



# **Fair Ways Education**

## **(Organisational)**

# **Restrictive Physical Intervention Policy**

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Please note this policy will be reviewed again by end of 2022 to incorporate working with behaviours that challenge policies.

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## Fair Ways Vision, Mission and Values

### Our vision

To build an institution that makes a difference to society and leaves a legacy greater than ourselves and our contributions.

### Our mission

Making a difference through passionate care, support and education.

### Our values

As a charity we measure our wealth by the difference we make, rather than any profit.

We believe that by embodying a culture in which every individual is valued for their own contribution, we can develop them and harness their potential, so that they may achieve great things.

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

<b>P</b> ROFESSIONAL	<b>A</b> CCEPTING	<b>R</b> EFLECTIVE	<b>T</b> RANSSPARENT
<ul style="list-style-type: none"> <li>We do what we say we will</li> <li>We approach challenges with optimism and enthusiasm</li> <li>We don't judge, we notice</li> <li>We put the needs of the service before our own personal gains</li> </ul>	<ul style="list-style-type: none"> <li>We don't give up on people</li> <li>We value all individuals and are willing to challenge them</li> <li>We embrace each other's differences as much as our similarities</li> <li>We accept responsibility for our actions</li> </ul>	<ul style="list-style-type: none"> <li>We give feedback, we invite feedback, we listen to feedback</li> <li>We look inward before we look outward</li> <li>We learn as much from our mistakes as from our successes</li> <li>We listen to each other, learn from each other and grow together</li> </ul>	<ul style="list-style-type: none"> <li>We are always willing to explain why</li> <li>We have the courage to be open and honest</li> <li>We earn trust through our transparency</li> <li>We live by our values even when no-one is watching</li> </ul>



## **1 Introduction and Aim**

- 1.1 Fair Ways provides regulated (CQC, Ofsted) health, social care and education services as well as unregulated residential support services (supported living). This policy aims to provide a framework for how *Restrictive Physical Intervention (RPI)* is used on service users in selected departments in the organisation that use RPI.

## **2 Scope**

- 2.1 This policy applies to all regulated services in the organisation that use RPI. These include:
- Residential Children Homes
  - Education
  - Outreach
  - Foster care
- 2.2 Certain departments in Fair Ways have specific behaviour management procedures for their departments which do not include RPI. The selected services above have local procedures and behaviour management policies relevant to their departments that need to be read in conjunction with this organisational policy.

## **3 Definition**

- 3.1 The majority of Fair Ways Service Users, have childhood trauma in their history, learning difficulties, autistic spectrum conditions or mental health difficulties. This can mean they can have difficulties in regulating, strong emotions and reactions, to distressing or confusing situations. This can result in service users displaying challenging or risk taking behaviours that could cause or increase the likelihood of serious harm coming to themselves, or other people around them. All service users have a right to be treated with respect and dignity and deserve to have their needs recognised and be given the right support. This is supported by each service user, having in place, an Individualised Behaviour Support Plan (IBSP) or care plan and relevant risk assessments. However, on occasions, Restrictive Physical Intervention (RPI) may be needed as a last resort to effectively manage service users and keep everyone safe.

- 3.2 **Restrictive Physical Intervention can be defined as:**



“Any method of responding to behaviours of concern which involves some degree of direct force to try and limit or restrict movement.”

(Restraint Reduction Network 2019)

“Deliberate acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to:

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken;
- end or significantly reduce the danger to the person or others;
- contain or limit the person’s freedom for no longer than necessary”;

(Department of Health 2014)

### 3.3 The use of Restraint

The Children’s Homes Regulations 2015, is very clear on the use of restraint for children’s homes:

“Restraint in relation to a child is only permitted for the purpose of preventing injury to any person (including the child) and serious damage to property. Restraint in relation to a child, must be necessary and proportionate”

The Department of Education is also very clear on the use of restraint in schools:

“Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. In a school force is used for two main purposes – to control pupils or to restrain them.”

(Use of reasonable force, Department of Education 2013)

HM Government advises that:

“Restrictive intervention should only be used when necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved. It can never be a long term solution, and we are particularly concerned about long-term or institutionalized uses of restrictive interventions.”

(Reducing the Need for Restraint and Restrictive Intervention 2019)

## 4 Legal Framework

- 4.1 The use of all forms of restrictive physical intervention and physical contact are governed by criminal and civil law. The unwanted or inappropriate use of force may constitute an assault and may also infringe a child or young person's rights under the Human Rights Act 1998. The use of restraint can be justified for purposes set out in relevant legislation and different settings.
- 4.2 When implementing this organisational policy the following legal frameworks are taking into account:
- Positive and Proactive Care: reducing the need for restrictive interventions. (Department of Health 2014)
  - Reducing the Need for Restraint and Restrictive Intervention. (HM Government 2019)
  - Guide to the children's homes regulations including the quality standards. (Department of Education 2015)
  - Use of reasonable force – advice for head teachers, staff and governing bodies. (Department of Education 2013)
  - Residential Care in England – Report of Sir Martin Narey's independent review of children's residential care (July 2016).
  - Fostering Services (England) Regulations 2011.
  - Positive environments where children can flourish - A guide for inspectors about physical intervention and restrictions of liberty (Ofsted March 2018)

## **5 Planned and Unplanned Interventions**

- 5.1 In this policy the term planned restrictive physical intervention means a restrictive intervention that has been agreed and is documented as part of someone's agreed plan. An unplanned restrictive intervention is when a restrictive intervention is used as a response to an unexpected incident. The use of the restrictive intervention should be recorded and reviewed shortly afterwards.
- 5.2 A planned or unplanned interventions should never involve any coercion, pain compliance, be a punishment or seek to gain compliancy of the young person.

## **6 Deciding to use Physical Intervention**

- 6.1 The decision on whether to physically intervene is down to the professional judgment of the staff member concerned and should always depend on the individual circumstances.
- 6.2 Physical intervention should be a last resort, and all other avenues of supporting that individual should be exhausted or the only possible immediate action, are taken to prevent serious harm from happening to that individual or others around them.
- 6.3 Situations can change by the minute and will demand different responses; therefore, it is not possible to list which circumstances warrant physical intervention. However, the degree and duration of any force must be proportionate to the circumstances that are trying to be prevented, and no more force than necessary should be used. This will be the minimum amount of force necessary to avert injury or serious damage to property applied for the shortest possible time.
- 6.4 Any attempt to physically hold another person carries risk including physical injury, emotional or psychological disturbances and is known to be traumatic for both parties. In all situations, the use of restrictive physical intervention must be based on a dynamic risk assessment being carried out by the member(s) of staff making the decision. During dynamic risk assessments the following ought to be considered:
- The risks of not intervening
  - What possible action is in the best interest of the individual or those around them
  - The individual's previously sought views on what can help them de-escalate and calm
  - Have other strategies, that are outlined in their support plan been attempted?
  - The size and age of the person being supported
  - The level of understanding of the person being supported
  - Any disability, health concern or medication of the person being supported
  - The staff members knowledge of previous similar experiences and the outcomes learned from them
  - Which method of physical intervention would likely be safest and most successful in the specific circumstances?
  - The impact of the physical intervention, on the relationship between the individual and the members of staff intervening.
- 6.5 It must be possible to demonstrate that, unless immediate physical intervention is taken, there are specific indicators that show injury is likely.



In deciding whether to use physical intervention, staff should ask themselves the following questions:

- 1) Is it necessary to act immediately to prevent a service user from injuring themselves, others or from seriously damaging property, which would result in possible harm?
- 2) (a) Have all other non-physical methods of de-escalation, been tried and have failed? (b) Or: Do you honestly, reasonably and instinctively believe other non-physical methods would not work in the circumstances?

If the answer to (a) and (b) is “yes”, it may be reasonable to use physical intervention.

## **7 A Positive and Proactive Approach to Behaviour Support**

- 7.1 At Fair Way’s we promote staff to work positively and confidently with the people they support and find the least intrusive way possible to support, empower and keep everyone safe.

We agree that the foundation of good practice in working with children and young people should be:

- Building relationships of trust and understanding
- Understanding triggers and finding solutions
- If incidents do occur, defusing the situation and/or distracting the child wherever possible.”

(Positive Environments where Children can Flourish March 2018)

- 7.2 Using Positive Behaviour Support (PBS) and other alternatives which can de-escalate behaviours that challenge, and tackle the reasons for it at source, is the preferred approach. We are committed to reducing the need for restrictive interventions.

### **The key approaches in reducing RPI adopted by Fair Ways include:**

- Person-centered Planning – assist the service user to develop personal relationships and for staff to understand them as individuals;
- Skills assessment – to understand why a service user, presents behaviour that concerns or challenges; what predicts their occurrence or causes the child to continue presenting them. This can help identify areas if unmet needs.
- Individual Behaviour Support Plans (IBSP)– to describe how the service user is to be supported, addressing aspects of the environment which they find challenging and support them to better meet their own needs;





- Training and development for staff;
- Assessing and managing risk;
- Plans to increase positive lifestyle outcomes for the service user;
- Involving family and the professional network;
- Service user having access to advocacy;
- Governance and oversight;
- Policy and procedures based around legislation;
- Effective reporting and recording;
- Supportive supervisions and debriefing for staff teams.

## 8 Staff Training

- 8.1 Fair Ways adopt the use of Team Teach methods in all services that require RPI. Team Teach is **not** just restraint training. The approach emphasises the use of primary and secondary interventions, with a use of gradual and graded verbal and non-verbal responses, which are planned with the intention of only 5% of aggressive incidents leading to RPI. The rationale for this decision was based upon the following:
- method must be simple enough to be learnt and retained by staff;
  - must have enough flexibility to be appropriate for use in a variety of situations;
  - must not involve unnecessary movement or pressure on joints, use pain compliance nor have any sexual connotations.
- 8.2 Team Teach is accredited by the Institute of Conflict Management (ICM) and adheres to the Department of Health and Government guidelines. Team Teach offers a range of de-escalation and behaviour management tools including Restrictive Physical Intervention (RPI).
- 8.3 All staff, including Managers, must attend a minimum of 6 hours (Level 1) holistic training, be certificated and re-accredited, both in the underpinning knowledge of the theory and the physical management elements of the course. This is done prior to commencing work with the service users. A continuing support structure is in place whereby Team Teach instructors will be trained to deliver follow-up and bi-annual re-accreditation training.
- 8.4 All staff must attend a re-accreditation course, which comprises a minimum of one day's training every 24 months to maintain their certification. This will enable them

to continue to practice Team Teach. Failure to attend or gain the re-accreditation will result in the requirement to attend the full two-day course again.

- 8.5 It is mandatory that all staff attend the above training. Failure to train in positive handling strategies will only be acceptable if there is a short-term medical condition that prevents them from doing so, confirmed by a General Practitioner.
- 8.6 Only staff who have attended a two-day (Level 2) Team Teach course will be permitted to use or assist in the use of RPI.
- 8.7 Physical techniques should only be used as a last resort, when other methods, not involving the use of force have been tried and failed, or are judged unlikely to succeed. Team Teach must always be seen in the context of maintaining positive therapeutic relationships with young people and striving to meet positive outcomes for them.
- 8.8 Team Teach provides a framework for Positive Behaviour Support (PBS) with the intention of reducing RPI. Each service user will have an Individualised Behaviour Support Plan or care plan with parents / carers and the Local Authority participating with the objective to reduce the occurrence of challenging behaviour and the need to use RPI.

**The aims of Team Teach are to:**

- promote effective and safe, verbal and non-verbal positive and protective techniques, within a holistic response to behaviour management; 95% Diffusion, distraction and re-direction;
- develop acceptable and appropriate responses to serious incidents of unsafe challenging behaviour, where young people are harming or likely to harm themselves, harming or likely to harm others or seriously damaging property, which is likely to harm themselves or others, in a manner that maintains positive relationships and provides safety for all;
- Strive to reduce the number of serious incidents involving physical interventions. (Remember physical restraint should be a last resort and only take place 5% or less of the time.)

- 8.9 Team-Teach uses the acronym C.A.L.M. for dealing with aggression. This stands for:

<b>C</b>	Communication	<i>Complete a Violent Incident Report Form</i>
<b>A</b>	Awareness	<i>Avoid and audience</i>
<b>L</b>	Listening	<i>Let someone else take over, leave the child a choice</i>

**M** Making Safe *Use Management strategies*

Staff should remain calm at all times when dealing with aggression.

- 8.10 The use of 'Breakaway' techniques – non-restrictive physical interventions: Where possible 'breakaway' techniques (the use of physical strategies to move away from an individual without the use of restraint) should be used as part of an array of strategies aimed at avoiding the use of restrictive holds. The techniques show how to use safe releases from wrist holds, strangles, hugs and grabs, hair pulls, headlocks and avoid kicks, punches and bites.

## **9 Advanced Team Teach**

- 9.1 There will be some services that may require Advanced Team Teach training due to the risks being presented by a particular service user. Advanced Team Teach RPI can involve the use of Front Ground Recovery (FGR) whereby a service user is held safely on the floor by trained staff to reduce the risk of serious harm.
- 9.2 In order to safeguard both staff and service users, and if absolutely necessary after all other Intermediate Team Teach techniques have been exhausted, there may be times that staff need to apply Front Ground Recovery (FGR). In order to apply this advanced hold the following procedures need to be in place:
- staff have received a minimum of additional advanced training (4 hours);
  - staff are in date (refreshed every 12 months);
  - staff involved are first aid qualified;
  - staff involved have completed and achieved 100% on their safeguarding test;
  - all incidents are reported and recorded;
  - parents / carers are notified;
  - the advanced RPI is written into the service user's individual behaviour support plan.
- 9.3 Advanced Team Teach intervention FGR can only be used once in an emergency. After this, due to there being a foreseeable risk, it will need to be written into the service user's behaviour management plan and care plan and agreed by all parties.

## **10. Monitoring and after Care Support for both the Service User and Staff**

- 10.1 It is important to recognise, that any physical intervention or restrictive practice can be traumatising for everyone involved; the young person, the staff/carers and also

- any other service users witnessing the event. It is known that these practices can have long term consequences on health and wellbeing of the service users and have a negative impact on the staff that carry them out. Even if an individual appears well following an intervention, they may be experiencing continued feelings of shame, anger, rejection, loss or hopelessness. Support for staff should be available should they want to seek this from their line manager.
- 10.2 The service user's IBSP/Care Plan, must state how they will be supported, and their safety and welfare monitored, following a physical intervention. For example, through further discussion about their feelings, distraction with an activity, some quiet time on their own, 1:1 time with staff or a phone call to a family member.
  - 10.3 Any service user should be monitored and observed above and beyond normal measures, following a physical intervention. Special consideration should be taken if a physical intervention has taken place in the evening.
  - 10.4 For a service user at risk of self-harm, the period following a physical intervention may be a particularly vulnerable one and attention should be made in monitoring the emotional wellbeing of these individuals.
  - 10.5 Thorough and accurate communication between home and education settings, should describe any event of physical intervention and need for additional monitoring, during information handovers.
  - 10.6 Following every incident involving the use of RPI there must be a *Positive Listening and Learning (PLL) interview* or Reattunement Session (Residential) as soon as is practicable. The goals of the *P.L.L* are to:
    1. Continue the calming process, support emotional wellbeing of the service user
    2. Repair any fractured relationships
    3. Support the individual to 'put things right' i.e. fix something they damaged, tidy up, show someone they are sorry
    4. Listen to their perspective of what happened and share the staff member's experiences
    5. Explore with them what happened and help them to make links between their emotions, feelings and actions.
    6. Identify alternative strategies for them to use;
    7. Develop a plan to re-enter them back into the setting
    8. Learn from the experience and make plans to decrease the likelihood of the same situation happening again.
  - 10.7 The *P.L.L/Reattunement* is paramount in re-establishing relationships with the service user with the intention of identifying strategies to reduce the need of RPI. There is no set format for a *P.L.L/Reattunement*.

- 10.8 Any new strategies suggested in the PLL/Reattunement or staff debrief should be updated in the IBSP and shared with all staff members.
- 10.9 Staff should also have an opportunity to discuss and debrief the incident as soon as is practicable. This debriefing should give the staff member an opportunity to discuss their feelings about the incident, use this for team support, but also to look at underlying causes, how the techniques were used (and their effectiveness) and to develop a strategy for future incidents.
- 10.7 Individual members of staff have the opportunity to talk directly to the Manager within 48 hours of an incident.
- 10.8 Good quality debriefing and follow-up action is essential after any incident requiring the use of positive handling strategies. The process can have a significant emotional impact on the staff and the young person involved and all should be given the opportunity to talk through the incident and deal with the feelings it may have aroused. Witnessing someone being held can have a significant impact on an individual and consideration should also be given to the needs of young people and staff not directly involved in the RPI, but who may nonetheless have been affected by it.

## **11 Recording the use of Restrictive Physical Intervention (RPI)**

- 11.1 All incidents requiring the use of RPI strategies should be recorded in the service user's file in Clear Care. The record should be completed as soon as possible, but no later than 24 hours following the incident. The service user should be actively encouraged to read, comment and sign the record.

The description of the incident must include:

- where it occurred;
- events leading up to the behaviour that required the use of RPI;
- specific descriptions of the actual behaviour requiring intervention was (i.e. general descriptions like 'he became physically aggressive' are not descriptive enough);
- what the perceived or actual danger arising from the behaviour was;
- what serious harm to self, others or property was being prevented;
- Why any action taken was deemed necessary, reasonable and proportionate;

- what other methods of intervention and de-escalation were tried or considered;
- what techniques were used, by who and for how long;
- whether or not the intervention was pre-arranged as part of the service user's IBSP;
- who else was present and witnessed the incident or assisted with the RPI;
- what follow-up action was taken or is proposed in respect of counselling;
- any injury that occurred to anyone involved;
- what work was / will be done with the young person as a result of the incident (including care planning / revision of individual risk management plan);
- the record should receive comment by the manager confirming oversight with any actions required.

11.2 The SIR recording form enables staff to record if they found the event to be challenging and / or traumatic. If a staff member raises this as an issue, then the manager must, make contact to offer support within one working day of the recording. The staff member will then be given the opportunity for a personalised debrief and to explore alternative support options, including access to employee support services.

11.3 The SIR records should be monitored by the Manager of the service to identify any trends or recent developments. The record must also be made available to Ofsted during an inspection and any persons carrying out independent persons visits.

11.4 Where necessary; all SIR incidents should be sent to parents / carers and if the service user is under the care of the Local Authority, the nominated Social Worker.

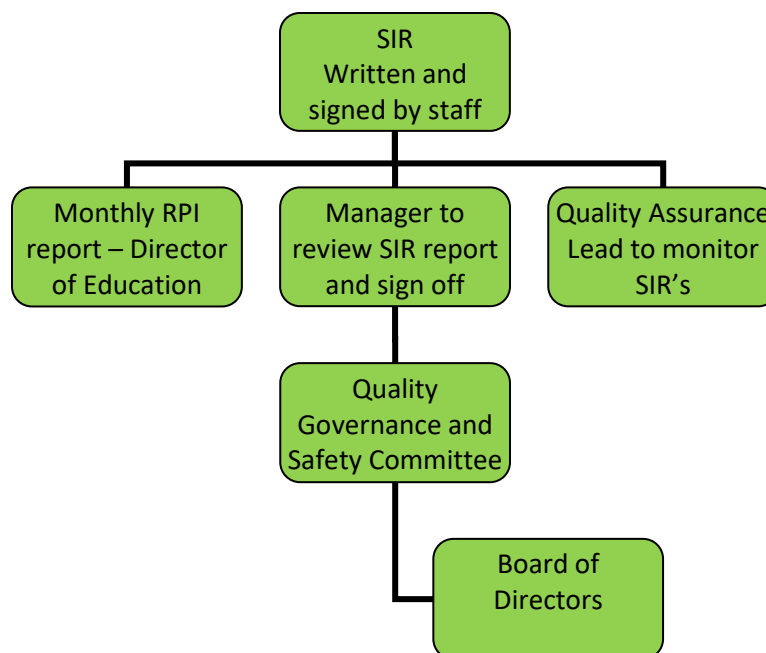
11.6 All service users within regulated children's home should ensure they have access to an independent Advocacy. They have the right to access this on-going support to ensure their individual needs, feelings and perspectives are considered and listened to. It is the Manager's responsibility to ensure this service is available to all service users under his / her care.

## **12 Governance and Monitoring**

12.1 All SIR's involving the use of RPI need to be monitored by the Manager or appointed person and signed off (*refer to figure 1 below*). The Quality, Safety and Governance Team will regularly monitor incidents.

12.2 The manager should make comment on all restrictive physical intervention that take place within 24 hours. They should ensure that all incidents of RPI are fair and

- conform to regulatory requirements and respond promptly if any concerns are found.
- 12.3 The manager should speak, when possible, directly with the service user and staff involved in the RPI after the incident to ensure their wellbeing.
- 12.3 Fair Ways also implements governance oversight each month for all RPI's being used within all departments. The designated Director produces a monthly and quarterly report to the Board monitoring serious incidents which involve the use of RPI in all services.
- 12.4 Clearcare should be used to identify trends and patterns in behaviour and incidents/RPIs to improve de-escalation effectiveness and supportive strategies that promote reduction in RPI use.



**(Figure 1 – SIR monitoring)**

- 12.3 The designated Director will monitor RPI on a monthly basis producing a report to the monthly Quality, Safety and Governance Committee. However, if the monthly report highlights concerns in a specific provision / home on the high use of RPI, the QSG Team Leader requests a further response using the 3 stage process below (Table 1). On a quarterly basis all this information will be reported to the Board of Directors for oversight, scrutiny and any key learning points for the organisation.

<b>Stage 1</b>	Request to the Manager to provide a written explanation / rationale
<b>Stage 2</b>	Quality and Assurance Inspection Lead or QSG Team Leader will further review the incident / RPI with clear action plan
<b>Stage 3</b>	QSG Committee will invite HOD to committee to review incident / RPI with clear action plan

*(Table 1 – 3 stage process)*

### **13 Associated documents & legislation**

- Positive and Proactive Care: reducing the need for restrictive interventions. (Department of Health 2014)
- Reducing the Need for Restraint and Restrictive Intervention. (HM Government 2019)
- Guide to the children's homes regulations including the quality standards. (Department of Education 2015)
- Use of reasonable force – advice for head teachers, staff and governing bodies. (Department of Education 2013)
- Residential Care in England – Report of Sir Martin Narey's independent review of children's residential care (July 2016).
- Fostering Services (England) Regulations 2011.