

## Volunteering Service Guide: Restraint Debrief Service

Understand how this service works, the impact it makes  
and considerations for adopting and adapting it locally

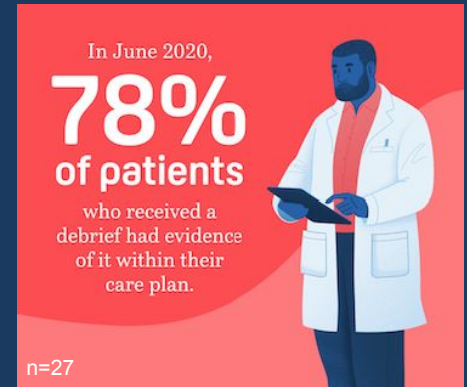
Patient restraint is used as a last resort where a patient in the hospital is violent or aggressive to others and is a potential danger to themselves. The Restraint Debrief Service gives patients, who are experiencing severe mental ill health, a voice through a debriefing session with an independent volunteer, enabling the patient's voice to influence their care and possibly reduce future restraint.

### The volunteer service provides:

- A restraint debrief session held by a volunteer with an opportunity for the patient to be heard without judgement, to gain back some control.
  - The patient sharing information, ideas and preferences about how their care could be improved to remove/reduce triggers that result in restraints.
  - Care plans are updated with the debriefing information to inform ongoing and future care.
  - The clinical team being able to capture learning which can be shared through team meetings, supervision sessions, and senior leadership groups to promote better patient-centred care.

### The service ensures:

- Documented evidence of the debrief which could improve learning for both patients and staff.
- Clinical best practice and meets NICE (The National Institute for Health & Care Excellence) Guidelines.



Further details on page 3, figure 1

# Adopting and adapting a restraint debrief service

Adopting an existing model provides great value in terms of knowing that it is tried and tested. However, understanding how to make it fit into a new environment can be a challenge. Adapting an existing volunteer service is an essential step in making sure a service will work in a new location.

This **'Volunteer Service Guide' uses learning from the Restraint Debrief Service being delivered at Camden and Islington NHS Foundation Trust.** The purpose of the guide is to provide a potential service adoptor <sup>(1)</sup> with the information needed to be able to:

- a) Decide if the service would be of benefit to their organisation
- b) Understand what considerations are needed to adapt the service to their environment

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*"While in hospital I had the unfortunate experience of being restrained. This had a detrimental effect on my trust of the NHS and my willingness to engage with staff thereafter. This breakdown of trust delayed the start of my recovery. I feel it's very important to talk to patients after a restraint so they can get their side of the incident noted and can feel like someone has listened to them."*

**Reflection from a patient who has lived experience of being restrained and now is a restraint debrief volunteer.**

## Camden & Islington data (2):



**92%**  
of volunteers  
felt that volunteering  
had given them a sense  
of purpose.



**100%**  
of volunteers  
felt that volunteering  
has increased their  
confidence.



**72%**  
of staff  
satisfied/very satisfied  
with volunteer support.



only **4%**  
of all debriefs  
offered were declined  
during the project

**60%**  
more patients

had evidence of their debrief in  
their care plan in June 2020  
compared to June 2019.

1. Adoptor, person looking to take on (adopt and adapt) an existing and tested volunteer service model.

2. Data collected as part of the Helpforce Volunteering Innovators Programme (VIP). Staff at Camden & Islington completed the VIP Staff Survey (n=25) and volunteers at Camden & Islington completed the VIP Volunteer Survey (n=21). Between June 2019 - June 2020, total number of debriefs offered n=254, total number of debriefs declined n= 10.

# The results

The restraint debrief service is designed to give the patient a voice and an opportunity to be heard (see page 4) and in turn improve patient care. This is measured through:

- 1) The take up of debriefs** by patients which is captured through monitoring the number of declined debriefs. Declines have remained at a low of 0% - 9% throughout the project (June 2019-June 2020).
- 2) The output of the debrief session** e.g. understanding patients' perspective and gaining learning about how to better support the patients is then evidenced in each patient's care plan, captured through how many care plans are updated with this information. There has been a 60% uplift from 18% in June 2019 to June 2020 where 78% (some patients refused debrief session) of restrained patients' care plans held debrief evidence (figure 1 below)
- 3) The value of the debriefing** being delivered by volunteers who are independent of the restraint situation and have lived experience of restraint. So they can empathise in a way not possible by staff. This is captured through the comparison between numbers of debrief evidence being seen in care plans and the number of volunteers hours (figure 1. below) and also through the number of declined debriefs.

The project started in June 2019 with six Restraint Debrief volunteers, working across eight wards, and scaled in a period of 12 months to 11 volunteers, covering an additional two wards. Across an average one-month period, the active volunteers deliver an average of 14 hours of support to nine patients.

## Insight and impact project questions:

### Do Restraint Peer Debrief volunteers increase uptake of debriefs to align with NICE guidelines?

Between June and December 2019, in the wards where there were Restraint Peer Debrief volunteers to support debriefs, 37% of patients who were restrained received a restraint debrief (n=230). This is more than doubled compared to the control wards where there were no volunteers to support debriefs and where 14% of patients who were restrained received a debrief (n=63).

### Do restraint peer debrief volunteers ensure that care is more patient-centred?

During the period of the programme (June 2019-June 2020), it can be seen that as volunteer hours increase, the percentage of patients who have had debriefs and have evidence of it in their care plans also increases (and vice versa). This indicates that volunteer support can help to increase patients' voices being listened to and recorded and therefore, potentially supports more patient-centred care.

### Do restraint peer debrief volunteers improve patient experience?

When staff were asked to choose the top three contributions that they think volunteers make to the Trust, the top response was 'Collecting more feedback from patients' (52% of all responses)(n=25). This supports a fundamental principle that people who use services should have the opportunity to provide feedback, and that volunteer support is a good mechanism of doing so.

### Do restraint peer debrief volunteers improve practice and safety? -

See slide 4

Comparison of Volunteer hours vs percentage of patients who have evidence of their debriefs in their care plans

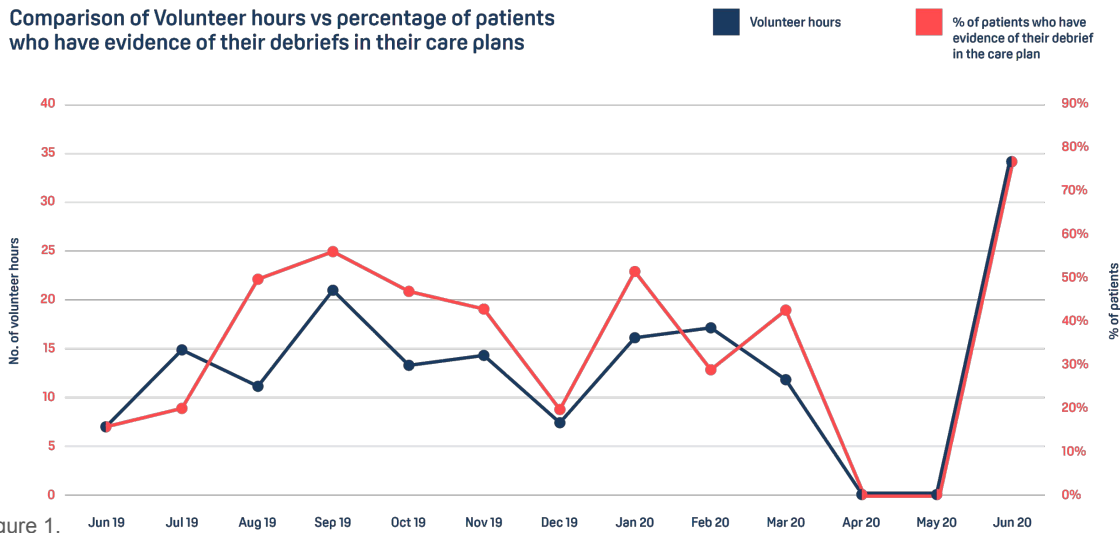


Figure 1.

Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20

Figure 1. Data collected as part of the Helpforce Volunteering Innovators Programme (VIP), Staff at Camden & Islington completed the VIP Staff Survey (n=25) and volunteers at Camden & Islington completed the VIP Volunteer Survey (n=12). NOTE: UK went into lockdown due to COVID-19 in March 2020. May to June 2020 increase due to development of virtual debriefs (see page 5)

# Service impact - Capturing the patient voice

Staff are unanimous that the Debrief Volunteer role has helped to improve practice and the culture on wards

“““

*“The Restraint debriefs have promoted the service user’s voice and led to positive changes in our practice and ward culture. We use the debrief reports in our team meetings and supervision. This has helped staff employ evidence based approaches to promoting positive behaviour and supporting patients whose behaviour challenges.”*

WARD MANAGER

“““

*“Amongst other things, a key part of any incident is the service users voice and perspective. Whilst debriefs are recommended and professionals aim to conduct them, these are not always taken up by patients for variety of reasons. One of such reason can be because of the “them and Us” factor. I would imagine (if I was a patient) not wanting a member of staff who constantly imposes rules and boundaries on me, restrain me and also appears to be the one making me accept treatment (that I may not like), to then turn up later and want to talk to me about the incident. That in itself may trigger further anxiety and more anger for me and make me either refuse the debrief or in fact cause me to escalate again.”*

*“The information I get from the volunteer debriefers also allow me contribute effectively to the patients behavioural support plan and/or give useful and fairly balanced advice to staff during incident reviews. I have also started to use some of the information to recreate scenarios during our Reducing Restrictive Practice session with staff, which is always more useful as it is b-spoke to the Trust and service.”*

VOLUNTEER AT MOORFIELDS

“““

*“Recently a patient told us during a debrief session that it was the first time in 20 years of using services that they had been asked what they thought of services or had been given their say and that they were very happy to be able to do this.”*

VOLUNTEER SERVICE MANAGER

“““

*“Being independent to any incident that has occurred, the trust built up and shared between our volunteers and patients means that they open up and share valuable learning with us about their experiences & preferences. This allows us to provide a much richer person centred care to our patients and helps us to improve their experience.”*

MEMBER OF STAFF

“““

*Using the ‘patient voice’ in the setup of a restraint debrief volunteer service:*

*The volunteer supported us to set up and provide a volunteer role to help collect patient feedback on their experiences. Having previously been a patient in the psychiatric inpatient wards, the volunteer recognised that being able to volunteer within this environment would allow him to use his lived experience in a positive way to help others now in the same position. The volunteer was encouraged to be part of something that allowed patient voices to be heard, understood and acted upon. As a valued member of the volunteer team who was happy to talk about his own lived experience he was an obvious candidate to consult on the idea of the Restraint Debrief Volunteer Role*

VOLUNTEER SERVICE MANAGER

## Case Study - Volunteer

**“As a patient who has been restrained in the past, I felt I had a role to play in the debrief volunteer service”**



*“I got involved in the debrief project because I feel strongly that people who have been restrained should have a voice. In my experience patients seemed to respond better to people offering a debrief who themselves have had some experience of being on a locked ward and as patient. I have noticed that when we arrive and offer a debrief that patients are often very distressed but willing to talk to us. After the debrief they seem to really appreciate having had someone to talk to who is concerned for their welfare and that our motive for the debrief is to try to learn why these things happen and prevent it from happening again.”*



# Service Principles

Camden and Islington NHS Foundation Trust's Service principles describe the essence of this service and provide guidance to ensure that the service remains true to its original intent across both development and management activities and decisions. The Trust's services are built to meet the needs of patients; they believe that their patients should be central to all decisions made in relation to the project. This is in line with NICE Guidelines on Service User Involvement and the values of the NHS Constitution which states patients come first in everything they do. Restraints can have detrimental effect on a patient's trust of the NHS, and their willingness to engage with staff thereafter. Having volunteers who are independent of the hospital and have lived experience deliver the debrief intervention can play an important part in the patients' recovery journey and their experience.

## Volunteers with lived experience

Camden & Islington recruited volunteers with lived mental health or substance misuse experience for this role, so they would be able to empathise with patients in a way that people who haven't had the same or similar experiences can't. Volunteers with lived mental health experience co-created the volunteer debrief role and this ensured that the service was always patient centred.

## Embracing volunteering as part of recovery

Volunteering can be part of someone's recovery from ill health and this is something that was both seen and heard from volunteers at Camden & Islington.

## Patient voice

Listening to patient voice, understanding their point of view and demonstrating its importance allow patients to build trust with your volunteer service. As described by Dean, a volunteer with lived experience, in the case study,(previous page) Camden & Islington were willing to listen, share and ensure they could learn from them. This reduces patient frustration, potentially reduces flash points of violence or aggression, and leads to better patient experience.

## Building relationships with volunteers

Being accessible to volunteers when working in a highly charged atmosphere is essential for building trust. Training and supervision are key components of this volunteer experience

## Compassion and respect for volunteers

Building a relationship with volunteers and ensuring that they know the team is always accessible for them is also essential. From that, they can then build trust with the team and feel able to share if they are finding things tough within the project or within their personal lives. A good relationship means that the team is more likely to recognise if things seem to change for individual volunteers and is able to support them as required, particularly as they are dealing with difficult and sensitive subject matter that may be triggering for them.

## Meaningful roles for volunteers

The Debrief intervention is seen as a meaningful activity for volunteers as they can physically see the impact it has on patients. Volunteers also know it contributes to reducing violence and aggression, reducing restrictive practice and improving patient experience. This positively impacts volunteer experience and helps retention of volunteers. It also allows them to grow in confidence, plus doing something so important and sensitive with patients can have a positive impact on their own wellbeing.

# Key Learning

## Digital Debrief Solution

Covid-19 pandemic impacted volunteers' ability to go onto wards, which meant initially no debriefs could go ahead (Page 3 figure 1).

- ★ A new system to provide phones and email accounts within the Trust's guidelines for volunteers enabled the digital offer.
- ★ Volunteers can now access incident reports, names of restrained patients via email and make contact with patients virtually.
- ★ Volunteers assessed as high covid risk can continue to provide debriefs.
- ★ This digital solution becomes an option for patients who:
  - Missed a debrief opportunity due to Covid-19 isolation and restrictions
  - Are not comfortable talking face-to-face
  - Who are too high risk to receive face-to-face debriefs

# Patient pathway

Patient restraint is used as a last resort where a patient in the hospital is violent or aggressive to others and is a potential danger to themselves. The service gives patients who are experiencing severe mental ill health the opportunity to have a debrief session with a trained volunteer. A restraint debrief session held by a volunteer with an opportunity for the patient to be heard without judgement, to get back some control and to share their experience in order to reduce the likelihood of having another restraint. Through patients sharing information, ideas and preferences, staff can be informed as to how to improve their care, for e.g. remove/reduce triggers that result in restraints, this information is then held in the patient's care plan.

## Patient Pathway

Patient pathway (below, figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to not only the patients and the family and friends, but to the clinical staff and volunteers delivering it.

- **Clinical staff and volunteers journey** (Page 8) shows how the roles interact to ensure sensitive and timely support is provided across the patient pathway.
- **Support process** (Page 8) highlights the infrastructure that supports the staff and volunteers to consistently deliver and develop the service.

## Core components

- 1 **Self referrals:** the core of the referrals come through an internal process which is triggered by clinical staff after a restraint. However, it is key to ensuring the patients are informed and that they can take control by making a self-referral. They are made aware of this process through ward community meetings and information posters/leaflets displayed on the ward.
- 2 **Offering and explaining the debrief service:** through the volunteers taking the time to discuss what's involved and how the debrief can benefit them, fewer patients are declining them.
- 3 **Debrief session:** the volunteers deliver a debrief in pairs so that the patient can be given full attention at all times. One volunteer can engage in the conversation, maintain eye contact and open body language whilst the other volunteer is writing up what is being said.
- 4 **The patient is given a copy of the debrief:** What is recorded on the form is checked with patients to ensure everything has been understood correctly and includes everything they want to share. This gives control to the patient about what is being shared and this is particularly important at a time when they may feel like that they have no control.

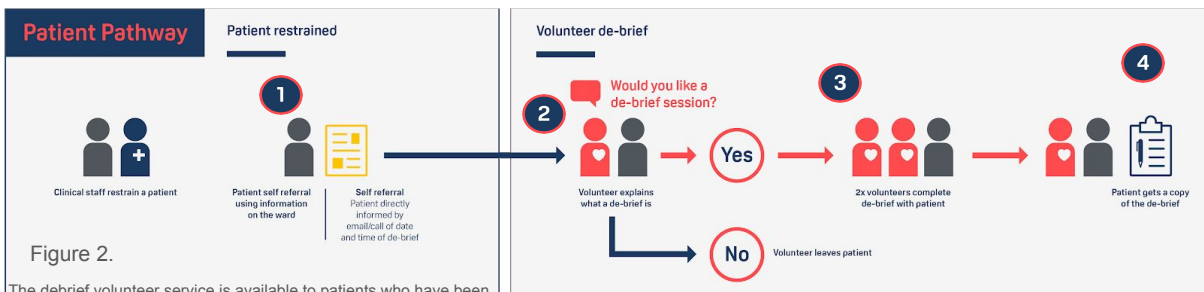


Figure 2. The debrief volunteer service is available to patients who have been restrained where a patient has become violent or aggressive to others and is a potential danger to themselves. An internal process starts post restraint to request a debrief, or the patient refers themselves for a debrief session by following the information on service notices across the ward.

A volunteer(s) comes onto the ward to chat with the patient and explain what it is and check if they want to go ahead with a debrief session. If they do and/or they are a self referral then two volunteers complete the debrief. After the debrief the volunteers leave a photocopy of the debrief with the patient.

## 3 Core Debrief Questions:

- In your own words can you describe what happened?
- Prior to the incident can you think of anything that was making you particularly upset?
- Is there anything that would have helped prevent it from happening and could this be done in the future?
- Do you need any further support around this incident? (Advocate, informing relatives, pursuing a complaint)

# Clinical staff and volunteers journey

The difference between the role of the staff during restraints and the role of volunteers post restraint is an essential part of why the service works. By being independent of and having lived experience of a restraint, the volunteers are able to listen to patients' voice and understand their point of view, which enable them to build trust with the patient who then open up more. This differentiator is respected by the clinical staff who can see it reduces patient frustration; potentially reduces flash points of violence or aggression. In addition, this has helped staff employ evidence-based approaches to promote positive responses and support patients whose behaviour changes. All of these lead to better patient care.

## Clinical staff and volunteer interaction

Figure 3, below, demonstrates the point of interaction between the clinical staff and the volunteers.

### Core components

- 5 Meaningful activity for volunteers with lived experience:** The debrief intervention is a meaningful activity for volunteers; they are trusted in a role close and integral to patient care.

They can physically see the impact it has on patients, knowing it contributes to reducing violence and aggression, reducing restrictive practice and improving patient experience. This positively impacts volunteer experience and helps retention of volunteers. It also allows them to grow in confidence, plus doing something so important and sensitive with patients can have a positive impact on their own wellbeing.

- 6 Offering the service:** once on the ward the volunteer checks with the clinical staff that the patient is well enough to be seen. If they are, they chat to the patient about the opportunity of having a debrief and explain the benefits to them. This is a key part of the process in gaining a patient's trust and encouraging them to be open within the debrief. Getting the right time for a debrief is an important part of the service.

- 7 The Debrief Template Tool:** the template was developed to provide a focus and guide for volunteers in their debrief conversations with patients and record the discussion. Having a paper form means that it is easy to photocopy and allows it to be shared with the patient and ward manager.

The questions were put together by the lead for 'Reducing Violence and Aggression' to try and ensure the capture of important learning to stop incidents happening in the future, but also that they were meeting the needs of the patient. The template has been agreed with the Positive and Proactive Care Group senior leaders and also by the Trust's volunteers with lived experience.

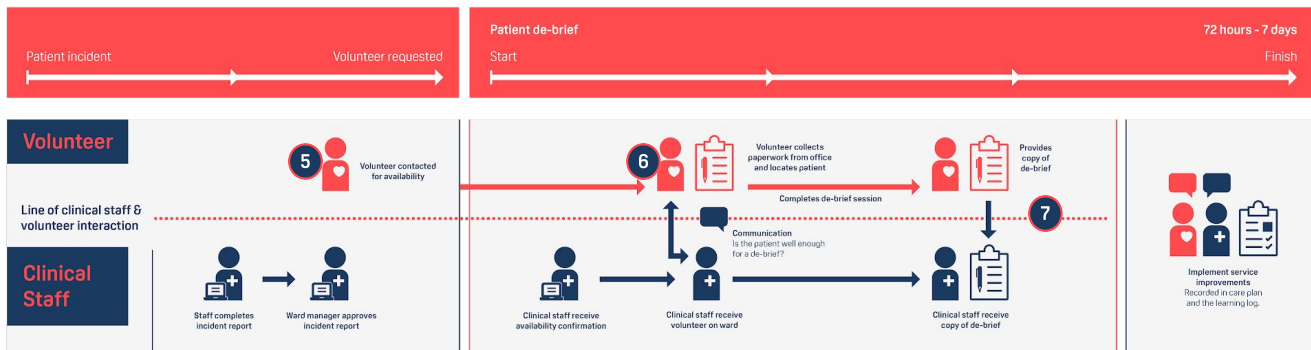


Figure 3.

The clinical staff involved in the restraint completes an incident report on the system and sends it through to the ward manager to be approved

Once available volunteers are assigned the debrief, an automated email is received by the clinical team, letting them know when the debrief will happen. When the volunteer arrives on the ward, they liaise with the staff to determine if the patient is well enough for the session. If they are, then two volunteers will deliver the debrief.

The volunteers and the clinical team respond to the learning taken from the debriefs and other service learning and adjust their service delivery as needed.



# Service blueprint

This service blueprint brings together the patient pathway (figure 2.), the clinical staff and volunteer journey (figure 3.), and the support process (below figure 4), which enable the service to operate.

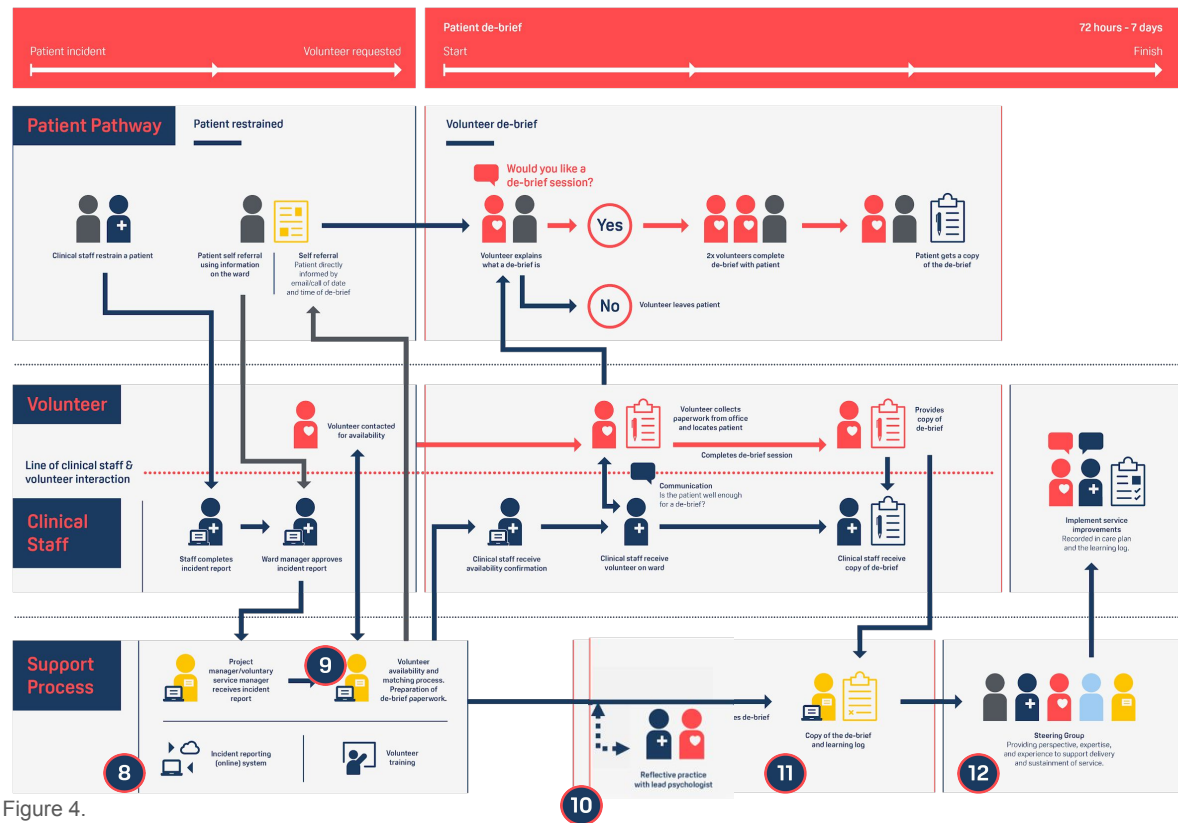


Figure 4.

## Support process

Patient pathway (below, figure 2.) is at the heart of the service and has been designed to provide a simple way to deploy a service that adds value to the patients and the clinical staff and supports the volunteers delivering it.

## Core components

- 8 Online incident reporting system** is used to record any restraint incidents. The Voluntary Services team can then access this directly to obtain in-depth information on the incident report and the name of the patient.
- 9 Matching process:** volunteers deliver debriefs in pairs so that the patient can be given full attention at all times. It is key to appropriately match the volunteers and patients. You can do this by reading the initial incident report, which includes information that will help identify the right volunteer, for example, if a male or female, or a combination of the two might be most appropriate. Decisions are made with the patients.
- 10 Reflective practice** sessions for the volunteers are held with a Lead Psychologist. This session ensures they have space outside of the steering group and management support mechanisms where they can confidently talk about their experiences of the service.
- 11 Evidence in care plans:** the volunteer service checks to see if the learning from the debriefs is captured and embedded in the patients care and support plans. This learning is also captured within a service learning log to enable the whole service to improve. This is checked by the Volunteer Service Manager (VSM).
- 12 The steering group for the project** is facilitated by the VSM. The group includes a range of key stakeholders, senior leaders and clinicians to ensure the service is aligned to strategic needs. For quality improvement purpose, volunteers with lived experience are encouraged to champion the voice of the volunteer and patients.



# Develop & implement

Developing and implementing a debrief volunteer service involves looking across all the considerations and bringing together the right people to help create and deliver a feasible plan e.g. putting together a steering group. Within this Camden and Islington debrief service, focusing on getting the right senior support, governance and engagement methods in place has been instrumental in delivering and scaling this service.

## Core components

- 1. Senior buy-in:** The project has an executive sponsor: the Executive Director of Nursing & Quality. This ensures the project has buy in, support and recognition at the top of the organisation. They are a champion of the project, understand the immense benefits it brings and back a business case to ensure the resources required to keep the project going are in place.
- 2. Governance:** the service reports into a senior management group, Positive and Proactive Care Group, which focuses on the reduction of restrictive practice and the reduction of violence and aggression.  
**N.B The debrief service now has a standing agenda within this group, which helps ensure that patients are central to the discussions that take place as it is here that any actions to change overall practice or policy happen.**
- 3. Patient engagement:** The Volunteer team attend Community Meetings on wards prior to implementing the debrief service. This is important as by attending those meetings, they can raise awareness of the service for those that may need it and also for those who may become future volunteers.
- 4. Staff engagement** begins prior to offering the service onto new wards and use the ward business meetings to do this. To remove concerns from staff that they are 'being checked up on', the Volunteering team share information about the project, such as: how it will benefit them and patients, its processes, paperwork and key learnings.

## Consideration checklist

- Know your organisation's key strategic and operational priorities.
- Agree how the service will meet strategic priorities.
- Consolidate a shared understanding and definition of core terms and concepts i.e. violence, self expression.
- Consider concurrent initiatives at the Trust and ways to connect pieces of work as to support the other. Work with Quality Improvement as a conduit to other projects.
- Agree on the scale and scope of your new service.
- Confirm the budget and resources needed.
- Identify key stakeholders/support team for implementation and wider on-going service development and support e.g. co-design.
- Produce an implementation/project plan and risk log covering:
  - Systems and infrastructure
  - Operations (inc. engagement plan)
  - Volunteer management
  - Measuring impact
- Identify and develop new policies you may need.

## Key Learning

- ★ Work with volunteers with lived experience along with service users to develop and refine the service.
- ★ Scaling the service. They've learnt that meeting with the relevant Matron and Ward Manager, attending business meetings with staff and community meeting with patients leads to a more successful start-up; with all stakeholders are able to ask any questions or raise any concerns, resulting in increased understanding of the benefits of the service, why it's important and how it benefits everyone involved.
- ★ The Volunteering team are having at least a month to embed the service in each ward, ensuring they have time to address any unexpected issues, including preparing the ward and staff and have plenty of time to arrange space at the required meetings before commencing on the next ward.

## Resources

- [What are Service Principles](#)
- [What are Core Components](#)
- [Steering Group Template](#)
- [CANDI Debrief Service, background and context](#)
- [CANDI Case Study 1, The impact of the Volunteer Restraint Debrief offer on patient experience](#)
- [CANDI Case Study 2, The impact of the Volunteer Restraint Debrief offer from the perspective of staff](#)

# Systems & infrastructure

Developing simple systems and processes enables the core of the day-to-day service to focus on the patient and support the volunteers, who, with combination of their lived experience and the intensity and emotive nature of debriefs, will need additional support. The Covid-19 pandemic has forced the service's capability to expand as they were able to deliver debriefs virtually (page 5), this will make the service far more accessible for patients who would struggle in a face-to-face debrief and give them the opportunity of completing one over the phone or by email.

## Core components

- 1. The 'Debrief Template' tool** was developed to provide a focus and guide for volunteers in their debrief conversations with patients and record the discussion. Having a paper form means that it is easy to photocopy and allows it to be shared with the patient and ward manager.
- 2. Evidence in care plans:** Care Plans and Behavioural Support Plans are checked by a nominated person to see if learning from the debriefs completed with volunteers, where appropriate, is captured and embedded in the patients care and support plans. This checking process ensures the service can evidence impact. The learning is also captured in a Learning Log for operational use.
- 3. Referral process:** Once a restraint has been recorded by the clinical staff on the online **Incident Reporting System (IRS)** the VSM and Project manager receive an automatic email notification. This alerts them to the need for a volunteer debrief session and they start the process of contacting volunteers to check their availability and to make arrangements. They liaise with the Clinical Governance team in order to be able to gain access and receive information for the relevant wards where they offer debrief.
  - Self referrals:** Patients are able to self refer following the process shared within information e.g. posters, leaflets on the ward. The volunteer team either receive the request directly or via the clinical team.

- 4. Confidential space** is required for the debrief session between the patient and two volunteers and also for the reflective practice session between the volunteers and the Psychologist.
- 5. Incident Reporting System:** An incident reporting system that is used record any restraint incidents. The Voluntary Services team can access this to obtain in-depth information on the incident report and the name of the patient.

## Consideration checklist

- Decide where your service will be based and how the space will be equipped
- Design your referral process and communicate this with staff teams
- Specify the hardware you will need - computer, laptop, bleep, mobile technology etc.
- Agree on IT systems and accessibility for volunteers
- Arrange training for staff and volunteers who will be using the systems and equipment

## Key Learning

- ★ Patients voiced that they still felt the volunteers were 'part of the system' as they were wearing an NHS lanyard and therefore maybe not impartial. This led them to purchasing new volunteer lanyards in yellow so that patients can more easily distinguish between staff and volunteers. This appears to have helped avoid this perception and created clarity regarding the volunteers' role, which is independent to the ward and NHS system.

## Resources

- [Debrief template tool](#)
- [C&I Developing the infrastructure including referral process](#)
- [Debrief template - background and process](#)

# Operations

Understanding the budget, people, systems and associated processes required to manage the service once it is live is essential. In terms of the budget for this service, the primary costs are salaries for the project coordinator/manager(2), additional administrative support used to improve the efficiency of the recruitment process and in order to effectively provide reflective practice sessions, there is a cost attributed to these sessions being run by the lead Psychologist. There are other staff with a proportion of time attributed to the management of the service such as; Volunteer Services manager (who leads the service), training, marketing, volunteer expenses, etc.

## Core components

- 1. Dedicated resource and time to manage the service** A VSM and /or a Project Manager are essential components of the Restraint Debrief Volunteer intervention both in the set up and sustaining of the service. This allows an effective approach to recruitment, training and scheduling of volunteer interventions.
- 2. Debriefing report activity:** the Ward Manager or Charge Nurse will also receive a copy of the completed debrief. This allows them to act on the patient voice by ensuring anything relevant is incorporated into the patients' care plan. They can also use the completed debrief in staff supervisions and team meetings to assist with staff learning and reflections.
- 3. Marketing and Communications Plan:** ensuring that you have a marketing and communications plan in place at the start of the Restraint Debrief Volunteer offer is key. For them, they visited the Wards staff business meeting and a patient community meeting prior to starting on a new ward and go back to wards where they already offer debrief to provide learning from the project and awareness of the service to new staff and patients. This allows more effective and open communication channels with both staff and patients.
- 4. Steering Group Committee:** the Trust set up a Volunteers Debrief Steering Group at the start of the project which comprises of the Voluntary Services Manager, Debrief Project Manager, Quality Improvement Coach, Violence Reduction Specialist and Reducing Restrictive Practice Lead, clinical colleagues and project volunteer representatives. The project volunteers play an important role in the group as they are the ones that deliver the intervention and build the relationships with the patients. They also bring their valued lived experience to the group.

## Consideration checklist

- Produce a comms and marketing plan to raise awareness of your service
- Produce a service delivery plan and update it regularly
- Identify simple referral pathways
- Manage an active Steering Group
- Engage clinical champions to promote your volunteer service
- Co-produce tools and processes with volunteers, with attention to language used and training required
- Develop your approach to managing the service. You will need to consider:
  - Stakeholder engagement plan
  - Volunteer recruitment plan
  - Volunteer induction and training package delivery
  - Governance structure
  - Comms and marketing plan
  - Reporting structure and frequency
  - Scheduling of volunteer shifts
  - Documentation for department/ward staff

## Key Learning

- ★ Staff engagement about the Volunteer Debrief service was initially limited and consisted only of an email sent to the Ward Manager to let them know it would be starting. The Volunteering team were reliant on the Ward Managers for sharing and explaining the project and addressing any staff questions. This resulted in some staff becoming concerned about the introduction of the project and thought that it might be 'used against them' in some way or used to 'check up on them'. This led to the volunteers and the Voluntary Service Manager having to spend considerable time allaying staff's fears and ensuring they understood how the offer benefits both them and patients.
- ★ Using wards without the service as a control group to compare against has been hugely valuable. The team have been able to collect better evidence of the impact, gather learning and preferences of patients.

## Resources

- [Operational Structure](#)
- [Project Manager/ Coordinator Role](#)
- [Stakeholders to consider](#)
- [Debrief report activity](#)
- [Example/ Template Lessons Log](#)
- [Poster for Patients - Offer of Debrief Service](#)

(2). Dedicated resource of a volunteer coordinator/ project manager was funded in this example service as part of the Helpforce VIP programme, the scale/ scope of a service will dictate whether a dedicated resource is required or a commitment of time from existing resource.

# Volunteer management

Identified components around volunteer management are designed to promote high retention of volunteers which in turn will benefit the service through a more experienced, skilled and confident volunteering team. Managing and supporting volunteers effectively is key to the success of this service. Think about every stage of a volunteer's journey, from their decision to volunteer through to the training, induction, ongoing support and day-to-day engagement.

