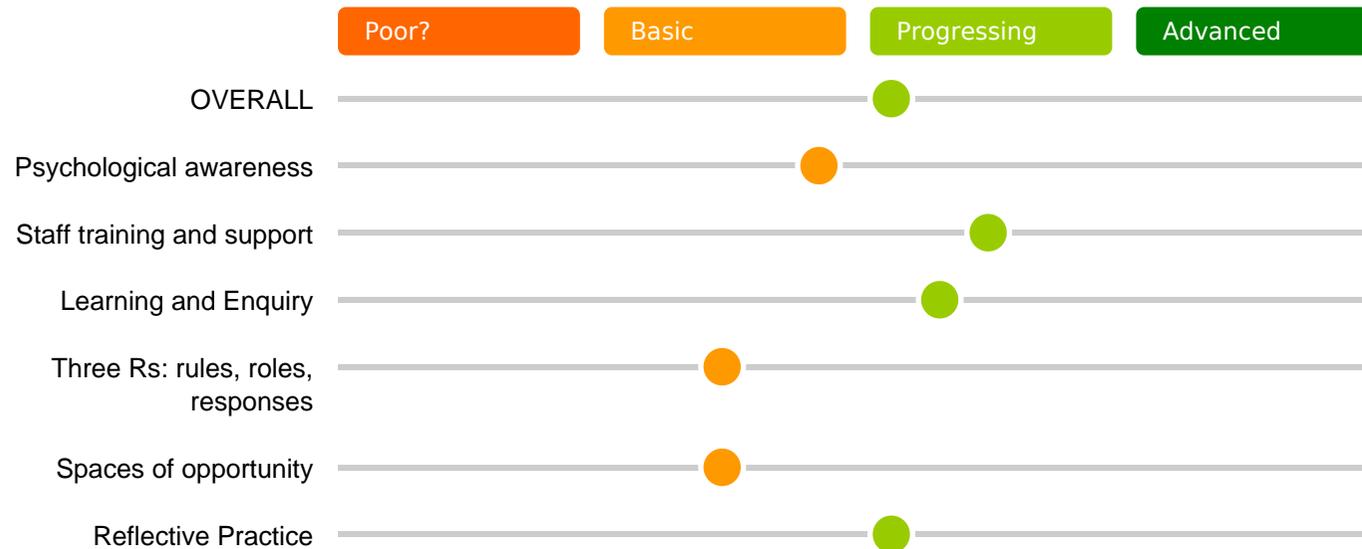


Typical Service: PIE Self-Evaluation and Action Plan



OVERALL



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: See individual PIE areas

Psychological awareness



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: Some staff have had some training around self-care, motivation building and understanding impact of trauma. But psychological understanding varies significantly among staff team.

Helping Factors:

1. Training is available in Trauma Informed Approaches (e.g. TIC) (including Self-Care) for all staff
2. Running Regular Group Reflective Practice Sessions
3. Informal/formal support to express and process Vicarious/Secondary trauma (e.g. peer support, trauma training, 1-2-1s, Supervision, Reflective Practice, Employee support program)
4. Peer support/understanding from colleagues when staff have periods of emotional and mental difficulties

Hindering Factors:

1. Secondary/Vicarious Trauma affecting Staff emotional and mental well-being
2. Workload/Time pressures reduce opportunities to reflect/learn and make sense of impact of work
3. Staff lack a psychological understanding of people with complex trauma histories / effects of trauma / challenging presentation
4. Some Staff tend to overwork and not practice self-care (breaks, work/life balance, saying "no", etc.)
5. Some poor self-awareness from staff of their own emotional health/stress and some struggle to process emotions well

Actions:

Factor	What?	Who?	Success Criteria?	When?
Staff lack a psychological understanding of people with complex trauma histories / effects of trauma / challenging presentation	We are going to get some training on Trauma Informed Care (TIC)	Manager will book		
Training is available in Trauma Informed Approaches (e.g. TIC) (including Self-Care) for all staff				

Running Regular Group Reflective Practice Sessions				
Peer support/understanding from colleagues when staff have periods of emotional and mental difficulties				
Informal/formal support to express and process Vicarious/Secondary trauma (e.g. peer support, trauma training, 1-2-1s, Supervision, Reflective Practice, Employee support program)				
Secondary/Vicarious Trauma affecting Staff emotional and mental well-being				
Workload/Time pressures reduce opportunities to reflect/learn and make sense of impact of work				
Some Staff tend to overwork and not practice self-care (breaks, work/life balance, saying "no", etc.)				
Some poor self-awareness from staff of their own emotional health/stress and some struggle to process emotions well				

Staff training and support



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: Informal Support was felt generally to be good but training was rated lower by most staff.

Helping Factors: **1.Regular sportive 1-2-1 supervision, team meetings, handovers, reflective practice, incident debriefs.**
2.Access to relevant training (e.g. complex needs, complex trauma, motivation building, DBT, validation, etc.)

Hindering Factors: **1.Hard to find good quality relevant in-depth training (e.g. complex trauma) tailored to role we do**
2.Hard to free up time to attend training due to busy workload
3.Staff not putting training learning / skills into practice in day to day work
4.1-2-1 supervision not always happening as planned

Actions:

Factor	What?	Who?	Success Criteria?	When?
Staff not putting training learning / skills into practice in day to day work	Topics covered in Staff training will be discussed in reflective practice way in team meetings, 1-2-1 supervisions and action learning sets to embed the learning - such as motivation building skills (Motivational Interviewing and Solution Focused Practice) Validation Skills and Collaborative and co-production skills.	All staff to discuss practice of recent skills learn on training. To be added to end of team meeting agenda.		
Regular sportive 1-2-1 supervision, team meetings, handovers, reflective practice, incident debriefs.				
Access to relevant training (e.g. complex needs,				

complex trauma, motivation building, DBT, validation, etc.)				
Hard to find good quality relevant in-depth training (e.g. complex trauma) tailored to role we do				
Hard to free up time to attend training due to busy workload				
1-2-1 supervision not always happening as planned				

Learning and Enquiry



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: Our data is fed back through comms department to front line staff monthly in easy to read info-graphic. We have incident debriefs where we learn from each incident through a reflective practice approach.

Helping Factors:

1. Informal (from peers) and formal reflective learning (e.g. team meeting, incident debriefs, handovers, reflective practice group, case reviews)
2. Good practice recognized/shared in the team and areas for improvement are addressed (not ignored) in supportive way
3. Ability to measure client progress (i.e. 'good news stories') and learn from reflecting on this (i.e. what has worked?)
4. Involvement of our clients (Experts by Experience) in learning (e.g. involvement groups, complaints and compliments, asking their opinion, adapting service as we learn about needs of clients)

Hindering Factors:

1. No ongoing process to learn from staff/client experiences
2. Not celebrating / communicating successes, or client progress, within team
3. Lack of training opportunities around specific topics (trauma informed care, personality disorder)
4. Time/Workload pressures prevent reflective learning

Actions:

Factor	What?	Who?	Success Criteria?	When?
Not celebrating / communicating successes, or client progress, within team	We will add "good news stories" to the team meeting agenda			
Informal (from peers) and formal reflective learning (e.g. team meeting, incident debriefs, handovers, reflective practice group, case reviews)				

Good practice recognized/shared in the team and areas for improvement are addressed (not ignored) in supportive way				
Ability to measure client progress (i.e. 'good news stories') and learn from reflecting on this (i.e. what has worked?)				
Involvement of our clients (Experts by Experience) in learning (e.g. involvement groups, complaints and complements, asking their opinion, adapting service as we learn about needs of clients)				
No ongoing process to learn from staff/client experiences				
Lack of training opportunities around specific topics (trauma informed care, personality disorder)				
Time/Workload pressures prevent reflective learning				

Three Rs: rules, roles, responses



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: Everyone has a clear job description
Good induction is clear about different Role sand the Rules.

Helping Factors:

1. Good induction gives clarity of Rules/Roles, and ongoing reflective discussion with Peers clarifies Rules/Roles, mutual respect for different Roles in team
2. Consistent approach among staff to applying the Rules (with different clients)
3. Staff consistent about staying within their Roles and knowing their limits

Hindering Factors:

1. Difficult to consistently enforce the Rules, varies depending on staff and client
2. Disproportionate time given to some residents so other quieter ones do not get a fair amount of staff time
3. Inconsistency among staff in how Roles are worked in practice - Different personalities interpret same "Role" differently

Actions:

Factor	What?	Who?	Success Criteria?	When?
Inconsistency among staff in how Roles are worked in practice - Different personalities interpret same "Role" differently	We will hold a staff meeting to review the Roles and help clarify boundaries between different peoples Roles in the service.	All Staff	People will be more boundaried and stick to their Roles more.	
Good induction gives clarity of Rules/Roles, and ongoing reflective discussion with Peers clarifies Rules/Roles, mutual respect for different Roles in team				

Consistent approach among staff to applying the Rules (with different clients)				
Staff consistent about staying within their Roles and knowing their limits				
Difficult to consistently enforce the Rules, varies depending on staff and client				
Disproportionate time given to some residents so other quieter ones do not get a fair amount of staff time				

Spaces of opportunity



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: The Spaces we control are well furnished, clean and decorated.
We have some good links with local college, gym classes and substance misuse service.

Helping Factors:

1. **Motivation Building Skills training help staff to motivate clients to access local spaces of opportunity to develop**
2. **Good links with a variety of local services our clients use to develop (College, GP, Mental Health, Gym, Work experience, outdoor activities, etc.)**
3. **Staff and clients feel safe and welcomed within the building**

Hindering Factors:

1. **Clients lack motivation to access local surrounding opportunities to develop**
2. **Surrounding local services are poor (or there are gaps) such as alcohol and drug services, or are good but do not accept our clients to join them**
3. **Other clients using our service have negative influence on clients and hold back their development (e.g. drug dealing)**

Actions:

Factor	What?	Who?	Success Criteria?	When?
Clients lack motivation to access local surrounding opportunities to develop	We are going to do some training on Motivational Interviewing and Solution Focused Practice	Training lead will source some training	Staff will be asked to keep reflective journals on the Motivation Building Skills practice - to be taken to 1-2-1 supervision for reflection on.	
Motivation Building Skills training help staff to motivate clients to access local spaces of opportunity to develop				

<p>Good links with a variety of local services our clients use to develop (College, GP, Mental Health, Gym, Work experience, outdoor activities, etc.)</p>				
<p>Staff and clients feel safe and welcomed within the building</p>				
<p>Surrounding local services are poor (or there are gaps) such as alcohol and drug services, or are good but do not accept our clients to join them</p>				
<p>Other clients using our service have negative influence on clients and hold back their development (e.g. drug dealing)</p>				

Reflective Practice



Name: Ray Middleton (Ray.Middleton@fulfillinglives-ng.org.uk)

Date: 03/04/2019

Evidence: We have introduced monthly reflective practice 3 months ago but only keen / interested staff are attending, some staff say they are "too busy" to reflect.

Helping Factors: 1.Informal culture of reflective practice learning (in incident debriefs, team meetings, with peers, in 1-2-1s, 2.Regular group reflective practice sessions run - facilitated by an external person

Hindering Factors: 1.Inconsistent approach to reflective learning in the team - some staff do not want to reflect on difficulties whilst others are able/willing to 2.Increasingly busy workload tends to reduce the time we can practice reflective learning 3.Lack of in-house skills to run reflective practice groups, lack of funds to pay for an external Reflective Practice facilitator

Actions:

Factor	What?	Who?	Success Criteria?	When?
Lack of in-house skills to run reflective practice groups, lack of funds to pay for an external Reflective Practice facilitator	Plan to train some staff to run reflective practice groups in-house	Training lead to source some training options	Reflective practice groups held monthly and attendance noted.	
Informal culture of reflective practice learning (in incident debriefs, team meetings, with peers, in 1-2-1s,				
Regular group reflective practice sessions run - facilitated by an external person				

Inconsistent approach to reflective learning in the team - some staff do not want to reflect on difficulties whilst others are able/willing to				
Increasingly busy workload tends to reduce the time we can practice reflective learning				