Fair Ways Education
Restrictive Physical Intervention Policy

(Organisational Policy rebranded)

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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
To make 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*:

PROFESSIONAL	ACCEPTING	REFLECTIVE	TRANSPARENT
· We do what we say we will · We approach challenges with optimism and enthusiasm · We don't judge, we notice · We put the needs of the service before our own personal gains	· We don't give up on people · We value all individuals and are willing to challenge them · We embrace each other's differences as much as our similarities · We accept responsibility for our actions	· We give feedback, we invite feedback, we listen to feedback · We look inward before we look outward · We learn as much from our mistakes as from our successes · We listen to each other, learn from each other and grow together	· We are always willing to explain why · We have the courage to be open and honest · We earn trust through our transparency · We live by our values even when no-one is watching

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 children and young people in selected departments in the organisation that use RPI as a response to keep people safe from harm.

2 Scope

2.1 This policy applies to all regulated services in the organisation that use RPI. These include:

- Residential Children Homes (England and Wales)
- Education
- Outreach

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 In the majority of Fair Way's Services the children and young people may, have childhood trauma in their history, learning difficulties, autistic spectrum conditions or experience mental health difficulties. This can mean they can have; difficulties in regulating their behaviour, emotions, and reactions to everyday, distressing, or confusing situations. This can result in children and young people displaying dysregulation, behaviours of concern or risk-taking behaviours that could cause serious harm or increase the likelihood of serious harm coming to themselves, or other people around them. All children and young people have a right to be treated with respect and dignity and deserve to have their needs recognised and be given the right support. Each child and young person, will have in place, an Individualised Support Plan (ISP) or care plan and relevant risk assessments to support their individual needs. However, on occasions, Restrictive Physical Intervention (RPI) may be needed as a **last resort** to effectively **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)

'An act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently'

(Welsh Government, 2016)

'Any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person'

(CQC 2015)

"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 for Education is also very clear on the use of restraint in schools, new guidance states:

"There are circumstances when it is appropriate for staff in schools to use reasonable force to safeguard children. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. 'Reasonable' in these circumstances means 'using no more force than is needed'.

"Members of staff have the power to use reasonable force to prevent pupils committing an offence, injuring themselves or others, or damaging property and to maintain good order and discipline at the school or among pupils."

(Behaviour in Schools Guidance 2022)

The Department for Education, Use of Reasonable Force:

"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, guidance frameworks have been taken into account:

- Behaviour in Schools Guidance (Department for Education 2022)
- Reducing Restrictive Practices Framework (Welsh Government 2022).
- Reducing the Need for Restraint and Restrictive Intervention (HM Government 2019).
- Restraint Reduction Network Training Standards (RRN 2019).
- Positive environments where children can flourish - A guide for inspectors about physical intervention and restrictions of liberty (Ofsted March 2018).
- Residential Care in England – Report of Sir Martin Narey's independent review of children's residential care (July 2016).
- Guide to the children's homes regulations including the quality standards. (Department of Education 2015).
- Positive and Proactive Care: reducing the need for restrictive interventions. (Department of Health 2014).
- Use of reasonable force – advice for head teachers, staff, and governing bodies. (Department of Education 2013).
- Fostering Services (England) Regulations 2011.
- Human Rights Framework for restraint: principles for lawful use of physical, chemical, mechanical and coercive restrictive interventions (EHRC 2019).

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 any 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 considered as 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 rapidly change 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, positional asphyxiation, 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 regulate
- 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 to determine the lawful excuse and to assess if it may be reasonable to use physical intervention.

1) Is it necessary to act immediately to prevent a child or young person from injuring themselves, others or from seriously damaging property, which would result in possible harm?
2) (a) Is the intervention the LAST **RESORT?** Have all other non-physical methods of de-escalation, been tried and have failed?
   (b) Is the intervention in the **BEST INTERESTS** of the child
   (c) Will **REASONABLE FORCE** be used?
   (d) Could **GREATER HARM** occur in the intervention was not used?
   (e) Is the intervention **PROPORTIONATE?**
   (f) Was it my **HONEST HELD BELIEF** that this was the last resort.
3) If the answer to the questions from (a) and (f) 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 The content of training should involve:

- *Understanding of the meaning of behaviours that are described as 'challenging' and reflection on the attitudes and presumptions that impact on the way practitioners understand behaviours*
- *Human rights and how they relate to the use of restrictive practices*
- *Person centred practice*
- *Understanding of trauma and trauma informed care*
- *Proactive interventions that improve well-being and prevent the use of restrictive practices*
- *Examining attitudes and attributions to behaviours that are described as challenging.*

(Reducing Restrictive Practices Framework, 2000)

7.3 *'Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.' (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007)*

(Reducing Restrictive Practice Welsh Government 2022)

7.4 Using techniques that can de-escalate behaviours of concern, and tackle the reasons for it at source, is the preferred approach. We are committed to reducing the need for restrictive interventions, with an emphasis of safety as the first priority.

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

- Person-centered Planning – assist the child or young person to develop personal relationships and for staff to understand them as individuals.
- Skills assessment – to understand why a child or young person exhibits behaviours of concerns; what predicts their occurrence or causes the child or young person to continue presenting them. This can help identify areas if unmet needs.
- Individual Behaviour Support Plans (IBSP)– to describe how the child or young person is to be supported, addressing aspects of the environment which they find challenging and supporting them to better meet their own needs.
- Training and development for staff
- Assessing and managing risk
- Plans to increase positive lifestyle outcomes for the child or young person.
- Involving family and the professional network
- Child or young person having access to advocacy.
- Governance and oversight
- Policy and procedures based around legislation.
- Effective reporting and recording
- Supportive supervision and debriefing for staff teams.

8 Staff Training

8.1 Fair Ways have developed a certificated in-house trauma and attachment focused, behaviour support programme RiiSE (Relationship Inspired Ideas for Supportive Environments) which will be delivered to all staff. The RiiSE mission is to 'educate and inspire people to add value and positively contribute to improve the health and wellbeing of the lives of Fair Ways community every day.' RiiSE has eight core values, which are depicted as anchors, as follows:

1. We support Human Rights of all.
2. We aim for non-violence.

3. We stop and think before we act, to achieve the best outcome for everyone involved.
4. We help people to make sense of and manage emotions and feelings.
5. We recognise that everyone is different.
6. We focus on connection.
7. We look back and think forward.
8. We take the perspective of others.

8.2 RiiSE is certificated by the British Institute of Learning Disabilities Association of Certified Training (BILD ACT) and adheres to the Restraint Reduction Network (RRN) standards. RiiSE offers a range of physical techniques including breakaways, disengagement techniques, guiding and escorting, one and two person techniques, transitions, enhanced techniques.

8.3 It is mandatory for all front-line staff attend RiiSE foundation training. Course delivery will differ in length of delivery to meet the varied needs of specific services. All RiiSE courses are delivered by a Senior RiiSE Coach and/or RiiSE inhouse Coaches. Theory is a core element of the content for the majority of curricular, with time frames indicating level of restrictive physical intervention delivered. RiiSE foundation course will consist of the following:

- **5-day course:** This content will be applicable to settings where restrictive physical intervention may be required.
- **3.5-day course (attendance spread over 5 days):** This content will be applicable to settings where only breakaways are a requirement. These techniques show how to use safe releases from wrist holds, strangles, hugs and grabs, hair pulls, headlocks and avoid kicks, punches, and bites.
- **1 day introduction course:** This content will be applicable to non-front-line staff (such as office or maintenance teams) who require a basic understanding of de-escalation skills and breakaways.

The RiiSE philosophy is that positive relationships are the key to healing, we seek to empower our employees to be compassionate, curious, reflective, relational, and inclusive. To then use these skills to be able to move from 'knowing' to 'doing' with confidence to become skilful trauma-responsive professionals. RiiSE emphasises the use of primary and secondary de-escalation techniques focusing on building positive relationships to reduce the need for physical intervention.

8.4 Prior to attending a RiiSE Foundation course, all front-line staff will be required to undertake a RiiSE Keep Yourself Safe (KYS) course with their in-house RiiSE Coach where competency on a small selection of RPIs will be assessed. This KYS course should be completed within the first four weeks of employment, with attendance on a RiiSE foundation course to be completed within eight weeks of the KYS course. The KYS course is only a short introduction to the skills, knowledge and understanding required to physically keep children and young people safe if they exhibit behaviours of concern that could result in harm to themselves or others. KYS in **no way** replaces the RiiSE foundation course. Limited physical interventions, and/or breakaway interventions will be assessed, and staff will only be able to *assist* a qualified RiiSE

member of staff with these specific signed off physical techniques only. In addition to completing the KYS course, staff should also complete a RiiSE risk assessment.

8.5 All front-line staff must attend an annual RiiSE refresher course, delivery will differ in length of delivery to meet the varied needs of specific services. Front line services which use restrictive physical interventions will attend a 2-day refresher. Services which use breakaway/disengagement techniques only will attend a 1-day refresher. Staff must only use RiiSE techniques if they have been signed off as competent, this information is stored centrally by the training team.

Failure to attend or gain the refresher will result in the requirement to attend a KYS course, which will be valid for 2 months, where only specific techniques will be signed off, until a refresher can be attended.

8.6 Only staff who have been signed off as competent in RiiSE techniques are permitted to use or assist in the use of Restrictive Physical Interventions. Physical techniques should only be used as a last resort, when other de-escalation approaches, not involving the use of force, have been tried and failed or are judged unlikely to succeed. RiiSE physical techniques must always be seen in the context of maintaining positive therapeutic, trauma informed relationships with young people whilst striving to meet positive outcomes for them.

8.7 RiiSE provides a framework, in line with the RRN, that actively supports the reduction of the use of physical interventions. Each young person/adult will have an Individualised Support Plan or Care Plan, which outlines their individualised primary, secondary and tertiary techniques to reduce the occurrence of behaviours of concern and reduces the need to use RPI.

8.8 Fairways Restraint Reduction Plan (Appendix A) critically reviews the approaches available to reduce the use of restrictive interventions and considers how these approaches can be embedded within Fairways. It focusses on a whole-team approach in creating restraint free services, built on continuous learning and improvement.

8.9 Staff within services that use physical interventions that are nonrestrictive will be taught RiiSE ‘disengagement’ or ‘breakaway’ techniques (non-restrictive physical interventions). When to use a nonrestrictive technique applies the same decision making and priority of safety for each unique situation.

9 RiiSE Enhanced Physical Techniques

9.1 There may be some services that may require RiiSE Enhanced Physical Techniques due to the risks being presented by child or young person. RiiSE Enhanced physical techniques will only be taught as a bespoke workshop in response to an individualised situation with the intention of short-term solution on a ‘case to case’ basis and should only be implemented when all

other RiiSE techniques are not deemed sufficient by the lead RiiSE coach after consultation. RiiSE Enhanced physical techniques can **ONLY** be used in supporting children and young people where the current RiiSE Techniques, when applied correctly, are not sufficient to keep everyone **SAFE**. This decision is made on an individual basis and any techniques taught to any staff member can only be used on the child or young person in discussion. There will always been a 'withdrawal plan' to support the reduction of enhanced techniques.

9.2 Unplanned RiiSE Enhanced Physical Techniques can be used once in an emergency situation. After this, due to there being a foreseeable risk the RiiSE Enhanced Protocol should be implemented.

10. Risk Assessment of RiiSE Physical Techniques

10.1 All RiiSE physical techniques have been risk assessed to consider the following:

- Risk of injury to staff using the technique within a training course (no resistance)
- Risk of injury to staff when used in the workplace (with resistance)
- Risk of injury to the person being physically held (with resistance)
- Resistance may result in a person experiencing pain.
- This technique uses a locking movement.
- Technique may cause pressure on throat, chest, abdomen and may restrict breathing.
- Trainability and complexity of the technique, including the level of skills, coordination and fitness required to conduct the technique correctly.
- Risk factors for medical conditions such as medical obesity, anorexia, physical disability, tactile defensiveness, ataxia, visual impairment, breathing problems, fragile bones, or issues specific to a named individual which may elevate risk.
- Risk of psychological or emotional harm or re-traumatisation
- Fragility of technique, which is the extent to which risks may be elevated and safety compromised by any margin of error in application.
- Compromises the dignity of the person.
- Compromises the principles of good moving and handling.
- Circulation, including reference to any general potential risk factors such as limb position and body weight being used to hold someone, or issues specific to a named individual which may elevate risk.
- Joint functioning, as well as reference to any general potential risk factors such as the hyperextension and hyperflexion of joints and the unauthorised adaptation of techniques or issues specific to a named individual which may elevate risk.
- Potential for the techniques to intentionally inflict pain, with the use of pain compliance as a means of control.
- Potential involvement of sensitive areas of person's body (neck, chest, sexual areas)

11. Monitoring and after Care Support for the Child, Young Person, or Member of Staff

11.1 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 people witnessing the event. It is known that these practices can have long term negative consequences on health and wellbeing of children and young people 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.

11.2 The children and young people's Individual Support 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.

11.3 Any child or young adult 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. Communication between homes and schools should be a priority

11.4 For a child or young adult 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.

11.5 Thorough and accurate communication between home and education settings, should describe any event of physical intervention and need for additional monitoring, during information handovers.

11.6 Following every incident, involving the use of RPI a re-attunement session must be completed as soon as is practicable. The goals of the re-attunement are to:

1. Continue supporting emotional wellbeing of the child or young person
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.

11.7 The re-attunement is paramount in re-establishing relationships with the child or young person with the intention of identifying strategies to reduce the need of RPI.

11.8 Any new strategies suggested in the re-attunement should be updated in the support plans or risk assessment and shared with all staff members.

11.9 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. Best practice is for you to use an After Incident Debrief (AID) (Appendix B).

11.10 Individual members of staff can talk directly to the Manager within 48 hours of an incident.

11.11 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.

11.12 The service's RiiSE coach can facilitate an in-depth additional reflection session if required and a RiiSE coach from another service can help support a formal debrief if necessary or helpful after a significant incident.

12 Recording the use of Restrictive Physical Intervention (RPI)

12.1 All incidents requiring the use of RPI strategies should be recorded in the child or young adult's file in Clear Care on a 'Restrictive Physical Intervention' log or an 'Incident' log for any disengagement techniques. The record should be completed as soon as possible, but no later than 24 hours following the incident. Where appropriate, the child or young person 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 or others 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, and in what location.
- Whether or not the intervention was pre-arranged as part of the child or young adult's support plans
- 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 child or young adult 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 If a staff member raises an issue after an RPI or incident and feels they need emotional support, then the manager or Head Teacher must make contact to offer support within one working day of the recording. The staff members will then be given the opportunity for a personalised debrief and to explore alternative support options, including access to employee support services.

11.3 RPI recording should be monitored by the Manager of the service or Head Teacher to identify any trends or recent developments. The record must also be made available to Ofsted during an inspection and any persons conducting independent persons visits.

11.4 Where necessary; all records of incidents should be sent to parents / carers and if the child or young person is under the care of the Local Authority, the nominated Social Worker.

11.5 All children and young people 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 children and young people in his / her care.

12 Governance and Monitoring

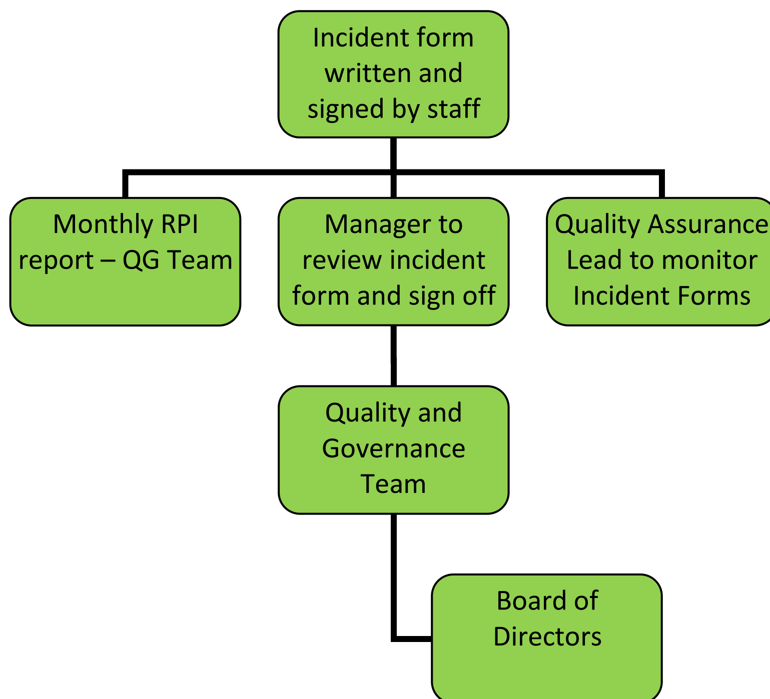
12.1 All incidents involving the use of RPI need to be monitored by the Manager, Head Teacher or appointed person and signed off *(refer to figure 1 below).* The Quality, and Governance Team will regularly monitor incidents.

12.2 The manager should make comment on all restrictive physical intervention that take place within 24 hours on ClearCare. 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 directly with the child 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 RPI Lead 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 – Incident Form Monitoring)

12.3 The Quality Assurance Lead will monitor RPI on a monthly basis producing a report to the Quality and Governance Committee and directly giving feedback to managers and teams where needed. However, if the monthly report highlights concern in a specific provision / home on the high use of RPI, the Quality Assurance Lead may request 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.

Stage 1	Request to the Manager to provide a written explanation / rationale
Stage 2	Quality Assurance Lead will further review the incident / RPI with clear action plan
Stage 3	QG Committee will invite HOD to committee to review incident / RPI with clear action plan

(Table 1 – 3 stage process)

13 Associated Documentation & Legislation

- Behaviour in Schools Guidance (Department for Education 2022)
- Reducing Restrictive Practices Framework (Welsh Government 2022).
- Reducing the Need for Restraint and Restrictive Intervention (HM Government 2019).
- Restraint Reduction Network Training Standards (RRN 2019).
- Positive environments where children can flourish - A guide for inspectors about physical intervention and restrictions of liberty (Ofsted March 2018).
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- Fostering Services (England) Regulations 2011.
- Human Rights Framework for restraint: principles for lawful use of physical, chemical, mechanical and coercive restrictive interventions (EHRC 2019).

Fair Ways EDUCATION

Appendix A: RiiSE Restraint Reduction Plan

Restraint Reduction Plan

2022

making a difference, not a profit

1. Reducing the use of Restrictive Practice – Within our Services

Due to the nature of working with vulnerable young people who can display behaviours of concern, within our homes and school, sometimes restrictive physical intervention (RPI) is needed in order to stop immediate harm to the young person or the people around them.

Fair Ways have created and implemented an intensive 5-day foundation course called RiiSE (Relationships Inspired Ideas for Supportive Environments) that all staff attend during their induction process. Although the programme understandably has physical techniques to support the need for any restrictive physical intervention, the roots of the programme are grounded in theories of trauma, attachment, restraint reduction and creating a therapeutic culture.

The RiiSE ethos to provide effective preventative de-escalation techniques and therapeutic strategies which emphasise a safer, supportive philosophy which has positive caring therapeutic relationships and reducing the need for restraint, at its core. We aspire that any physical intervention should only be implemented as a last resort, for the minimum amount of time, minimum amount of force but with the maximum knowledge, thoughtfulness, and therapeutic intent behind it.

The aim of this plan is to explore how the 'Six Core Strategies to Reduce Restraint Use' by Kevin Anne Huckshorn 2006 are used to promote Fair Ways' dedication to reducing restrictive practice.

Below are the 8 RiiSE Values, which are key to implementing the safe and careful use of restrictive physical interventions (RPI) within our services.

1. WE support the HUMAN RIGHTS of all.
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The programme focus’ on an improvement Approach

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This is achieved by management of all levels attending and contributing to:
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RiiSE Development Days
Board meetings
Quality Safety Governance Reviews

Informal Leadership is also essential to this plan as they are the leaders that influence their teams and create positive cultures within their settings. Managers have the responsibility to ensure that data analysis is taking place, teams implement primary and secondary strategies, teams are collaborating with the clinical teams and feedback is given to colleagues around good and not good practice. They are also able to feedback to supervisors to improve practice.

Informal leadership includes the in-house RiiSE professional coaches who are the front runners in demonstrating the RiiSE values within the services and can offer extra support and guidance to teams and management in anything related to restrictive practice.

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All staff that work for Fair Ways, directly with the young people, are required to attend the three or five-day RiiSE Foundation Training programme during their induction process. The training is tailored to the dedicated staff caring for the young people, to equip them with an understanding of the impact that past trauma or neglect/abuse experiences have on the young people and the behaviours of concern they may present and how to support them. Aiming to provide the staff with the necessary skills, knowledge, and confidence to successfully respond to the young people's needs.

The training course is underpinned by research from Kim Golding and Dan Hughes, leading psychologists who specialise in working with young people that have experienced trauma and attachment difficulties. This is further supported by our training needs analysis, in-house RiiSE coaches, our full time Lead RiiSE Coach and our in-house clinical teams (The Hub) who focus on reflective practice with the staff teams.

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Other training that staff can undertake:

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Each young person is encouraged to contribute to their support plan expressing ways that staff can support them at each stage of the day. The young person is also encouraged to reflect on distressing times where appropriate and add strategies that they would like to help them remain calm.

7. Reducing the use of Restrictive Practice – Within our Services

Due to the nature of working with vulnerable young people who can display behaviours of concern, within our homes and school, sometimes restrictive physical intervention (RPI) is needed in order to stop immediate harm to the young person or the people around them.

Fair Ways have created and implemented an intensive 5-day foundation course called RiiSE (Relationships Inspired Ideas for Supportive Environments) that all staff attend during their induction process. Although the programme understandably has physical techniques to support the need for any restrictive physical intervention, the roots of the programme are grounded in theories of trauma, attachment, restraint reduction and creating a therapeutic culture.

The RiiSE ethos to provide effective preventative de-escalation techniques and therapeutic strategies which emphasise a safer, supportive philosophy which has positive caring therapeutic relationships and reducing the need for restraint, at its core. We aspire that any physical intervention should only be implemented as a last resort, for the minimum amount of time, minimum amount of force but with the maximum knowledge, thoughtfulness, and therapeutic intent behind it.

The aim of this plan is to explore how the 'Six Core Strategies to Reduce Restraint Use' by Kevin Anne Huckshorn 2006 are used to promote Fair Ways' dedication to reducing restrictive practice.

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Appendix B: After Incident Debrief

Staff members involved:	**Date of incident:**
Child's initial:	**Time of incident:**
	Location of incident:
Brief overview of the incident:	
What went well? (How were individual support strategies used? PACE?)	
Possible alternative actions/interventions that could have improved the situation?	
Reflection on understanding the behaviour displayed/ hidden needs of the child…. *(Consider any triggers)*	
Any reattunement or emotional/physical wellbeing needs for the YP? *(Who will ensure this is completed?)*	
How was everyone feeling during and now after? • . • . • . • .	

Courageous conversations:
any concerns to raise about any action taken by any member of staff?
any confusion about any action taken by any member of staff?
Any concerns around duty of care or duty of candour?
Did everyone involved feel they were supported?

Looking after yourself:
What has each staff member done to look after emotional or physical wellbeing since the incident?

Any updates needed to Support Plans or Risk Assessments?

Does anyone else need to be informed of this incident/RPI?
Who will be responsible for completing this?

Staff Name	Staff Sign	Date: