

Working Well-

A practitioner perspective on Looking after our Team



OBERSTOWN
CHILDREN
DETENTION **CAMPUS**

CARE
EDUCATION
HEALTH
WELLBEING



HEALTH & SAFETY
U.K. HEALTH MARKING BOARD
NSAI Certified

01

Introduction

02

What is meant by Wellbeing?

Concept definition, why is it important?

03

Working Well Framework

What are the levels? What is the approach? How did we get here?

04

What's next?

Focus on future



Cara Driscoll

**Chartered Work &
Organisational
Psychologist
(C. Psychol. PSI)**

Journey so far

Organisational Psychologist at Oberstown Children Detention Campus. Cara is a chartered work and organisational psychologist and has a private coaching practice. Cara has held a position on the National Steering Committee of Critical Incident Stress Management Network in Ireland since 2010.

For over 15 years Cara has worked with a range of public sector and private sector organisations delivering training, coaching and bespoke performance management solutions. Cara recently developed the in-house Critical Incident Support Service for Oberstown and is leading the development of the Campus wellbeing strategy.

Why is wellbeing important?

Robertson, Birch & Cooper, 2012.
Psychological wellbeing predicts self reported levels of performance

03

Suleiman, 2015.
Job related stressors had possible implications for patient safety and provision of care

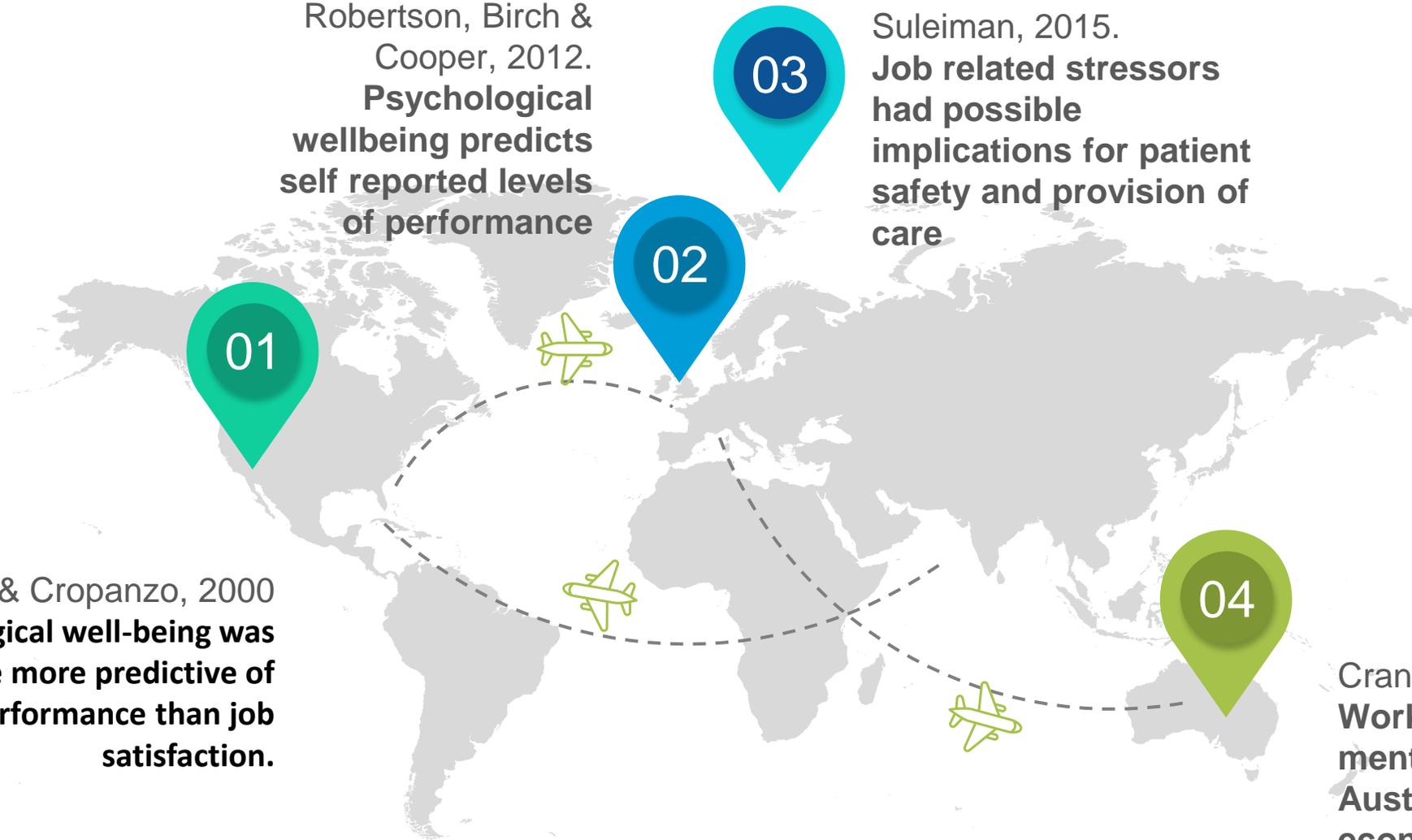
02

01

Wright & Cropanzo, 2000
Psychological well-being was shown to be more predictive of performance than job satisfaction.

04

Crane, 2017
Work related mental stress cost Australian economy over 3 billion between 2012-2013



Some jobs more than others- Occupational Risk



Johnson et al (2005),
Out of 26 occupations
social services providing
care Worse than
average physical health,
psychological wellbeing
and lower than average
job satisfaction



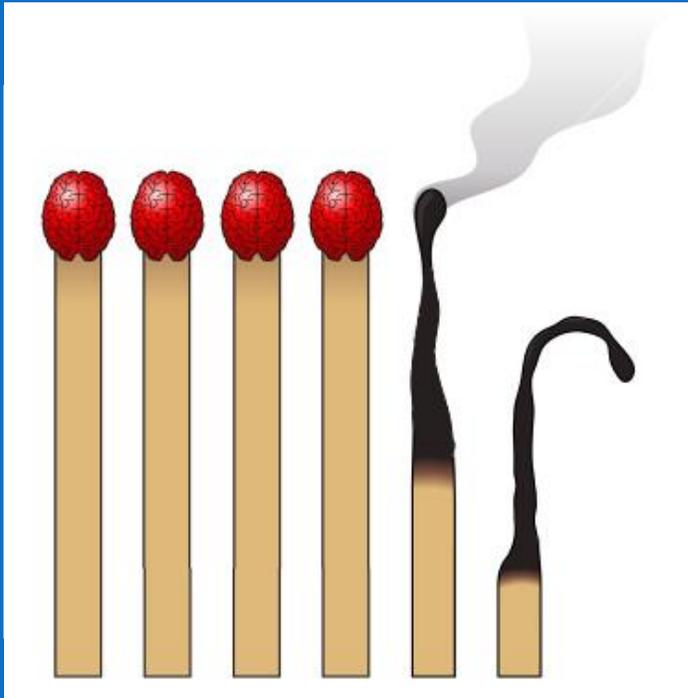
(Lheureux, Truchot &
Borteyrou, 2016; Suicide &
Burnout higher in health
service occupations.
Burnout in GP's linked to
higher antidepressant use,
suicidality and decreased
quality of care



(Brower, 2013- reports
that staff working in
residential facilities with
young offenders report
serious psychological
distress twice the rate
of the general public

Burnout

“



“The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment” Maslach 2016
Not just ‘people work’
‘workload, control, reward, community, fairness, and values’ (Leiter & Maslach ,2004)

”

Wellbeing in Caring Professions?

Robertson, Birch & Cooper, 2012. job clarity and control; manager & peer administrative and social support = to deal effectively with their daily job pressure
Reflective group supervision and small teams

Proeschold-Bell et al, 2018. 5 geographic regions OVC- Sustain wellbeing-engage with Y.P more & remind self of significance of work. 5 strategies Religious practice, engaging in caregiving, socializing, emotion regulation, pleasurable activities. The meaning of work-

Garman, Corrigan & Morriss, 2002
Relationship between team burnout and patient satisfaction

Kim & Stoner 2002- Stress & Turnover
West, 2015 attachment security is associated with lower levels of burnout and/or compassion fatigue, whereas attachment anxiety is associated with higher levels

Perry, 2017
Self Awareness required to manage own wellbeing, debrief with colleagues and sense of meaning- 'reasons to care and burden of care'





2007 Expert Group on Children Detention Schools report- amalgamation & reform YJS

On 2nd April, 2012 the Minister for Children and Youth Affairs announced that capital funding over three years had been secured to undertake the National Children Detention Facility Project to be located at Oberstown, Lusk, Co. Dublin.

The objectives of the project were to:

- Deliver sufficient new residential detention facilities in a single location
- To allow the extension of the child care model of detention to all children aged under 18 ordered to be detained by the courts;
- Maximise the scope for ensuring best practice standards;
- Maximise operational efficiency, and
- Allow the closure of St. Patrick's Institution and thus end the practice of detaining children in adult prison facilities,.

The development provided new and upgraded detention accommodation, a centralised operations building, associated education, recreation, security and other ancillary facilities and systems.

<http://www.iyjs.ie/en/iyjs/pages/childrendetentionschools>



Q1 2018 PROFILE OF YOUNG PEOPLE IN DETENTION

MORE DATA AND STATISTICS AVAILABLE ON OBERSTOWN.COM

92

YOUNG PEOPLE IN DETENTION

POPULATION

52 WERE ON DETENTION ORDERS **40** WERE ON REMAND ORDERS **88** MALE **4** FEMALE

- ▶ First time in detention for 28 young people
- ▶ 41% of young people were 16 years old upon admission and 30% came from Dublin
- ▶ 29% of young people had a sentence of between 2 and 12 months

MENTAL HEALTH

- ▶ 52% of the 92 young people in detention had a mental health need
- ▶ 27% were prescribed medication for a mental health concern (almost exclusively for ADHD)



FAMILY

- ▶ 36% of young people had suffered the loss of one or both parents either through death, imprisonment or no long-term contact
- ▶ 22% of were members of the Traveller community



DRUGS/ALCOHOL

72% of young people were considered to have substance misuse problems

Of those:

- ▶ 38 were identified as having a mental health problem
- ▶ 23 were in care
- ▶ 34 exhibited challenging behaviour



CARE

- ▶ 40% of young people were either in care or had significant involvement with Tusla
- ▶ Of those, 13 young people had multiple care placements
- ▶ 36% had a social worker



EDUCATION

- ▶ 49% of young people were not engaged in education prior to detention
- ▶ 20% of young people had a diagnosed learning disability



RISK

- ▶ 20% of young people were considered to be at risk of abuse or neglect
- ▶ 47% of young people in detention demonstrated challenging behaviour
- ▶ There were concerns about self-harm in respect of 23% of young people



PROFILE OF YOUNG PEOPLE IN DETENTION

FIND FULL Q1 DATA REPORT ON OBERSTOWN.COM

Q1 2017 - 69 YOUNG PEOPLE IN DETENTION:

- ▶ All male
- ▶ 36 on remand orders
- ▶ 33 on detention orders
- ▶ First time in detention for 10 young people

MENTAL HEALTH:

- ▶ 38 had a mental health need (55%)
- ▶ 22 had at one time been prescribed medication (almost exclusively for ADHD)

FAMILY:

- ▶ 37 had suffered the loss of one or both parents either through death, imprisonment or no long-term contact (54%)

DRUGS/ALCOHOL:

- ▶ 54 had substance misuse problems (78%)

PRIOR TO DETENTION:

- ▶ 31 were in care (45%)
- ▶ 18 had been in three or more care placements
- ▶ 4 had been in 7 or more care placements

EDUCATION:

- ▶ 49 were not engaging in education prior to detention (71%)
- ▶ 36% had a diagnosed learning disability

OFFENDING:

- ▶ 37 had multiple charges of the offence of Theft & Fraud

SENTENCING:

- ▶ 13 received a detention order of one year or more (19%)
- ▶ 5 received a detention order in excess of four years (7%)





The Challenge

Design a Wellbeing Framework aligned with the organisational strategy in an organization with low trust levels and considerable stressors

The Solution

Work Well Wellbeing Framework and Strategy team

Benefits

To be examined

Challenges

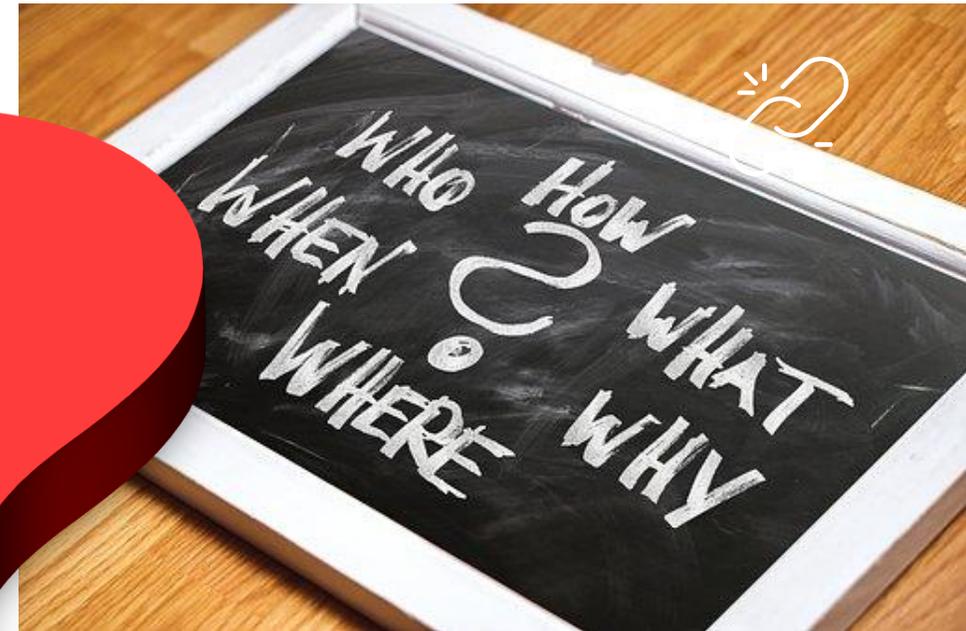
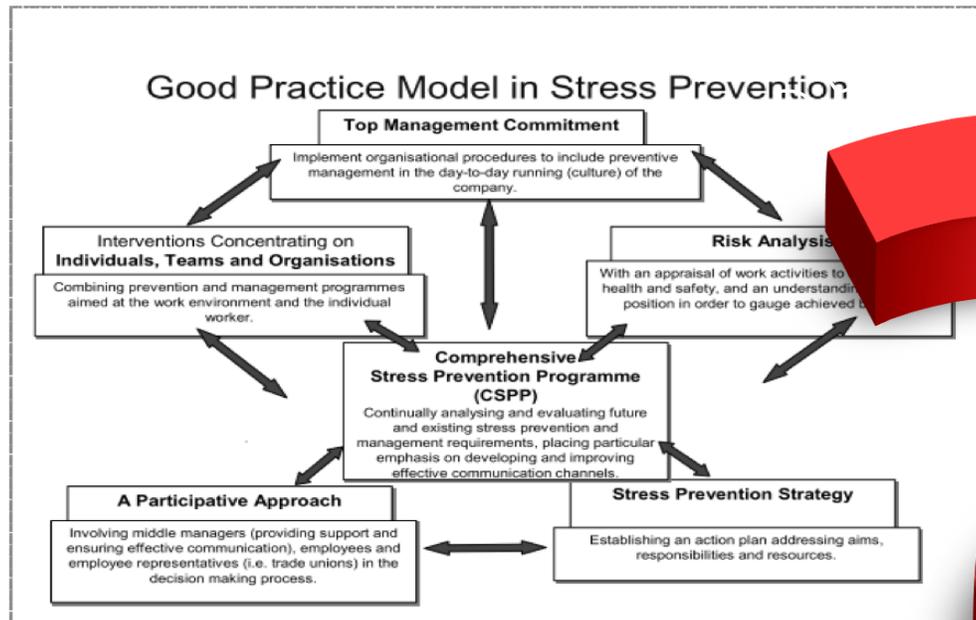


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‘Blind faith has no place in professional practice.....evidence based practice, whether in medicine or business, means doing things right and doing the right thing’
(Rousseau & Barends, 2011)

”

Evidence Based Practice



Ideal Model Jordan, Giga, Faragher & Cooper,(2003)

Clear indicators

Resources needed to bring it to life

Many questions in the middle of a climate of change

Evidence Based Practice



IGLO

Nielson et al, 2017

Resource Model- metanalytic findings suggest all levels important



Multifaceted

Many questions in the middle of a climate of change



01 Top Management Commitment

Who - All

02 Evidence

What- Data- Absence, Surveys, Feedback from staff

03 Guiding Principles

How- Participative, Coaching, Systemic Influences guided the approach

04 Started with end in mind

When- Agreed review points in process

Before starting the journey 'First Who then What Approach'

Defined- 'employee well-being as the state of individuals' mental, physical, and general health, as well as their experiences of satisfaction" (Danna and Griffin 1999)

