



Your guide to relational security

**SEE**

**THINK**

**ACT**



“Of all the elements of security, relational security has always felt the most difficult to describe. Yet because it’s about caring for and understanding people, it’s probably also the most important. This handbook takes us a significant way forward in illustrating the interdependence between care and security, and in describing what high-quality secure care can look like when we get it right.

“The greatest success of this handbook, from my perspective, is that it translates what people have learned in complex and difficult situations into something simple and positive that has potential benefits in terms of skills and safety in this vital part of mental health care.”

**Louis Appleby, National Clinical Director for Mental Health**

“When I visit secure mental health services I am always struck by how challenging and diverse the work is, and most inspired when I see different disciplines working together with a common goal. Ward teams are central to providing services that are safe and effective: by working with each other, with patients and with carers we can provide the support that patients need, and generate a culture of hope and recovery. What I like most about this handbook is that it is designed for staff who are busy: it turns ideas into action and gives practical advice that will deliver better care.”

**Dame Christine Beasley, Chief Nursing Officer for England**

“The safety of patients is of paramount importance in all healthcare settings, including secure mental health services. Safety is not just about individuals but also about the systems they work in. Communication between teams, and between patients and the staff caring for them, is a critical part of ensuring that patients and the public are safe. This handbook will help staff in a practical way to improve safety by offering guidance on the relational aspects of the system. We fully support this.”

**Dr Kevin Cleary, Medical Director National Patient Safety Agency**

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# Introduction

This handbook is for people who work in secure mental health services.

Whether your role is clinical, nursing, administrative or domestic, it's important that you have the information you need to keep yourself, patients, your colleagues and the public safe.

Our job is to provide people who need our services with high-quality care in a way that is purposeful, respectful and safe. To do that, we need to understand the different elements that make up secure care and know how to respond if we think something is wrong.

Working in secure services is rewarding – but it's also hard work and highly demanding. On a daily basis, we manage

a multitude of complex and sometimes emotionally challenging situations. Only by understanding how to work together to recognise and deal with risk can we create environments that are safe, hopeful and empowering.

This book has the information you need to understand what relational security is and learn how you can help keep everyone safe.

## About this book

The purpose of this book is to help you understand what relational security really means and what you can do to ensure that it is maintained in your place of work.

This explanation of relational security isn't just theoretical. It reflects the collective learning of people in high, medium and low secure services. The examples of risk and measures of success you see described here reflect the real experiences of people who work in these services and the people they care for.

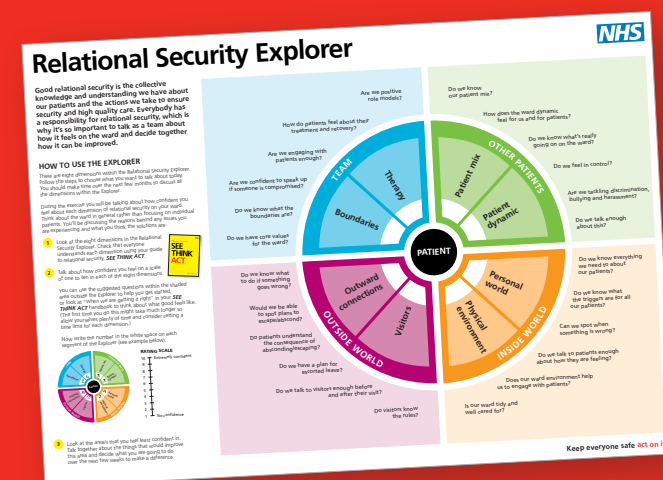
In this book, we look at the **main areas of relational security** and think about some of the risks to patient care and security if we don't get it right.

We focus on the importance of **talking as a team** and understanding what's really going on. We then explore what **action you can take as an individual and as part of a team** and how you will know if you are getting it right.

This book has been designed so that you can keep it with you and use it whenever you wish to **reflect on your thoughts** about how relational security is working in your area. You can use it to **help explain to other people,**

such as carers and patients, how relational security helps deliver good-quality care, or to **reflect on an experience or incident** and think about how you want to solve it or what you might do differently next time.

As a team, you should be talking about all the areas of relational security. When you come together to use the Relational Security Explorer (a group exercise to help you explore relational security, as shown), you can refer to **'We know we're getting it right when...'** to consider how things feel on your ward, how confident you feel your team is in a particular area and what more you think you could do to improve.





# What is relational

Security provides the framework within which care and treatment can be safely provided. Patients and staff can't participate positively or purposefully in the activities of the service unless they feel safe first.

There are three distinct but inter-related aspects of security in secure health settings. They are:

- **relational security**
- **procedural security** (the policies and procedures in place to maintain safety and security)
- **physical security** (the fences, locks, personal alarms and so on that keep people safe).

The balance between these three dynamics often shifts, requiring us to change our plans to meet the needs of a particular patient group or situation. However, it is essential that all three are in place at all times, and one should never substantially compensate for the absence or ineffectiveness of another.

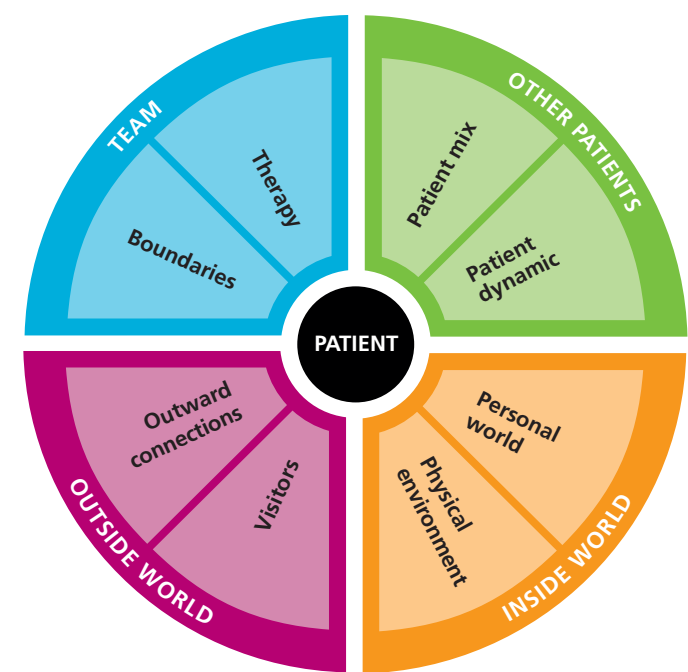
# security?

Relational security is the knowledge and understanding staff have of a patient and of the environment, and the translation of that information into appropriate responses and care.

Relational security is **not** simply about having 'a good relationship' with a patient. Safe and effective relationships between staff and patients must be professional, therapeutic and purposeful, with understood limits. Limits enable staff to maintain their professional integrity and say 'no' when boundaries are being tested.

In this book we explore the four key areas that help staff maintain relational security. They are: the **whole care team**; the **other patients** on the ward; the **inside world** experienced by patients; and the connections those patients have with the **outside world**.

The diagram on this page shows each of these four areas of relational security divided in two in order to help you focus on what you and your team can do to gain a better understanding of relational security and take positive action.

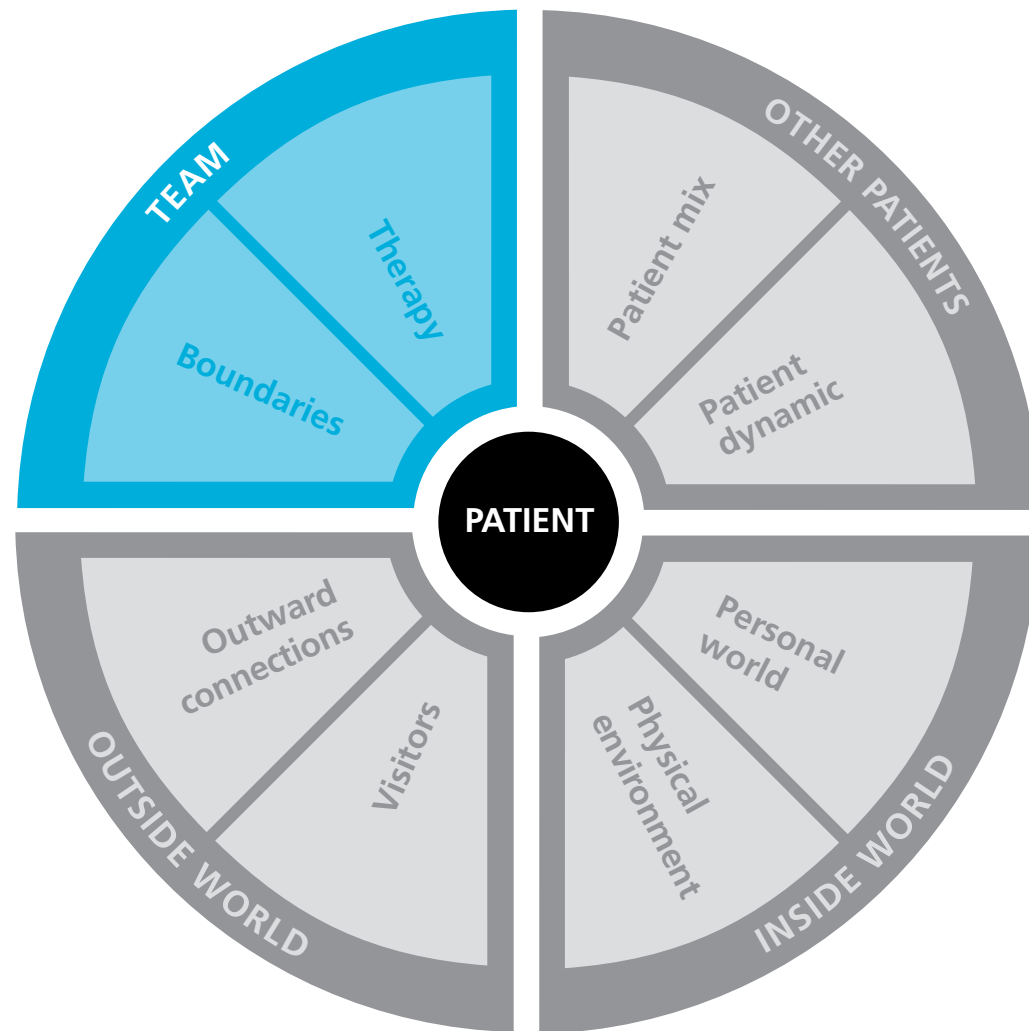


We explore each of these eight dimensions, consider the risks involved and determine how we can act to keep everyone safe.



# Team

## Therapy and clear patient boundaries



In this section we look at how shared understanding and mutual respect between patients and staff are vital to maintaining relational security. We talk about the need for patients to have hope and believe in recovery if they are to engage positively in the service.

When we talk about the 'team', we don't just mean the immediate clinical care team. We mean **every member of staff** who has regular contact with patients. That includes domestic, catering and short-term staff. **Everyone** has a responsibility for relational security.

First, we look at how we establish and maintain appropriate **boundaries** and why it is so important to do so. Then we explore the importance of **therapy** on and off the ward and the need to engage proactively and positively with patients.

At the end of the section, we think about how the ward should feel if we are getting it right.

# Boundaries: what you need to know

**Boundaries keep everyone safe.** They ensure that patients receive the kind of care they need in order to recover and develop the skills they need to function in society.

## SEE

We all function better when we understand the rules. Staff and patients need to understand what boundaries are and why they are so important.

So what are boundaries? Boundaries can be **physical** (such as rooms or the perimeter), **procedural** (such as ward rules or hospital policies) or **relational** (professional and personal rules). Relational boundaries provide the basis for safe and effective therapeutic relationships with patients.

The first step to maintaining clear boundaries is to identify those – physical, procedural and relational – that are, or need to be, present on your ward.

Next, decide what the **non-negotiable boundaries** are (for example, “We will never accept patients swearing at us” or “I will never talk to a patient about my children”). It is important that patients as well as staff understand what the non-negotiable boundaries are on your ward.

An interpersonal boundary is a good example of a non-negotiable boundary. If you are responsible for a patient’s care, particularly over a long period of time, it is easy to become too close, especially

if you want to develop trust and take an active role in their recovery. But whatever your role is, the contact you have with patients must stay within professional limits. Whatever your job, you have a responsibility to protect patients from misunderstanding the nature of the relationship they have with you. Our relationship with a patient must always be professional and respectful; it cannot be personal.

**// We noticed the staff member having individual one-to-one sessions with the patient that just didn’t seem necessary. When we investigated, it became clear that she had changed her shifts to spend more time with the patient and further enquiries revealed that they had been writing personal letters to each other. //**

To prevent things going too far, we must always be aware of the potential consequences of our behaviour. This means being prepared to examine our own feelings and being continually aware of the things we say and do, and how they might be interpreted by someone else.

Even when we know a boundary is non-negotiable, sometimes it might feel easier to ‘let it go’ or to overstep the line. But even though it might feel easier at the time, it is also a hard place to get back from. When patients see that staff are not challenging them, they are likely to push the boundaries even more. When that happens, it can lead to chaotic ward environments that are damaging for other patients and increase the risk of violence or self-harm.

Staying alert and continuously maintaining boundaries is tough. It demands constant self-discipline, as well as confidence in our own judgement and understanding. It is harder to maintain boundaries with some patient groups than with others. Their illness may mean they have difficulty maintaining healthy relationships, they may be manipulative or they may try to condition other people.

Conditioning is when someone uses the power of their personality repeatedly and over time to persuade another person to act or think in a different way. Conditioning can be very subtle and difficult to spot but could result in a serious incident such as suicide, escape or the serious compromise of a colleague. You need to report any attempt by a patient to try and condition you or someone else, so that the care team can review that patient’s care plan and keep everyone on the ward safe.

## Boundaries and flexibility

Once you have agreed the non-negotiable boundaries and limits for your ward, think about the areas where there could be **flexibility or negotiation**.

An example might be: "Our general ward rule is that all patients will retire to their rooms before 10pm, but if a patient is very distressed we might take them into the quiet room to talk." Discipline on a ward is important, but when we're emotionally distant and too controlling without thinking about the need for care, we can create feelings of resentment in patients and affect our ability to maintain balanced and respectful relationships.

**// We wanted to be in control of the ward, but we also wanted to avoid a situation where staff held too firm over a less important issue and increased tension. The example I used with my team was the rule about the TV going off at 10pm in the common room. If it's 10pm, there's still 10 minutes of the match to run and everything is going fine, are we really going to turn it off? What's the point in that? //**

At this point you might think: "But doesn't this mean we're not being consistent?"

Maintaining consistency in boundary management is critical, but being consistent doesn't necessarily mean making the same decision every time.

It means being consistent in our **approach** to decision-making, which, because our wards are dynamic, could mean that the judgement we make today might be different from the one we made yesterday because something else has changed.

Decisions on issues we can be flexible about need to be based on a common set of factors that are agreed within the team. Being clear about the information we are going to use to make decisions increases our ability to be consistent.

It is especially important that we talk to patients about how we make decisions, so that they understand what the reasons are likely to be for any change and they don't feel they are being treated unfairly.

Whether ward rules are fixed or flexible, they must never be punitive and must always be applied respectfully. When staff apply rules without the respect that patients are entitled to, it can create feelings of mistrust and resentment. This can result in conflict and confusion on a ward, making it difficult to give the care our patients need. Rules and boundaries should reflect the clinical philosophy of the service, encourage personal responsibility and help patients recover in a place that is safe for everyone.

**THINK**  
**Have things gone too far?**

Now you know what the non-negotiable boundaries are, do you think you, or someone else, might have been **drawn over the line**? If so, you need to take action and stop it now. Think about what you can do now to **get things back on track**.

## ACT

**You can improve relational security by:**

- identifying the negotiable and non-negotiable boundaries on your ward
- communicating the boundaries to patients and helping them understand the reasons for them
- being clear about the information you are going to use to inform decision-making and being consistent in your approach
- staying aware of how you feel, how you behave and what other people may think about your behaviour
- staying alert to the potential for you or a colleague to be conditioned or manipulated
- being prepared to challenge patients and staff who violate personal boundaries
- recognising and confirming the achievement of patients when they get it right
- treating everyone with dignity and respect
- being prepared to talk in the team about how you feel, and asking for help when you need it.

# Therapy: what you need to know

Therapy should give patients realistic hope and belief in their recovery and allow them to build trust in those providing their care.

## SEE

Therapy can only work when both patients and staff recognise the difference it can make and are committed to the idea of recovery. If patients don't feel any benefit from being in a service or engaging with it, they are likely to feel detached and disengaged. This can lead to isolation, self-harm or a security incident.

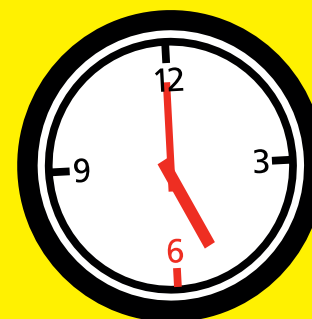
Patients need to know that staff understand and care about how they feel. Staff who are passive and insensitive are likely to do more harm on the ward than good, and create feelings of resentment and mistrust. Our job isn't just to watch patients; it's to find every way we can to help them manage their own recovery. That doesn't mean just running groups and sessions – it means taking every opportunity to encourage participation and reinforce new skills on and off the ward.

It's sometimes easy to under-estimate the significance a patient might place on change and miss important signs about how they are feeling. For example, the transfer of a patient to a lower level of security might feel like progress, but it can also mean increased anxiety and impulsivity for a patient if they haven't been supported through it properly.

**// We assumed he would be happy about moving on, but he was actually getting more and more scared about stepping down and so we were completely unprepared when he absconded. //**

Some patients don't conform to social or cultural norms. They need to learn new skills to help them establish themselves as accepted members of their communities. That won't happen on its own. We need to set a consistently positive example every day with patients and with one another. This can be difficult to do when the ward is busy and people are

demanding our attention, but remember that patients observe how we behave. Being consistent, considerate, respectful and disciplined as a ward team sets a high standard, which helps patients learn and embed the skills they need and creates a better place to work.



## THINK

### Are you finding time?

How **patients see you behave** makes a big difference. Do you set a good example for others? **Are you a positive role model?** Take the time to think about how you behave on your ward and what more you could do to lead the way.

## ACT

You can improve relational security by:

- engaging with patients and making a commitment to their treatment
- involving patients in planning their own care
- encouraging patients to believe in their own recovery and helping them to see what they can do to improve
- making sure you know what patients are learning off the ward and supporting them on the ward or helping them practise new skills
- making certain that patient care plans are up to date and relevant to their needs
- planning how to manage transition and change
- behaving as a positive role model and setting a good example
- helping patients prepare for connections with the outside world.



## We know we are getting it right when:

- We have a ward purpose, philosophy and core values that patients and staff understand.
- Patients and staff understand what maintaining clear boundaries means and why it is so important.
- We know which boundaries are non-negotiable and which we can make individual and team judgements about.
- We are confident in upholding the boundaries with challenging patients.
- Patients describe staff as being consistent and respectful.
- We look out for one another and feel confident to speak up if we think we can see that a colleague has been compromised.
- We set a good example and are positive role models.
- There is a high level of engagement on our ward and patients take part in therapy and social activities.
- Patients describe having hope and belief in recovery.
- Patients describe being clear about what they need to do to make progress.
- We talk to patients about how they feel and plan change together, because we know that even small changes can have an impact on them.
- We look for opportunities to reinforce therapy in everything we do with patients.
- Uptake of supervision is high, staff report that it is of value to them and we engage in reflective practice.

## Summary

In this section we talked about boundaries and how, by maintaining them appropriately, we can keep everyone safe. We learned that upholding boundaries isn't just about saying 'no'. We need to be clear about when we won't negotiate, but there will also be times when we need to use our own judgement and think about what is safe and reasonable.

We talked about the difference between watching patients and engaging with them, making opportunities to help patients practise what they have learnt and setting a good example ourselves.

Lastly, we looked at what your ward might look like if things are going well. The measures opposite should help you to think about how your ward feels now and what you and your team can do together to make a difference.

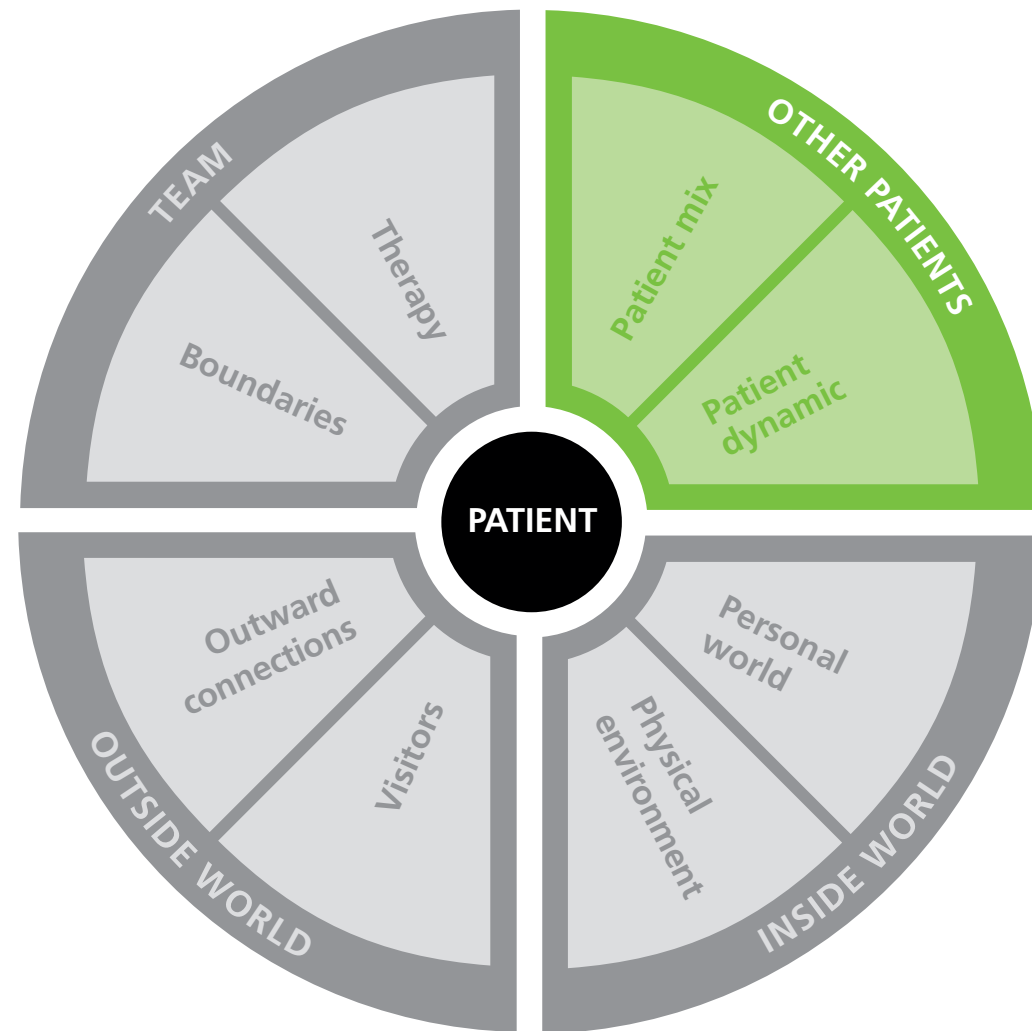
### SEE THINK ACT

**Do you know what the negotiable and non-negotiable boundaries are** on your ward? How confident **do you feel that patients are engaged** and have hope in recovery? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.



# Other patients

## The effect of the mix of patients and the patient dynamic



Wards are dynamic – they constantly shift and change. The dynamic between individual patients and between the entire patient group and the staff can alter between two shifts, over a lunchtime, or in a conversation between two patients that we are completely unaware of.

The **mix of patients** and the **dynamic** that exists between them has a fundamental effect on our ability to provide safe and effective services – the whole group can be affected by the arrival or departure of just one patient.

In this section we explore the importance of **knowing what the limits are, continually monitoring how the ward feels** and being **prepared to act** when something needs to change.

# Patient mix: what you need to know

The mix of patients on a ward presents its own set of risks. We need to understand these and be prepared to act if we're approaching the limit.

## SEE

There is no special formula for creating the perfect ward with the right number of patients whose diagnoses, histories, offences and risks fit well together. When we think about 'patient mix', we really mean the combined effect and potential risk of all the people that make up the ward community.

Establishing the potential impact of the mix of patients relies on understanding as much about our patients as possible. That means not just understanding their current state of well-being, but working with other agencies to understand past histories and experiences in other places such as prison, other secure services and the community.

When a new patient is considered for admission, we should not simply think about how they will function on the ward, but about how that person might change the overall risk profile of the whole patient group. Every service and team has its own limits for the risks it is able to manage and sometimes this depends on the purpose, experience and philosophy of the ward. The most important thing is to be clear about what the limits are.

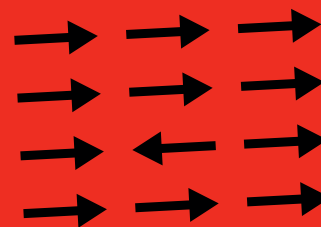
We have a responsibility to understand the risks and limits that are manageable on our ward, so we can ensure that everyone is safe and that the ward continues to share a belief in recovery.

**// We really thought we knew the score on our ward but it was only after a serious incident that we discovered three of our patients had been in the same prison before. They re-formed a gang on our ward and were intimidating vulnerable patients, undermining our staff and generally creating chaos. Once we'd taken action, it was like a cloud lifting. The self-harm that emerged among the most affected patients stopped and eventually we got back to normal, but we really learnt a lot from this and now think a lot more carefully about the mix of patients. //**

Continuity of care is really important for patient progress, but there may be some circumstances where it is necessary and appropriate to move a patient from one clinical area to another. That should not be viewed as a failure. If it is managed appropriately, it can disrupt escape planning, allow other patients to disclose information without fear of intimidation, provide respite to fatigued staff, enable reflection and re-establish a healthy therapeutic environment.

## THINK

### Spot the difference?



How well do you **know your patients' histories** and the effect they can have on one another? Do you have the information you need to spot the difference your patients can make to the ward dynamic? Think about what you can do and who you need to talk to, to **ensure that you have all the information you need** to help keep everyone on the ward safe.

## ACT

### You can improve relational security by:

- being clear about what the limits are for your ward
- constantly monitoring how patients are interacting with one another
- monitoring the effect that a patient arriving or leaving has on the ward
- staying alert and being prepared to speak up if you have misgivings
- being prepared and knowing how to act if you need to change the mix.

# Patient dynamic: what you need to know

The relationships that exist between patients shape how a ward community feels and influence our ability to promote a positive culture of recovery.

## SEE

Ward communities are not that different from the communities we live in. When wards feel positive, safe, co-operative and have common values, not only do patients recover more quickly, but staff are more content, suffer less sickness and are likely to stay for longer. This means healthier, happier and more experienced staff and better continuity of service for patients.

Do you ever think about **what makes your home community a good place to live?** You may not think you live in a good community. If so, what is it about the community that you don't like?

It's a good bet that if you are thinking about a bad community, you'll be using words such as **crime, fear, isolation** or **intimidation**. If you're thinking of a good community, **safety, solidarity, support, relationships, common goals, certainty** and **trust** might be some of the words you'll use.

When things go wrong and a ward feels unsafe and out of control, it can be a stressful place to work for staff; over time this can erode our confidence to deal with the issues. It can also be frightening for other patients and result in self-harm or even suicide.

**// It felt like these two guys were running the ward, not the staff. It was pretty tense and felt like all the bad bits of being back in prison again. We spent more time watching our backs than anything else. The staff finally split them up and moved one of them off to another ward. //**

If you see examples of patients exerting pressure on others to disengage from treatment; collusion between patients to undermine the staff and security; violence towards patients and staff; or the victimisation of vulnerable patients, then you must act and help to take control of the ward again before a serious incident happens.

Understanding what's going on between patients and acting before it goes too far means you stay in control and keep the ward focused on its main aim of recovery.

**THINK**  
**You hear it but are you listening?**  
 Do you know what's really happening on your ward? You know when something **just doesn't sound right**. It might be the smallest thing but it's always better to **say something** than do nothing. Think about what might really be going on.

## ACT

**You can improve relational security by:**

- detecting suspicious, unusual or out-of-the-ordinary behaviour between patients
- being continually aware of the dynamic on the ward and monitoring any change
- encouraging patients to talk about how the ward dynamic affects them and makes them feel
- providing patients with a 'safe space' to report suspicious behaviour without fear of retribution from other patients
- staying alert and ready to act, and moving patients if necessary
- talking at handover about the dynamic, the reasons for any change and the effect it might have on safety and security.

## We know we are getting it right when:

- We know what our patient mix is, and understand what the limits are and when to act.
- We know how to respond if the patient mix needs addressing.
- We know how patients feel about the other patients around them.
- We promote tolerance and deal robustly with discrimination, bullying and harassment.
- We feel confident to engage with this patient group and can maintain control.
- We are vigilant to the possibility of collusion between patients and can detect plans to subvert security.
- Levels of patient violence are low.
- Staff turnover and sickness absence levels are low.
- We (patients and staff) communicate with one another about how the ward feels.

## Summary

In this section we talked about the difference that individuals or groups of patients can make to how safe or positive a ward feels, and the importance of being in touch with what's happening on the ward. We learned that the dynamic of a ward is never static but constantly changing, and discussed the need to continually gauge how the ward feels.

We talked in this section about the need to say something if the ward doesn't feel right, to talk as a team about what might need to change and to act when we know something is wrong.

Lastly, we looked at what your ward might look like if things are going well. The measures opposite should help you to think about how your ward feels now and what you and your team can do together to make a difference.

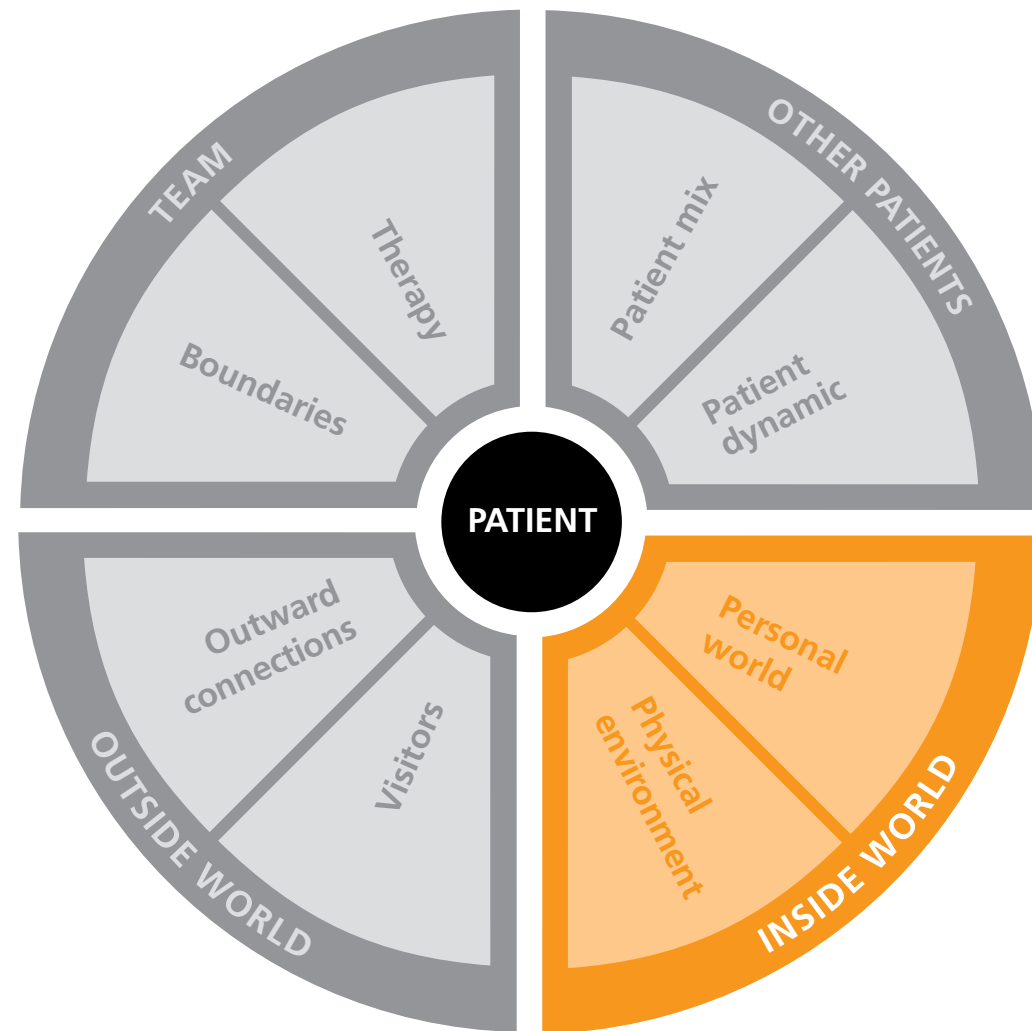
### SEE THINK ACT

Do you **know what your patient mix is?** Have you talked about how the ward dynamic feels? How confident do you feel that you **know when to act?** **Talk about it** with your team and when you next meet to use the Relational Security Explorer.



# Inside world

## A patient's personal world and physical environment



How patients feel inside their own world makes a big difference to the risk they present. It will affect how well they engage with treatment, how connected they feel with the service and their ability to take responsibility for their own actions.

In this section, we will explore in **personal world** how a patient's response to events is likely to be affected by how they are feeling within themselves.

In **physical environment**, we'll look at the effect patients' immediate living environment has on them and the ability staff have to maintain relational security.

# Personal world: what you need to know

**Some events can act as triggers** for patients. We need to know the histories of patients and understand how they feel.

## SEE

Most of us function better when we feel happier about life. It's no different for patients. How a patient feels inside really influences their ability to cope with treatment and to use the skills they've learnt to manage their mental health and well-being.

Sometimes something unexpected can happen in a patient's life, such as an argument with another patient or a visit that goes wrong, that acts as a trigger to send them off course. Unless we know what's going on, we run the risk of being too late to help them. On other occasions, there will be things we can predict and prepare for (such as key anniversaries or contact with certain individuals who we know will cause a patient distress) and we can be ready to give extra support.

**// Christmas can be a difficult time for many of our patients and we work hard to keep spirits high, but we also have some patients who really deteriorate around the anniversary of when someone they loved died or when they offended, so we include these dates in our care plans to make sure we're providing the support they need. //**


Getting this right involves knowing a patient's history, being able to anticipate how some events or behaviours might affect them, and helping them to plan coping strategies that will get them through. It also relies on us to having the **confidence to speak up** when we think something might be wrong.

**// The staff on my ward can usually tell when something's up. Someone usually says 'Come on, let's talk', and we work it through. That didn't happen where I was before and it would build up and up until I ended up in seclusion or hurt myself. //**

If you see a change in a patient's behaviour that just doesn't feel right, don't ignore it. Say something – it could be important. You could help prevent a serious incident and keep the patient on track. If we don't know how our patients are feeling, we cannot make the right

decisions about their care or make sound judgements about the risk they might present to themselves and others.

**Talking during the shift and handing over at the end of it are really important.** We need to communicate with one another about what we've seen during the day and talk about what we think that suggests about how patients are feeling. We can't develop meaningful care plans and risk assessments if we don't talk about what's going on. Our patients need continuity of care between shifts, especially if they are feeling vulnerable.



## THINK

### What's behind the smile?

Do you know how your patients are really feeling? **Noticing small changes** in patients and talking to them about it helps you build a better picture of **what's really going on** in their world. Think about what more you could do to encourage patients to open up.

## ACT

**You can improve relational security by:**

- recognising patients as people who have good days and bad days like everyone else
- knowing patients' histories, understanding the risks associated with each patient and considering possible triggers
- talking to patients sensitively about what they think the likely triggers are
- planning with patients how you will respond, and coping with their triggers together
- staying alert and attentive to change
- communicating to the team during the shift and at handover about what you have noticed
- changing care plans when the needs or risks of a patient change.

# Physical environment: what you need to know

We need to understand how **the physical environment affects our ability to engage with patients** and maintain relational security.

## SEE

We've already identified physical security as another dimension of security, but there are also some practical things we can do to help maintain relational security. Think back to what we said about creating good ward communities. Wards need to be environments where patients feel safe and connected to other people.

Patients still need their own private spaces, but they also need areas where they can socialise and interact with others. Those areas shouldn't be crowded, and as much as possible they should feel 'normal', comfortable and relaxed. Crowding and noise can create tension among patients, which can result in hostility and fear.

We have already established that relational security isn't just about watching patients, it's about engaging with them. To do this, staff not only need good lines of sight where they can see what patients are doing, but they also need spaces where they can connect with patients as a group or individually.

Some patients might try to establish authority over others by taking control over a certain part of the ward or a room. Sometimes this can be very subtle, but it can lead to bullying and harassment of other patients and undermine staff and ward security. If you think there are areas where patients have established too much authority, you need to talk as a team about how things need to change and take action.

// When we investigated the incident some staff told us that they just didn't go in there because they felt intimidated and threatened and it was easier not to have the hassle. Over time they were conditioned to avoid that space, and of course when we took action and searched the room, we discovered why. //

It is important to establish rules for how people are going to live together on the ward. These rules and the examples set by us should prepare patients for living in the community by encouraging them to take pride in their living environment and show respect for the other people who share their space.



## THINK

### Playing by the rules?

Take a **look around your ward**. Does it help you maintain good relational security? What could you do to make it better? Think about whether your ward rules **encourage everyone to look after their space**.

## ACT

**You can improve relational security by:**

- creating opportunities for positive social engagement
- arranging your ward so it's a space where you can observe and engage with patients
- encouraging your patients to care for and take pride in their environment
- identifying the areas that could be used by patients to establish dominance or control over others
- minimising noise and overcrowding
- giving patients the opportunity to access fresh air.





## We know we are getting it right when:

- We know the histories of our patients. We understand that it isn't our role to judge – but we don't ignore risk either.
- We can make the connection between the history of a patient and the likely responses to possible triggers.
- We recognise the relapse factors for each of our patients and are vigilant to the possibility that patients may conceal a deterioration in their mental well-being.
- We recognise the effect that key anniversaries/events may have on some of our patients.
- We know how our patients are feeling day to day and care plans are up to date to reflect this.
- We involve patients in planning their care.
- We talk as a team during the shift and at handover.
- Our patients describe feeling connected and feel accountable for their care.
- We feel the environment enables us to engage with patients, and our patients to connect positively with one another.
- There is a discipline and pride on our ward that is reflected in a tidy and well-cared-for environment.

## Summary

In this section we talked about the difference a patient's inner feelings can make to how they function on the ward, and the role we play in helping them to recognise and manage the times when they are likely to be distressed. We learned that we can only help patients if we understand them and have the information we need to make good judgements about their care.

We talked about the difference that the physical environment can make to our ability to maintain good relational security. We also discussed the effect the physical environment has on the ability of patients to learn and practise the skills they need to interact socially with others.

Lastly, we looked at what your ward might look like if things are going well. The measures opposite should help you to think about how your ward feels now and what you and your team can do together to make a difference.

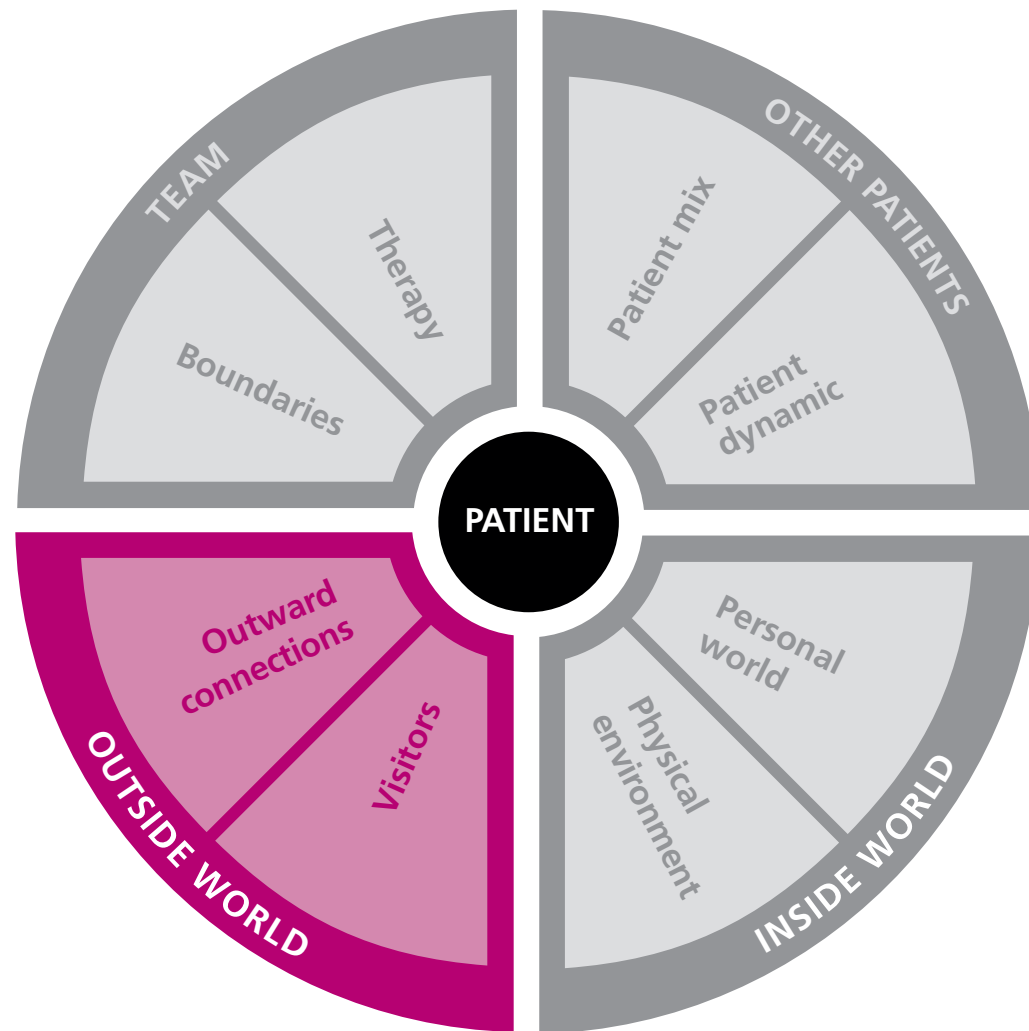
### SEE THINK ACT

**Do you know what the triggers are** for each of your patients? **How much time do you spend** watching patients and how much time **actively** engaging? How confident are you that the ward team **hands over properly** at the end of the shift? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.



# Outside world

## The impact of visitors and outward connections



To maintain safety and security in a service, it is important to consider the contact and relationships that patients have with the outside world and how risk should be assessed and managed.

Effective relational security not only safeguards the unit, patients and the public, but also provides the framework to help patient recovery by establishing safe connections with the community.

This section explores the effect **visitors** can have on patients and looks in more detail at the risks, benefits and consequences of **outward connections**, when patients have telephone contact and escorted or unescorted leave outside the unit.

# Visitors: what you need to know

Visitors can have a significant impact on the relational security of a ward. We need to be aware when that impact is good – and when it is unhelpful.

## SEE

Most patients place a lot of value on the visits they receive from people such as family, friends, advocates and carers. These visits can play an important role in the stability and recovery of the patient.

We have a responsibility to make visitors feel safe when they visit our service and to talk to them about their visit beforehand, while they are visiting and afterwards. Visitors can be an important source of information and give us clues about how the patient is feeling. Having this insight could help you to prepare a patient for difficult news or give them the support they need after a visit.

*// The staff here are really good, but because they're here all the time, I'm not sure they'll see how hard it can be to be a visitor, particularly at first. I don't tell the staff everything, that's personal, but I do tell them if I hear about something happening on the ward that doesn't seem fair or he's upset at the end of our visit. That way when I leave, at least I know he'll be safe. //*

Sometimes a visitor won't have the best interests of a patient at heart and will try to undo their progress or undermine security during the visit. When that happens, your job is to protect the patient from the potential damage the visit might cause them and act quickly if you detect any unusual or suspicious behaviour.

*// When a patient's girlfriend tried to bring drugs into the unit concealed in the plaster cast on her broken arm, it reminded us that not all visitors are 'friends'. //*

If visitors see that security or boundary violations will go undetected or be tolerated, it increases the risk to patients and the potential for contraband and illicit substances to enter the service.

Visitors should be made aware of the rules and boundaries that apply to them during their visit, the reasons behind those rules and the consequences of breaking them – for both them and the patient.

**THINK**  
**How do you welcome visitors?**

Do your visitors know the rules and boundaries? Think about whether you **take the time to talk to visitors** before, during and after a visit to explain the rules, reassure them about the visit and **learn more about how the visit went.**

## ACT

You can improve relational security by:

- ensuring that you know the potential risks to patients and to visitors
- preparing for and supervising visits
- talking to visitors about the effect of their visit
- encouraging visits that you know will play a positive role in a patient's recovery
- picking up on suspicious or unusual behaviour during a visit
- acting on any misgivings you have before, during or after a visit
- being quick to take action if something unexpected happens.

# Outward connections: what you need to know

Contact with the outside world can have a noticeable effect on patients. We need to be aware of the possible risks and know when to act.

## SEE

Understanding the interactions a patient has with others outside the service is an important part of maintaining relational security. There is a range of ways in which patients can interact outside the secure service. These include escorted or unescorted leave into the community, access to hospital grounds and telephone contact with friends or family.

Contact with the outside world is not just a concession or privilege; it can be an important part of treatment, a lifeline for some patients and the difference between illness and recovery. Our job is to help patients to develop safe and sustainable relationships with others so they are prepared for a successful return to society. As much as we can, and where it is appropriate, we should encourage contact with friends, family and the community.

We also need to make sure that the contact patients have with others is safe – for them and for other people. If a patient escapes from the secure perimeter, absconds from escorting staff or fails to return from unescorted leave, they could be at risk from other people or to themselves and others. It can also mean a backward step in their recovery and take them longer to move on. Our job is to make sure that this doesn't happen, that patients are protected and that the public have confidence and trust in the services we provide.

Sometimes this means the decisions we need to make about safety conflict with the wishes of a patient. When this happens it's important to talk to the patient about reasons for our decisions. We can help them to understand what they can do to progress to the next stage.

// At the end of the visit the patient asked if he could go to the bathroom and so we allowed him go upstairs unescorted. The visit had gone well so I think we were starting to relax a bit. What we hadn't thought about was that coming to the end of escorted leave was the hardest bit for the patient and probably the time we should have been most alert. We worked that out very shortly after he climbed out of the bathroom window. //

Making sound decisions about the contact a patient has with the outside world and the level of security they need relies on good information and knowing as much as possible about them. If we haven't

spotted a change in mood, haven't thought through and discussed the potential consequences with the team, or haven't realised a patient is anxious or planning escape, we can make the wrong decisions about safety and risk a serious incident happening.

Everyone should understand the rules for how contact outside the unit will work. For patients, this means not just being clear about what the rules are but also understanding the consequences of breaking them. For staff, it means ensuring that there is an up-to-date plan for each patient, that we are detecting suspicious behaviour and that if something changes or goes wrong, we act on it.

**THINK**  
Can you see the signs?  
Would you be able to spot if a patient was planning to escape or abscond? What if they were making more telephone calls than usual? Would you walk away... or would you say something? Make sure you know what the signs are and talk to patients about the possible consequences.

## ACT

You can improve relational security by:

- developing clear management plans for when patients have leave
- being clear with patients about the non-negotiable limits and rules of contact outside the service
- acting decisively if those limits and rules are breached
- ensuring that patients understand the consequences of escaping, absconding or failing to return
- staying alert to changes in patient behaviour
- staying alert for signs of unusual behaviour that may indicate a patient is planning to escape or abscond
- using your judgement and acting quickly and safely if something unexpected happens.

## We know we are getting it right when:

- We continually assess the risks of patients and care plans reflect this.
- There is a management plan for all escorted leaves of absence.
- Patients understand there are consequences to absconding.
- We know what our responsibilities are and how to respond if something goes wrong.
- Visitors feel safe in our service but are aware of the rules and the consequences of subverting them.
- We understand the risks some visitors might pose to patients and are vigilant about how the visit is affecting the patient before, during and after the visit.
- We understand the potential for some visitors to undermine the treatment plans and recovery of patients and take the appropriate action to address this.

## Summary

In this section we talked about the positive effect connections with the outside world can have on patients. We also highlighted some of the risks – to patients and to our ability to keep people safe. We discussed the effect visitors can have on patients and established the need to ensure that visitors understand their impact and talk to us about the visit.

We talked about planning for and managing leave, how to reduce the risk of escapes, absconsions or failures to return and being prepared to act when something goes wrong. We learnt that in order to act decisively we need to stay alert, be aware of the signs and be clear about what our responsibilities are in case we need to act quickly.

Lastly, we looked at what your ward might look like if things are going well. The measures opposite should help you to think about how your ward feels now and what you and your team can do together to make a difference.

### SEE THINK ACT

Do you know what the risks are to your patients from visitors? **Would you know how to react** if a patient tried to abscond from escorted leave? How confident **do you feel that you could spot the signs** if a patient was planning to escape? **Talk about it** with your team and when you next meet to use the Relational Security Explorer.



# Summary

This handbook should have helped you develop a clear understanding of:

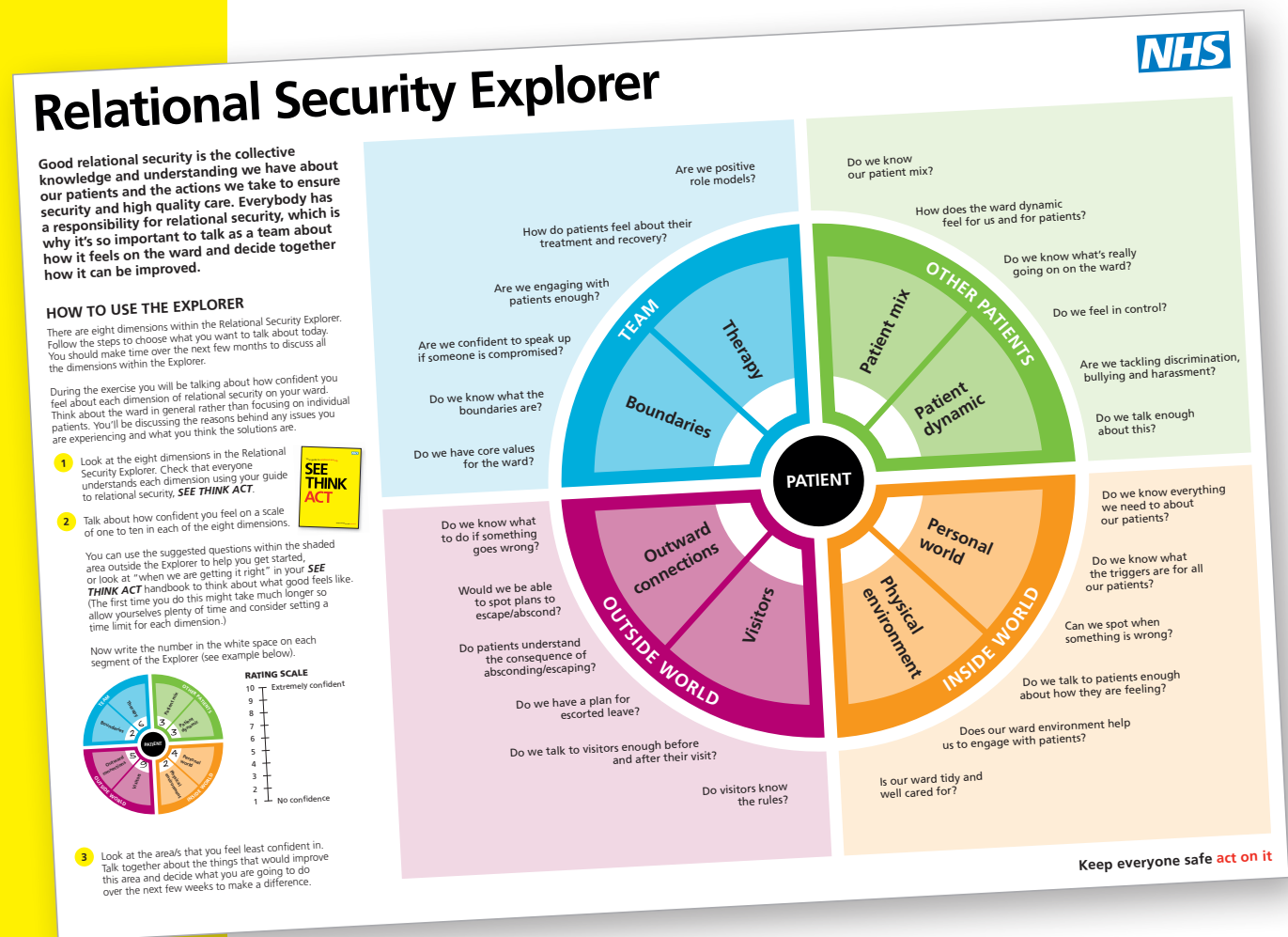
- what relational security is and why it is so important
- the different factors that influence relational security: team, other patients, inside world and outside world
- the importance of **seeing** what's going on around you
- the importance of **thinking** about what behaviour you observe might really mean
- the importance of **acting** before something goes wrong
- practical steps you can take to keep people safe
- what your ward might look like if you and your team are getting it right.

Now you have read this handbook and know what **you** need to do to maintain relational security, you need to join up with the rest of your team to decide how you can work together.

You can bring what you have learned in this handbook to that discussion and think about how things feel on your ward, discuss how confident your team are in the areas we have discussed and decide what more you need to do.

The Relational Security Explorer is a tool to help teams explore relational security in their area. You can use it in a 'time-out' session to talk about relational security, or at your regular team meetings.

Make sure you have the Relational Security Explorer on your ward. If you don't have it – ask for one!



## Contact information

You can find other Department of Health publications about secure mental health services at:

[www.dh.gov.uk/en/healthcare/mentalhealth/policy/mentalhealthsecureservices/index.htm](http://www.dh.gov.uk/en/healthcare/mentalhealth/policy/mentalhealthsecureservices/index.htm)

### Need more?

If you require further copies of this title, visit [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) and quote: *298100/Relational Security Handbook*.

To order posters or more copies of the Relational Security Explorer, quote: *298100/Relational Security Posters*, or *298100/Relational Security Explorer*

Tel: 0300 123 1002  
Minicom: 0300 123 1003  
(8am to 6pm, Monday to Friday)

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

## Your feedback

If you have any comments about this handbook, or would like to tell us about how relational security is working in your team or let us know how you have used this handbook to improve relational security in your service, we'd like to hear from you.

### Email us at:

[Secureservices.consultation@dh.gsi.gov.uk](mailto:Secureservices.consultation@dh.gsi.gov.uk)  
Remember to quote **Ref: Relational Security**

### Or write to us at:

The Secure Services Policy Team  
Department of Health  
Wellington House  
133–155 Waterloo Road  
London SE1 8UG





“This excellent guidance provides an accessible, user-friendly resource for everyone in secure services to gain knowledge and understanding at the same level. It promotes confident professional practice, and its introduction will make a real difference in developing ever higher standards of care from an increasingly skilled and competent workforce.”

**Louise, modern matron**

“We’ve been talking about relational security for ages... but it feels as if someone just switched the light on!”

**Martin, ward manager**

“Finally, something that we can *all* understand and share rather than just personal opinion... I really like the poster campaign!”

**Lisa, housekeeping manager**

“This handbook is so useful. It picks up on issues completely relevant to the ward and helps staff and patients work closer together.”

**Nelson, staff nurse**

“At last, a clear and concise strategy that puts the patient at the centre.”

**Sonia, occupational therapist**

“How the key areas of relational security are illustrated is simplified and easy to understand. This is a really user-friendly guide that will help improve our [staff and patients’] approach to relational security.”

**Fabian, team leader**