## Core components

- 1. Volunteer recruitment:** The Volunteer service is about having the right volunteers who can deliver a high quality and high impact intervention to patients rather than having high numbers of volunteers. Recruitment channels used include the Trust's vacancies webpage and service user groups. In addition, the Voluntary Services Manager attended Community Links meetings hosted by the Trust's Occupational Therapy Team for patients nearing discharge to communicate with them about volunteering opportunities and encouraged them to join the team.
- 2. Reflective practice sessions** have been set up for Volunteers and this is led by the acute Lead Clinical Psychologist. This space was created to enhance the mental health and wellbeing of the team's Debrief Volunteers for the following reasons:
  - o Patient experiences that are shared during the debrief process may evoke powerful or triggering emotions for the Debrief Volunteers
  - o To enable sharing of the volunteering experiences
- 3. Specialist training:** All the volunteers complete mandatory training and undertake 'Conflict Resolution & Breakaway Training'. This is to ensure their safety on wards with patients who had demonstrated violence and aggression. They train in 'Positive and Caring Environment Training' which covers: *Awareness of guidance around restrictive interventions, Identifying restrictive interventions in our practice, Identifying individuals at risks of restrictive interventions, (continued on the right side)*

Continued: *Understanding clinically challenging behaviour, understanding of 'Safe wards' and how it applies to practice, What to include in a Behavioural Support Plan (BSP), NEWS physical health monitoring following rapid tranquilisation, Alternative injection sites training, After Action Review (AAR) in practice Volunteer debrief process and practice.*

## Consideration checklist

- Agree on a set of volunteer tasks, responsibilities and boundaries
- Produce a volunteer role description
- Develop your volunteer recruitment plan
- Design your volunteer training package
- Develop your volunteer support, communication and engagement plan
- Involve clinical staff in training delivery
- Meet regularly with clinical staff to grow their support and working relationships with the volunteers
- Offer regular one-to-one support sessions for your volunteers
- Encourage reflective practice and sharing of ideas
- Involve volunteers in developing mechanisms for recruitment support
- Consider support needs of volunteers in recovery

## Key Learning

- ★ The Volunteer team needed an administrator to help speed up the recruitment challenges which include:
  - o Time taken to process applications
  - o Additional time and support that some applicants with lived experience need
  - o The sensitivity of the role subject matter, which can be too upsetting for some people to cope with.
- ★ When recruiting people with lived experience it's important to be able to give them time and support throughout their application.
- ★ Many patients recovering from mental ill health have lost confidence in themselves. Therefore, having volunteers with lived experience talk to patients and give patients a first-hand experience about how volunteering has helped them and the enjoyment they get from being involved makes it more impactful.

## Resources

- [Volunteer role description](#)
- [C&I Recruitment, Training and Management Information](#)

# Measuring impact

Approaching the collation of data and feedback sensitively is important. Camden & Islington chose not to survey patients due to the sensitivities around the subject matter. This means a greater reliance on both staff and volunteers to feedback their experience and beliefs around the service impact.

To understand what data needs to be captured, you also need to understand the key strategic and operational priorities. It's important to identify what measures will best demonstrate the impact and benefits of the service on these priorities.

The approach to collecting the data is important to ensure its validity. Systems and processes need to be tested for robustness and effective training provided to those involved in collating the data.

## Core components

- 1. Developing a Theory of Change:** This is an essential tool to outline the volunteers' intended impact and to support decision making around what intermediate outcomes and ultimate goals may be measured.

This is an upfront activity to complete alongside identifying the service principles and the strategic and operational objectives the service is looking to address.

- 2. Capturing volunteer discussions:** Use debrief sheets to provide a focus and guide for volunteers in their debrief conversations with patients and record the discussion. Having a paper form means that it is easy to photocopy and allows it to be shared with the patient and ward manager. Include questions that capture important learning to stop incidents happening in the future but also that they are meeting the needs of the patient.

- 3. Activity capture:**
  - Number of volunteers
  - Number of volunteer hours
  - Number of patients supported
  - Frequency of volunteer visits per month

## 4. Key evaluation questions for the project:

1. Do Restraint Peer Debrief volunteers increase uptake of debriefs to align with NICE guidelines?
2. Do Restraint Peer Debrief volunteers ensure that care is more patient-centred?
3. Do restraint Peer Debrief volunteers improve patient experience?
4. Do Restraint Peer Debrief volunteers improve practice and safety?

## Consideration checklist

- Agree the service impact measures
- Establish a control group or baseline data to demonstrate the impact of your service
- Produce a Theory of Change/ logic model - this will help you to plan effectively
- Define the measures that will support continued investment and growth of the service

## Key Learning

- ★ Having a person dedicated to oversee the service is essential to ensure data is collected so that the impact and value of the project can be successfully measured.
- ★ Having a control group allowed the volunteering service to measure the impact of the debrief intervention by comparing wards, where a debrief wasn't offered, and those where it was offered.
- ★ Since the introduction of the Debrief Project, patients now receive a copy of the discussion they shared with volunteers on the Debrief template. This means that patients can remind staff of their preferences if they aren't being actioned in their care. Staff are supportive of this.

## Resources

- [Helpforce Impact & Insight Guidance inc. Theory of Change](#)
- [Camden & Islington Trust - Staff Survey](#)
- [Camden & Islington Trust - Volunteer Survey](#)
- [Camden & Islington Trust Theory of Change](#)
- [HF Insight and Impact Report - Camden Islington 280920](#)