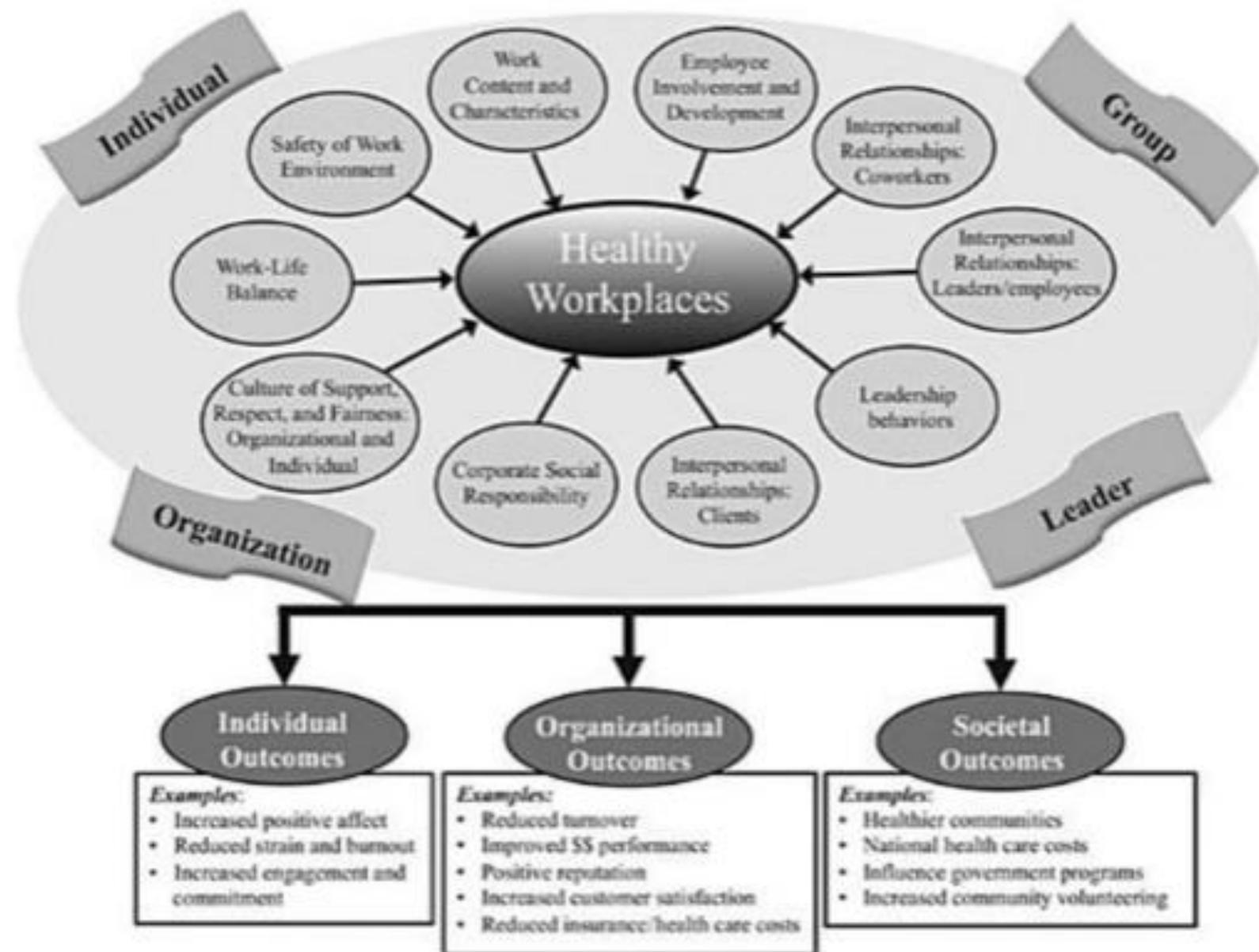


Figure 22.2 Model of psychologically healthy workplaces

Source: From Day & Nielsen, 2017; based on Kelloway & Day, 2005.

The Wellbeing journey

Employee Support

Peer Support Workers, Onsite Psychologist and coaching provided.



Health & Safety

Team looking at systems, environment and people risk factors



3 year process

Change Ready

Began conversations about possibility of change what would change look like?.



Process Agreed with timelines

Launch date picked and worked backwards as knew about the possibility of 'drift'

Change Champions

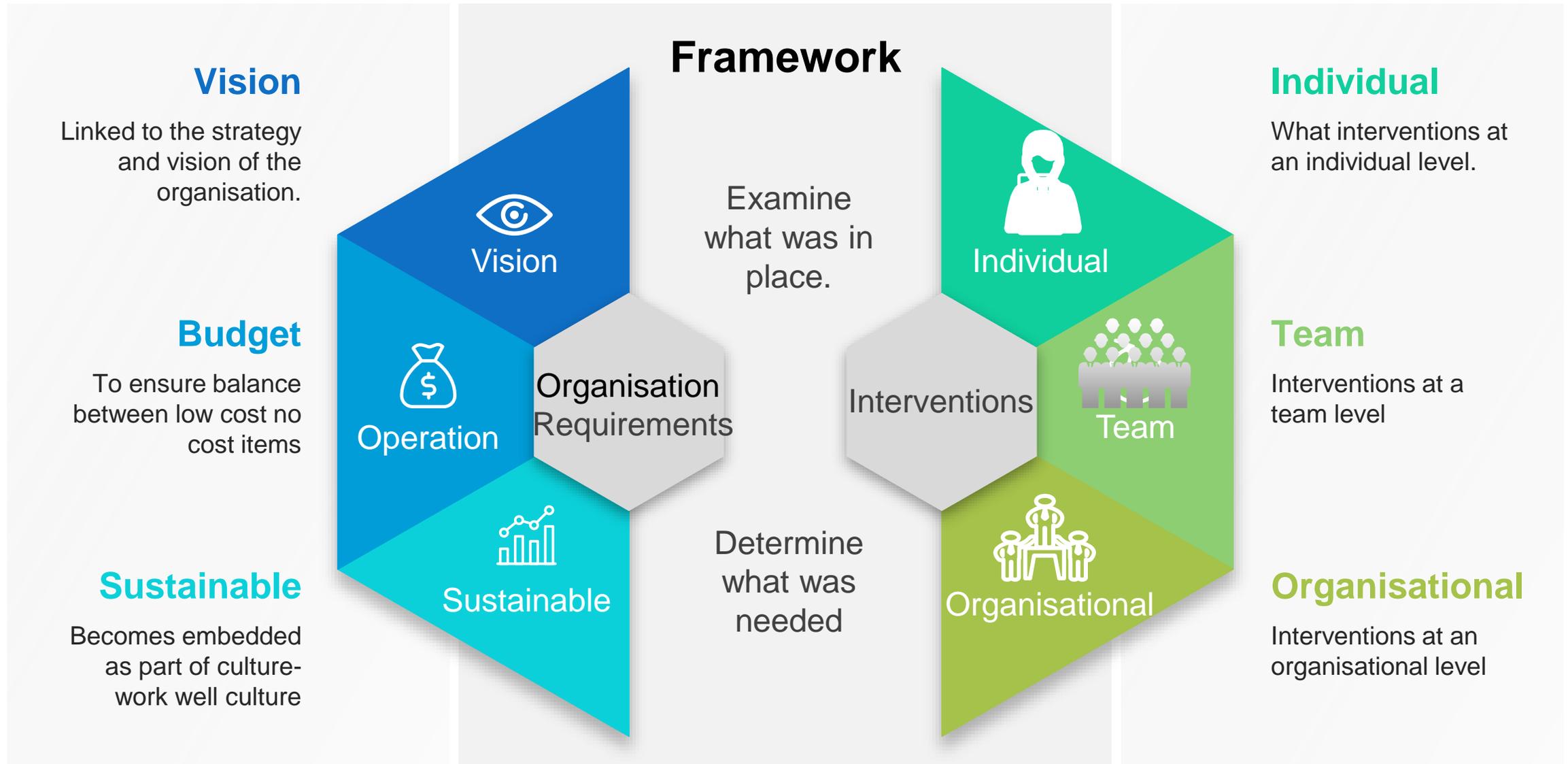
Multistakeholder team- no volunteers but asked to be involved.



Framework Design



Work Well Framework Requirements



Work Well Framework Requirements



Expertise from external sources
Transfer of learning approach
Determination and commitment to embracing a working well culture to impact young people and the employees

Work Well Framework Requirements



Budget

Public Sector so considerable governance and oversight elements in place in relation to expenditure so important to map out the process

Work Well Framework Requirements



Vision

Closely aligned to strategic aim of development of people, constant connection regarding still aligned with vision and ensuring senior management commitment

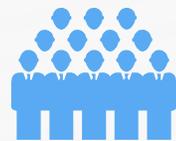
Work Well Framework Requirements



Individual

These were initiatives that would link in directly at employee level
Primary: Training
Secondary: Social Support Peers
Tertiary: Counselling

Work Well Framework Requirements



Team

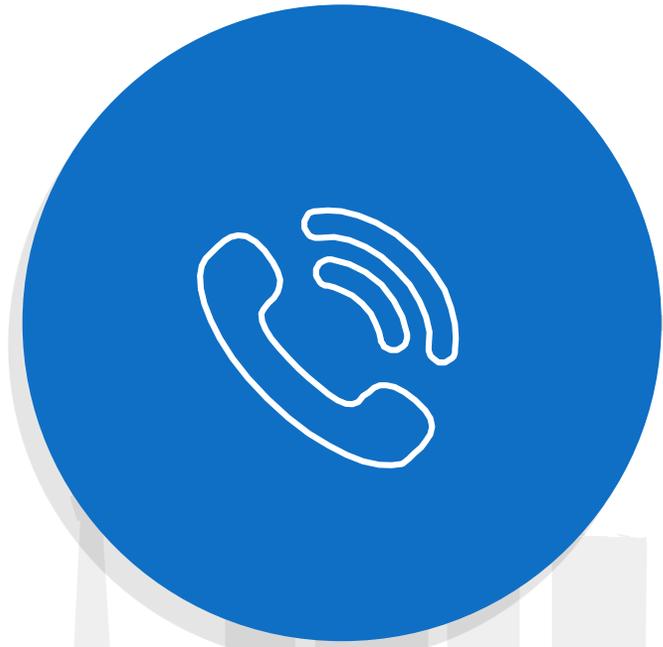
Primary: Training
Secondary: After Incident Reviews

Work Well Framework Requirements



Organisational

Primary: Risk Assessment, Crisis Planning, Fire Safety Training
Secondary: After Incident Reviews
Tertiary: Career Break, Job redeployment



Employee Assistance Service

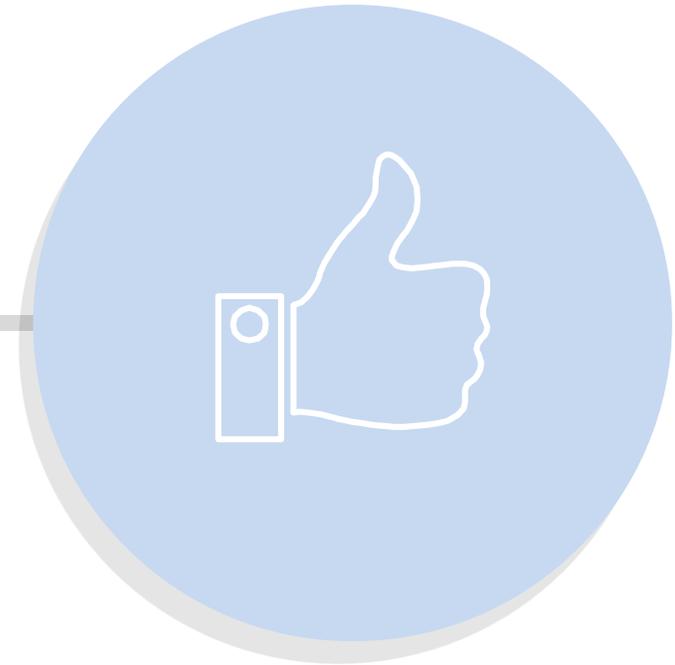
Provide access to short term solution focused counselling for employees and family members. up to 8 sessions of counselling is provided via telephone or face to face close to employees home.

Personal or work related issues and can also be for information

Positive Mental Health

‘Are you ok?’

‘Is it ok to say that
you are not ok?’.





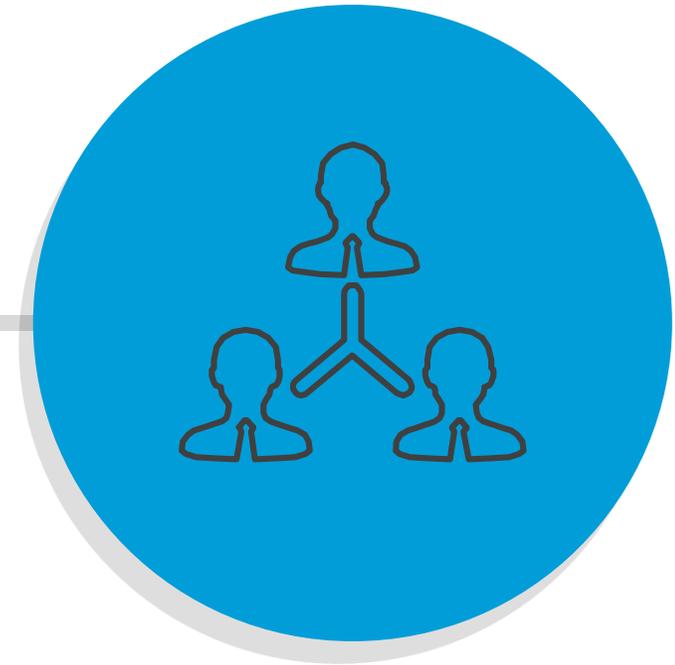
Signposting

Knowledge of who to go to and when to pass things on

Group Supervision

Monthly group supervision process.

'Regular meeting of a group of supervisees with a designated supervisor, for the purpose of furthering their understanding of themselves as clinicians, of the clients with whom they work, and/or of service delivery in general, and who are aided in this endeavour by their interaction with each other in the context of group process. (Bernard & Goodyear, 2004,.111)





After Incident Reviews

- What went well?
- What didn't go well?
- What could be done differently?

PEER SUPPORT WORKERS

Trained 35 in house peer support workers through Irelands first third level accredited programme on critical incident stress management.

Role is psychological first aid





Communication

'I never heard that'

Use of email

Who needs to know?

When do they need to know?

How do they need to know?

LEADERSHIP PROGRAMME

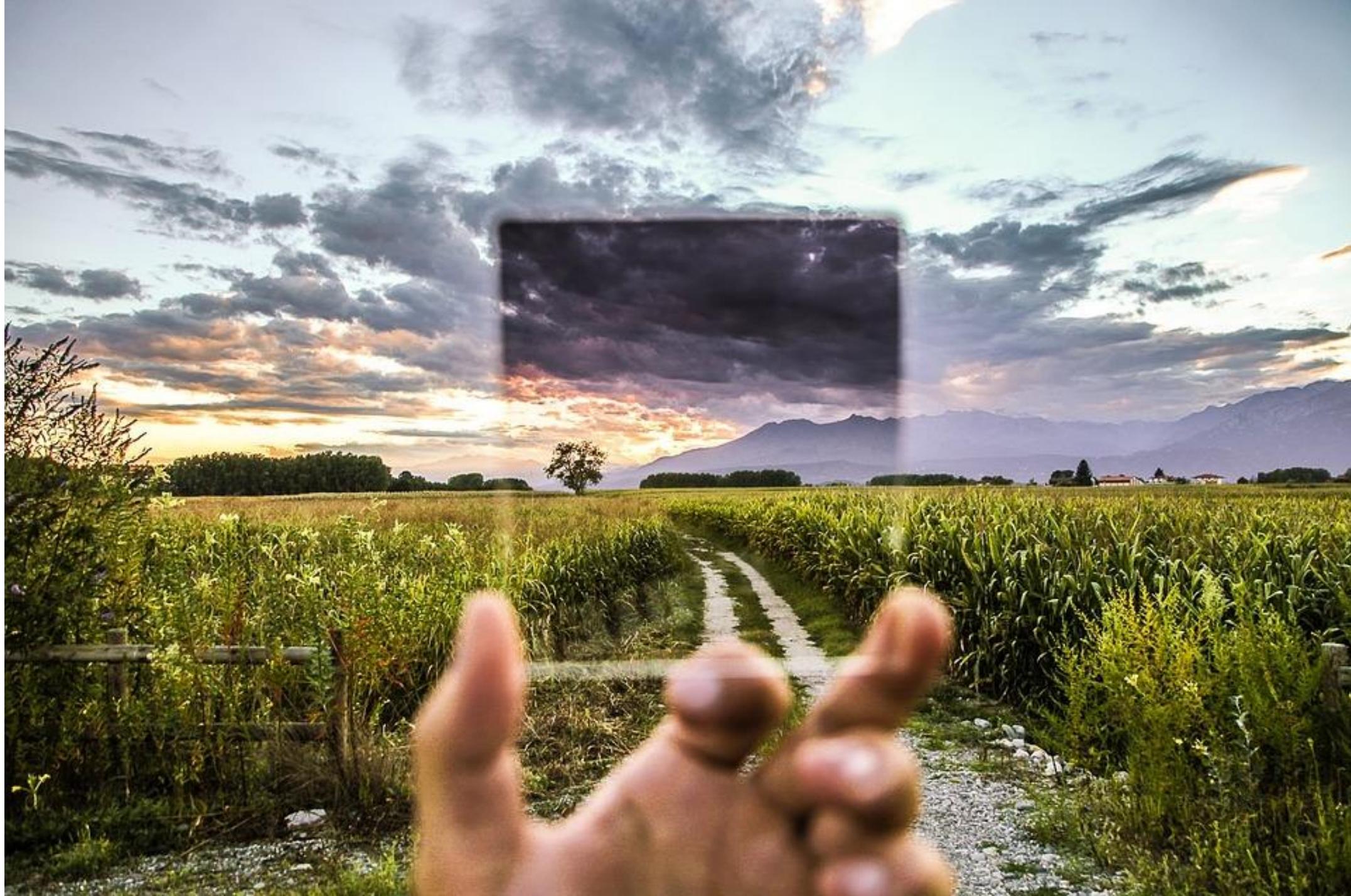
All 30 managers attended a bespoke leadership exploration and development programme with focus on specific areas of importance to organisation.



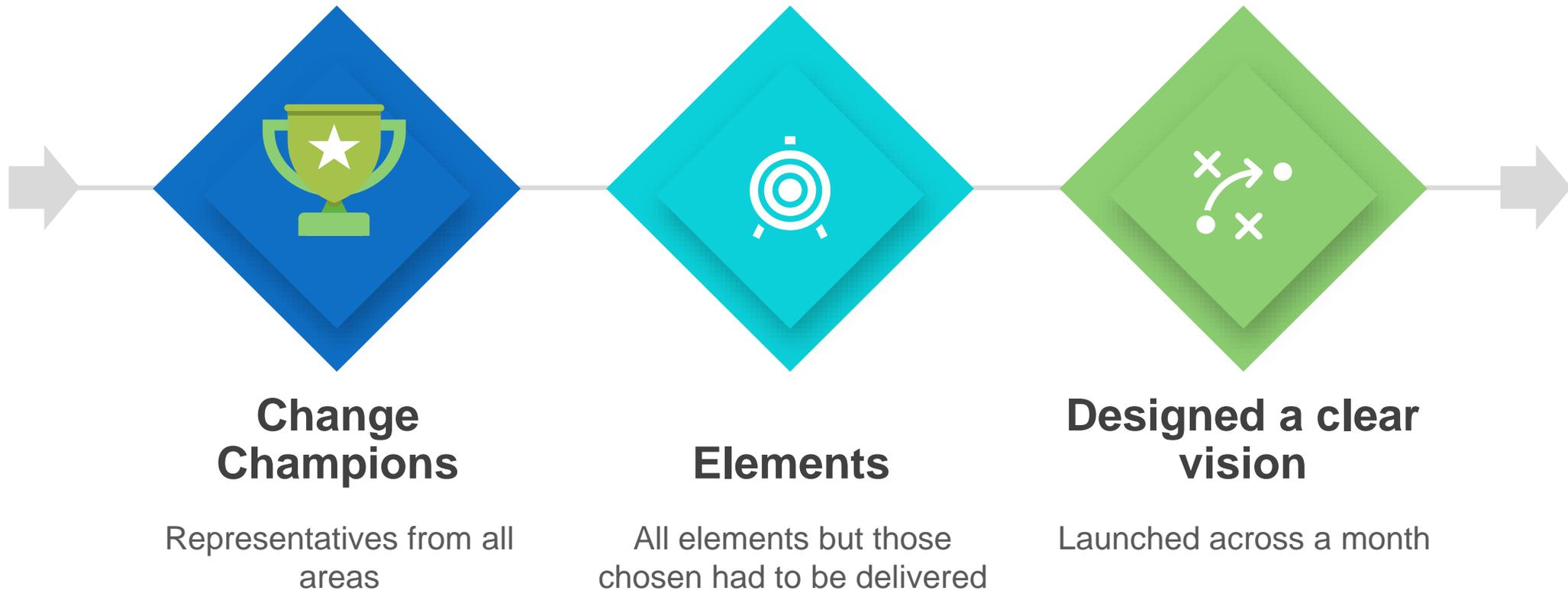


CAMPUS SUPPORT

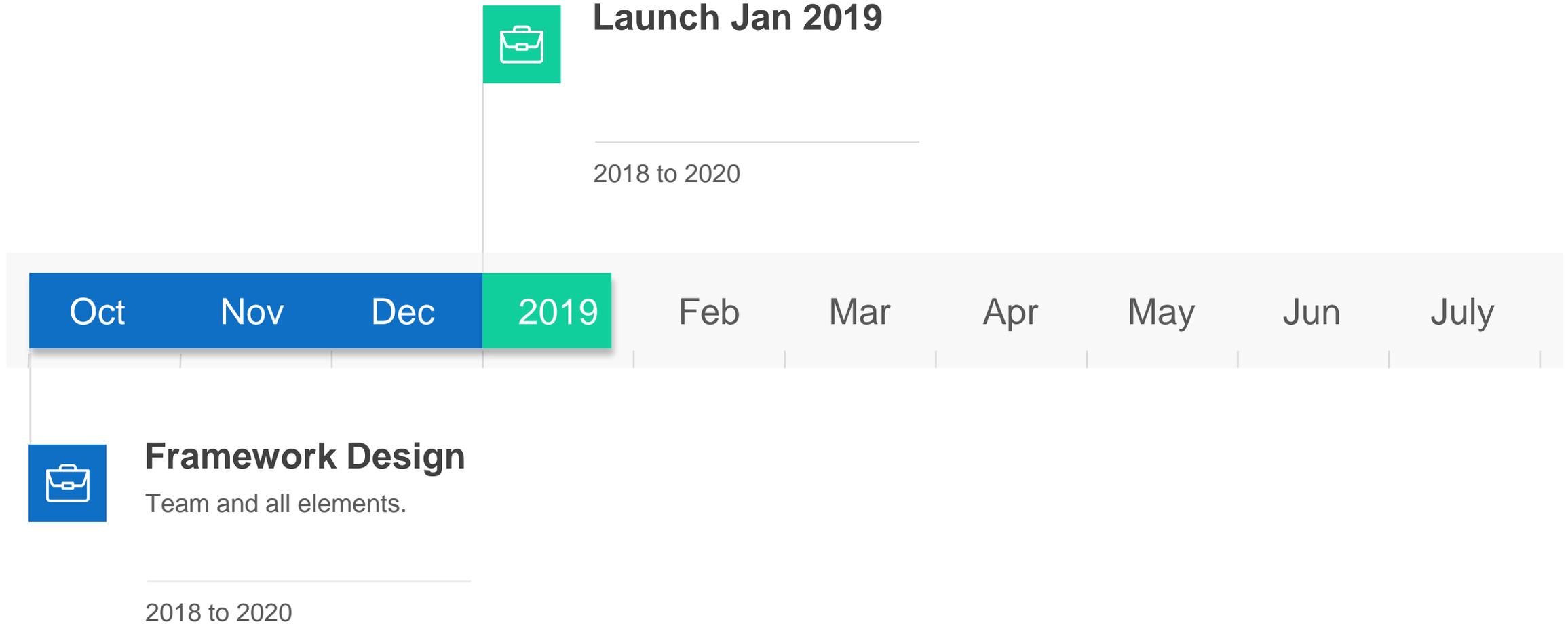
Coaching is defined 'as partnering with clients in a thought-provoking and creative process that inspires them to maximize their professional potential. Coaching is a distinct service and differs greatly from therapy, consulting, mentoring or training. Individuals who engage in a coaching relationship can expect to experience fresh perspectives on personal challenges and opportunities, enhanced thinking and decision-making skills, enhanced interpersonal effectiveness, and increased confidence in carrying out their chosen work roles' (ICF)



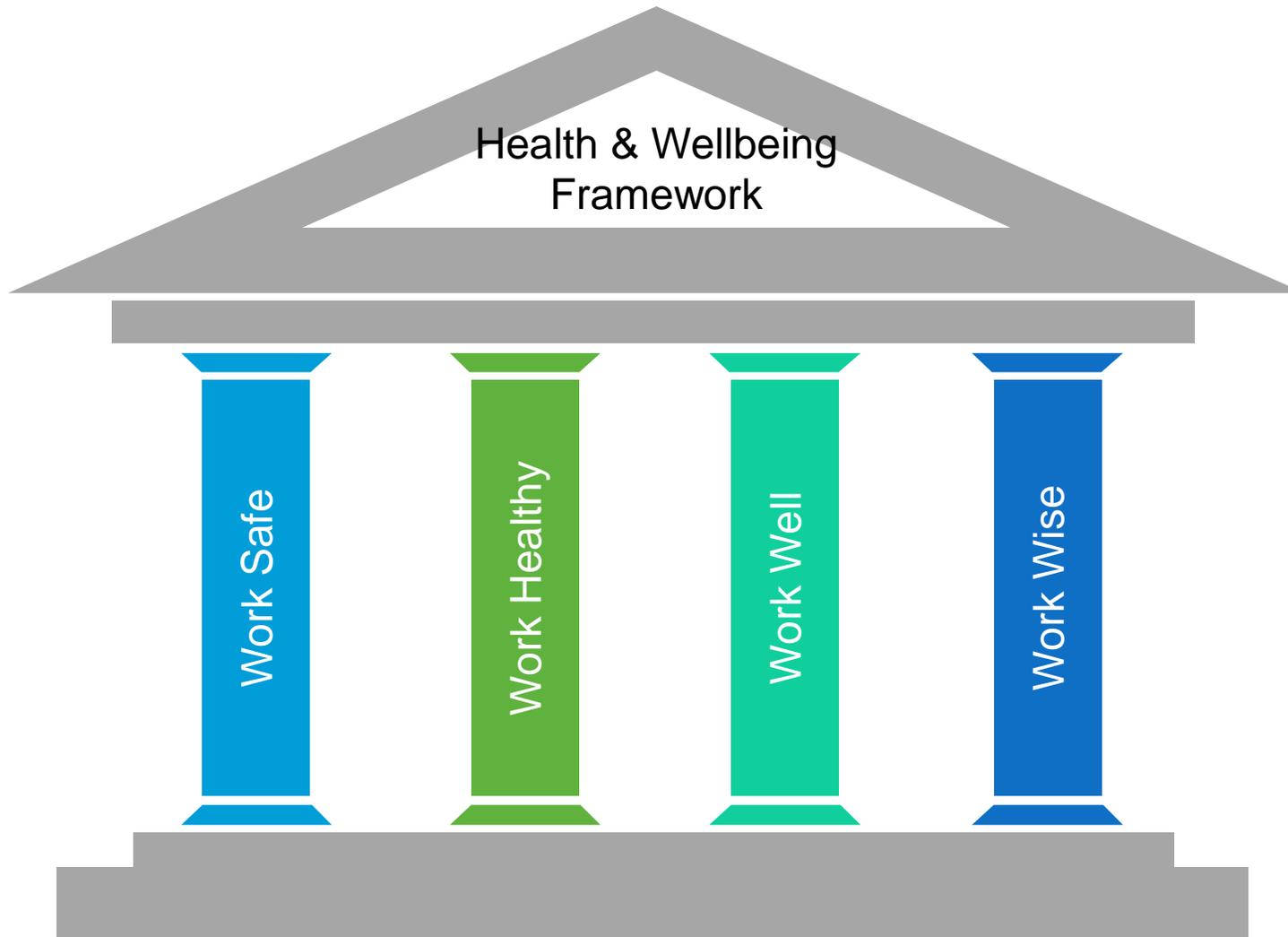
Keys to success-Wellbeing Strategic Team



Working Experience Timeline



Working Well



Work Safe- Includes next steps for all aspects of Health & Safety

Work Healthy- Wellbeing day, blood pressure and cholesterol checks
Occupational Health Services

Work Well- Teamwork, Training, information, Social Support,

Work Wise- All about values, live the values- not espoused but real and authentic and witnessed and experienced everyday

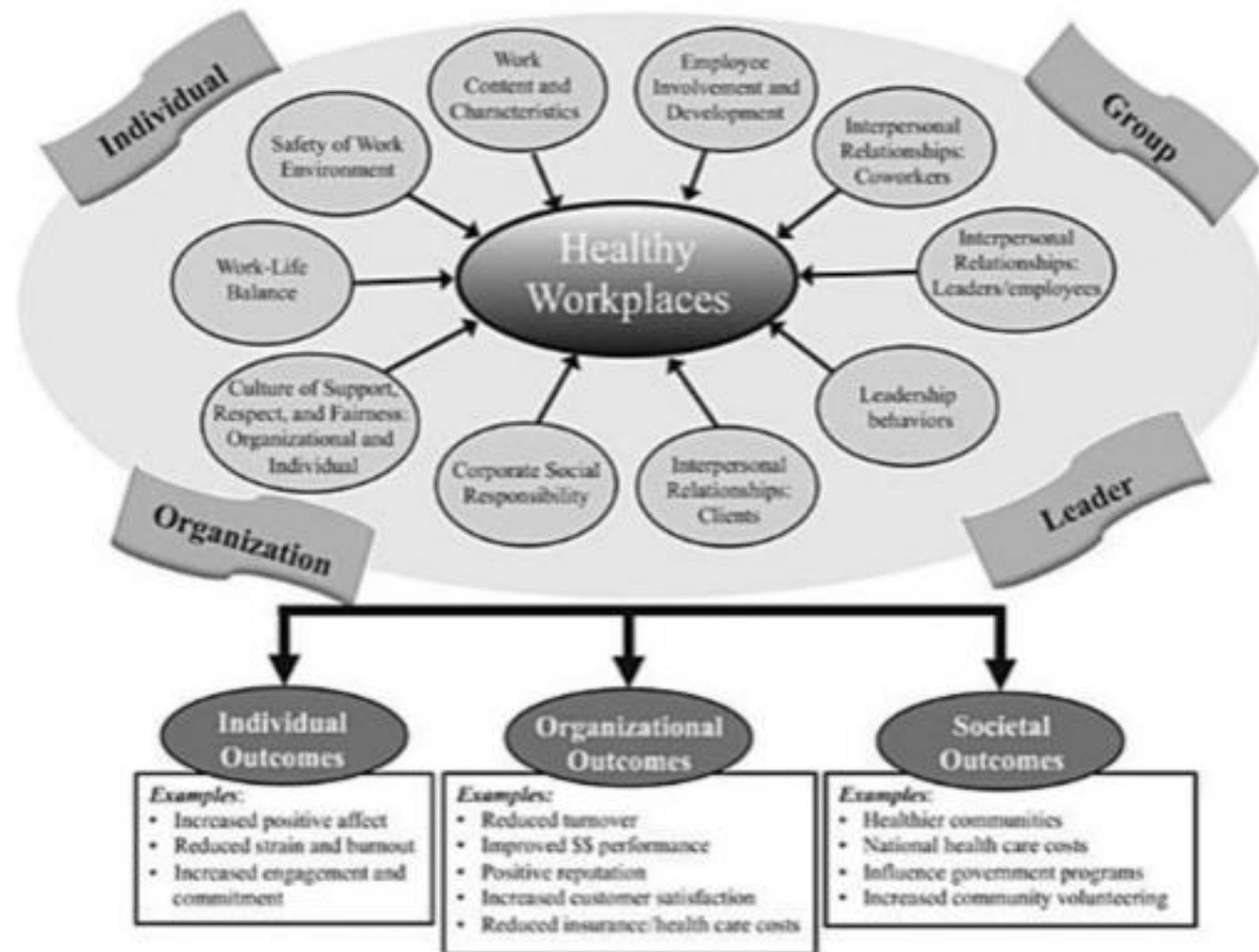


Figure 22.2 Model of psychologically healthy workplaces

Source: From Day & Nielsen, 2017; based on Kelloway & Day, 2005.

Key moments

“

Don't do nothing because you cant do everything

There is power in doing one small thing.....mosquito,
match, one grain of sand

The trick in life is not in never falling but in getting up
each time you do

”



Thank You