



LEARNING &
DEVELOPMENT

Operational Practice – Part One (OPS1)

Facilitator Guide

Residential Core Module
© Child Youth and Family
August 2011





Contents

Facilitator Information	3
Learning Outcomes:	5
Learning Objectives:.....	5
Workshop Outline:	6
Session One: What is Operational Practice?	7
Session Two: Safety and Wellbeing in Regulations	24
Session Three: Primary Regulations	38
Session Four: Incident Reporting	63



Facilitator Information

Background

Residential Care is a service that deals with New Zealand's most vulnerable and challenging children and young people. It is a 24 hour, 7 days a week provider that operates 8 residences and 13 supervised group homes for approximately 800-900 children and young people a year. The service has over 750 staff throughout New Zealand that work with site staff and local services to ensure the safe transitions of children and young people back to the community.

The practice within a residence requires staff to have a knowledge and understanding of how they would apply the four primary areas, which guides consistent practice to every child and young person in our care.

The four primary umbrella areas create the context of work for all staff, these areas are:

- Legislation
- Policy
- Practice
- Organisational service standards.

Operational Practice (OPS) is a package that aims to orientate participants to the context of their work.

There are two parts to Operational Practice, it is compulsory for staff to attend both OPS trainings.

Target Participants:

- Team Leader Operations
- Team Leader Clinical Practice
- Residence Manager
- Care Teams
- Casuals (used often)
- Case Leaders

Glossary

Example of how to read the references to handouts, power points, facilitator resources and materials

WB1.1	WB = Workbook Handout; F1 = Session Number; .1 = Handout Number (handouts are in the participant workbook)			
FR = Facilitator Resource	C = Cards	R = Reading	PPT = PowerPoint	M = Materials
WB = Workbook Handout	P = Poster	D = DVD	WC = Wall Chart	H = Handout



Facilitation Preparation

The preparation requires the facilitator to have some insight into the following models:

- Operational Practice Model (also known as the Boundary Wall)
- Safety and Wellbeing in regulations
- Facilitator to have some insight into the following regulations:
 - **Regulation 3:** Right to professional and planned standards of care
 - **Regulation 21:** Torture, cruelty, inhuman, humiliating or degrading discipline and treatment prohibited
 - **Regulation 22:** Use of force in dealing with Child or young person
 - **Regulation 24:** Confinement to room restricted

Facilitators will also need to have an awareness of the connection between the code of practice and the regulations.



Learning Outcomes:

At the end of this course participants will be able to:

- Understand what supports the practice of residential care
- Gain knowledge on the relationship between regulations and the practice centre
- Operate with a better knowledge of legislation, policy and practice
- Define and apply the primary regulations 21, 22 and 24, also connect with other regulations
- Have the methods and prompts to apply when scripting a detailed incident report

Learning Objectives:

At the end of this course participants will be able to:

- Discuss the Operational Practice Model (OPM)
- Illustrate qualities and skills required when working in a residential environment
- Identify external groups that support consistent practice
- Discuss the Safety and Wellbeing in regulations model (SWRM)
- Connect Regulations with National Residential services code of practice
- Identify the links back to code of practice and other legislations
- Practice the application of regulations to scenarios
- Complete and analyse an incident report

**Workshop Outline:**

Session	Content
----------------	----------------

1	What is Operational Practice?
---	-------------------------------

Morning Tea (15 mins)

2	Safety and Wellbeing in Regulations
---	-------------------------------------

Lunch

3	Primary Regulations
---	---------------------

Afternoon Tea (15 mins)

4	Incident Reporting
---	--------------------

FINISH



Session One: What is Operational Practice?



Session One: What is Operational Practice?

- Objectives:** By the end of this session participants will be able to:
- Define and discuss Operational practice model (OPM)
 - Illustrate evidence based practice in the operational practice model
 - Discuss primary documents for Residential practice
 - Identify external groups that support consistent practice

Time 9.00am – 10.30am 1hour 30 minutes

Resources Laptop, Data show, White Board, Whiteboard Pens

Cards C 1.1 Role Cards

DVD D 1.1 Little Miss Sunshine (vid-clip)

Workbook Pages 5 – 14

Session Brief

This session will introduce the Operational Practice Model (OPM). This model will be the main framework for the remaining three sessions. The baseline message in this session, for staff, is that the OPM is the context in which we embed our residential care practice.

The themes explored in this session are:

- Operational practice context
- Operational practice model
- Partners in supporting consistent residential care
- Personal and positional power

The primary outcome for this session is staff demonstrating the OPM consistently in their transactions with children and young people care.



Exercise

Purpose and Key Points

Introduction

Facilitator to welcome participants appropriately, consider if any cultural customs or local residence kaupapa is appropriate to welcome and begin the workshop.

Ensure you acknowledge the varying levels of knowledge in the room. It is important to also acknowledge the intention of this package is not about eliminating what good practice there is on the floor, instead create a learning opportunity for staff to be challenged in what they know:

When appropriate briefly introduce operational practice part one (OPS1) using the following prompts if required,

- Operational Practice is a two-part workshop. The focus on the first workshop will identify the weaving of legislation, policy, practice and organisational values. The second workshop will look at part 5 of the regulations – Secure care, and spend time in the practice centre – new residential hub for all operating procedures.
- The intention of this workshop is to ensure a standardised practice across all residences. The face to face workshops will be an opportunity where we are able to hear the standards that will support a consistent practice and will then be followed up by 1:1 formal practice clinics led by team leaders in each residence.

Facilitator note:

TASK:

Residential operations, expectations and my role

The first task is about exploring how participants define operations. This is important before we talk about operational practice, because the context needs to be defined – what do we mean when we say operations.

Encourage participants to be honest as they explore the roles currently playing a role in the residences.

This task will be centred around the following question:

What is meant when we talk residential operations and who are the key people in this area?

It is important facilitators have some thought into the question before they lead this task.

The purpose for this task is for the trainer to gain some insight into the groups understanding around what is meant by residential operations. Where possible attempt to ask participants to unpack the rationale they may carry.

This task should take no longer than 10minutes.

Friendly reminder: *one of the key messages of residential services is realising potential.*



Exercise	Purpose and Key Points
<p>TASK: Residential operations, expectations and my role</p> <p>C 1.1: Role cards (note these cards need to hang around volunteers)</p>	<p>Facilitator to ask for 8 volunteers (group A). If the group is too small, use the cards without the physical person.</p> <p>Once nominated/chosen, ask the volunteers to wear the role cards that will have the following list of roles:</p> <p>(a) <i>Young person</i> – (b) <i>Care team worker</i> – (c) <i>TLO/TLC/Case leaders</i> – (d) <i>RM</i> – (e) <i>Assessments</i> – (f) <i>Debrief/handover</i> – (g) <i>regulations/national code of practice/legislation</i></p> <p>While the volunteers are preparing themselves, ask those who have not volunteered (group B) to make some space and form a circle with chairs (7 chairs) with one chair placed in the centre of the circle – and then as a group define the word operations.</p> <p>When ready ask the volunteers (group A) to line up outside of the circle and wait for their role to be called by group B before they take a seat.</p> <p>Explain the task to group B using the following prompts:</p> <ol style="list-style-type: none"> 1. As a group consider what is meant by the word ‘operations’ and begin to assess the roles held by group A. 2. If there is a group consensus that the role is considered to be a role in ‘operations’ group B are to direct that person to sit down in a seat allocated to them by the group. 3. If it is decided that the role is not operations, then keep them on the outside of the circle. <p>Facilitator to gain insight into the decisions group B made by asking them for their rationale before the decision is locked in. Be sure to challenge or play devils advocate if required.</p>
<p>WB 1.1 Scoping operations & definition of operations</p> <p>WB page 6</p>	<p>Once all roles are placed or kept out of the ‘operations’ circle – facilitator to hand out workbooks and ask participants to turn to page 6.</p> <p>Facilitator to make comment on the closeness or clear discrepancies between the workbook graphic and their placement on the roles.</p> <p>Lead a discussion with the wider group around any concerns before talking through the definition of operations located on the same work page sheet WB 1.1</p> <p><u>Definition of ‘operations’ is:</u></p> <p>The daily routine to meet the vision, purpose and expectations of residential services.</p> <ul style="list-style-type: none"> • The core documents that inform the <i>vision, the purpose and expectations</i> are all located in the Operational Practice Model (OPM). <p>Facilitator to lead a brief brainstorm on what is believed to be the core documents and why it is considered as the core documents before asking participants to turn to page 8 to begin to explore the OPM.</p>
<p>Strengthening Engagement link</p>	<ul style="list-style-type: none"> • Ops plans are collaborative, we all play a role. • Hamper input / debrief



Exercise	Purpose and Key Points
<p>Facilitator note: TASK: Operational Practice Model (OPM)</p>	<p><i>The purpose of the following task is about wanting participants to understand the connection between legislation, policy, residential practice framework and organisational values and ethics, the work that is done on the floor all whilst maintaining the child or young person focussed.</i></p> <p><i>Facilitator to ensure they are familiar with the OPM before unpacking the model, identifying any messages from Strengthening and Engagement etc that might surmise parallel to the OPM.</i></p> <p><i>This part of the task will primarily be facilitator doing a majority of the talking however it is vital that when questions need to be posed that there is enough time given to have some interaction when exploring the OPM.</i></p> <p><i>Note there is an activity based learning task following the explanation of the OPM to demonstrate the importance of being a practitioner that looks actively for the core documents in the work they do.</i></p>
<p>TASK: Operational Practice Model (OPM)</p> <p>WB 1.2 OPM WB Page 8</p>	<p>Facilitator to ask participants to turn to page 8. When ready explain that this model aims to formulate a baseline of where operational practice resides. Any decisions and/or actions etc outside of the four walls, is not considered as ethical/illegal and will compromise the safety and wellbeing of the children and young people in our care.</p> <p>Primary points for the OPM walls:</p> <p><u>Legislation/Regulations:</u></p> <ul style="list-style-type: none"> • Every person (staff and young person) who works, resides in a residential environment will be mandated or hold legal status to be in there. • Residences themselves also have a mandate to exist. <p><u>National Residence Code of Practice:</u></p> <ul style="list-style-type: none"> • This is the legal prescription of what needs to happen in the residence and the evidence required to demonstrate to the auditors that it has been met • Running parallel to the National Residential Services Code of practice is the MSD Code of conduct, Professional body code of ethics, CYF and MSD values. <p><u>Residential Practice Framework and Practice tools:</u></p> <ul style="list-style-type: none"> • These are the guidelines that the organisation has set as a measuring tool for any transaction with children or young people in our care • Practice tools are those things that assist your existing practice and soft skills. <p><u>Practice Centre (policy):</u></p> <ul style="list-style-type: none"> • This is the information that will identify the procedures and processes that need to occur to meet the regulations and the legislative requirements.



Exercise

Purpose and Key Points

Ensure the following messages are discussed when exploring the OPM:

1. The OPM is a prompt for staff to consider the key documents when undertaking any type of engagement or intervention with a child or young person
2. Our practice is aligned to each of the models to ensure safe strong practice meets the grounds of regulation 27
3. The key to our professionalism as residential workers is being able to evidence in our practice a depth in our knowledge of the Operational Practice Model and illustrate it in our application to the residential care we deliver.

Facilitator note:

TASK: Supporting consistent practice

Once it is best to, the discussion will need to shift from that of ones personal and positional power through to the context in which we work.

When leading into the level of accountability we have in our role, it is important that we always frame this as supporting consistent practice and meeting the expectations of job depth.

This will be a quick discussion, looking at another power that sits external of residential services – the task here is to acknowledge the bodies of accountability – avoid leading into a discussion around what they audit or on what grounds do they do that – explain that the final part of the session will look at the grounds in which they hold accountability to.

TASK: Supporting consistent practice

Ask participants to turn to page 10 where they will find the image called 'Partners in Supporting Consistent Practice'.

WB 1.3 Partners in Support Consistent Practice

WB page 10

Facilitator to speak to the partners and have a brief discussion around the roles and functions of these groups.

Please note that the primary groups are the groups that are highlighted. The list of people that sit under the term others, are groups that have more of a specific focus than that of a general overview looks at the practice.

Facilitator Note:

TASK: Patterns

The purpose of the following task is about wanting participants to understand the OPM. Facilitator to ensure they have captured the task as a foundation to understanding the model, before unpacking the model.

Patterns Is a timed task so it's important that if clues are required, they must be given (this is at the discretion of the facilitator, no clues are given in the guide).

Facilitators are to ensure they have a good understanding of the ABL before moving forward, as per usual stay attentive to the things that may assist in the debrief later in the debrief discussion



Exercise

Purpose and Key Points

TASK: Patterns

Introduce the following activity based learning using the following prompts, if required:

- The OPM is about embedding a patterned practice that offers professional practice at the centre of practice asked of staff in the residential environment.

Facilitator's instructions for ABL Patterns:

1. Ask the group to form a circle (if the group is too big, ask for a volunteer and ask them to lead the same ABL task in another space). Ensure the facilitator is part of the circle and that everyone can see everyone
2. Once you are ready, explain to the group that the ABL requires good observation, listening skills to identify and then follow the pattern.
3. The task is simple – we as a team are going to the moon. The captain (facilitator or volunteer) will let you know whether you can take stuff to the moon, Participants (at the most appropriate time) will ask the captain if they can take the OBJECT to the moon – the captain will say yes or no.

The captain is to start the task with the following statement: I am going to the moon and I'm going to take...whilst touching their hair/head saying UM]...name the OBJECT.

The only things that are allowed to go to the moon, are things where participants [touch their hair/head and OR say UM] before they name their OBJECT – this is the pattern.

The aim for participants is to catch the pattern and start by touching their hair/head and or say UM – if this precedes it then the captain can say yes – if not the answer is no.

After 2 minutes - Invite people to call out PAUSE and name the pattern. If the guess is incorrect they are automatically out of the task and can no longer openly guess.

At the completion of the ABL task - divide participants (if needed) to explore what was hard about the task and what was easy – before debriefing the whole task.

Before you start debriefing the task, ensure you ask participants to feedback their discussions before leading a wide group discussion.

Strengthening Engagement link

- Flight, Fright and the question of what is normal?



Exercise	Purpose and Key Points
<p>Patterns baseline message</p>	<p>In order to catch the pattern, participants require good observation, analysis, and evidence before stating what has become the obvious (pattern)</p> <ul style="list-style-type: none"> • The Operational practice model is about establishing the points of the pattern, if you can not evidence the need to engage a specific regulation, observe a specific behaviour to assess the right response then it should be hard to move forward. • The skills engaged for patterns are very much the skills required when engaging in the boundary wall model, observation, analysis, evidence gathering. <p>Facilitator to lead into the discussion around OPM linking to the conversation as required</p>
<p>Facilitator note <i>TASK: Positional and Personal power</i></p>	<p><i>Operational Practice started with an understanding of the context of what is 'operations' - we now divert our attention to begin to recognise the position of power in the work that we undertake. Facilitator to ensure to link some of the baseline messages from Strengthening Engagement.</i></p> <p><i>Some of the type of thinking that sits in the mindset of some staff will determine whether the factors in the OPM are there to guide us in our management of behaviour or whether they become restrictions.</i></p> <p><i>It is important that you establish the position we take as trainers – we are coming from a position of statutory interpretation from there we align it to what is known as the Residential Services code of practice, it is then we can explore and contextualise what happens in the units.</i></p> <p><i>This task should not take too long – the aim is to introduce the powers that exist with enough food for thought around what level of power they engage in.</i></p> <p><i>Facilitator to ensure the vid-clip is working to ensure the next part of the task can be done.</i></p>
<p><i>TASK: Positional and Personal power</i></p>	<p>Facilitator to introduce new area of discussion. Explain that this next point of discussion attempts to discuss two types of powers that exist in the daily operations of their job.</p>
<p>WB 1.4 Positional and Personal Power WB page 12</p>	<p>Facilitator to write on the board: Positional power and Personal power.</p> <p>Ask the wider group to pair up and have a brief discussion on what they believe the difference is. When appropriate, scope the room with some feedback around the differences between the two powers before inviting participants to turn to page 12 in their workbooks for the definitions.</p> <p>Facilitator to lead discussion or align definitions with others where required, drawing on examples where required, when appropriate, introduce the vid-clip as a means to further demonstrate the two powers.</p>



Exercise	Purpose and Key Points
<p>Facilitator Note:</p> <p><u>TASK:</u> Demonstrating powers</p>	<p><i>The vid-clip will demonstrate positional power via the role of the mother. The aim for the mother was for her son to get on the bus – the power she chose to use was that of the superior figure calling on her positional power.</i></p> <p><i>Olive will demonstrate personal power. She does not assume to assert her power of her role - centre of attention, reason for the trip, the primary dreamer of it all – her personal power reverts to that of the relationship she has with her brother, and allow her personal power (reason for her established relationship) to lead what needs to happen whilst allowing her brother the right to feel what he feels.</i></p> <p><i>A characteristic of positional power – is the focus on the bus first.</i></p> <p><i>A characteristic of personal power is placing the person and their vulnerabilities first acknowledged and then the bus comes into the picture – as is the case of the residential operational practice – both powers are required what ‘card’ we play first is pivotal when considering role depth in both practice, operations resulting in outcome.</i></p>
<p><u>TASK:</u> Demonstrating powers</p> <p>D 1.1 – Little Miss Sunshine</p>	<p>Facilitator to first set the scene for the feedback discussions by using the vid-clip from the movie Little Miss sunshine to demonstrate the power of positional and personal power.</p> <p>Ensure you preface the clip with the following prompts:</p> <ul style="list-style-type: none"> • Little miss sunshine is a movie (2006) focussed around a young girl named Olive whose dream is to be in a beauty pageant, albeit she is not your typical looking beauty, her family undertake a journey across the state to reach the dream of a not sure beautiful Olive. • On the road trip is Olive, her mother Sheryl, her gay uncle, her father and her half brother named Dwayne who hates his family and has taken a vow of silence to never speak to his annoying family, he lives and exists only to accomplish his dream of getting into the US Air Force Academy in order to become a test pilot. • The part that we will pick the vid-clip from is when his dream is shattered – • While watching the vid-clip attempt to apply some analysis to identify the two powers and how they are used.
<p><u>TASK:</u> Demonstrating powers</p>	<p>Facilitator to lead a discussion with the wider group post vid-clip using the baseline messages as a point of direction and using details in ‘facilitator note vid-clip’ to align the vid-clip to positional and personal power.</p> <p>Highlighting the two different powers, voice pitch, body language and the primary focus, i.e. on the bus vs. what’s happening for the young person in that moment.</p> <p>Facilitator will need to contextualise the examples to the context of residence and their capacity for this practice.</p>

**Exercise****Purpose and Key Points**

Baseline messages

- Within the residence, we need both positional and personal power to grow practice depth – the question is not therefore what is the better power, but instead an acknowledgment of the given power (positional) and the need for it to align with the power brought into the job (personal)
- Operational practice is first acknowledging the two types of power in their residential practice. A lack of acknowledging both powers would mean a lack of assessment of self in the decision making when managing young people
- When you do not acknowledge the two powers in practice you risk the messaging around what the purpose of your role is in residential service. For example – any dialogue that may involve a discussion around the lack of engagement with a child or young person may have a high exposure to positional power and have no issues with that – will lack insight around the importance of personal power as a tool to influence as opposed to positional powers primary tool of control.
- The vid-clip shows the mother first wanting to deal with her son getting on the bus and then dealing with everything else later, the lack of personal power (or insight of their own personal power) will cut all empathy out of their practice – not allowing children or young people who feel vulnerable – be exactly that – vulnerable.

End of Session One

**WB 1.1 – Scoping operations and definition of operations****Defining Residential Operations:**

The daily routine to meet the vision, purpose and expectations of residential services



WB 1.2 – Operational Practice Model (OPM)





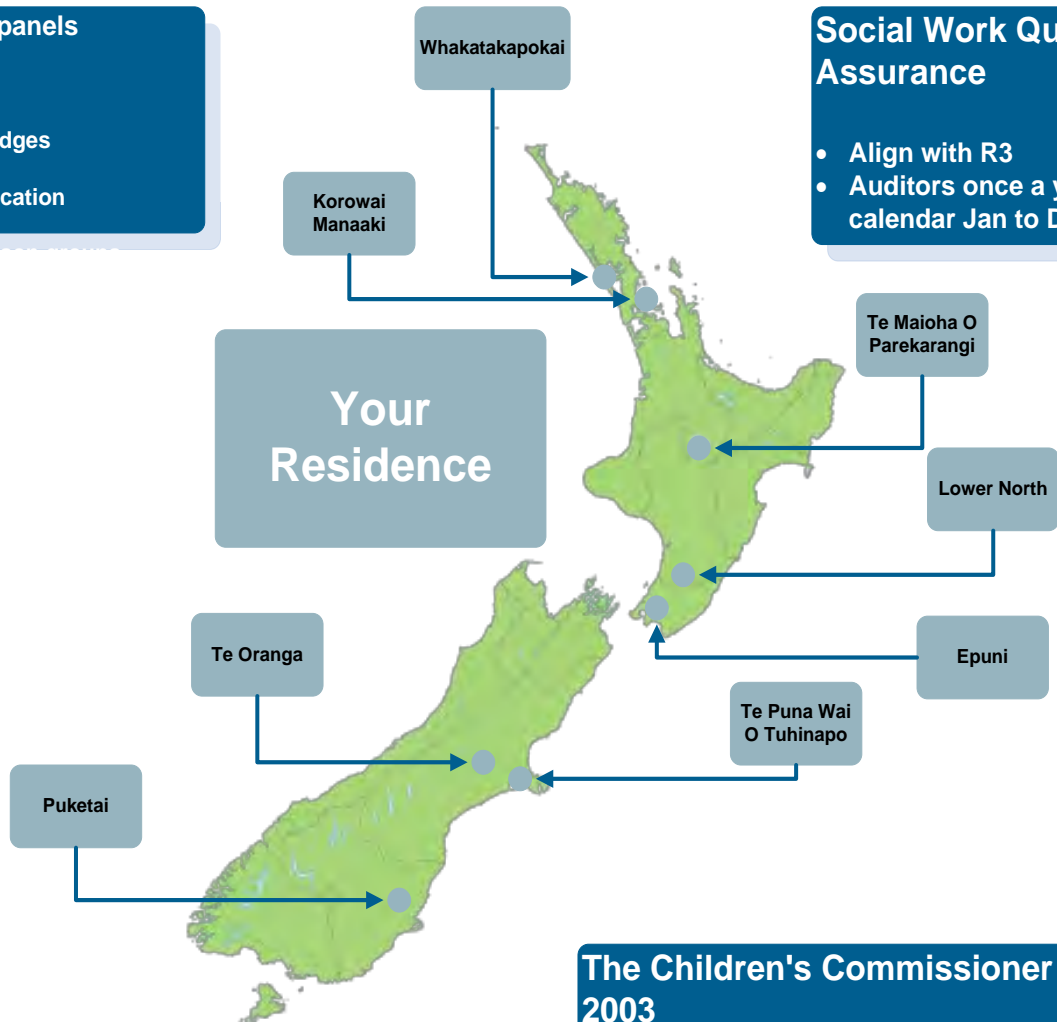
WB 1.3 – Partners in supporting Consistent Practice

Partners in Supporting Consistent Practice

- Grievance panels
- Legal services
- Unions
- SGH
- Family court judges
- NGO partners
- Health and education
- Iwi

Social Work Quality Assurance

- Align with R3
- Auditors once a year, calendar Jan to Dec



- ### Office of Chief Social workers
- Learning and Development Sites
 - C&P, YJ Teams (OPS)

The Children's Commissioner Act 2003

This Act enables the Children's Commissioner and his staff to promote the rights, health, welfare, and well-being of children and young people between the ages of 0 and 18 years. The Children's Commission Act also directs the Commissioner to promote the United Nations Convention on the Rights of the Child (UNCROC).

National Office
Residential Services



Positional Power

Positional power: Power that has come externally of self – you gain it with a role and you lose it when you leave that role (always temporary)



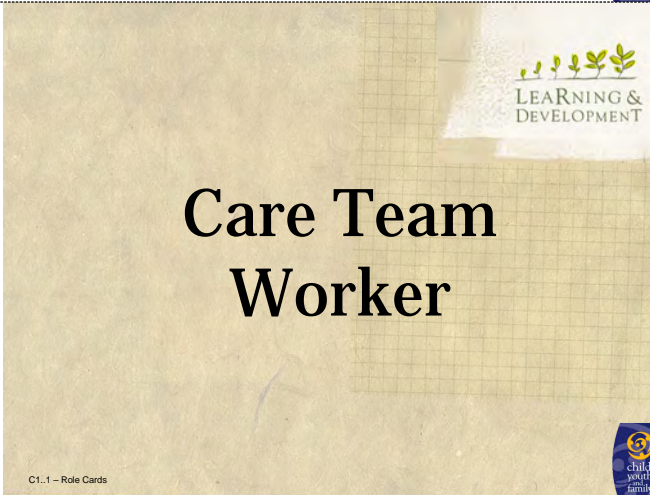
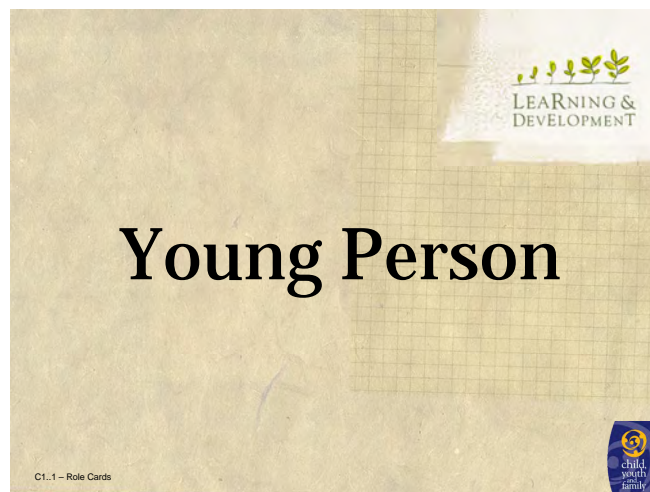
Personal power: Power that is internal of self. This is the Mana that comes from your inner worth and value – it is your 'truth' that translates into your perspective and character. Something you own and can not be taken from you

Personal Power

Consider the type of decisions in your role as residential staff
What decisions require either of the power themes?
Why?



C 1.1 – Role Cards






LEARNING & DEVELOPMENT

Case Leaders

C1.1 – Role Cards



LEARNING & DEVELOPMENT

Residential Manager (RM)


C1.1 – Role Cards



LEARNING & DEVELOPMENT

Assessments

C1.1 – Role Cards





The image shows two identical document covers stacked vertically, separated by a horizontal dotted line. Each cover has a light brown, textured background with a faint grid pattern. In the top right corner of each cover, there is a logo consisting of a row of five green leaves of increasing size, with the text 'LEARNING & DEVELOPMENT' below it. In the bottom right corner, there is a blue circular logo with a white stylized 'C' and the text 'child youth family' below it. The top cover has the title 'Debrief/Handover' in a large, bold, black serif font. The bottom cover has the title 'Legislation Code of Practice' in the same font. In the bottom left corner of each cover, there is small text that reads 'C1.1 - Role Cards'.



Session Two: Safety and Wellbeing in Regulations



Session Two: Safety and Wellbeing in Regulations

- Objectives:** By the end of this session participants will be able to:
- Discuss the Safety and Wellbeing in regulations model (SWRM)
 - Connect Regulations with National Residential services code of practice
 - Define Safety and Wellbeing within Residential Care

Time 1hour 30 minutes

Resources Laptop, Data show, White Board, Whiteboard Pens

Cards C 2.1 Regulations Cards
C2.2 Code of Practice Cards

Workbook Pages 15 – 25

Session Brief

In this session the Safety and Wellbeing in Regulations model will be introduced.

The themes for this session include:

- Safety and Wellbeing in Regulations model (SWRM)



Exercise	Purpose and Key Points
----------	------------------------

Introduction to session

When introducing the next session – ensure you orientate staff what parts of the OPM we are talking about.

Facilitator to introduce session two using the following prompts, if required:

- There is no expectation that participants will know the regulations off the top of their heads, although it is acknowledged there are key regulations.
- Understanding regulations is not being to quote them word for word, its being able to implement the kaupapa of individual regulations.
- Primary objective is to become familiar with the regulations using the concepts of Safety and Wellbeing to frame their purpose
- Peruse code of practice

Facilitator note:

TASK: Safety and Wellbeing

The following task aims to define Safety and Wellbeing. The task attempts to locate these definitions in a person's instinctive response.

The SWRM is based around the concepts of safety and wellbeing, so it is natural we start with defining the two ends of the spectrum and therefore raise the importance of not only being able to define using rote learning but to have an instinctive level of understanding.

The definitions offered are reasonably black and white, so it is important that you have thoroughly explored behaviour attached to the definitions shared from the group – using the task to do this.

In this task, the aim is two-fold. The first is to simply define safety and wellbeing, ensuring there is enough discussion to wheedle out any opposing definitions. The second is to identify behaviour – what do either of the concepts look like in residential practice.

It is pivotal facilitators are familiar with the definitions of safety and wellbeing in order for links to be drawn with the task.

This task should not take any longer than 20 minutes, unless the discussions have identified a number of opposing thoughts.

TASK: Safety and Wellbeing – part A

The following task will require some space for the group to form a circle – to begin the task you will need 3 volunteers.

Once identified, introduce the task using the following instructions:

- The task is the trust game – where 1 volunteer will stand in the middle of the circle, close their eyes and then fall forward keeping their feet firmly planted; the wider circle will catch the volunteer and push them in the opposite direction.
- The wider group will form a 2 layered circle and when prompted by the facilitator using the word 'switch' the layered circles will shift their positions. For example – switch would mean layer 2 will move forward and layer 1 would move backwards (moving through the gaps), another switch would mean the same process in reverse – explain that the 'switch' calls will speed up.



Exercise

Purpose and Key Points

With the instructions understood, ask the two groups to form a circle and using chart paper begin to record some of their thoughts and feelings leading into the task. Lead a brief discussion with the wider group.

Once done, ask the volunteers to leave the room, facilitator to ensure they can not see in the room. Once they are out of hearing, explain the following instruction:

- The task is as was explained, however, after the second 'switch' call, they will form one strong circle without the volunteer aware of the change in formation - from the second time the 'switch' calls will be faster but the calls will become irrelevant – the aim is to let the volunteers think the 2 layers are really switching.

Facilitator to ensure this is undertaken with all 3 volunteers before moving on to debrief the task. Once each volunteer has gone through, they are welcome to stay in the room and watch the task.

Debrief:

Once the task is complete facilitator to lead out the messaging that comes attached to the task:

- The wider circle and its layers have a three-fold meaning: (1) the layers represent the two points of the axis safety and wellbeing (2) the second meaning refers to the movement of the slide representing the mindset that must be carried when working in the regulations, it requires fluid movement in the regulations that shuffles between safety and wellbeing (3) when both layers of the circle stood side by side and supported the volunteer it demonstrated how regulations needs to work alongside your practice.
- The volunteer representing the young person.

Once the initial debrief is explained, facilitator to go the brainstorm sheets brainstorm on how both groups felt and what they thought going into the discussion.

Align these thoughts and feelings to the previous debrief of the task using the following tasks if required:

- Our children and young people will come to our residences, unsure, anxious (facilitator to use words also from the volunteers brainstorm of thoughts and feelings)
- Our role is to take the same healthy level of anxiety (identify other thoughts and feelings from the wider group brainstorm sheet) which drives the insurance that you will catch the volunteer – keeping them safe from harm.
- The concern the wider group may have identified in their brainstorm will be about wanting to ensure their team colleague will not be hurt in any way – understanding the kaupapa of the game is about building trust, our 'not-wanting' to drop our colleagues are also about the interest of wanting to create a relationship/friendship with a base of trust. Dropping them would affect their thinking, trust, feelings towards how they might see you.

Facilitator to lead this discussion with an emphasis on participants wanting to keep their colleagues SAFE.



Exercise	Purpose and Key Points
<p>Facilitator Note: <i>TASK: Safety and Wellbeing in Regulations model (SWRM)</i></p>	<p><i>It is important to link the task to SWRM using the concept of safety before exploring wellbeing.</i></p> <p><i>You will lead the discussion by first introducing the SWRM, orientating participants to the discussion of safety first in order to set the scene for the remainder of the SWRM.</i></p>
<p><i>TASK: Safety and Wellbeing in Regulations model (SWRM)</i></p> <p>WB 2.1 SWRM graphic WB page 17</p>	<p>Facilitator to ask participants to turn to page 17 in their workbooks where they will see the SWRM graphic.</p> <p>Begin to describe the SWRM using the following prompts – and using your experience to further demonstrate the point:</p> <ul style="list-style-type: none"> • SWRM primarily align regulations to Safety and Wellbeing in the context of risk. • It is identified that the regulations will sit in one of the four quadrants (facilitator to identify the four quadrants) – they then become the motivation and should evidence this in their response. • Safety in this context is defined as those regulations that will prevent a physical harm – death, situation. • Wellbeing is everything else that sits outside of a physical harm – death, situation • With the two spectrums identified we can begin to look at the regulations as drivers for safety and wellbeing of children and young people in care. <p>Facilitator to lead out further discussion if required.</p>
<p>Facilitator note: <i>TASK: Alignment</i></p>	<p><i>The following task has two parts to it.</i></p> <p><i>The first part will be a simple identify the quadrant task. It will be part two of the task that might require the time. However if there are opposing opinions around the card placement task – ensure you allow time to discuss.</i></p> <p><i>The second part of alignment includes the National Residential Services Code of Practice. Ensure you have had a look at the cards with the Code of Practice information on it in order to guide this task better.</i></p>
<p><i>TASK: Alignment part one</i></p> <p>C 2.1 Regulations Cards</p>	<p>Before carrying on with the Alignment task, ensure participants have an understanding of the SWRM.</p> <p>Facilitator to explain the following task called alignment to further demonstrate how SWRM works.</p> <p><u>Explaining the task:</u></p> <ul style="list-style-type: none"> • Facilitator to split participants into two groups. Each group will be provided with regulation cards as even as possible with some blu-tac. On the white board you will draw the SWRM. • Each group will be asked to discuss their set of regulations and identify the quadrant the regulation sits in. <p>Facilitator should note these regulations are to remain in place on the whiteboard for the remainder of the day as a visual prompt.</p>



Exercise	Purpose and Key Points
----------	------------------------

TASK: Alignment part two

Facilitator to orientate participants back to the OPM – and locate the national residential services code of practice.

Facilitator to use the following prompts to assist the introduction of the code of practice:

The Code of Practice forms part of the chain of documentation promoting accountability and also required by Regulation 26 (National Code of Practice) of Children, Young Persons and Their Families (Residential Care) Regulations 1996.

WB 2.2 Regulations Index

WB page 19-20

C 2.2 C.O.P Cards (Code of Practice)

WB page 21-24

- To understand the relationship better - facilitator to divide the group into four even groups.
- Once the groups are formed, explain to them that there are four stations around the room with a number of code of practice inserts laminated and chart paper at a table to record their answers (all teams on the one chart paper – answers will be colour coded).
- The task is to read the cards that are extracts of the code of practice and answer the following questions:
- What would be the 'sample indicators' to show the standard matches the conditions?
- Using the Regulations index in your workbook page 19-20 identify the regulation that matches the standard listed.
- Facilitator to unpack the words sample indicators if needed using the following prompts if needed:
- Sample indicators are things you should evidence in documentation, practice or audits to show the standard has been met.
- These sample indicators should be broad but focussed enough to be able source consistency across the practices.
- Facilitator to select a small group facilitator in each group and let teams know they will be at the stations for 10 minutes to talk through this. They will be prompted when to switch

Facilitator to collate the chart paper and begin to lead a discussion around sample indicators and the regulation matching but first re-ensuring the purpose of the task – prompts below if required:

- Code of Practice and Regulations run hand in hand, the sample indicators information is populated by staff who are the hands and feet of the regulations.
- The powers that come with the Code of practice and Regulations are because we walk the primary documentations out, so it is vital we know first of their existence and their relevancy to the decisions made daily
- Sample indicators are a compilation of the work we do, decisions we make, practice we deliver to the floor. Within the world of residence we can't live without the other.

**Exercise****Purpose and Key Points**

When debriefing facilitator to encourage participants to explore with depth around the sample indicators as it is the end point of their job.

Facilitator to lead discussion to a close before referring to their code of practice. Explain that as they return to site and peruse the code of practice they will see the similar format:

- Standard
- Sample indicator
- References to the legislations, regulations and united nations.

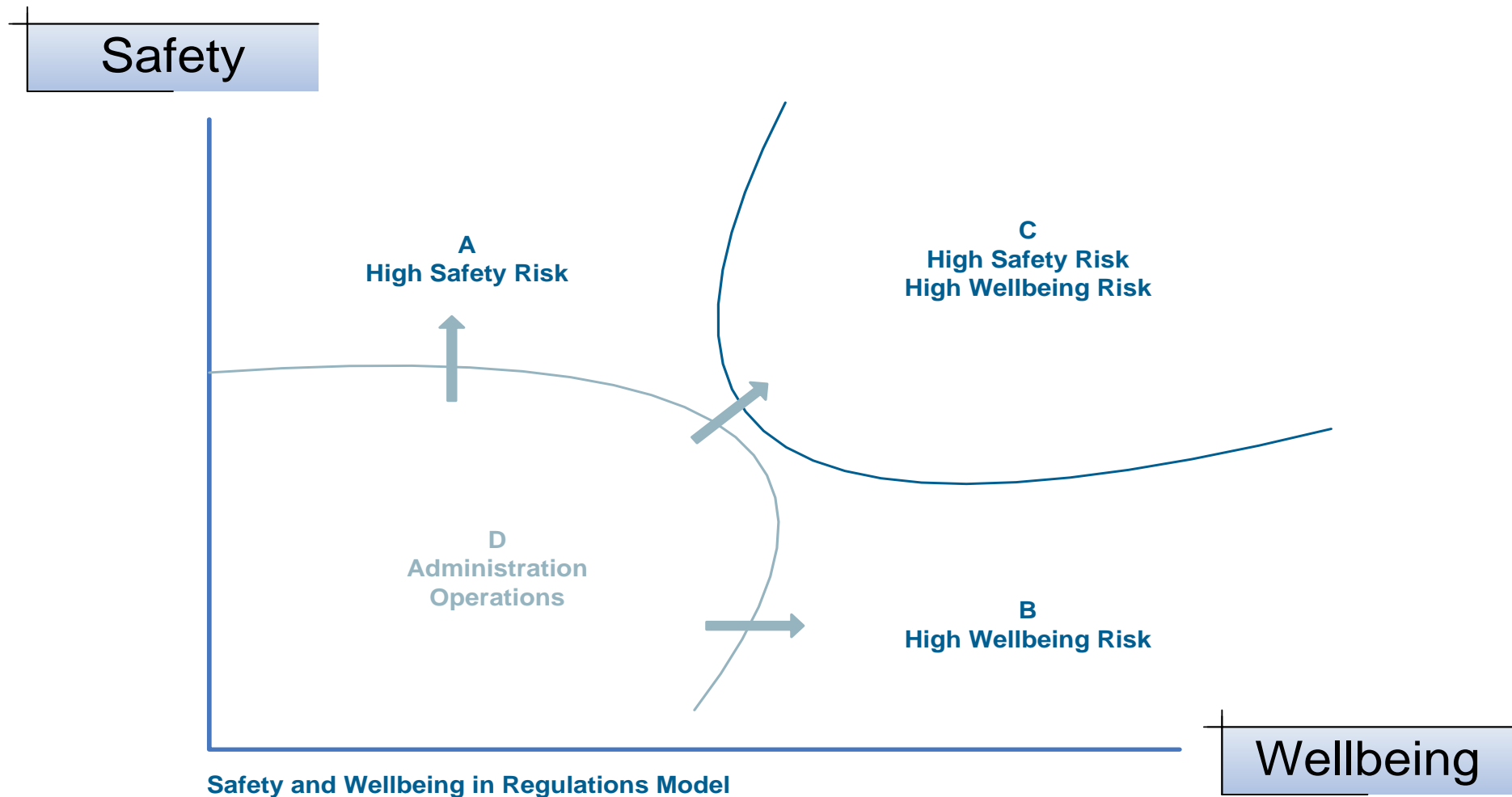
Facilitator to lead a discussion with the group if required. If not it is pivotal the purpose behind all the work is demonstrated when referring to specific pieces of the sample indicator and regulation matching process.

The SWRM model is a further reminder that amongst walking out the regulations in the operations world, there needs to be insight in the underlying strengths in practice that sits in the kaupapa in regulations that sit underneath.

End of Session Two



WB 2.1 – Safety and Wellbeing in Regulations Model (SWRM)





WB 2.2 – Regulations Index

THE CHILDREN, YOUNG PERSONS AND THEIR FAMILIES (RESIDENTIAL CARE) REGULATIONS 1996

- 1 Title and commencement
2 Interpretation

Part I Rights of Children and young persons in Residences (General)

- 3 Right to professional and planned standards of care
4 Right to be informed of certain matters
5 Right to use personal effects
6 Right to wear own clothing and articles of adornment
7 Right to personal privacy
8 Meals
9 Right to be given instructions verbally
10 Right to visits and communications with family and other persons
11 Rights to send and receive
12 Right of access to services
13 Right to educational and vocational training
14 Right to medical examinations and treatment

Grievances

- 15 Right to access grievance procedure
16 Right to advocacy for grievance

Part 2 Limitations on powers of punishment and discipline

- 17 Behaviour management programmes
18 Punishments and sanctions
19 Review of punishments and sanction
20 Corporal punishment not to be used
21 Torture, cruelty and inhuman, humiliating, or degrading discipline and treatment prohibited
22 Use of force in dealing with child or young person
23 Silence not to be used as a punishment
24 Confinement to room restricted

Part 3 Management and inspection of residences General

- 25 Director-General to provide facilities and training
26 National Code of Practice
27 Professional standards of care to be provided in residences
28 Compliance with Regulations

Grievance

- 29 Grievance panels
30 Further provisions relating to membership of grievance panels
31 Functions and duties of grievance panels

Plans

- 32 Security management plan
33 Emergency management plan

Community Liaison Committee

- 34 Community Liaison committee
35 Functions of community liaison committee
36 Meetings of community liaison committee

Inspection of Residences

- 37 Inspection of residences
38 Powers of person conducting inspection



Part 4	
Searches	
39	Inspection of mail
40	Child or young person may be searched to detect unlawful or harmful items
41	Child or young person may be strip searched
42	Internal examination
43	Restrictions on searches and examinations
44	Use of dogs for searching
45	Power to seize articles, etc. found on search or examination
Part 5	
Secure Care	
46	Areas for provision of secure care to be designated
47	Review of placement in secure care
48	Confinement to rooms of children and young persons in secure care
49	Contact with other children and young people
50	Meals of children and young persons in secure care
51	Range of planned, purposeful, and varied activities to be provided
Part 6	
Records	
52	Admission register
53	Personal Files
54	Daily log
55	Complaints register
56	Secure care register
57	Computerisation of records
58	Access, use and retention of records
Part 7	
Revocations	
59	Revocations schedule



admission

Standard:

On admission, initial screening and assessment confirms all children and young persons have a valid legal status, and identifies immediate risk factors and individual needs that are relevant to the safe management of children and young persons while in the residence



United Nations Rules for the Protection of Juveniles Deprived of their liberty:

- (12) Every Juvenile has a right to be examined by a physician immediately upon admission
- (20) No juvenile should be received in any detention facility without a valid commitment order

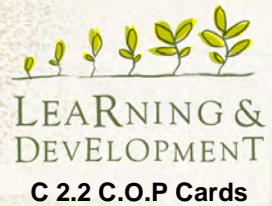




competency of staff

Standard:

The Residence's staff all possess competencies appropriate to their job descriptions



United Nations Rules for the Protection of Juveniles Deprived of their liberty:

- (81) Personnel should be qualified and include a sufficient number of specialists
- (82) The administration should provide for the careful selection and recruitment

United Nations Standard Minimum Rules for the Administration of Juvenile Justice:

- (22.1) Professional education, in-service training, refresher courses...
- (22.2) Juvenile justice personnel shall reflect the diversity of juveniles...





health & rehabilitation



LEARNING &
DEVELOPMENT

C 2.2 C.O.P Cards

Standard:

Children and young persons have access to a full range of health care and health promotion services and programmes that maintain or improve their health and well being, including the opportunity for a medical examination within one of admission

United Nations Rules for the Protection of Juveniles Deprived of their liberty:

- (49) Every juvenile shall receive adequate medical care
- (51) The medical services provided to juveniles should seek to detect and should treat any physical or mental illness
- (55) Medicines should be administered only for necessary treatment on medical grounds...

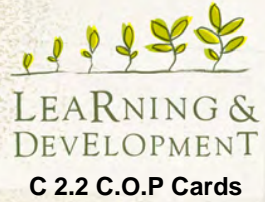




behaviour management

Standard:

In their daily interactions with children and young person, staff provide opportunities and support for children and young persons to make decisions, and to manage their own behaviour responsibly



United Nations Rules for the Protection of Juveniles Deprived of their liberty:

- (66) Any disciplinary measures and procedures...
- (83) ...the personnel of juvenile detention facilities
- (87 f) All personnel should seek to minimise...





Session Three: Primary Regulations



Session Three: Primary Regulations

- Objectives:** By the end of this session participants will be able to:
- Review and discuss Regulations 21, 22 and 24 in a Residential setting
 - Identify the links back to Code of Practice and other legislations
 - Practice the application of regulations to scenarios

Time 1.00 – 2.35pm (1 hour 35 mins)

Resources Laptop
Datashow
Whiteboard and Whiteboard Markers
Blu-tac
Markers
Flipchart Paper
Post-it notes

Cards C 3.1 Regulation Header Cards – Reg.21, Reg.22, Reg.24
C 3.2 Other Regulation Cards (x5)

PowerPoint PPT 3.1 Regulations 21 and Definitions
PPT 3.2 Regulations 22 and Definitions
PPT 3.3 Regulations 24 and Definitions

Wall Charts WC 3.1 Unpacking the Regulations (x3)

Workbook Pages 26 – 49

Session Brief

The first part of this session will have participants working through primary regulations 21, 22 and 24. They will work through these regulations looking to unpack them further, connect to the Operational Practice Model and apply alternative practices that fit within the model to scenarios.

The next part of the session will start to link participants into Incident Reporting where they will be re-introduced to the importance of accurate Incident Reporting by Residential Staff.

It will link the purpose and requirements as outlined in the Incident Reporting Practice Centre Guidelines with the Residential Services Code of Practice, The Children, Young Persons, and the Families (Residential Care) Regulations 1996 and The Children, Young Persons, and the Families Regulations 1989.



Exercise	Purpose and Key Points
<p>Facilitator Note: Primary Regulations 21, 22 and 24</p>	<p>This session will focus on three Primary Regulations, identified by Res Services. These are::</p> <ul style="list-style-type: none">• Reg.21 – Torture, cruelty, and inhuman humiliating, or degrading discipline and treatment prohibited• Reg.22 – Use of Force in dealing with child or young person• Reg.24 – Confinement to room restricted <p>You should make mention of some of the other regulations in residential practice, such as reg.48, reg.3 etc and be familiar to field any questions about these. Have on hand a copy of the regulations, along with the code of practice and any other reference material.</p> <p>It has been identified that there is a need to focus on these primary 3 regulations.</p> <p>To prepare you might consider familiarising yourself with the definitions behind these 3 regulations and either obtain or direct participants to any relevant supported examples if questions call for the need. You will be aware that these regulations are addressed day in and day out for Residences.</p> <p>You will introduce participants to these regulations and make mention of others briefly from the offset before the lead into any brainstorm and practical application.</p> <p>Therefore, you might like to recognise the dynamics of the group after lunch, if mood seems a little low energy-wise you should lead out a brief 5-minute icebreaker to get participants reconnected with the learning environment and re-energised.</p>
<p>1.00pm (5 mins) ICE BREAKER</p>	<p>Gauge the dynamics of the group after lunch.</p> <p>Lead out a 5-minute Icebreaker to get everyone back into the space of learning, if required.</p>
<p>Facilitator Note: <u>TASK:</u> Revisit to Regulations 21, 22 and 24</p>	<p>In your resources you will have cards with the names of regulations on them, place these on the walls around the room and amongst them place the 3 Red Header cards, which represent the primary 3 regulations you will touch on in this part of the session. You can briefly mention some of the other regulations, which some have been provided on the other regulations cards (but not limited to these).</p> <p>To lead this exercise out you will introduce the definition as per outlined in the residential care regulations, try to have prepared some examples of breaches to each of the 3 main regulations that highlight them more, i.e. silent treatment as punishment, confinement of other YP's to their rooms when an incident for one YP plays out for their safety, which is illegal etc</p> <p>Link them into the Code of Practice and where it fits/supports the regulations, particularly the Use of Force, Isolation and Punishment sections. The Code of Practice definitions and any other linking resources have been outlined in workbooks.</p> <p>Familiarise yourself with the United Nations Conventions, Rules and Standards and explore how their relevance may assist with any questions posed by participants who have knowledge of the code and regulations.</p>



Exercise	Purpose and Key Points
----------	------------------------

1.05pm (15 mins) <u>TASK:</u> Revisit to Regulations 21, 22 and 24 PPTS 3.1 3.3 (optional) C 3.1 x3 Red Header Cards C 3.2 x5 Other Regulation Cards WB 3.1 – 3.2 Definitions WB pages 29-37	<p>You will have placed the red header cards and the other cards around the room before the start of this session.</p> <p>Briefly outline the purpose of this session to the participants using the information as prompted in the previous Facilitator notes.</p> <p>Spend a couple of minutes introducing the definition and an example to each of the 3 primary regulations, link in the Code of Practice also and how it supports the regulations.</p> <p>Alternatively, you can invite a participant to define the regulation, some participants will feel they already know the regulations (be aware there will be some participants who do not know the definition). Follow up the participants' definition by outlining the definition as per the regulations.</p> <p>You can use the powerpoints slides if necessary.</p> <p>Be prepared to address or follow up on any questions participants may introduce.</p>
--	---

Facilitator Note: *Having just outlined the regulations, this next activity will unpack the regulations more by getting participants to discuss in pairs what they identify as breaches to the regulations look like. They will then record their thoughts and place on the wall charts headed accordingly.*

TASK: *Unpacking the Regulations*

The purpose is to first establish what participants understand to be breaching the regulation. Then the facilitator will lead a discussion with the wider group looking at unpacking some of these breaches more and what they may look like for a C/YP. They can reflect on these further during the Oz Principle in session 4 where they can identify some above the line practice interventions/engagements.

Again, it will be useful to link in any application to the Code of Practice and any other Regulations/Legislations that support the discussions.

You should link back how the 'Partners in Supporting Consistent Practice' Model from session 1 plays a role in the processes, how can some of these extra resources provide support to the C/YP, staff etc

1.20pm (25 mins) <u>TASK:</u> Unpacking the Regulations WC 3.1 (x3) Post it Notes Flipchart Paper, Markers, blu-tac	<p>Create 3 separate wall charts, using flipchart sheets, headed accordingly:</p> <ul style="list-style-type: none">• Unpacking the Regulations – Reg.21• Unpacking the Regulations – Reg.22• Unpacking the Regulations – Reg.24 <p>Provide participants with some post-it notes and introduce them to the next activity of recording an example of a breach they can recall, heard about, could outline and place it on the flipchart.</p> <p>Use one post-it note per breach, and try to encourage participants to think of 1 breach for each of the 3 regulations.</p> <p>Allow them a couple of minutes to discuss in pairs with the person next to them, and then record and place their breach.</p> <p>Lead a discussion unpacking some of the examples outlined on the charts. Ask how these might look like for a C/YP, and how they link to relevant supporting codes and regulations.</p>
--	---



Exercise

Purpose and Key Points

TASK (continued):

You can record the discussions key points on the whiteboard; participants will have space in their workbooks to record key points.

Alternative to the task mentioned above, to allow discussion time and movement within the group you could use the adolescent assessment spectrum of an agree/disagree discussion between participants. Using one of the post-it notes, ask participants to decide if they agree or disagree that it is a breach or not. Then get them to partner up and discuss between each other why/how they came to their decision.

Their maybe some personal points of views being rationalised by participants, challenge their thinking by linking their reasoning back to how it fits within Codes and Regulations.

Facilitator Note:

TASK: Regulation Scenarios

The next activity will provide participants with the chance to review 3 different scenarios. Conduct a discussion within their groups and outline responses to a set of scenario questions.

The purpose of this activity is for participants to use practice scenarios to review, discuss, and identify the breaches that have occurred with regards to the primary regulations, also any other breaches that may have occurred as per the Operational Practice Model.

They should be attempting to identify alternative interventions or engagement methods before outlining their group's decision on whether this scenario could've been prevented at an earlier stage and how i.e. staff needing coaching in specific areas, young people needing deeper case discussions with case leader etc.

You should wander amongst the groups to gauge they are on the right track and identified the appropriate regulations and definitions before they present material back.

Before each group has presented their outcomes, allow a couple of minutes for the wider group to read and familiarise themselves with their story.

Each group is required to present back their responses to their scenario. After each groups' presentation, allow a couple of minutes for the wider group to provide any additional responses that they may have identified. Finish the discussion by highlighting any further points not identified, then direct the next group to do their presentation and continue this process until all groups have presented.



Exercise	Purpose and Key Points
<p>1.45pm (50 mins)</p> <p><u>TASK:</u> Regulation Scenarios</p> <p>WB 3.3 Regulation Scenarios with Scenario Questions</p> <p>WB page 38-41</p> <p>Flipchart paper, Markers, Blu-tac</p>	<p>Split the groups up into 3 smaller groups.</p> <p>Direct participants to the Scenarios and Scenario Questions in their workbooks page 37. A copy of the scenario questions are:</p> <ul style="list-style-type: none">• <i>Name what, if any, regulation(s) may have been breached in this scenario?</i>• <i>Outline the definition that has been breached?</i>• <i>Linking to the 4 walls of the Ops Practice Model, outline what other possible breaches of practice, if any, have occurred?</i>• <i>What types of interventions or early engagements could've occurred in this scenario to prevent it escalating to the point it did?</i>• <i>Did this scenario have to play out to the point it did, could it have been prevented much sooner and how?</i> <p>Allocate one scenario to each group and get them to work through the responses to the scenario questions provided. Encourage them to expand their thinking and not just sit within the walls of the questions.</p> <p>Bring the wider group back together. Each group will do a brief presentation back to the wider group identifying their responses to the questions.</p> <p>Before each presentation starts, get the wider group to quickly read through the scenario being discussed.</p> <p>Lead out a brief discussion after each groups' presentation to allow any further responses to be identified by the wider group.</p>
<p>2.35pm</p>	<p>Afternoon Tea</p>



Regulation 21:



Torture, cruelty, and inhuman, humiliating, or degrading discipline and treatment prohibited – No member of staff of a residence shall discipline or treat or speak to any child or young person in the residence in a manner which –

- (a) Inflicts on the child or young person any torture or cruelty, or is inhuman; or
- (b) Degrades or humiliates that child or young person; or
- (c) Is likely to induce an unreasonable amount of fear or anxiety in that child or young person.



PPT.3.1 Regulation Definitions

Regulation 22:



Use of Force in dealing with child or young person – (1) No member of staff of a residence shall use physical force in dealing with a child or young person in the residence unless that member of staff has reasonable grounds for believing that the use of physical force is reasonably necessary –

- (a) In self defence, or in the defence of another person, or to protect that child or young person from injury; or
- (b) To prevent that child or young person from damaging any property; or
- (c) To prevent that child or young person from leaving the residence if not authorised to do so; or
- (d) To secure the containment of that child or young person in secure care; or
- (e) For the purpose of carrying out any search authorised by these regulations.

(2) Any person who uses physical force for any of the purposes referred to in subclause (1) of this regulation shall –

- (a) Use no more physical force that is reasonably necessary in the circumstances; and
- (b) Record in the daily log the details of the use of such force, and of the circumstances giving rise to its use.

(3) No member of staff of a residence shall in any circumstances threaten to use physical force against any child or young person in the residence unless the actual use of physical force by that member of staff against the child or young person in those circumstances would be permissible pursuant to subclauses (1) and (2) of this regulation.



PPT.3.2 Regulation Definitions

Regulation 24:



Confinement to room restricted – (1) Subject to subclauses (2) and (3) of this regulation, no child or young person in a residence shall by way of punishment or sanction or otherwise be confined on his or her own in any room in that residence for any continuous period of more than 1 hour between the hours 1am and 8pm each day.

(2) Where a child or young person is confined to his or her own room for a purpose other than punishment or sanction, the confinement under subclause (1) of this regulation shall be for no longer than is necessary to fulfil that purpose.

(3) No child or young person in a residence shall at any time be locked in any room in that residence.

(4) Nothing in –

- (a) Subclause (1) of this regulation applies to any child or young person who –
 - i. Is in secure care; or
 - ii. Is required, on account of illness or injury, to remain in any room in a residence;
- (b) Subclause (3) of this regulation applies to any child or young person in secure care.



PPT.3.3 Regulation Definitions



LEARNING & DEVELOPMENT

Regulation 21

child, youth and family

C 3.1 – Primary Regulations

LEARNING & DEVELOPMENT

Regulation 22

child, youth and family

C 3.1 – Primary Regulations





LEARNING & DEVELOPMENT

Regulation 28 –

Compliance with regulations

C 3.2 – Other Regulations

child, youth and family

LEARNING & DEVELOPMENT

Regulation 3 –

Right to professional and planned standards or care

C 3.2 – Other Regulations

child, youth and family



LEARNING & DEVELOPMENT

Regulation 23 –

Silence not to be used as punishment or sanction

C 3.2 – Other Regulations



LEARNING & DEVELOPMENT

Regulation 29 –

Grievance panels

C 3.2 – Other Regulations





LEARNING & DEVELOPMENT

Regulation 48 – Confinement to rooms of children and young persons in secure care

child,
youth
and
family

C 3.2 – Other Regulations



Regulation 21:



Torture, cruelty, and inhuman, humiliating, or degrading discipline and treatment prohibited – No

member of staff of a residence shall discipline or treat or speak to any child or young person in the residence in a manner which –

- (a) Inflicts on the child or young person any torture or cruelty, or is inhuman; or
- (b) Degrades or humiliates that child or young person; or
- (c) Is likely to induce an unreasonable amount of fear or anxiety in that child or young person.





Regulation 22:



LEARNING &
DEVELOPMENT

Use of Force in dealing with child or young person –

(1) No member of staff of a residence shall use physical force in dealing with a child or young person in the residence unless that member of staff has reasonable grounds for believing that the use of physical force is reasonably necessary –

- (a) In self defence, or in the defence of another person, or to protect that child or young person from injury; or
- (b) To prevent that child or young person from damaging any property; or
- (c) To prevent that child or young person from leaving the residence if not authorised to do so; or
- (d) To secure the containment of that child or young person in secure care; or
- (e) For the purpose of carrying out any search authorised by these regulations.

(2) Any person who uses physical force for any of the purposes referred to in subclause (1) of this regulation shall –

- (a) Use no more physical force that is reasonably necessary in the circumstances; and
- (b) Record in the daily log the details of the use of such force, and of the circumstances giving rise to its use.

(3) No member of staff of a residence shall in any circumstances threaten to use physical force against any child or young person in the residence unless the actual use of physical force by that member of staff against the child or young person in those circumstances would be permissible pursuant to subclauses (1) and (2) of this regulation.



WB 3.1 Regulation Definitions



Regulation 24:



LEARNING &
DEVELOPMENT

Confinement to room restricted – (1) Subject to subclauses (2) and (3) of this regulation, no child or young person in a residence shall by way of punishment or sanction or otherwise be confined on his or her own in any room in that residence for any continuous period of more than 1 hour between the hours 7am and 8pm each day.

(2) Where a child or young person is confined to his or her own room for a purpose other than punishment or sanction, the confinement under subclause (1) of this regulation shall be for no longer than is necessary to fulfil that purpose.

(3) No child or young person in a residence shall at any time be locked in any room in that residence.

(4) Nothing in –

(a) Subclause (1) of this regulation applies to any child or young person who –

- i. Is in secure care; or
- ii. Is required, on account of illness or injury, to remain in any room in a residence:

(b) Subclause (3) of this regulation applies to any child or young person in secure care.



WB 3.1 Regulation Definitions



Punishment

Standard

The use of punishment for unacceptable behaviour may only be applied in accordance with law, *The Children, Young Persons, and Their Families (Residential Care) Regulations 1996* (Regulations 18-24 and 54), and policy, and must be applied in an impartial and fair manner. All staff, children and young persons are informed of punishment policy and its operation within the Residence.

Sample indicators

1. The Residence's policies, procedures and practices are consistent, and reflect the Standard.
2. Range of accessible and clear information about the use of punishment.
3. Staff, children and young persons are able to describe the appropriate use of punishment.
4. The use of punishment is recorded in the Daily Log.
5. Punishments for misbehaviour are appropriate and timely.

References

Children, Young Persons & Their Families Act 1989:

384. Discipline of children and young persons in residences

The Children, Young Persons, and Their Families (Residential Care) Regulations 1996:

18. Punishments and sanctions
19. Review of punishment or sanction
20. Corporal punishment not to be used
21. Torture, cruelty, and inhuman, humiliating, or degrading discipline and treatment prohibited
22. Use of force in dealing with child or young person
23. Silence not to be used as punishment or sanction
24. Confinement to room restricted
54. Daily log



United Nations Rules for the Protection of Juveniles Deprived of their Liberty:

- 67. All disciplinary measures ...
- 69. A report of misconduct ...
- 70. No juvenile should be disciplinarily sanctioned except in strict accordance ...
- 71. No juveniles should be responsible for disciplinary functions.



Use of force

Standard

Force is used only within the limits of legislation and in accordance with written policy and procedure.

Sample indicators

1. The Residence's policy, procedures and practices on the use of force are consistent, and reflect the Standard and legislative requirements.
2. Force is never used on a child or young person except in accordance with regulation 22 of *The Children, Young Persons, and Their Families (Residential Care) Regulations 1996* to:
 - prevent absconding
 - prevent them from behaving in a manner that is likely to cause physical harm to themselves or any other person
 - prevent them from damaging property
 - secure the child or young person's containment in secure care
 - for the purposes of carrying out any authorised search
3. All incidents requiring the use of force are recorded in the Daily Log.
4. Records on the frequency, degree, length and reasons for the use of force.

References

Children, Young Persons & Their Families Act 1989:

368. Grounds for placement in secure care
385. Children and young persons who abscond

The Children, Young Persons, and Their Families (Residential Care) Regulations 1996:

20. Corporal punishment not to be used
21. Torture, cruelty, and inhuman, humiliating, or degrading discipline and treatment prohibited
22. Use of force in dealing with child or young person
54. Daily log



United Nations Rules for the Protection of Juveniles Deprived of their Liberty:

64. Instruments of restraint and force can only be used in exceptional cases...



Isolation

Standard

Isolation is used only when there is an immediate risk of harm to the child or young person, or of harm to others. The isolation or separation of a child or young person may only be used in accordance with the *Children, Young Persons and Their Families Act 1989*, and *The Children, Young Persons, and Their Families (Residential Care) Regulations 1996*.

Sample indicators

1. The Residence's policies, procedures and practices are consistent, and reflect the Standard and legislative requirements, including those relating to the use of secure care.
2. A child or young person is never isolated from other people except:
 - to protect him or her from their own actions,
 - to protect him or her from the actions of others
 - to protect others from the actions of the child or young person
 - because of illness when the danger or risk of harm is unacceptably high.
3. Statistics on the frequency, length and reasons for the use of separation.

References

Children, Young Persons & Their Families Act 1989:

- 368. Grounds for placement in secure care
- 370. Time limits on detention in secure care
- 371. Application for approval for continued detention in secure care
- 376. Court may authorise continued detention in secure care

The Children, Young Persons & Their Families (Residential Care) Regulations 1996:

- 24. Confinement to room restricted
- 47. Review of placement in secure care
- 48. Confinement to rooms of children and young persons in secure care
- 49. Contact with other children and young persons



50. Meals of children and young persons in secure care
51. Range of planned, purposeful, and varied activities to be provided

United Nations Rules for the Protection of Juveniles Deprived of their Liberty:

67. All disciplinary measures constituting cruel, inhuman or degrading treatment ...

Code of Practice link:

<http://doogie.ssi.govt.nz/documents/business-groups/helping-clients/child-youth-family/what-we-do/residential-services/code-of-practice-res-care.pdf>



SCENARIO QUESTIONS

Outline the responses to the following questions:

- Name what, if any, regulation(s) may have been breached in this scenario?
- Outline the definition that has been breached?
- Linking to the 4 walls of the Operational Practice Model, outline what other possible breaches of practice, if any, have occurred?
- Did this scenario have to play out to the point it did, could it have been prevented much sooner and how?
- What types of interventions or early engagements could've occurred in this scenario to prevent it escalating to the point it did?



SCENARIO A

STAFF: TEAM A – Wayne and Joe; TEAM B – Hemi, Timoti

C/YP: Frank and Tommy

“Room 2?”, “yep he’s all good. Don’t worry too much about him, this morning he got into a little tiff with Frank in Room 5 but it’s sorted, Frank is in secure, so all good”. The two teams doing handover start to laugh at the idea that the unit was all good.

Hemi had only just come back from 1 months leave, he had been looking forward to catching up with Frank to see how he was doing, he recalls the last conversation he had with Frank was about Turangawaewae.

Tommy in room 2 was new to Hemi, he was told that Tommy was a handful but all good once he knew who was boss. He also heard Tommy was from the same iwi so Hemi was keen to meet the new kid.

Tommy was sitting waiting for the unit meeting to start when Hemi walked in, Hemi gave Tommy a quick head nod, Tommy didn’t respond. Timoti quickly started the meeting with a Karakia, “amene”. First agenda was a welcome back speech to Hemi, Hemi quickly introduced himself to the new YPs, he made a special mention of the iwi he was from and noticed that Tommy gave him a quick look.

Later when he managed to sit with Tommy, he found out that he was scared of what would happen when Wayne and Joe (staff members) got back into the unit. Tommy quickly explained that the ‘tiff’ that was mentioned earlier in handover did not involve him but he was dragged in it by another staff member who was trying to restrain Frank and thought Tommy was trying to get away.

Tommy said that Joe (staff member) was giving Frank heaps, Frank then pushed Joe into Tommy who tried to support Joe, and that was when Wayne (staff member) was walking past, and thought Tommy was trying to hit Joe. Wayne then restrained Tommy and put him in timeout. Joe made a case for Frank to go to secure.

At the time Hemi was speaking with Tommy, Hemi noticed Tommy rubbing his hands nervously together, worrying about what will happen to him when Wayne and Joe are back on shift.



SCENARIO B

STAFF: Tim, Joe, Karen and Sean

C/YP: Stella (aka Steven)

Stella is a 16-year old transgendered teenager who was just admitted to the Residence into a mixed vulnerable YP's unit. All staff and YP's were already sitting around in the common lounge just talking and playing games.

Shift Leader Joe, decided to call a unit meeting to welcome Stella and go over some of the unit rules with her. After everyone did their introductions, Stella asked to speak and gave her own introduction, she was also happy to explain to people who she was (without giving her born name, Steven).

Staff thanked Stella for her being open and seemed to have accepted her request to be referred to as Stella and as a female. The 5 YP's who were already part of the unit were in a good space, so welcomed Stella into the unit openly.

Later in the day, for good behaviour from the day before, the YP's were given TV time prior to dinner, so they were all in the TV room with staff member Sean and Tim was sitting just outside the open door. Karen was in the kitchen preparing dinner and Joe was in the Hub writing up paperwork.

Stella asked to go to the toilet, so Tim escorted her and unlocked the toilet. As Stella entered, she noticed there was no toilet paper, so she asked Tim if he could obtain some for her. Tim responded, "hurry up and go toilet, what do you need toilet paper for just shake it off". No one else heard the comment.

This offended Stella who got upset and stormed away from Tim, connecting with Tim's shoulder with hers and swearing at Tim. Tim let go of the toilet door, grabbed Stella's arm, she started to try yanking away from Tim but slipped and was on the ground, so Tim applied the NVCI technique on Stella on the floor.

At this stage Karen had come over and Joe had come out of the Hub to assist and find out what had happened. Tim explained that Stella pushed him and started swearing at him and when he went to grab her arm, she started to struggle and fell to the ground continuing to struggle, so he applied the NVCI technique.

Joe took over with Stella and asked her to walk with him to the timeout room where she could explain to him what happened. Joe asked Tim to go back to the rest of the group in the meantime and assist Sean but also sit where he could see line of sight to the Timeout Room. Karen then went back into the kitchen to finish off preparing dinner.

Stella was upset and crying in the Timeout Room, Joe took a seat in the doorway, so not to be in the room with Stella and proceeded to talk with her. Stella explained that she needed to go to toilet for "number 2's" and there was no toilet paper, so she asked Tim to obtain some. Stella advised that Tim made a rude comment which she took offense to. Joe proceeded to apologise to Stella and offered her a Grievance Form to complete.



SCENARIO C

STAFF: Calvin, Tom and Christine

C/YP: Todd and Cory

All YP's were sitting around the common area calmly talking and playing cards, except Todd and Cory who were sitting at the table playing chess and being loud and obnoxious, ignoring staff requests to quieten down.

Other YP's got irritated and used swearing words to request that Todd and Cory quieten down.

Todd took offense and started to argue back with the other YP's, Cory stood up and stated "is that us, let's do this". The remaining YP's were starting to escalate with this attitude however Tom and Calvin immediately stood up to intervene.

Tom and Calvin were the only staff in the unit with 5 YP's the Shift Leader Christine was up at the Admin office collecting some items for one of the YP's from the Case Leader.

Tom and Calvin moved away from the couch where they were with 3 YP's and directed them to continue what they are doing and not get involved, remain calm. They then escorted Todd and Cory to the Bedroom wing where they placed both boys in their rooms and shut the door, to think about their disobedience and reflect on their behaviour.

Christine returned to the unit from a meeting which took over an hour, she was happy to see a calm unit, something she prides in her team. However, she noticed Calvin was on the couch with 3 YP's, Tom was standing near the bedroom wing observing the lounge and bedroom wings. She then proceeded to ask Tom where Todd and Cory were. He explained they were removed to their room as they were ignoring staff instructions and their behaviour escalated where it was causing other YP's to escalate.

Christine made her way down the wing; spoke to each boy individually from their bedroom door (so Tom could still see her). She then asked and directed both boys to come into the common lounge and take a seat back at their table and continue with their chess game, which they did so much quieter.

Christine, then spoke with Tom in the hub about the use of confining YP's to their room. She had the same conversation with Calvin as Tom went back out to monitor the YP's.

Christine then called a unit meeting to address the behaviours. Todd and Cory apologised to the group for their behaviour. The remaining YP's apologised to the staff for getting involved and their behaviours.



Session Four: Incident Reporting



Session Four: Incident Reporting

Objectives:	By the end of this session participants will be able to: <ul style="list-style-type: none">• Measure and assess their knowledge and understanding of incident reporting• Review the Incident Report Practice Centre Guidelines• Complete and analyse an incident report• Discuss the key questions to refer to when writing an incident/event• Identify the impacts of poor incident reporting
--------------------	---

Time 2.50 – 4.30pm (1 hour 40 mins)

Resources Laptop
Datashow
Whiteboard and Whiteboard Markers

DVD D 4.1 Gridiron Gang (extracted clip)

PowerPoints PPT 4.1 Reporting Requirements
PPT 4.1 Incident Reporting Key Questions to refer to

Facilitator Resource FR 4.1 Components of a Completed Incident Report

Workbook Pages 50 - 71

Session Brief

This session follows on from session 3 where participants will be asked to work through case scenarios to identify and offer analysis on completed reports. The key questions that staff should be re-connecting with every time a report for an incident/event has been written, will also be explored in this session.



Exercise

Purpose and Key Points

Facilitator Note:

Residential Services have an Incident Reporting Practice Guideline for all residential staff to refer to via the Practice Centre. The guidelines highlight the importance of the recording of incidents, you may want to familiarise yourself with its whereabouts and content.

The Authorities for Standard, as per the guidelines, are driven by the:

- *Children, Young Person and Their Families Act, (Residential Care) Regulations 1996, Section 6, Regulation 58 (regulation 54 Daily Log recording also supports the authority to create this standard)*
- *Death of a Child or Young Persons in Residential Care Practice Guidelines*
- *Child, Youth and Family Management of Exceptional Events.*

Incident Reporting guidelines require that:

- *All specified incidents / events are categorised and reported as per the standard*
- *All appropriate people are informed within the specified timeframes*
- *All specified incidents / events are recorded on the appropriate forms (you may want to have a blank copy to distribute if new staff have not seen this form yet)*
- *A database of all specified incidents / events is maintained at each residence and at National Office.*

Knowing the importance and purpose is beneficial however understanding why and knowing how to complete an accurate and detailed report requires more attention than just applying the guidelines, for example correct spelling and grammar, appropriate language no slang/jargon, additional and backing documents are completed and so forth.

It has been identified in audits and quality assurance checking that there have been instances of inaccuracies with incident reporting, such as no identification of triggers, inappropriate engagements/interventions applied, corresponding documents not completed or not matching detail in incident report etc

The key messages you will be driving out later in this session are based around the key questions participants will need to apply when completing a report about an incident/event. The key questions will support the writing of an accurate and detailed incident report for thorough casework to occur.



Exercise	Purpose and Key Points
<p>Facilitator Note:</p> <p><u>CONTINUUM:</u> Measuring knowledge around Incident Reporting</p>	<p><i>The purpose of the first activity will take participants through a continuum to get them to reflect on their own knowledge and understanding of completing an incident report to ensure it is completed fully and accurately to achieve Audit and QA standards.</i></p> <p><i>Participants may rate themselves low and this maybe due to reasons such as, little to no coaching, training needs, what and how to record information, unaware of definitions/incident category ratings, or it could be a lack of knowledge of the Practice Guidelines and Code of Practice requirements.</i></p> <p><i>Experienced staff might rate themselves higher than newer staff, due to having completed so many reports already for a lot longer and they've developed their process to it.</i></p> <p><i>This activity will require some moving around, so you may want to make space down the middle of the room so participants are able to scale themselves. The scale will be measured from 1-10, so you should get participants to picture an imaginary line along the floor (you can just write numbers 1, 5 and 10 on blank pieces of paper to clearly make the scale).</i></p> <p><i>Is there any de-briefing done in your supervision on your incident report recording? Such as, what worked well and what could've been done differently. If not, they may want to consider building this into practice clinics.</i></p> <p><i>Depending on the responses, some participants may find that they need to move themselves slightly higher up the scale to get a truer reflection. Participants will get a chance to reflect on where they rated themselves later in the session to see if their level of understanding and knowledge around recording and reporting incidents has shifted.</i></p>



Exercise

Purpose and Key Points

2.50pm (10 mins)

CONTINUUM:

Measuring knowledge around Incident Reporting

Provide participants with a brief introduction to the Continuum task.

As you ask them to stand, you may want to consider getting the tables moved to the side slightly to allow all participants to measure themselves in a Continuum scale which will be placed along the floor (unless you have space to do this task safely in the back of the room).

Imagining there is a scale from 1-10 along the floor where:

- 1 measures participants have under the Audit and QA required understanding and knowledge when completing an incident/event report
- 5 means participants are able to complete a report that meets the guidelines – the bare minimum acceptable
- 10 means participants are able to complete a great report that meets guidelines, outlines clear triggers, interventions/engagement applied and more.

Get participants to place themselves where they feel they rate themselves in terms of being able to complete an incident report with the knowledge and understanding they each may have.

Facilitator to lead a discussion, linking to where any clusters that may have formed. Ensure you flesh out what these clusters may mean or look like for participants, using some of the prompts. You may find that participants may want to move themselves up the scale after fleshing deeper into their thoughts.

You could use some of the following prompts to help flesh out more clarification:

- *How many of you can identify triggers of an incident easily to immediately and accurately record them in a report?*
- *Can you identify all the documents you must update/record into when an incident/event occurs, such as, daily log, incident report, use of force, injury description sheet etc?*
- *How many of you feel confident in addressing and suggesting alternative interventions and/or engagement methods?*
- *How many of you can state a couple of the more common Regulations, Legislations, Acts associated closely to Incident Reports i.e. Reg.368(1)(a and/or b), Reg.22, etc*
- *How many of you work together to get a full picture of the incident?*

Use flipchart sheets to record some of the different gaps participants may identify so you can link back to these later. Inform participants that we will revisit this continuum at the end of the session to see if their knowledge and understanding has caused a movement in their rating.



Exercise

Purpose and Key Points

Facilitator Note:

TASK: Incident Reporting Practice Centre Guidelines

You will briefly take participants on a re-familiarisation with the Incident Reporting Practice Centre Guidelines, in relation to the Child or Young Person, highlighting:

- The purpose of timeframes when completing a report
- Linking them to the terms and definitions of incidents.

The purpose of this activity is to review the timeframe guidelines connected to Incident Reporting, which will outline the importance of completing reports of any incidents/events immediately or as soon as possible post the incident/event.

The Powerpoint slide displays the Incident Reporting Timeframe requirements per category in regards to Children and Young Persons related incidents/events.

You will talk participants through this process outlining these are the guidelines and timeframes as set out in the Practice Centre Guidelines.

- Category A – are Incidents /events that have a serious nature about them and need to be reported to National Office immediately. So, they require the Manager (or a directive from the Manager) to...
- Category B – are the incidents / events that have a high allegation to them however are not serious to be rated a Category A. These incidents / events require the Manager (or a directive from the Manager) to...
- Category C – are incidents / events that are slightly more minor in issue, cause no or minimal effect on another person/self and/or are manageable at Residence level. These incidents / events are required to be measured as part of the monthly report

A Serious Event Notification needs to be completed by the on-duty Manager for all Category A incidents and some of Category B incidents. These notifications need to be referred on to National Office within a few hours of the incident occurring.

Participants may question what relevance this is to them, you can link the rationale to:

- Relevance and clarity around the purpose of each category
- Improved clarity around selecting the best appropriate incident/event rating
- An insight into the triggers/de-escalation process of a C/YP.

You can refer to the Hamper model as support.

There is no delivery session in regards to the terms and definitions for incident reporting, however these have been provided in participants' workbooks, so you can direct them to review these later.



Exercise	Purpose and Key Points
----------	------------------------

3.00pm (10 mins)

TASK: Incident Reporting Practice Centre Guidelines
PPT 4.1 Reporting Requirements
WB 4.1 Terms and Definitions

Use the powerpoint slide to introduce the Incident Reporting Practice Centre Guidelines on Timeframe Reporting Requirements.
Briefly talk through the slide, ensure that for every category, positive emphasis is placed on the importance of completing reports immediately post any incident/event.
Inform participants that a list of terms and definitions has been provided as an additional resource in their workbooks.

WB Pages 44-48

Facilitator Note:

TASK 1: Gridiron Gang Incident DVD/Scenario

The purpose of this next session will be to get participants to watch an incident as it is played out from a scene within the Gridiron Gang movie, which connects with this training from a Residential perspective. Then they will practice writing out an incident report based on the clip from the movie.

There are 2 short clips that need to be shown prior to the incident clip that played out as these give a brief introduction to the background and triggers that lead up to the incident.

Participants will then be required to work in small groups of 3-4 people (make sure there is an even number of groups formed for the next activity), have a brief discussion and draft up an incident report. There is space provided in participant's workbooks where they can draft up their incident report, or you can provide them with a separate photocopy of the page taken from their workbooks.

Incident Report comments written by staff need to watch the use of inappropriate language, no jargon/slang, no abbreviations or acronyms where possible and no personal views, beliefs or opinions. They should be focussing on recording clearly the details of the incident, including the people involved in the incident, when and where it occurred, any triggers or other substantial factors that may have escalated the incident and any intervention/engagement methods applied.



Exercise	Purpose and Key Points
----------	------------------------

DVD Clip Information

BACKGROUND

- *Willie Weathers is a teenager from the 88 Gang*
- *Calvin Owens is a teenager from the 95 Gang*
- *Both young people are currently in a Juvenile Detention Centre for crimes committed prior against their opposing gangs (88s v 95s)*

TRIGGERS

Trigger 1: commences 16m:31s – 16m:58s (27 secs – Chapter 4)

- *Highlights the start of the Gang rivalry*

Trigger 2: commences 29m:20s – 29m:35s (15 secs – Chapter 7)

- *Lead up directly before the assault, that escalates behaviours due to a conversation had privately between the 2 young people*

INCIDENT

Commences 30m:00s – 30m:10s (10 secs – Chapter 8)

- *Willie assaults Calvin which causes Calvin to react and the boys to fight with each other in front of other young people*

3.10pm (30 mins)

TASK 1: Gridiron Gang Incident DVD/Scenario

D 4.1 Gridiron Gang Clip

WB 4.2 Incident Report Template

WB page 52

WB 4.3 Operational Plan

WB page 53-59

FR 4.1 Completed Incident Report Draft

FG page 96

Introduce the activity by providing a brief to participants about the DVD clip and the young people in question. So, you may like to record the names of the characters on the whiteboard for participants to refer to.

You will provide participants with a copy of the Operations Plan for this scenario.

In small groups of 3-4 people, participants will:

- Watch the DVD clip
- Review the Operations Plan
- Draft up an Incident Report, ensuring they outline the:
 - People involved in the incident
 - Any triggers or other factors
 - Interventions/ Engagement methods used
 - The actual Incident

Get participants to use page 2 of the incident report template provided in their workbooks or you might want to prepare copies in advance so participants can work on these for the activity.

You can allow up to 30 minutes for this part of the activity to be completed (including the video time).



Exercise	Purpose and Key Points
----------	------------------------

Facilitator Note:

TASK 2: Gridiron
Gang Incident Peer
Review

When participants have completed drafting their incident reports or you may need to call a close to the activity if participants still have not finished), you should highlight and introduce them to the key questions (baseline messages) that participants should be reflecting on every time they are completing a report of an incident/event.

The key questions have been provided as a 1-page reference in participants workbooks and a copy of this is on page 65 of this facilitator guide. Facilitator should view and familiarise themselves with these key questions to link with any previous messaging.

Once you have driven out the key questions, you will instruct 2 groups to join together and complete a peer review on each other's incident report drafts. During the writing of the incident report, you should've wandered around and gauged how groups are progressing, during this time you might like to identify the groups that will work together to encourage a good peer review, which will include positive and constructive feedback.

You will find that groups may challenge each other when they engage and do their peer reviews. You may need to engage within the groups to bring them back to the purpose of the task and get them to reflect back on the key questions (messages). You could get them to apply the Appreciative Inquiry method in their peer reviews.

Participants will remain in the combined small groups they were just working in and reflecting on any common themes that may have formed during the peer reviews, they will come up with a quick baseline message or messages that they can take away with this sessions key questions back to their units to reflect on when writing up a report of an incident/event.

3.40pm (40 mins)

TASK 2: Gridiron
Gang Incident Peer
Review

PPT 4.2 Key
Questions

WB 4.4 Key
Questions

WB page 66

Before moving participants on to the next stage of this activity you will deliver the key questions (messages) that participants need to be reflecting on whenever they are writing a report of an incident/event.

Be prepared to field any rationale from the participants and reflect back to how these key questions provide a guide to the information that needs to be outlined in reports as per Incident Reporting Practice Centre Guidelines.

Get 2 groups to combine together, switch reports over and complete a peer review of each others incident reports. The review time should take no more than 5 minutes.

Then each group will feedback and outline with each other any areas of the report that were done well or could be improved.

Challenging may occur within the groups, be sure to monitor these and ensure they remain connected with the key questions (messages).

Instruct the groups to spend a few minutes trying to draw out any themes that may have been identified and come up with their own baseline message(s). If time permits, get them to feed some of these messages back to the wider group.



Exercise	Purpose and Key Points
<p>Facilitator Note:</p> <p><u>CONTINUUM:</u></p> <p>Re-Measuring knowledge around Incident Reporting</p>	<p><i>Linking back to the Continuum that was done at the start of this session, you will re-open this activity and ask participants to reflect on the instructions from the earlier activity and re-scale themselves on the scale, again making sure there is enough room for people to move around safely.</i></p> <p><i>The aim is to move the clusters that may have formed earlier up the rating scale with the goal of having improved understanding and knowledge when completing incident reports.</i></p> <p><i>Look for any big shifts, especially if any of the lower scales from the first task are no longer evident and have moved higher up the scale. Draw out from the participants what some of their knowledge gaps may have been and whether this session has been helpful in providing new learning.</i></p>
<p>4.20pm (10 mins)</p> <p><u>CONTINUUM:</u></p> <p>Re-Measuring knowledge around Incident Reporting</p>	<p>Link participants back to the outline of the Continuum and get them to rescale themselves.</p> <p>Draw out from the new scale any movements in clusters, compared to the earlier continuum, and try to unpack what caused the movement in scale.</p> <p>You could close this part of the session by doing a brief wrap up to drive home the importance for participants to address the key questions when completing a report of an incident/event.</p>
<p>4.30pm</p>	<p>FINISH</p>



PPT 4.1

Incident Reporting Timeframe Requirements

Incident Category	Reporting Requirements
A	<ul style="list-style-type: none"> • Immediate notification required to Operations Manager or Manager Intensive Services (if OM not contactable) by telephone anytime day or night • Electronic incident report to be emailed to National Office within 4 hours of incident being advised (if within office hours) or by 12 noon on the next business day • National Office to advise Communications ASAP
B	<ul style="list-style-type: none"> • Telephone to Operations Manager by 12 noon the next business day • Electronic incident report to be emailed to National Office by 5:00pm the next business day
C	<ul style="list-style-type: none"> • Incident to be recorded as part of monthly report

PPT 4.2

Incident Reporting Key Questions to refer to:



- Can I get a clear story outlining **Why** the incident/event happened, by reading this report?
- Can I read **Who** is involved?
- Can I get a visual as to **Where** it happened?
- Can I determine **When** it occurred?
- Does it provide a brief background of the client(s) and/or staff member(s)?
- **What**, if any, immediate actions have been taken?
- **How** could we have implemented engagement sooner to prevent this incident/event escalating?
- Is there any clear risks highlighted – actual v potential (Actual – observed and evidenced v Potential – observed and experienced from previous behaviours)?
- Is there any ongoing mitigation plan required?





Facilitator Note:

Terms and Definitions only have been provided in participant workbooks

Incident Categories (Child or Young Person Related)

Incident Category	Incident / Event
A	Death in Custody
	Serious injury – requiring off site medical treatment
	Suicide attempt – requiring off site medical treatment
	Serious illness – requiring off site medical treatment
	Escape – break out
	Escape – whilst being escorted off property
	Alleged assault (resident v resident) – causing serious injury
	Alleged assault (resident v staff member) – causing serious injury
	Alleged assault (resident v other) – causing serious injury
	Serious disorder – police required/requested to attend
B	Suicide attempt – on site medical treatment required
	Alleged sexual assault
	Children or young persons taken into police custody
	Escape – whilst on leave
C	Suicide attempt – no medical treatment required (monitoring required)
	Alleged assault (resident v resident) – causing no/minor injury
	Alleged assault (resident v staff) – causing no/minor injury
	Alleged assault (resident v other) – causing no/minor injury
	Use of force – child or young person required to be physically restrained
	Sexualised behaviour
	Alleged offence – other than assault or sexual assault committed whilst in residence referred to police
	Minor injury – on site medical treatment
	Secure care admission
	Minor disorder/offence – significant misbehaviour not referred to police



DEFINITIONS

Death in Custody	Means the death of any child or young person who is on the residential roll - this includes any children or young persons who may be on home leave, in transit to court or other off property appointment/activity or any child or young person who has escaped from the residence but is still retained on the residence roll.
-------------------------	---

Serious Injury	Refers to an incident where any child, young person or member of staff requires off site medical treatment due to receiving a serious injury (other than self inflicted injuries) - this includes any children or young persons who may be on home leave, in transit to court or other off property appointment/activity or any child or young person who has escaped from the residence.
-----------------------	---

Minor Injury	Means any injury (other than self inflicted injuries) that may require onsite first aid but not hospital or medical centre attention.
---------------------	---

Suicide Attempt - hospitalisation required	Means any self inflicted injuries that results in children or young persons requiring off site medical treatment - this includes any child or young person who may be on home leave, in transit to court or other off property appointment/activity or any child or young person who has escaped from the residence.
---	--

Suicide Attempt - medical treatment required	Means any self inflicted injuries, assessed as being a serious attempt to self harm or suicide that result in the child or young person requiring on site medical treatment.
---	--

Serious Illness - children or young persons hospitalisation required	Means any illness that requires the children or young persons to be admitted to hospital for treatment, not related to assault or suicide attempt.
---	---

Escape	Escape means a child or young person leaving the residence without permission. It includes a child or young person who: <ul style="list-style-type: none">▪ leaves the residence without permission▪ is taken from the residence without permission▪ refuses or neglects to return to the residence.
---------------	--



DEFINITIONS (Continued)

Break Out	Refers to any escape where a child or young person has breached security measures. This would include but is not limited to the following <ul style="list-style-type: none">▪ going over, under, through or around any security barriers▪ forced exit from the facilities and/or on site staff custodial control.
Escape - whilst being escorted off property	Means any escape where a child or young person has been escorted off property to attend any appointment or programme. This includes court, doctors/dental appointments or any other activity where the child or young person was in the direct supervision of a staff member or other approved escort.
Assault	Defined in the Crimes Act 1961 as the act of intentionally applying or attempting to apply force to the person of another, directly or indirectly, or threatening by any act or gesture to apply such force to the person of another, if the person making the threat has, or causes the other to believe on reasonable grounds that he has, present ability to effect his purpose; and "to assault" has a corresponding meaning.
Serious Assault – (serious injury)	Means any assault (including sexual assault) where a child or young person assaults any other person and serious injuries are sustained by the victim of the assault.
Minor Assault – (no injury or minor injury no charges laid)	Means any assault (as defined in the Crimes Act 1961) on any other person where only minor or no injuries are sustained, and no charges are laid in relation to the assault.
Sexual Assault	Means any sexualised assault on any other person and the matter is referred to the police.
Sexualised Behaviour	Means any inappropriate sexualised behaviour including comments or threats.
Serious Disorder - police required/requested to attend	Means any incident where the staff have either lost control of a unit or unit/s or there is a real likelihood that they will lose control of a unit or units and police assistance has been sought.
Secure Care Admission	Means any admission to a Secure Care Unit.
Use of force (Children or young persons restrained Physically)	Means any incident where staff use physical force on any child or young person.



DEFINITIONS (Continued)

Children or young persons taken into Police Custody	Means any incident where a child or young person has been taken from the residence and retained in police custody.
Offence – other than assault committed whilst in residence	Means any offence (other than assault or sexual assault) that a child or young person is charged with whilst on the residential roll. (e.g. intentional damage)
Minor disorder/offence or significant misbehaviour not referred to the police	Means any incident (other than assault or sexual assault) that involves a child or young person (i.e. property damage or significant non compliance)



Other Significant Incidents / Events

The following list of significant events are rated as **Category A** events and must be reported to National Office as per the following standards:

Incident Category	Incident / Event
A	<ul style="list-style-type: none"> • Immediate notification by telephone to Operations Manager, anytime day or night • Manager Residences to furnish an incident report to National Office within 4 hours of incident being advised (if within office hours) or by 12 noon on the next business day; the incident report will provide details of: <ul style="list-style-type: none"> ○ Who was involved in the incident / event ○ When did the incident / event occur ○ What was the nature of the incident / event ○ Where did the incident / event occur • National Office to advise Communications ASAP
	Work related death
	Serious injury – work related requiring hospitalisation
	Injury – work related medical treatment required
	Serious illness – at work requiring hospitalisation
	Assault (staff member assaults child or young person or other)
	Serious breach of code of conduct
	Fire / Emergency services required
	Major communications failure
	Major breach of security (other than child or young person related incidents)
	Serious injury to visitor/tradesman/professional related incident
	Negative media exposure
	Other significant incident / event



DEFINITIONS (Continued)

Work related death	Means the death of any staff member while undertaking any work related activity – this includes escorting work and training.
Serious injury - work related, off site medical treatment required	Means any work related injury by a staff member that results in that staff requiring off site medical treatment
Serious illness – at work requiring hospitalisation	Means any serious illness where a staff member is required to be admitted to hospital for treatment.
Assault (staff member assaults child or young person or other)	Means any actual or alleged assault committed by a staff member on any child or young person or any other person.
Sexual Assault (staff member sexually assaults child or young person or other)	Means any actual or alleged sexual assault committed by a staff member on any child or young person or any other person.
Serious breach of code of conduct	Any incident / event that may result in a staff member being suspended from work.
Fire / Emergency services	Means any fire or other emergency that requires emergency services to be called to the residence.
Major communications failure	Means any incident where the residences phone, computer and/or security systems fail and this failure threatens the security or safe management of the residence.
Major breach of security	Means any incident where the security or safe management of the residence is threatened.
Negative media exposure	Means any incident where there is likely to be negative media exposure for the department and/or the Minister.
Other significant event	Means an significant incident or event that may; <ul style="list-style-type: none">▪ cause the breakdown of the good order, security and safety of the institution▪ lead to an inquiry▪ attract media attention▪ lead to public criticism of the Minister or the Department.



OPERATING PROCEDURE

Incident reporting category timeframes are to be followed Incidents are to be recorded and reported according to the Incident Reporting Timeframes as specified in this document.

All relevant forms are to be completed All the relevant forms are to be completed as required including the 'Use of Force' Form, the Injury Description Form, and the Escape Notification Form.

All persons required to complete the forms are to do so All parts of the form are to be completed by the relevant persons.

Incident reports to be completed on the day of the incident When an incident occurs, the Incident Report is to be filled out before the staff member completes their shift.

Limited exceptions In the event that this is not possible, the Supervisor (for staff on the floor) and the Manager (for Supervisors) will give permission for the report to be completed the next day. Where a person is going to be away from the site for more than one day, the report must be finished on the day of the incident.

Some Cat A incidents require all present to write a report When the following category A incidents occur, all staff in the unit in which the incident occurred are to write a separate incident report:

- Death in custody
- Serious Injury requiring off site medical treatment
- Escape – breakout
- Assault causing serious injury.

At any time the Manager believes that an incident report should be written by all staff in a unit they can require it of those staff.

In the case of an Escape – whilst young person is being escorted off property, all the escorts must write an incident report.

Primary responsibility for writing the report In the case of all other incident reports, the person who writes the report is

- The primary person who receives the information which requires reporting (e.g. in the case of an allegation)
- The staff member who instigated the action or incident (for example use of force)
- The staff member who was a witness to the event
- The Supervisor
- Whomever the Supervisor instructs to write the report.



OPERATING PROCEDURE (Continued)

Manager signs off incident reports	The Manager signs off all incident reports and ensures that copies are furnished to National Office within the required timeframes.
Storing records	Copies of incident reports should be kept on the young person's personal file and also a data base of incidents should be kept by the site.
Other Significant Events Reports	The Manager uses this reporting structure as a guide. Any event they believe brings with it significant risk to either the staff and young people, residence, or Department should be reported.
Report to contain this information	The Manager or delegate should submit a written report covering the areas: <ul style="list-style-type: none">▪ Who was involved in the incident/event▪ When did it occur▪ Where did it occur▪ What was the nature of the incident/ event▪ Any other information they believe is relevant.

Roles and Responsibilities

Site Manager	Notifies Operations Manager as required by reporting standards. Signs off all incident reports. Ensures that reporting time frames are met.
Practice / Unit Managers	Completes a quality control on the incident report to ensure that it contains the relevant information required in the circumstances. Notifies Site Manager as required per reporting standards.
Supervisors	Fills out any relevant comment in the incident report section for the Manager. Audits that all incidents recorded in the Daily Log are communicated in an incident report. Notifies Practice / Unit / Site Manger as required by reporting standards. Ensures that the incident report is completed by all required staff. Completes the sections that require Supervisor comment or action



Roles and Responsibilities (Continued)

Supervisors (Continued)	Follows up and reports progress against any follow up action Notifies Practice/Unit or Site Manager as per reporting standards Completes the sections that require Supervisor comment or action
------------------------------------	---

Shift Leader / Co-ordinator	Completes incident reports as necessary or delegates where appropriate Ensures all incidents are reported in the daily log. Facilitates shift time for staff to complete incident reports.
------------------------------------	--

Children or Young Persons Staff	Notifies Shift Leader / Co-ordinator / Supervisor as required by reporting standards. Complete incident reports as required.
--	---

Quality Assurance

Practice Manager	All incidents recorded in the daily log have a corresponding Incident Report, at a minimum either 20 entries or 20% of entries (whichever is the most) are to be checked monthly. All Audited Reports to be viewed for content to ensure that all parts of the form are completed and all relevant information is provided. For all Incidents Reports from the sample which also require either <i>Use of Force Form</i> , <i>Injury Description Form</i> , or <i>Escape Notification Form</i> , these are completed and filed appropriately.
-------------------------	---

Site Manager	Incident Report monitoring is to be part of the Management Meeting. Progress against mitigating strategies are to be recorded in the minutes. Minutes available for audit.
---------------------	--

Operations Manager	Quality control of content. Manage a national database of incidents.
---------------------------	--



Session Four

WB 4.2 – Incident Report Template

Facilitator Note:

Page 2 of this template is separated in Participants Workbooks for them to work on for the activity.



Residential Services

Safe Environment- Lasting Change

6.01 - Incident Report Form

Residence		< >	
Date of Incident		Time of Incident	
Name(s) of Resident(s) Involved <small>(Include DOB and legal status)</small>			
Name(s) of Staff Involved <small>Indicate if staff member is Sup, RSW, YW Casual etc)</small>			
Where did this Incident take place <small>unit / school / courtyard / gym / car / other</small>		Specific Area <small>bedroom / dining room / living area / corridor etc</small>	
Were the police contacted in relation to this incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes - provide details of any actions the police took in relation to the incident</i>
Was physical intervention required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If Yes – the use of force section is to be completed and attached to this Incident Report</i>
Was anyone injured as a result of the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes – the injury description section must be completed and attached to this Incident Report. If a staff member was injured then the OSH reporting protocols must be followed.</i>
Was any resident(s) admitted to secure care as a result of this incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes –state grounds for admission i.e. s368(a) and/or (b)</i> < >
Was this an escape incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes – Please ensure the Escape Notification forms are completed and attached to this Incident Report</i>
Was a search carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes – Please ensure a search form has been completed and attached to this Incident Report</i>
Incident Category <small>(Refer to incident category matrix for code/description and reporting requirements)</small> < >		Supervisor Name (please print)	
		Supervisor's Signature	
Person Completing this Report (Please print)		Designation:	



Commentary on the Incident

1. What were the triggers leading up to the incident – What early intervention techniques were attempted? (if further space is required please attach sheets to this report)

2. Describe the Incident – what occurred during the incident (if further space is required please attach sheets to this report)



Supervisor's comments on incident

1. Comments on staff response to the incident – was the action taken appropriate and effective? (if further space is required please attach sheets to this report)
2. Comments on follow-up actions required to reduce risk of further incident or to improve staff response? (if further space is required please attach sheets to this report)

Manager's Comments on Incident

--

Manager's Sign Off:

Date:



Use of Force Form – to be completed on all occasions that physical force is required to be used on a child or young person.

If force was required for more than one child/young person a separate form is to be completed for each person

C/YP Name:	
Who made the decision that use of force was required?	
Name:	
Designation:	
What were the grounds for the use of force (Regulation 22)?	
<input type="checkbox"/>	(a) In self defence, or in the defence of another person, or to protect that child or young person from injury
<input type="checkbox"/>	(b) To prevent that child or young person from damaging any property
<input type="checkbox"/>	(c) To prevent that child or young person from leaving the residence if not authorised to do so
<input type="checkbox"/>	(d) To secure the containment of that child or young person in secure care
<input type="checkbox"/>	(e) For the purpose of carrying out any search authorised by the regulations
Briefly outline reason(s) why use of force was deemed necessary?	
Name(s) and designation of all staff involved in restraining C/YP	
Who else witnessed the incident? Include names and designations.	
Please tick off that the following actions have occurred	
<input type="checkbox"/>	Incident Report completed
<input type="checkbox"/>	Entry made in the Daily Log
<input type="checkbox"/>	Debrief as per NVCi COPING model with staff
<input type="checkbox"/>	Debrief as per NVCi COPING model with resident
<input type="checkbox"/>	All injuries (if any) have been recorded and injury description sheets completed
<input type="checkbox"/>	C/YP provided with a medical check
<input type="checkbox"/>	Manager informed of use of force - (date/time)
Supervisor/Practice Manager Name:	Date:
Manager Name:	Date:



Injury Description Sheet – to be completed on all occasions where an injury was sustained.

If more than one person has been injured a separate form is to be completed for each person

Please indicate if the person injured was

A Resident <input type="checkbox"/>	A Staff member <input type="checkbox"/>	Other <input type="checkbox"/>	Details if other?
-------------------------------------	---	--------------------------------	-------------------

Details of Injured person

Name:			
DOB:	Age:	Gender	<
Date of Admission (if resident)	Status or position held if staff		
Ethnicity			
District (if resident)			

Medical Treatment Required

Onsite first aid <input type="checkbox"/>	Doctor on site <input type="checkbox"/>	Ambulance required <input type="checkbox"/>
Taken to Medical Centre/Doctor <input type="checkbox"/>	Taken to hospital <input type="checkbox"/>	Admitted <input type="checkbox"/>

Please indicate where injuries were located and a brief description of the injury sustained i.e. L/Arm - Bite marks

<p>Front of body</p> <p>Head/Neck</p> <p>Torso/Upper body</p> <p>L/Arm</p> <p>R/Arm</p> <p>Abdomen/Lower body</p> <p>L/Leg</p> <p>R/Leg</p>		<p>Back of body</p> <p>Head/Neck</p> <p>Torso/Upper body</p> <p>L/Arm</p> <p>R/Arm</p> <p>Abdomen/Lower body</p> <p>L/Leg</p> <p>R/Leg</p>
<p>Brief detail of most serious injury:</p>		



CONFIDENTIAL

Operational Plan

This plan is to guide the Care Team in their engagement with the child or young person from admission to discharge. It is not the formal care plan; however any changes that occur in the formal care plan should be reflected in this operational plan.

Child / Young Person: **Willie Weathers**

	Operational Plan as at	
	What is required	By whom
Risks Identified and Safety measures put in place	<ul style="list-style-type: none"> Is an affiliated member of the 88s Gang His best friend, Roger, was a previous resident and was killed by the 95s Gang just before Willie was arrested for Armed Robbery He blames the 95s Gang for Roger's death and has a real dislike for them Safety measure still need to be addressed as case leader has not been able to meet with Willie as yet He has been placed in a large open unit with other male young people 	Key Worker
Health, Education and Transition Objectives	<ul style="list-style-type: none"> Needs an Education Assessment as he has not attended school consistently since he was 14 years of age Completed a general health assessment with the onsite doctor upon admission and all appears ok. Willie had a brief introduction of rules when he arrived to the residence but is still required to have a full casework session with his case leader 	Onsite Doctor Onsite Teacher Key Worker Case Leader
Young Persons Strengths	<ul style="list-style-type: none"> Is an athletic and sporty young man Displays a sense of intelligence that may not have been 	Key Worker



	challenged accordingly	
Young Persons Personal Objective	<ul style="list-style-type: none"> To get out of the residence and reconnect with his girlfriend Danielle 	Willie – Young Person
Current behaviour Management Objective	<ul style="list-style-type: none"> Still to be written as case leader needs to meet with Willie Need to insert a behaviour management plan around his gang affiliation, the death of Roger by the 95s Gang and his connecting with 95s Gang members in the residence 	Case Leader with Key Worker
Plan for maintaining Family/Whanau/significant other contact	<ul style="list-style-type: none"> Regular visits are authorised for Willie He can receive visits from his mum and young brother and girlfriend Danielle only at this stage 	Case Leader
Next Steps	<ul style="list-style-type: none"> Complete a full casework session between Willie and his case leader Complete an Education Assessment Seek to outline more objectives and goals for the young person Complete an assessment of Willie's gang affiliations and review how a mediation to calm attitudes with opposing gang members Setup a behavioural management plan Address his crime committed and review a plan forward for Willie 	Case Leader Onsite Teacher Key Worker



Individual Care Plan for Willie Weather Completed on 01/01/2011

Individual Care Plan Residence: Admission date: Proposed Discharge date:
 Gender: DOB: Ethnicity/lwi: Legal Status: Religion:
 Case Leader: Residence Unit:

Persons Consulted in the formulation of this plan through the assessment process:

Other Documents to be read in conjunction with this plan:

Screening	
CKS date completed: TWB Status:	Placement Assessment undertaken using Residential Assessment Triangle: Y/N Comment:
Risks Identified <ul style="list-style-type: none"> 	Safety measures put in place <ul style="list-style-type: none">
Assessments	
Previously completed Assessments / key points noted from file/CYRAS <ul style="list-style-type: none"> 	Dates <ul style="list-style-type: none">



Completed at the residence	Assessments • •	Dates • •
Key Strengths & Struggles (greater analysis of these is formulated in the initial assessment)		
	STRENGTHS	STRUGGLES
Child / Young Person	Behaviours and skills (prosocial and daily living skills), emotional / psychological state, mood, cognitive ability and vocational aptitude / interest • •	Behavioural issues and skills gaps (prosocial and daily living skills), emotional / psychological state, mood, criminogenic needs (antisocial attitudes, feelings, values, skill deficiencies), cognitive ability and vocational aptitude / interest • •
Family / Care Giver	• •	• •
Education	• •	• •
Peer relationships	• •	• •
Health	•	



<i>Behaviour Management Objectives</i>		
Behaviour Management Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
Objectives must conform to SMART requirements	Who is responsible and what resources do we need?	
<i>Long Term Objectives</i>		
Placement/Transition Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
Objectives must conform to SMART requirements	Who is responsible and what resources do we need?	





Education/Training/Vocational Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
<p>Objectives must conform to SMART requirements</p> <p>Education attainment</p>		
Health Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
<p>Objectives must conform to SMART requirements</p>		
Family/Whanau Objective Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
<p>Objectives must conform to SMART requirements. Must include who, how, frequency</p>		

Copyright © 2011 by Child Youth and Family



	Young persons Personal Objectives	Responsibilities and Resources	Progress Review (Minimum Of Monthly)
	Objectives must conform to SMART requirements		

Name	Signed	Date
Young Person		
Case Leader		
Team Leader Clinical Practice		
Next Review Due		

Children and Young People must have their views shared at MAT reviews, or other review forums through the use of the “Three Houses”. However this does not prevent the child or young person from being in attendance if appropriate. Reviewed plans must be signed by the child or young person.





Incident Reporting Key Questions to refer to:



- Can I get a clear story outlining **Why** the incident/event happened, by reading this report?
- Can I read **Who** is involved?
- Can I get a visual as to **Where** it happened?
- Can I determine **When** it occurred?
- Does it provide a brief background of the client(s) and/or staff member(s)?
- **What**, if any, immediate actions have been taken?
- **How** could we have implemented engagement sooner to prevent this incident/event escalating?
- Is there any clear risks highlighted – actual v potential (Actual – observed and evidenced v Potential – observed and experienced from previous behaviours)?
- Is there any ongoing mitigation plan required?



*Commentary on the Incident*

3. What were the triggers leading up to the incident – What early intervention techniques were attempted? (if further space is required please attach sheets to this report)

- Both boys were from rival gangs (Willie from 88s and Calvin from 95s).
- There is a long history between the two gangs where members have caused the death of members from each other's gangs.
- The two boys in question obviously have a dislike for each other because of their gang affiliation.
- There is an aggressive style nature involved.
- No signs of staff interventions have been put in place or acted on prior to the incident.
- There is no mediation or engagement between the two boys other than an aggressive nature.
- Calvin notices the tattoo on Willie's arm and blames Willie for the death of one of his gang members (family).
- Calvin makes a comment to Willie, stating "...my dead homies drink water before you do..." then he pours his bottle of water at Willie's feet before walking away.
 - a. This heightens Willie's attitude which leads to the assault.

ALTERNATIVE INTERVENTION PROMPTS (if from were a CYF perspective):

- **The two YP's could be engaged with, having known the history of their gang affiliation and the issues between the 2 gangs**
- **Both boys could have been kept separated or monitored a lot more closely**
- **Staff should be observing both trigger points and had opportunities to intervene and engage in some kind of operation plan and action plan going forward**
- **Should they have been involved in this sport based on their history?**

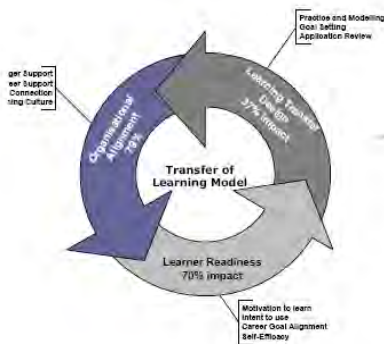
4. Describe the Incident – what occurred during the incident (if further space is required please attach sheets to this report)

- Willie was working through a piece of attacking play during their gridiron training
- Calvin is his opposing defender
- As Willie approaches Calvin he swiftly raises his fist and connects by punching Calvin in the face
- Willie then throws the ball down and turns to carry on the assault with Calvin
- Calvin, having just been hit, falls to the ground then immediately gets to his feet and rushes at Willie to retaliate
- Both boys continue to assault each other until staff separate them



Baseline Messages

- Every person who steps foot into a residence either has a legal status (child or young person) or has been mandated to undertake a specific task.
- Within the residence, we need both positional and personal power to grow practice depth. The question is not therefore what is the better power but instead an acknowledgment of the given power (positional) and the need for it to align with the power brought into the job (personal).
- Operational practice is first acknowledging the two types of power in their residential practice. A lack of acknowledging both powers would mean a lack of assessment of self in the decision making when managing young people.
- Residential Care sits on a continuum of people who share the same responsibilities towards the care of a child and young person. We are therefore in a partnership with these groups towards the safety and wellbeing of any child or young person in our care.
- Operational Practice reconnects participants to the importance of inter-weaving the regulations, code of practice and other legislations that drives the quality assurance and compliance measures for a Residence of Child, Youth and Family. The better understanding and knowledge of these documents and their definitions allows for staff to apply them accordingly.
- Incident Reporting is a recording requirement as outlined in the regulations and so the importance of getting these accurate from the start is necessary. Applying the key questions whenever writing an incident report will allow staff to review and assess their reports to meet the requirements of accurate reporting.
- Residential Care is a strategic, specific and focussed level of care. Our roles come with a clear expectation and purpose towards the safety and wellbeing of our children and young people. Operational practice outlines these expectations, roles and purpose leaving no room for confusion when we apply analysis.



Care Teams will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of regulation 26).

To demonstrate the transfer of learning for **Team leaders**, the following criteria evidencing and ensuring the management of the children and young people in their care, via **care teams** are as follows:

Operational Practice One:

- 1 coaching sessions on one of the identified regulations
- Evidence of objectives designed with the shift leader so the sessions are tailored to the teams need around their development.
- 1 coaching session on a key area of the boundary wall

Operational Practice Two:

- Reviewing 2 incident reports with feedback
- Review and offer a point of analysis for daily log

Sign off process:

This can be done from a colleague or a Residential Manager.

There are specific forms (see below) that will have feedback written on to it for each team leader, this will need to be faxed with the attendance record of coaching to Learning and Development.

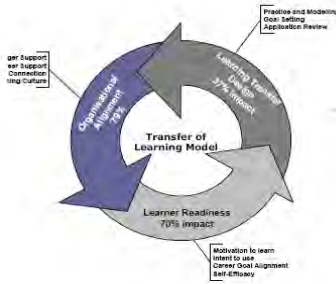
The tasks need to be done before Operational practice Two begins.

There will be reports to Jo Field - monitoring the progress of the transfer of learning.



Coaching for Change Transfer of Learning – Sign off

Operational Practice One – Team Leaders August 2011



Care Teams will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of Regulation 26).

Operational Practice One:

- 1 coaching sessions on one of the identified regulations
- Evidence of objectives designed with the shift leader so the sessions are tailored to the teams need around their development.
- 1 coaching session on a key area of the boundary wall

Coaching Session

Identified regulation:

Objectives for the coaching session:
(remember these need to be measurable)

- 1.
- 2.
- 3.

Feedback – CRC (please be specific):

Commend:

Recommend:

Commend again:

Sign off:
(please sign and print name, role)

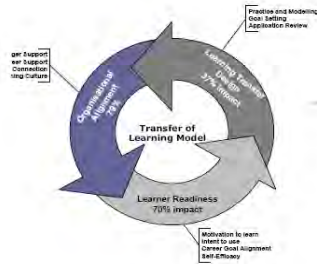
Date signed:

Date received (L&D):



**Coaching for Change
Transfer of Learning – Sign off**

**Operational Practice Two – Team Leaders
August 2011**



Care Teams will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of Regulation 26).

Operational Practice Two:

- Reviewing 2 incident reports with feedback
- Review and offer a point of analysis for daily log

Feedback – CRC (please be specific) for writer of incident report 1

Commend:

Recommend:

Commend again:

Sign off:
(please sign and print name, role)

Date signed:

Feedback – CRC (please be specific) for writer of incident report 2

Commend:

Recommend:

Commend again:

Sign off:
(please sign and print name, role)

Date signed:

Review and point of analysis for daily log: