have in many cases missed out at this containment by parents and experiencing fears, anger and anxiety regularly, without having any means to relieve these. This many times lead to challenging and violent behaviour, which can in turn result in restraint.

Adults working young people in residential care need to learn how to respond to and 'contain' young peoples' fears and anxieties in order to make new, confusing and frightening situations more understandable and predictable for them.

When a young person is expressing anger and violence, they are looking to the adult to learn how to deal and cope with this situation. If the adult responds with physical restraint, the young person learns that this is how to express their emotions and the behaviour will repeat.

Containment enables young people to consolidate their strengths and press on with their cognitive, social and emotional development.

Emotional containment is also important for young peoples' development into adulthood as it improves their ability to physically be with other people, sharing the same experiences and supporting each other.

Containment provides adults with a framework for understanding and responding to young people's behaviour.

Containment in adults

When the pilot organisations attended the Design School and were forced to challenge their thinking and clearly define the problem they wanted to solve the focus came on containment.

Again, this was not a new concept for the organisations, and steps had been taken already.

When zooming in on containment for young people, it became evidently clear that adults working with young people in residential care can only be the emotional container for the young people in their care if they are contained themselves. This became the main focus for the pilot organisations as the most effective first step to reduce restraint.

To become effective containers, adults working in residential care need to feel safe and supported in their work place, need to be trained and upskilled in trauma-informed practice, need to get the time and opportunity to understand the history of the young people they care for and build strong relationships with them, and need to get leadership that facilitate them to share their feelings and emotions with their colleagues.

"When you have kids who are not emotionally contained, when you have adults who are not emotionally contained, what you have is lots of people who are reacting to each other, as opposed to responding to each other. And that then increases the likelihood of, of violence and aggression."

Talking About Restraint

Taking part in the Rethinking Restraint pilot has increased the scope and level of discussion on trauma-informed practice and

the use of restraint across the organisations and beyond.

North Lanarkshire Council has organised briefing sessions of staff that took part in the pilot with the rest of the staff. They explained why the service has decided to take part in the pilot and what they have learned and how this learning can be implemented in the organisations.

North Lanarkshire has also started to conduct focus group discussions with young people in their services.

Glasgow City Council are looking to establish an advisory group of young people in care that guide how they develop residential services going forward and sense checks what they are doing.

City of Edinburgh Council has set up a working group on CALM and restraint that includes care experienced service users.

Edinburgh and North Lanarkshire also reported starting formal discussions around restraint with other organisations that are engaging with their young people, such as Police Scotland, Education and Social Work departments, Bernardo's and Action for Children.

Changing Practice

Several of the pilot organisations have made changes to their practice.

St. Philip's School realised that reflective practice is a skill and has to be learned. They have trained the house managers and other management staff in reflective practice and made changes to the supervision process to make it more reflective.

Debriefing sessions at handover of shifts has been adjusted as well. It has become less task-oriented and more reflective on what has happened during the shift and how that has affected mood and behaviours.

"It's not just a task orientated and talking about that was done or this was done, but more about how people are feeling and how they're feeling things have gone based on their practice."

Edinburgh has also started with upskilling staff in trauma-informed practice and the Nurture framework. Adults do not always understand trauma-informed practice and think it means that the young people can do what they want. This makes staff feel powerless and demotivated.

Therefore training and leadership is required to give staff the tools and confidence to work with young people in their care in a new way. In Edinburgh staff used tools and exercises from the Design School process to upskill their workforce.

“The pilot has built my confidence that tis the right way to care for our young people.”

In North Lanarkshire the recruitment process has changed. Interviews with potential new staff are covering their understanding and feelings towards reflective practice and their views on the use of restraint.

Staff in North Lanarkshire expressed the view that they have made steps towards the implementation of trauma-informed practice and reflective practice, but there is still some way to go. Containment of adults plays a key role in this and leadership is required to give adults the support and confidence to change.

“If adults don't feel physically and emotionally contained, and able to speak about the hard stuff and the difficult things, and don't feel like that with their manager, then they're not going to be able to be functioning at the best of their ability.”

In the pilot houses in Glasgow, there has also been a shift towards a more reflective practice. Changes have been made to shift planning and handover. At the start of the shift, rather than focussing on the activities that need done, the handover now focuses on what the staff members likely need to meet the needs of the young people they are looking after. Rather than discussing for example who is in charge of medication, visiting the dentist or who is in charge of getting the young person to an activity, they focus on what specific needs the individual young people have that day and how can they support them.

An example of the new way of working was given of a young person who had experienced a lot of issues, including early stage rejection. Then a potential kinship move broke down, which led to challenging behaviour, with which the adults were struggling to manage.

Design School learning caused the staff to change their approach. They realised that in order to support the young person, the adults need to change their approach.

“And then the penny dropped, after lots of discussion on management and with the residential staff. It was a real lightbulb moment, he doesn't need to change, but we do.”

Focusing in on the young person's need and trying to understand their behaviour, they realised that transition was a difficult issue for that young person. They then started to focus on transitions for the young person: going to school, coming home after school, going to bed. Those were difficult points in the day.

Adults started to realise that the young person was not reacting to them, but was distressed about the transitions. They started to plan the young person's care around these transition points and this led to quite ground-breaking changes and the challenging behaviour disappeared. This had a profound impact, not only on the young person but also on the adults and the whole house.

“It is planning the care, rather than reacting to the behaviours of the young people. So because it's planned, it's calmer, it's more productive, it's more positive, and it's more predictable for the young person.”

Reporting and Debriefing after Incidents

Pilot organisations spoke about the changes they have made to the process of reporting incidents.

Traditionally, incident reporting was very much focussed on what happened, what behaviour was expressed by the young person and what actions the adult took in reaction to this.

Several interviewees mentioned how they have recently changed their procedure of how to report incidents and developed new forms in line with trauma-informed practice.

The new forms have more focus on why and how exactly the incident came about. It tells the story of how the situation escalated and what can be learned from it to ensure similar situations would not lead to an incident in the future.

The debriefing process has become more focused on the positive. After an incident that could have led to restraint, but did not, they also report on what they did do well to get the positive result.

“Another lesson we have learned is about the debrief at the end of shifts, that could be improved.”

St Philip’s School are also building reflective practice into the debriefing after incidents. They have changed their debriefing forms to reflect this.

Staff get frustrated because they feel they are not listened to. This also strategically important because it is very difficult to recruit and retain staff.

“I think sometimes their view gets lost, and it’s maybe not a political thing to say, but young people in the families don’t always have the answers to their situations.”

“I think a lot of people are leaving the care sector, because they think that we’re not listening to staff.”

In Edinburgh they changed the style and wording of reporting after incidents, more focused on how the situation has developed and what can be learned from it in the future. Young people are also more involved in writing the report.

Abolishing Prone Holding

Two of the pilot organisations, Edinburgh and North Lanarkshire, have abolished the use of prone holding, restraining young people on the floor. This was seen as too intrusive and traumatic.

In Edinburgh they have also stopped using isolation/separation as a punishment. They do not use the bedroom anymore for punishment.

Eradicating Restraint

Even though the vast majority of interviewees felt that using restraint was a very negative experience, most adults and management staff feel that it is impossible to eradicate the use of physical restraint from residential care. They see it as a necessary tool that they need in their toolbox for extreme situations.

Adults gave a range of situations they have experiences that would require restraint in their opinion, such as being attacked with a kettle full of boiling water, being attacked by a young person under the influence of drugs of alcohol, serious self-harm or attempted suicide, young person being aggressive in a moving car.

“It’s a necessary evil, but it will always be needed.”

“I don’t know what you could do to eliminate it completely.”

Adults said they need the option of using restraint to guarantee their own safety in the workplace.

“We have the right to be safe in our place of employment.”

“What is the alternative? How would I protect myself and my colleagues?”

“Part of me would love it, but the other part would be worried that we were left with nothing.”

Adults also said that young people in their care need to see that they are in control of the situation. If situations escalate too much, restraint is necessary to show the young person and the other young people in the house that the adults are in control of the situation and will keep them safe.

If physical restraint were forbidden, many adults thought it would be extremely difficult or impossible to do exercise their duty of care to young people.

They believed that without the option of restraint, they or the young people they care for would suffer physical harm. Many adults stated that they felt they had no other choice when they used physical restraint, and not applying it would have led to serious harm.

Many adults also pointed out the thin line between using restraint and justifiable self-defence.

“Even with restraint, you can’t avoid getting punched sometimes.”

“I’d be abused and I’d be off work.”

“What if somebody end up dead?”

“It’s easy to agree to ban restraint, but it’s a very difficult choice at the point of crisis.”

“It [safeguarding] gives me peace of mind, if you need it, it’s there.”

“I wouldn’t know how certain serious situations would have panned out.”

“How would we stop the violence.”

Many thought that they would have to call the police out more, which then would delay a response significantly and would lead to serious harm, and ultimately just displace the restraint. This would also result in many more young people getting a criminal record.

Most believed that abolishing restraint totally, would have a detrimental effect on the ability to attract people wanting to work in residential care.

“We would struggle to find people who’d want to work in places like this.”

“I don’t know if I would work here if there was no restraint allowed.”

Again the kind of care setting made a difference to adults’ responses. Adults agreed that restraint would most likely be used at some times in secure units. And many pointed out that without the possibility of restraint, open houses would not be manageable anymore.

Implementing the SAAtSD

Organisations have taken on board the learning on service design from the pilot.

Several Design School participants mentioned using tools and exercises of the Design School in working with their staff members.

“I use some of the activities and exercises from the Design School across other areas of my work, because I’ve recognised that I am very quick to make assumptions about the problem, and very quick to jump to solutions.”

Organisations are considering sending more managers to the Design School. St Philip’s School say they are committed to using the SAAtSD when designing new services and they are considering sending all their service managers to Design School.

“Let’s go and talk to people, find out what they think and get everybody’s voice and only then develop and deliver a solution.”

“I thought hey, wait a minute, I’ve come in here with some preconceived notions.”

St. Philip’s School is already using the SAAtSD in the development of new studio apartments for interdependent living at their campus.

North Lanarkshire Council is currently developing a new mental health service for care experienced young people and have involved the service users, young people in care, in the design of the service and the procurement process, including the selection of the service provider.

Glasgow City Council is currently developing a new mental health policy for young people in care. The writing process of this policy document has been paused and they are looking how to get care experienced young people more involved in the process.

“We would just, as the grownups, written the policy and then distributed it.”

A Happy and Healthy Workforce

We have gauged the levels of job satisfaction and professional stress levels of the adults of the pilot organisations through the Professional Quality of Life Scale (ProQOL)¹⁷ and Perceived Stress Scale (PSS)¹⁸. In August 2022 (round 1) and February 2023 (round 2) the two surveys have been distributed among adults in the pilot organisations¹⁹.

The **Professional Quality of Life** scale, specifically designed for caring professions, has two main components:

1. **Compassion Satisfaction:** the positive side of ProQOL, the pleasure people get from being able to do their work well.
2. **Compassion Fatigue:** the negative side of ProQOL, consisting of:
 - **Burnout:** feelings of hopelessness and difficulties in dealing with work or in doing your job effectively
 - **Secondary Traumatic Stress:** work-related, emotional and psychological distress that people experience as a result of exposure to the traumatic experiences of others.

Table 5.1 presents the scores of the pilot organisations in the two rounds of the ProQOL scores.

TABLE 5.1: ProQOL SCORES

	Round 1	Round 2	Level
Compassion Satisfaction (10-50)	40.55	40.77	Moderate-High
Burnout (10-50)	19.80	21.11	Low
Secondary Traumatic Stress (10-50)	19.87	20.87	Low

Compassion satisfaction refers to the sense of fulfilment and satisfaction that people feel from helping others and making a positive

difference in other peoples' lives. It encompasses feelings of accomplishment, pleasure, and enjoyment that come from the work of helping others.

Higher scores on this scale represent a greater satisfaction relates to one's ability to be an effective caregiver and feeling invigorated by their work. Adults working with young people in the pilot organisations are scoring moderate to high (42 and more is high). There is no significant difference between round 1 and 2.

Burnout refers to a state of emotional, physical, and mental exhaustion that results from prolonged and chronic exposure to work-related stressors. This includes the feeling that your efforts make no difference, or they can be a signal of a very high workload or a non-supportive work environment.

A high score means that you have a higher risk for burnout. Adults working with young people in the pilot organisations have a low score (below 23 is low) that reflects positive feelings about their ability to be effective in their work. There is no significant difference between round 1 and 2.

Secondary Traumatic Stress (STS) measures the negative effects of working with individuals who have experienced trauma in caring professions. It refers to the emotional and psychological distress that individuals experience as a result of exposure to the traumatic experiences of others.

Adults working with young people in the pilot organisations have a low STS score (below 23 is low). There is no significant difference between round 1 and 2.

Perceived Stress Scale (PSS) is a self-report questionnaire used to assess the level of stress a person experiences in their daily life. The Total Stress Score is divided into two components:

1. **Perceived helplessness** is the extent to which an individual perceives that their situation is out of their control and that they are unable to cope with the demands of their life.

¹⁷ The Concise ProQOL Manual, Beth Hudnall Stamm, PhD

¹⁸ <https://novopsych.com.au/assessments/well-being/perceived-stress-scale-pss-10/>

¹⁹ Unfortunately, Glasgow was not able to take part in the ProQOL and PSS surveys.

2. **Lack of self-efficacy** assesses an individual's perceived ability to cope with the demands of their life and to handle stressful situations.

Table 5.2 displays the scores of the pilot organisations in the two rounds of the PSS survey.

TABLE 5.2: PSS SCORES

	Round 1	Round 2	Level
Perceived helplessness (0 to 24)	8.35	9.18	Low
Lack of self-efficacy (0 to 16)	4.95	5.10	Low
Total Stress (0 to 40)	13.30	14.28	Low

Perceived helplessness is a phenomenon in which an individual experiences a sense of powerlessness or inability to control their environment or outcomes, even when opportunities to do so may be present. This perception of lack of control is an important component of the experience of stress.

Adults working with young people in the pilot organisations have a low score (below 12 is low) that indicates that adults feel they are in control at their work. There is no significant difference between round 1 and 2.

Lack of self-efficacy refers to an individual's belief in their ability to successfully perform a task or achieve a goal. It expresses an individual's perceived lack of self-confidence or self-efficacy in dealing with stressful situations.

Low levels of self-efficacy have been associated with higher levels of perceived stress, anxiety, and depression, and can make

it more difficult for individuals to cope effectively with stressful situations.

Adults working with young people in the pilot organisations have a low score (below 8 is low) that indicates that adults feel confident in their work. There is no significant difference between round 1 and 2.

Conclusion

The ProQOL and PSS scores of the pilot organisations suggest that their workforce is happy and adults have a low risk of burnout and STS and they feel confident and in control at their work.

This is a remarkably good score in a sector that is known for its low professional morale and high levels of stress and burnout. This suggests that the changes that these organisations have embarked on has a positive effect on the workforce.

The Legacy of Rethinking Restraint

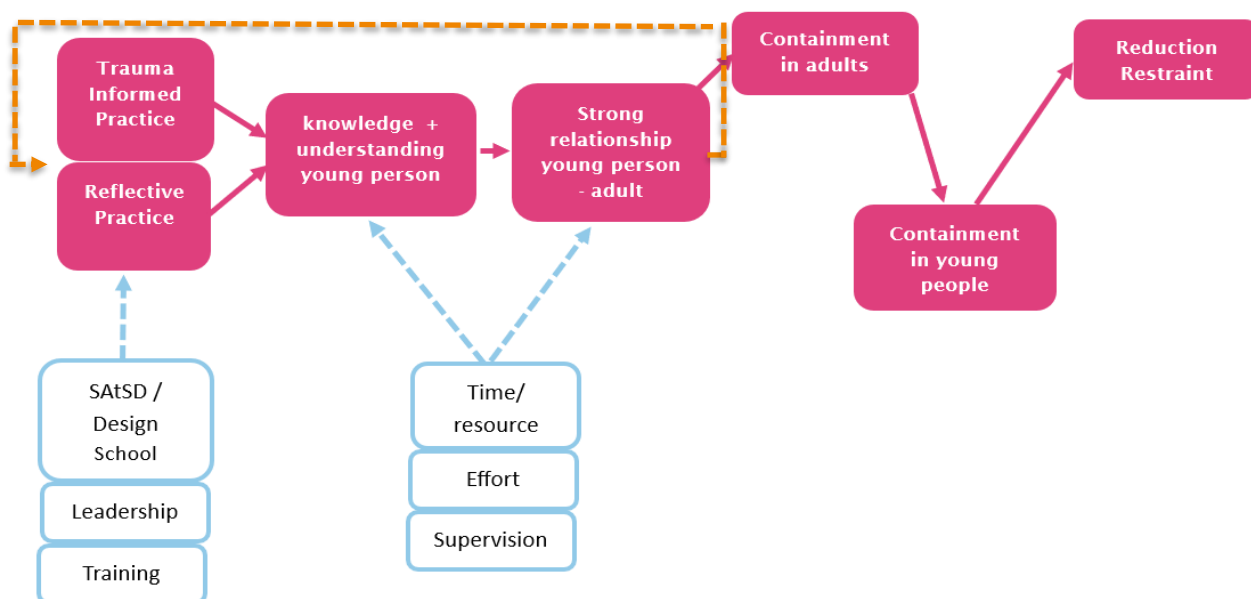
During the Design School process the pilot organisations have built good relationships with Aberlour and Kibble. These were strengthened by the work that Aberlour and Kibble staff have done with the pilot organisation after Design School.

These relationships will continue after the Rethinking Restraint pilot is finished in an informal way, but there is also some planning work ongoing to make these relationships more formal.

An Emerging Culture Change Model

From this study, a model on how culture change in the pilot organisations is emerging, as depicted in Figure 6.1.

Figure 6.1 - Emerging Culture Change Model



The first step is implementing trauma-informed and reflective practice. In order to do this, leadership, training of staff and management are required. The SATSD and Design School can be a catalyser for this.

Once trauma-informed and reflective practice is implemented, adults will get a much more in depth knowledge and understanding of the background of the young person and the reasons why they behave like they do. This will subsequently lead to a better relationship between adults and young people. In order to achieve this practice needs to change, which cost time and effort, and therefore has resource implications.

Once strong relationships have been established, containment increases. In order to contain young people, it is necessary that the adult that is looking after them are feeling contained.

Ultimately this will lead to more harmonious relationships in residential houses, less challenging and violent behaviour and thus to a reduction in the need to use restraint.

Culture change is an ongoing process and should be updated continuously.

This model should be seen as 'first draft' and should be refined further in the future.

7: Conclusions

This section summarises the key findings from the study and makes recommendations for the future.

Conclusions

From the research the following conclusions can be drawn:

Physical Restraint

1. The Scottish Government, via The Promise, has committed itself to eradicate the use of physical restraint in Scotland.
2. There is no single clear definition of what restraint actually is. A common definition of physical restraint in relationship to The Promise by The Scottish Government would provide clarity.
3. In most organisations restraint is referred to as 'safeguarding'. Naming it differently does not make a difference to young people, they recognise it as restraint.
4. A significant proportion of adults thinks that the total eradication of restraint is not possible in the short term. Therefore, without any further action, the ambition of The Promise to eradicate the use of restraint from childcare in Scotland will likely take longer than expected.

Young People's Views on Restraint

5. The use of vignettes was a good way to engage young people in sharing their views on restraint without having to share their personal stories and avoid the possibility of re-traumatising.
6. Restraint is not the answer to young people's needs in a crisis situation. They need their feelings acknowledged, space to vent their stress and empathy from the adults.
7. Restraint negatively affects relationships between adults and young people. It takes some time (weeks) to repair the relationships.
8. Restraint is seen as a breakdown in communication. Young people feel that adults do not seem to listen to what

young people say and do not know them well enough to pick up on non-verbal communication.

9. Restraint also leads to a breakdown in trust that adults can care for them, not only from the young person that is being restrained, but also from the other young people in the house.
10. The use of restraint leads to a shift in the power balance between adults and young people.
11. When asked, many young people first answered that restraint is justified as a last resort when there is an immediate danger to the safety of the young person or others. When asked more in-depth about the use of restraint it turns out that most young people are strongly against it and would like to see it abandoned in residential care.
12. Young people all preferred the trauma-informed practice. Things they particularly liked was the adult apologising to the young person, acknowledging their feelings, understanding their previous experiences and traumas and giving them a choice how to proceed.
13. Young people agreed that the trauma-informed response de-escalates the situation, resulting in less stress and anxiety for all involved: the young person, the adults and the other young people in the house.
14. Trauma-informed practice ensures that trust is maintained and relationships are not broken and in many cases deepened.

Aberlour and Kibble's Journey

15. Both Aberlour and Kibble have been on a journey to strongly reduce the use of physical restraint in their residential care facilities.
16. Both Aberlour and Kibble have strongly reduced the use of physical restraint from

- their practice, but neither have managed to eradicate it totally.
17. Restraint is generally only used in some cases when young people are new to a service and reduces quickly to zero after a few weeks/months. The type of restraint used has changed as well to less intrusive restraints.
 18. Although there are slight differences between the journeys that Aberlour and Kibble have undertaken, the similarities are much greater.
 19. Culture change starts with strong senior leadership (top-down), but can only work if the workforce is taken with them (bottom-up).
 20. Adults working directly with young people must be given the tools to replace restraint. Therefore, trauma-informed training is essential to bring about culture change. Training needs to be continuous.
 21. In both organisations restraint has changed from a common tool to manage young peoples' situations, emotions and behaviour to the last resort tool to avoid serious harm.
 22. Aberlour and Kibble have invested time, resources and management support in developing and implementing reflective practice .
 23. The introduction of trauma-informed and reflective practice has resulted in practical changes to team meetings, support and supervision meetings. Reflective space and resources have been introduced to increase containment of adults working with the young people.
 24. Incident reporting and forms have changed to include the context of the young person and the whole history leading to the crisis. Corporate language has changed as well. Incident reporting is now used as a learning tool.
 25. Aberlour has stopped training their workforce in restraint, Kibble still does.
 26. The culture change in both organisations has had a profound impact on the adults working with young people:
 - a. There has been a strong reduction in the number of restraints, leading to fewer work-related injuries.
 - b. Adults feel that their feelings and emotions are recognised and acknowledged.
 - c. Adults are more contained.
 - d. Adults have a greater job satisfaction.
 - e. Adults feel more valued and supported.
 - f. Adults feel relieved that they do not have to be in control all the time. This takes some of the pressure off an already difficult and challenging job.
 - g. Adults have a better relationship with the young people they care for.
 27. For young people the culture change has also led to significant changes:
 - a. There has been a strong reduction in the number of restraints.
 - b. Young people have a greater say in their care.
 - c. Young people feel empowered.
 - d. Young people have a better relationship with the adults that care for them.
 28. There has been resistance against the culture change in both organisations. Some adults felt that they lost a valuable tool and they lost control and power. There was more resistance from adults that worked in the organisations a longer time.
 29. Strong support and leadership from management and seeing that trauma-informed practice works has broken down almost all resistance.
 30. Lessons learned include:
 - a. Strong supportive leadership is required to bring about culture change.
 - b. Without bringing the workforce along and providing them with the appropriate knowledge and skills culture change cannot be implemented.
 - c. Culture change takes time.
 - d. Talk about reducing restraint should be accompanied by action to make culture change happen.
 - e. Restraint should not become a taboo in the organisation so that adults continue to share their worries and fears.

- f. trauma-informed practice makes residential services better for all concerned.

Design School

- 31. The four pilot organisations had a strong commitment to The Promise, a genuine desire to reduce restraint in their services and had already started on the journey to reduce restraint. The Rethinking Restraint pilot was seen as a structured way to take the next step.
- 32. None of the four pilot organisations was clear on what to expect from Design School. This was due to the relatively late decision to include Design School into the pilot and because of the intermediary role that Aberlour and Kibble played.
- 33. The unclarity of what to expect, has resulted in lower than average attendance of Design School. Almost all participants have missed one or more of the four Design School sessions.
- 34. Participants found it very useful to get a better understanding of how to define the problem.
- 35. All four pilot organisation came to Design School with a clear and simple problem: How to reduce and ultimately eradicate restraint from our services? Design School made them realise that the problem is far more complex and multi-faceted. All four organisations revised their definition of their problem. They realised that they should develop and upskill their workforce; make sure their workforce is contained; and bring others along with them to bring about culture change.
- 36. Design School has taught participants that before you can design a solution, you need to interrogate and clearly define the problem. Design School gave them the skills and tools to do so. There are examples of participants having used these skills and tools in other situations in their work.
- 37. Service users, young people, were not involved in the Design School. They were represented by Aberlour's Promise Development Workers.
- 38. The Promise Development Workers role of engaging young people in the four pilot organisations was really valued and brought new insights to the organisations. This showed the value of meaningful engaging young people in service (re)design to the pilot organisations.
- 39. The pilot organisations understood the importance of involving young people in a meaningful way. Design School has given them the tools and confidence to do so. There are some examples of where the pilot organisations have made a start with involving young people in service (re)design.
- 40. The opinion of Design School participants on the use of restraint has not changed. They did not like it and want to see it reduced as far as possible.
- 41. Opinions were divided on whether it is possible to eradicate restraint fully from their services. Some thought that restraint will always have a place in residential childcare as a last resort intervention.
- 42. Participants enjoyed Design School, found the interaction with other organisations in the sessions useful and thought that the skills and knowledge of the facilitators was excellent. Their affiliation with The Promise and their knowledge of the care sector was seen as valuable.
- 43. Participants all have a better understanding of the Scottish Approach to Service Design.
- 44. The skills, knowledge and experience of the Aberlour and Kibble support staff were appreciated and useful. But, because they had not done Design School before, their support during Design School was limited.

Culture Change

- 45. The use of restraint is reducing in the pilot organisations. Restraint is not seen as the go-to tool to manage young people, but as the last resort to avoid serious harm.
- 46. The type of service and the nature of the young people in the house affects the probability of the use of restraint.

47. There is no consistent data available on the use of restraint across the pilot organisations. Data that has been submitted suggests a steady decline in the use of restraint in the pilot organisations over the last three years.
48. Adults working with young people have the tools and confidence to minimise the use of restraint to the last resort.
49. Adults working with young people see the reduction of restraint as a positive development. A minority thought that the reduction of restraint has led to more chaos in young peoples' lives.
50. The drivers for culture change were: strong leadership, trauma-informed training and policies such as The Promise and Childrens' Rights.
51. Contributing factors involving young people that can lead to escalation of situations and subsequent use of restraint include: their background and trauma, group dynamics, the 'mood of the day', the arrival of new young people or adults in the house, and the use of alcohol and drugs.
52. Contributing factors involving adults that can lead to escalation of situations and subsequent use of restraint include: tiredness and being worn down by the stress of their hard job, their relationship with the young person, confidence levels of adults, understaffing and natural reactions of self-defence.
53. Adults acknowledge that the use of restraint has a detrimental effect on relationships.
54. Communication with the young person that was restrained after an incident is key to restoring relationships.
55. Adults working with young people see the importance of containment.
56. The Rethinking Restraint pilot has sparked discussions withing the pilot organisations about restraint. These discussions include operational staff and young people.
57. There is some evidence of practical changes as a result of taking part in the pilot: upskilling and training of staff, changes to the debriefing after shifts, changes to the incident reporting procedures and forms.
58. Some organisations have stopped using prone holding.
59. Most adults working with young people think that it is impossible to totally eradicate restraint from residential child care. They feel that restraint should be there as a last resort to keep them and the young people they care for safe and is a necessary part of their 'duty of care'. They believe that abolishing restraint totally would have a detrimental effect on the ability to recruit staff to work in residential care.
60. The ProQoL and PSS scores of the pilot organisations suggest that their workforce is happy and adults have a low risk of burnout and Secondary Traumatic Stress and they feel confident and in control at their work. This is a remarkably good score in a sector that is known for its low professional morale and high levels of stress and burnout. This suggests that the changes that these organisations have embarked on has a positive effect on the workforce.
61. The relationships built with Aberlour and Kibble will continue after the completion of the Rethinking Restraint pilot.

Recommendations

Based on the findings of the research, we make the following recommendations.

Eradicating Restraint from Residential Care

1. Further discussion is required between management and workforce if restraint is to be eradicated completely in the four pilot organisations as currently there is some scepticism from some adults working with young people that this is achievable.
2. The Emerging Culture Change model should be further developed and shared widely with other organisations and could be used in combination with the SATsD to

(re)design services that minimise or eradicate the use of physical restraint.

3. The Scottish Government should do more to achieve its objective of Scotland being a nation that does not restrain its children.

The Use of Design School

4. If a future project includes Design School the Design School facilitators should be fully included in the due diligence around selecting the participants. Design School facilitators should also do the preparatory work with the participating organisations.
5. If a future project includes Design School the Aberlour and Kibble staff should attend Design School before supporting others.
6. If a future project includes Design School it is recommended to include service users (young people).

Evaluation

7. In order to measure the reduction of restraint the data on the use of restraint and related data should be standardised. In order to create a standardised dataset on physical restraint, the Scottish Government should provide a clearer definition of physical restraint.
8. For future evaluation of projects aimed at systems change, data sharing and participation in evaluation activities should be written into agreement before accepting participation.

Observation of the Researchers

9. There is some understanding that restraint is not used for large and strong young people. The question is, if non-intervention somehow works with young people too big or strong to restrain, why can the same attitude not work with smaller and weaker young people? How the experience of restraint can be made consistent for all young people, regardless of age, size or sex should form part of the discussion around this issue.

Appendix A: Vignette Designs

The Build Up

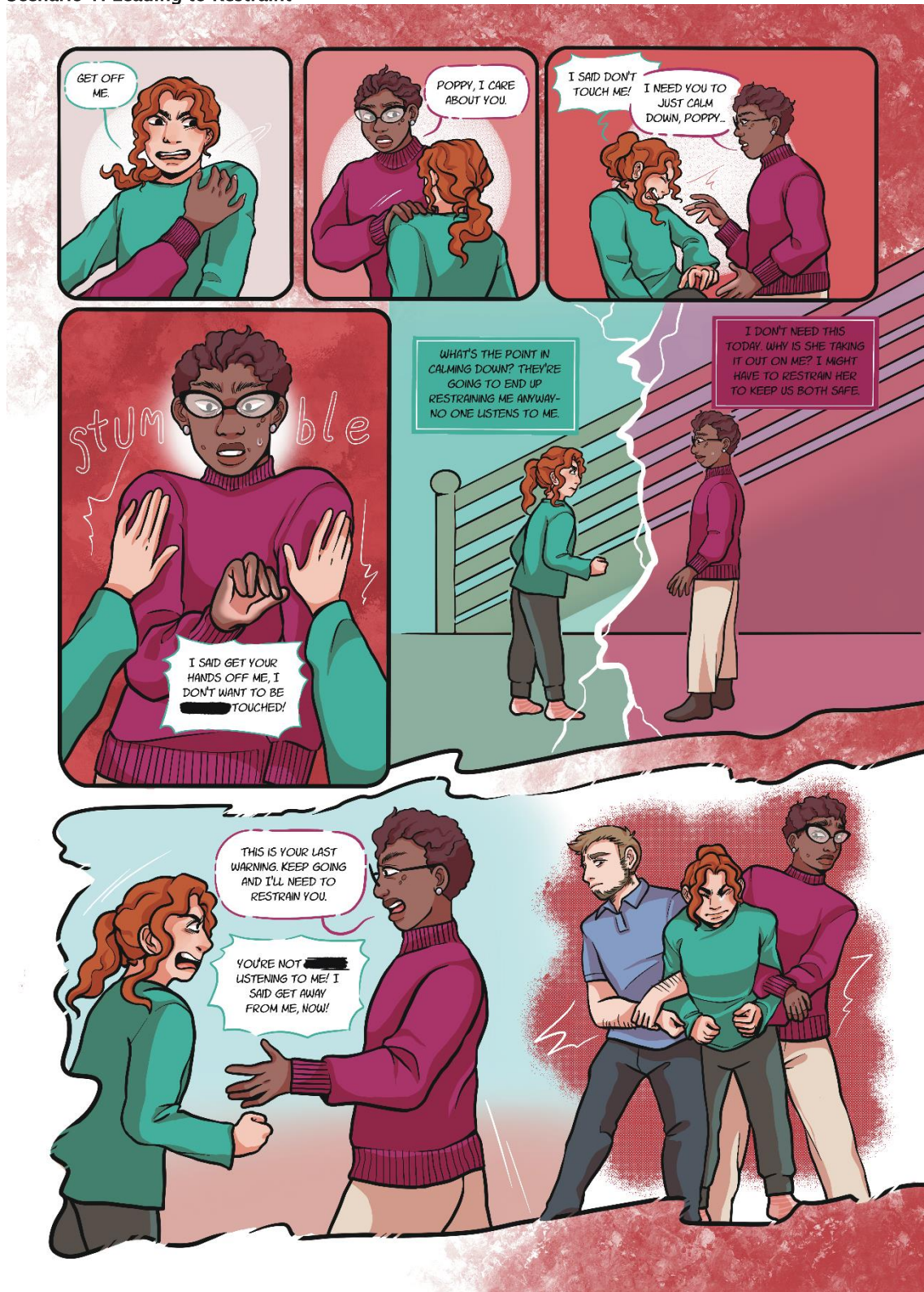


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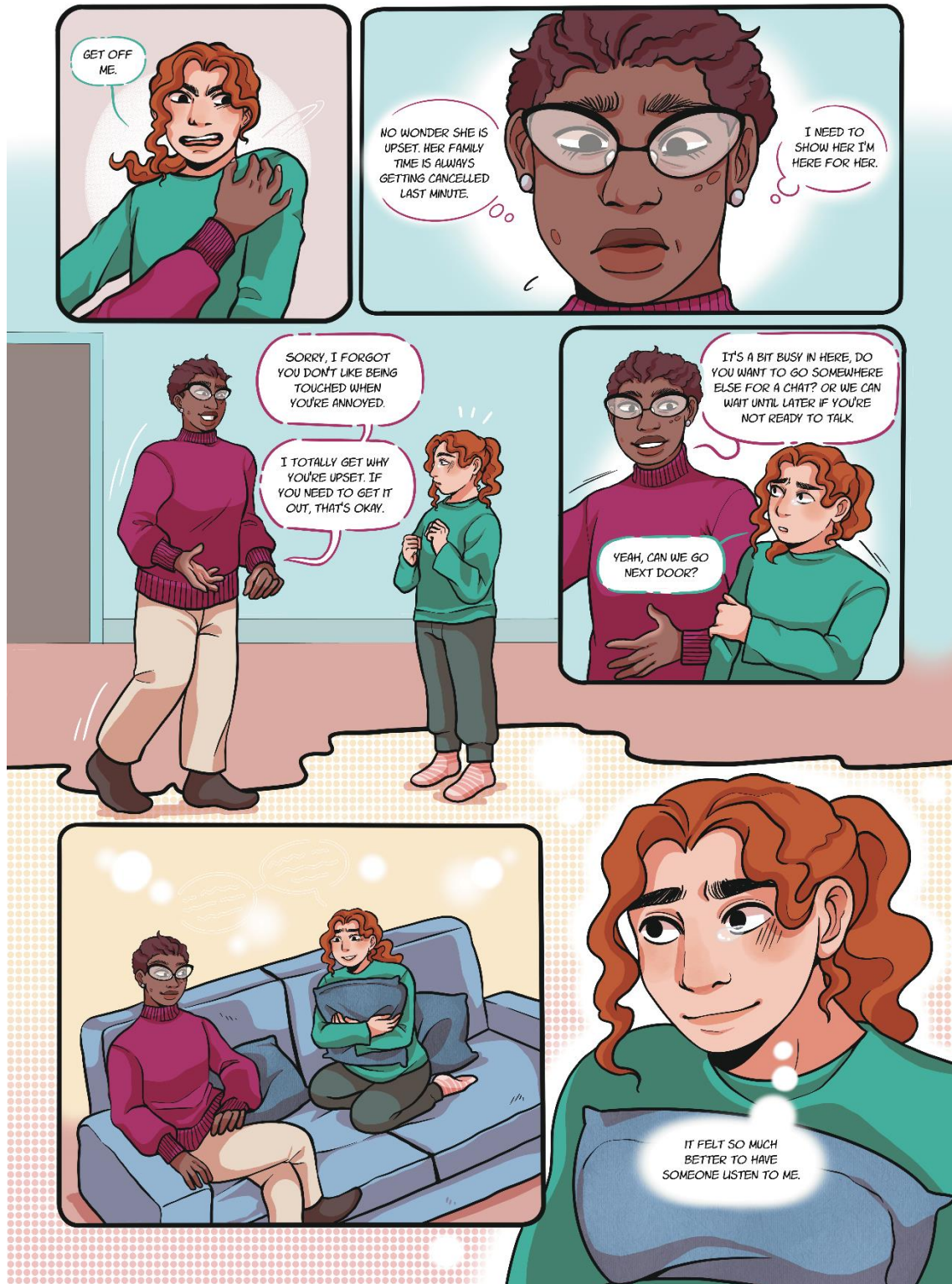
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Scenario 1: Leading to Restraint



Designed by [Magic Torch Comics](#)

Scenario 2: Avoiding Restraint



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Appendix B: SAtSD Scorecard Results

	Round 1	Round 2	% points change
1. ENGAGEMENT WITH SAtSD PRINCIPLES, TOOLS, METHODS AND COMMUNITY			
We are familiar with the principles of the SAtSD	40%	60%	20%
We are aware of the two phases in service (re)design: 'Identifying the problem', and 'Designing the solution'	70%	64%	-6%
We employ user-centred design methods in the (re)design of all our services for young people	30%	57%	27%
We regularly engage with other organisations with similar services to share tools and knowledge	30%	60%	30%
2. CAPACITY AND CAPABILITY FOR SAtSD			
We need external support to implement the principles of SAtSD when (re)designing services for care-experienced young people	60%	67%	7%
We need external support to consult with young people for service (re)design	50%	47%	-3%
All our procurement is fully aligned to the principles of the SAtSD	10%	33%	23%
We have the capacity to apply all the principles, methods and tools of the SAtSD to all our service (re)design	50%	40%	-10%
Members of our design team are trained in user-centred design	10%	20%	10%
3. UNDERSTANDING THE PROBLEM			
When (re)designing a service, we start with clearly defining the problem	80%	80%	0%
All our services are (re)designed around the needs of young people, rather than our organisational needs and capacities	60%	47%	-13%
You people are fully involved in defining the problem from start to finish	30%	40%	10%
Operational staff members that work with the young people on a daily basis are fully involved in defining the problem from start to finish	50%	47%	-3%
Young people's experiences of the problem are clearly understood by the design team	70%	47%	-23%
Young people and staff have the opportunity to challenge the definition of the problem when we (re)design services	50%	33%	-17%
The problem is clearly defined and understood by everyone on the design team	70%	53%	-17%
We collaborate with other related services about the needs of young people	78%	53%	-24%
4. INVOLVEMENT OF YOUNG PEOPLE IN PROJECT RESEARCH AND DESIGN ACTIVITIES			
Young people are well represented on the design team throughout the process	20%	38%	18%
When we (re)design services, we consult with young people	50%	54%	4%
Young people are involved in analysing user research	20%	15%	-5%
We involve young people in testing out new services	70%	38%	-32%
We ask young people for their satisfaction with services on a regular basis	80%	38%	-42%
We regularly involve young people in improvement of the services, beyond customer satisfaction surveys	70%	38%	-32%
Young people participate in the evaluation of the service (re-)design solution	40%	42%	2%
Young people participate in suggesting and implementing improvements to the service (re-)design solution	70%	46%	-24%
5. SERVICE USER INCLUSION AND ACCESSIBILITY NEEDS FOR PARTICIPATION IN DESIGN			
Our organisation understands the importance of diversity in the service (re)design team	100%	62%	-38%
Young people are fully engaged on an equal basis in all aspects of service (re)design	40%	31%	-9%
We make special provision to include all young people in service (re)design, regardless of ability and needs	70%	46%	-24%
Operational staff members that work with young people on a daily basis are included in service (re)design from start to finish	60%	38%	-22%
Our (re)design teams are diverse and reflect the service users' backgrounds	50%	23%	-27%
All our design and engagement tools and methods are fully accessible and inclusive for all young people	40%	23%	-17%
All our design and engagement tools and methods are fully accessible and inclusive for all staff working with young people	70%	46%	-24%

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