

<b>Institution:</b> University of Chester		
<b>Unit of Assessment:</b> 3 – Allied Health Professions, Dentistry, Nursing and Pharmacy		
<b>Title of case study:</b> Applying the concept of complexity to enable staff to re-frame service-user violence and aggression and develop enhanced de-escalation skills		
<b>Period when the underpinning research was undertaken:</b> 2008 – 2020		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b> Andrew Lovell Joanne Skellern Jan Bailey Deborah Smith	<b>Role(s) (e.g. job title):</b> Professor Senior Lecturer Researcher Research Assistant	<b>Period(s) employed by submitting HEI:</b> 1978 – 2020 2009 – 2019 2012 – ongoing 2009 – 2014
<b>Period when the claimed impact occurred:</b> 2013 to 2021		
<b>Is this case study continued from a case study submitted in 2014?</b> No		

### 1. Summary of the impact (indicative maximum 100 words)

Violence perpetrated against health and social care staff constitutes an issue of long-standing significance yet limited research, especially where the perpetrator exhibits learning disabilities. Chester University researchers investigated service-user aggression, extrapolating the inter-relationship of individual history, mental health diagnoses, cognitive capacity, and staff perceptions, i.e., 'complexity', required to understand service-user interpersonal violence. Training and educational resources were developed to enhance staff de-escalation skills, including a training DVD, and a series of de-escalation workshops; feedback indicated significant changes in staff perceptions and responses toward service-user violence. Furthermore, findings led to revisions in pedagogy practice at the University of Chester.

### 2. Underpinning research (indicative maximum 500 words)

#### Context: the definition of 'complexity'

Multiple social and psychological factors shape individuals and drive their behaviour, for example stability of family background, being abused, mental ill health, personality disorders, autism, and learning disability. Such factors when combined create the cocktail we term 'complexity'.

Use of restraint on service-users by nurses and other professionals should only be used as a last resort. The 'Time for Change' report stated: "*Services will seek to reduce the use of physical intervention, seclusion, mechanical restraint and the inappropriate or harmful use of medication with the clear aim of eliminating them for each individual.*" (NHS 2014, Appendix 3)

Research conducted between 2008 and 2018 was instrumental in clarifying the picture around service-user violence and aggression, and nurses' subsequent response. **Lovell's** work investigating staff understanding of, and response to, service-user aggression and violence highlighted that the relationship between nurses and service-users in forensic learning disability services was influential in experiencing and reporting incidents of violence and aggression. Moreover, understanding the antecedents to service-user behaviour and its response were identified as key when resolving potentially violent situations.

#### Qualitative data gathering (2014-2018)

**R1:** This study consisted of a whole-population survey of 411 nurses working within a variety of settings within the learning disability division of one mental health NHS Trust regarding disparities in the reporting of violent incidents. Differences were found between specific clinical environments, skill mix, and staff education. This research, along with earlier work, would underpin the initial development of the DVD; an attempt to update and supplement staff knowledge of de-escalation when dealing with violent incidents.

## Impact case study (REF3)

**R2:** This in-depth qualitative research yielded rich data which suggested forensic learning disability nurses were aware of the importance of knowing a service-user, including what could trigger an instance of potential violence. However, there was also evidence nurses were not always effective in recognising when incidents had been triggered and when individuals were escalating towards violence.

**R3 & R4:** We undertook further qualitative research with forensic learning disability nurses, obtaining in-depth data indicating that nurses believed there were distinct requirements to being a good forensic learning disability nurse. The requirements were described in terms of clinical competence and personal attributes. This further highlighted that how staff respond to violence and aggression is linked to their knowledge of the service-user and their own personal background and context.

This rich, qualitative data, once synthesised, contributed to the further development of the nascent concept of complexity and the subsequent production of training and educational resources.

**R5:** The next piece of research, a series of interviews with a multi-professional group, explored how they sought to explain violence by people with an intellectual disability. The study again confirmed a reluctance to engage with the evidence, and provided a clear distinction, in the experience of participants, according to degree of intellectual disability, with greater culpability accredited to the more able. The role of additional diagnoses, such as autism spectrum disorder, significantly affected participant interpretation of violence, multiple diagnoses enhancing more generous understanding. Further factors arising from the study, relating to impulsivity, intentionality and unpredictability, when associated with the intellectual disability, influenced the degree of professional tolerance of violence.

**R6:** The final piece of research, interviews with nurses from low, medium, and high secure settings, consolidated the developing concept of complexity in relation to people with an intellectual disability. The resultant article emphasised that people with an intellectual disability and a background of offending were being cared for most effectively in community settings, but this necessitated a re-evaluation of the knowledge and skills nurses required to develop therapeutic relationships. This final article helped to refine the theoretical model by exploring how personal history related to offending behaviour, and how this affected how nurses needed to work in the community without the reliance on secure settings.

### Development of the Model (2017-2021)

Research led to the development of a theoretical model of de-escalation, illustrating and explaining the antecedents to violence and aggression. The model was presented initially at the University of Chester, before being presented internationally at the 10th European Congress on Violence in Clinical Psychiatry (26th-28th October 2017). 'Restricting Physical Interventions' was subsequently presented, by invitation, as a workshop at the British Institute for Learning Disabilities Conference (Birmingham, 4th & 5th March 2018). These presentations were well attended and the model was well received. Finally, the model was presented as a keynote address at the Faculty Post-Graduate Research Conference at the University of Chester in June 2018. The presentations provided a forum for discussion, critique and subsequent reflection regarding the best means of publishing the material.

The research detailed in this section further emphasises the recognition and esteem of Professor Andrew Lovell as one of the experts on forensic learning disabilities studies in the UK.

### 3. References to the research (indicative maximum of six references)

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**R1: Lovell A, Skellern J, Mason T.** Violence and under-reporting: learning disability nursing and the impact of environment, experience and banding. *J Clin Nurs.* 2011 Dec;20(23-24):3304-12. doi: 10.1111/j.1365-2702.2011.03875.x. Epub 2011 Oct 19. PMID: 22007949.

## Impact case study (REF3)

**R2: Lovell.A, Smith.D & Johnson.P** (2015) A qualitative investigation into nurses' perceptions of factors influencing staff injuries sustained during physical interventions employed in response to service-user violence within one secure learning disability service. *Journal of Clinical Nursing* 24 1926–1935 DOI: 10.1111/jocn.12830

**R3: Lovell.A, Bailey.J, Kingdon.A & Gentile.D** (2014) Working with people with learning disabilities in varying degrees of security: nurses' perceptions of competencies. *Journal of Advanced Nursing* 70(9) 2041-50 (Article first published online: 7 FEB 2014 | DOI: 10.1111/jan.12362)

**R4: Lovell.A and Bailey.J** (2017) Nurses' perceptions of personal attributes required when working with people with a learning disability and an offending background: a qualitative study. *Journal of Psychiatric and Mental Health Nursing* 24 (1) 4-14 DOI: 10.1111/jpm.12326

**R5: Lovell.A and Skellern.J** (2019) Understanding violence when the perpetrator has an intellectual disability: The perceptions of professionals. *Journal of Intellectual Disabilities* 23(4) 552-566 DOI: 10.1177/1744629517747161

**R6: Lovell.A and Skellern.J** (2020) Making sense of complexity: a qualitative investigation into forensic learning disability nurses' interpretation of the contribution of personal history to offending behaviour. *British Journal of Learning Disabilities* 48(3) 242-250 DOI: 10.1111/bld.12325

#### 4. Details of the impact (indicative maximum 750 words)

The ongoing research of Professor Andrew Lovell and his colleagues has contributed to regional, national, and international changes in staff practice within organisations requiring de-escalation skills, with particular emphasis on service-users with learning disabilities.

##### DVD and training package

One outcome was the decision to produce a DVD, presenting scenarios related to violence and aggression, and supporting materials, examining how nurses can use their interpersonal skills most effectively to prevent violence [S1]. The training package “*Violence in health and social care settings: A training resource package for organisations and individuals*” includes analysing the DVD scenarios, and focusing on how staff dealing with potentially violent situations might react in such circumstances.

The DVD was presented internationally, and purchased by several organisations, including a Czech national trainer, and the material was presented by invitation in Prague (*Vysoká škola tělesné výchovy a sportu Palestra: 10<sup>th</sup> Scientific Conference*) on 14<sup>th</sup> May 2014. The DVD was also used by Oud Consultancy of Amsterdam [S2a & S2b].

Examples of UK national impact include use of the DVD in staff training by three specialist learning disability services: New Focus [S3], Calderstones Partnership NHS [S4], and Merseycare Learning Disability Directorate. New Focus, an independent sector organisation closely linked with the work cited here, used the DVD in teaching staff about de-escalation, using staff to the theoretical model as a means of working with offenders with a background of violence and/or offending behaviour as part of the community support packages provided by the organisation [S3].

Further development of this research resulted in the production of a model of violence and aggression, highlighting how the interaction of service-users' life histories, mental health conditions, and cognitive status (defined as complexity) contribute to aggressive and violent behaviour. The model also emphasises that nurses' understanding of their own response to situations and others' behaviour influences how they evaluate and address aggression and violence.

### Workshop

In 2016, discussions took place with Merseycare Learning Disability Secure Services to develop a teaching package supporting its existing approach to managing violence. The esteem generated through Professor Lovell's research and connections assisted in the development of this intervention; *"Through our pre-existing relationship with Professor Andy Lovell, and his long-established record of conducting research in this area over many years, we were fortunate enough to find a natural partner... Clearly Professor Lovell had extensive knowledge and experience of the Subject"* [S5]. A two-day interactive workshop was developed which incorporated tasks to facilitate participants identify what triggered their anger, their response when faced with aggression, and how to evaluate situations to avoid escalation.

Previously, the emphasis within de-escalation has generally focused on the acquisition of certain key skills, whereas we accentuate understanding of service-users (background, learning disability, additional diagnoses), and how to apply this knowledge when addressing incidents of violence and aggression. Moreover, the workshop also emphasises how application of practical skills such as observation and active listening, in tandem with understanding service-users' life histories, can result in early identification and de-escalation of situations which may result in a violent incident. Theoretical information was also delivered, including discussion of the de-escalation model we have developed. The value of the workshop and the model relates to nurses leading the way in supporting this population to lead healthy and productive lives.

We were subsequently commissioned to deliver a series of workshops to all Merseycare Learning Disability Secure Service nursing staff (qualified and unqualified) and some allied healthcare professionals (clinical psychologists, occupational therapists). Staff trainers from another Merseycare site also attended to assess whether the workshop would benefit staff working in high-secure mental health settings. Seven workshops with a total of 106 attendees were delivered between October 2016 and April 2017, generating income of £15,000. Each workshop was evaluated in terms of how staff attending perceived the potential benefit for their work in clinical practice, and evaluations were subsequently collated to determine the overall impact for the workforce [S6].

Feedback from managers was positive; *"Throughout the course of the project, Professor Lovell and his team proved to be an invaluable asset and trusted partner. His expertise, coupled with an ability to relate to and engage with staff at all levels, were undoubtedly the main factors in the results achieved"* [S5]. Feedback from attendee evaluations was also positive, especially the emphasis on the need to understand individual complexity when working with potentially violent individuals. 77.3% attendees reported the workshops would impact practice, primarily through the discussion facilitated on the course, the exercises undertaken (attendee involvement was critical), and improved knowledge about de-escalation; additionally, 92.4% of attendees stated they would recommend the workshops to colleagues [S6].

### Pedagogy

The research and resources developed have also changed pedagogic practise at the University of Chester. Initially, the DVD was utilised in teaching sessions with students of learning disability nursing, and focused on approaches to and management of potentially violent situations. Once developed further, the de-escalation model was incorporated into the nursing curriculum, providing insight into the development of service-user potential violence, and influencing how we respond to it. The model is now embedded within the University pre-registration nursing curriculum [S7].

## 5. Sources to corroborate the impact (indicative maximum of 10 references)

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### DVD

#### S1

[https://storefront.chester.ac.uk/index.php?main\\_page=product\\_info&cPath=18\\_23&products\\_id=265](https://storefront.chester.ac.uk/index.php?main_page=product_info&cPath=18_23&products_id=265)

**Impact case study (REF3)**

**S2a:** Letter from Operational Conference Manager, Oud Consultancy, Amsterdam, The Netherlands.

**S2b:** <https://www.oudconsultancy.nl/>

**S3:** Letter from Managing Director of New Focus (aka, Advocacy Focus), an independent sector organisation, Lancashire, UK.

**S4:** Letter from Research & Development Manager, Calderstones Partnership NHS Foundation Trust, Lancashire, UK.

**Workshops**

**S5:** Letter from Associate Director, Centre for Perfect Care, part of the secure learning disability directorate within MerseyCare NHS Foundation Trust, Merseyside, UK. The de-escalation teaching workshop delivered to the whole learning disability secure nursing service was commissioned following discussions with Perfect Care.

**S6:** Breakdown of results of comprehensive and detailed evaluation of the workshops with attendees providing ratings and written feedback on all aspects of the workshop. Individual workshops were evaluated and a collated evaluation for all workshops was also produced. The extent to which the workshops would be likely to influence the delivery of practice to this population (people with learning disabilities and an offending and/or violent background) is provided by these evaluations.

**Pedagogy**

**S7:** Testimonial from Senior Lecturer, Department of Mental Health and Learning Disabilities, Pathway Lead /BN Pre-registration Nursing (Learning Disabilities), University of Chester, Cheshire, UK.