



Policy Title:	Restraint Reduction Policy - incorporating Restrictive Physical Intervention	
Policy Code:	OPP02	
Applies to:	Schools & Homes	
Date Reviewed:	September 24	
Next Update Due:	September 25	
Policy Lead:	E Moyers / L Sargeant	
Policy Sponsor:	R Wilkins	
Cross Reference:	SHEP06	Safety and Health Policy
	OPSP10	Complaints and Representations Policy (Schools)
	OPHP20	Complaints and Representations Policy (Homes)
	HRP08	Equality, Diversity and Inclusion Policy
	OPSP09	Child Protection Policy and Procedures
	Me@WG	Staff Code of Conduct
	OPSP07	Home/School Behaviour Policy
	HRP21	Employee Induction and Learning Policy
	OPP05	Internal Team Around the Child (iTAC) Policy
	OPSG02	Pastoral Care Guidance
	OPSP26	Use of 'Quiet Rooms' Policy
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Outlines PBS and Therapeutic practice methodology that underpins the behaviour approach of the Group. • Outlines our approach to Restrictive Physical Intervention, its use with our children and young people, and the drive to reduce all restrictive practice. • Outlines our duty of care to our young people, and when the use of restrictive physical intervention may be necessary to reduce risk 	
EQUALITY AND DIVERSITY STATEMENT		
Witherslack Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.		
ENVIRONMENT, SOCIAL, GOVERNANCE (ESG) STATEMENT		
Witherslack Group is committed to responsible business practices in the areas of: Environmental Stewardship, Social Responsibility, Governance, Ethics & Compliance. An ESG impact assessment has been completed on this policy to ensure it can be implemented successfully without adverse implications on our Group goals.		
To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please email the named policy lead.		

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 1
Linked to Policy Number:	See policy front page		

CONTENTS

1	INTRODUCTION – PBS & THERAPEUTIC PRACTICE
2	STAGES OF AN INCIDENT
3	BASELINE & PRIMARY SUPPORT
4	CAPABLE ENVIRONMENTS
5	BOUNDARIES & EXPECTATIONS
6	ESCALATION & SECONDARY INTERVENTIONS – DE-ESCALATION & DEFUSION
7	BEHAVIOUR OF CONCERN
8	CRISIS STAGE AND TERTIARY INTERVENTIONS
9	COMMUNICATION & SCRIPTS
10	DUTY OF CARE
11	NON-RESTRICTIVE & RESTRICTIVE PRACTICE
12	RESTRICTIVE INTERVENTION AND RESTRAINT – PHYSICAL RESTRAINT (RPI), WITHDRAWAL AND SECLUSION
13	LEGAL JUSTIFICATION
14	TRANSPORT
15	POST INCIDENT DEBRIEF (STAFF & YOUNG PERSON)
16	POST INCIDENT LEARNING (STAFF & YOUNG PERSON)
17	CONSEQUENCES AND SKILLS DEVELOPMENT
18	RECORDING AND REPORTING
19	NOTIFICATIONS
20	PRICE APPROACH
21	ADDITIONAL PRICE TECHNIQUES
22	NON-PRICE TECHNIQUES
23	GOVERNANCE AND QUALITY ASSURANCE
24	STAFF TRAINING
25	RELEVANT LEGISLATION AND REFERENCES
26	ASSOCIATED FORMS
27	APPENDICES

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 2
Linked to Policy Number:	See policy front page		

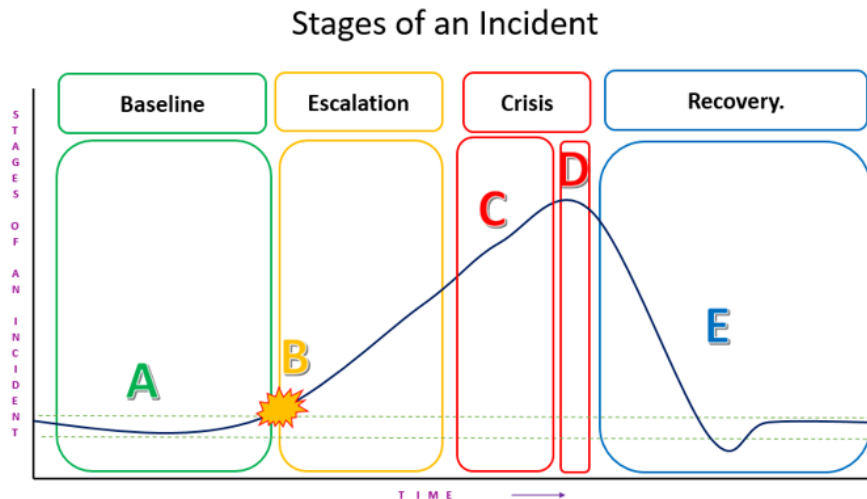
1 INTRODUCTION

1.1 Positive Behaviour Support (PBS) and Therapeutic practice underpin our approach across all Witherslack Group settings. The focus of Positive Behaviour Support (PBS) is to improve the quality of life of individuals, by establishing the cultural and behavioural support needs for all children in our homes and schools to achieve both social and academic success.

PBS is a framework containing many elements of good practice including trauma-informed approaches, inclusive communication, building rapport, supporting sensory issues, behavioural science, and more. It helps us to understand how to best support someone and improve their quality of their life.

2 STAGES OF AN INCIDENT

2.1 We use 'Stages of an Incident' (based on research by Kaplan & Wheeler - 1993) as a framework across all our behaviour-related policies and procedures.



Regarding behavioural presentation, a child or young person is always somewhere along this continuum, and where they are will determine what support and interventions are put in place.

3 BASELINE & PRIMARY SUPPORT

3.1 We have an extremely diverse population of children and young people across the Witherslack Group, which means that everyone's 'baseline' is different. The term baseline describes a child or young person when they feel at their safest, most calm, engaged, and motivated with their needs being met. The support provided at baseline is referred to as 'Primary support', the focus of which is to 'shape and create' an environment that meets the needs of each child or young person, daily. The support at baseline is structured around key elements of the Capable Environments Framework (McGill 2020).

4 CAPABLE ENVIRONMENTS

4.1 A capable environment (see appendices 2) is an important aspect of primary support for all children and young people at the Witherslack Group, and is structured around the following elements:

- Positive social interactions
- Communication
- Participation in meaningful activity
- Consistent and predictable routine
- Establish and maintain friendships and relationships
- Choice
- Independent functioning
- Personal care and health support

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 3
Linked to Policy Number:	See policy front page		

- A good physical environment (including sensory needs)

Supported by:

- Mindful and skilled carers
- Effective management and support
- Effective organisational context

These elements provide the foundation for the individual young person’s PBS Wave 1 plan.

5 BOUNDARIES & EXPECTATIONS

5.1 Boundaries and expectations are extremely important for our children and young people. They should be clear, understood, agreed and fair, as well as consistent and predictable. They help our children and young people keep safe and feel safe. When boundaries are consistent, this helps brain development for children and young people who have suffered Trauma and Adverse Childhood Experiences. For our neuro-divergent population consistency, routine and boundaries help them to make sense of, and understand the environment, and how to keep themselves and others safe.

5.2 If behaviour poses a risk to the child or young person, others, or the environment then staff need to address this with the child or young person. Some behaviour may be understandable given the influencing factors that are constantly affecting some of our children and young people. However, if this behaviour isn’t challenged and supported, then the child or young person has the belief that the behaviour is acceptable. Sometimes staff need to put an action in place to ensure that everyone is safe – to ensure there is a different outcome in the future. It needs to be appreciated that sometimes this action or reinforcement can be a trigger for some of our children and young people. Very often there needs to be a restorative conversation and a new skill taught.

6 ESCALATION & SECONDARY INTERVENTIONS – DE-ESCALATION & DEFUSION

6.1 When a child or young person’s anxiety levels and emotions increase, and feelings of safety decrease, we are likely to see a behaviour change. This increase in anxiety and behaviour can be influenced by external or internal factors. We refer to these as triggers (slow triggers and fast triggers). If the trigger is known, then additional interventions can be put in place at the primary level to help avoid or support the trigger.

6.2 ‘De-escalation and diffusion’ are broad terms used to describe some ways that staff can support a child or young person and the escalation in their behaviour. We refer to these as ‘Secondary’ interventions. A young person who requires additional support to keep them safe would have a detailed PBS Wave 2 plan. When these interventions are detailed, planned, and specific they can be very successful in helping the child or young person to regulate and stop behaviours of concern from escalating further.

6.3 Staff are provided with a list and description of de-escalation strategies through staff training and additional handouts. These can be assessed and considered as to what may be the most effective for a child or young person. Individual Wave 2 support plans must communicate the content of the de-escalation strategy i.e. *Distraction – Dan will often engage in conversations or activities connected with football. Target shooting on the MUGA, fantasy football ladder or conversations, led by Dan, about Newcastle United, can all be successful.*

7 BEHAVIOUR OF CONCERN

7.1 Even with an increased level of Primary and Secondary support, we fully understand that due to the number of internal and external factors that influence the behaviour of our children and young people daily, we may see incidents that we would describe as crisis-stage behaviour.

7.2 Sometimes the escalation in behaviour can be described as challenging due to its intensity, frequency, and impact on those around them. Other behaviours may not have the same effect on others but could be equally concerning and need the same level of support from staff. We describe all these behaviours as ‘behaviours of concern’.

7.3 All behaviour happens for a reason and a behaviour of concern is no different. If we focus on the function the behaviour is serving i.e. what the person gains or avoids, then staff can consider the best way to provide support. The paramount consideration is what is in the child or young person’s best interest and how we can help the child or young person to regulate at that moment in escalation.

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 4
Linked to Policy Number:	See policy front page		

8 CRISIS STAGE AND TERTIARY INTERVENTIONS

8.1 When a child or young person reaches crisis, we acknowledge that the priority focus is to keep them safe. We refer to crisis support as a tertiary strategy. Most tertiary supports and interventions are non-restrictive and, as with the Primary and Secondary interventions, these tertiary strategies are child-centred and needs-led. Staff may offer a help-hug or another alternative staff to be present; separation or redirection of other peers, a change in the demand or expectation, a guide to another environment, a reduction in sensory influences, or just sitting and being there with the right words. Again, these responses should be planned, documented on the child or young person's PBS Wave plan and regularly reviewed.

9 COMMUNICATION & SCRIPTS

9.1 Communication during this stage is very important. A child or young person **Help Script** is an effective way to communicate to a child or young person to help them regulate;

Name....(pause),

I can see that.....(something has upset you, you are unhappy?)

I'm here to help. How can I help? What can I do? Tell me.... I'm listening, I wonder if I can.....

Staff can then RELATE and connect with the child or young person and show them they care. Communication, support, body language, space, proximity and touch must be planned and reflect the needs and best interests of the child or young person.

9.2 Calm and effective communication between staff is also vital in high anxiety and crises. Staff are encouraged to use a pre-determined **staff script** where possible. This staff script empowers staff to feel confident in offering help and developing a culture in which accepting help is a strength.

"I am here to HELP" and **"MORE HELP available"** is a recommended 'staff script' to use in such circumstances and is part of all PRICE PACB courses. Accepting help and support is a professional expectation that should be accepted as part of the best interest principle and should be embraced by all staff regardless of their position of responsibility.

10 DUTY OF CARE

10.1 All staff have a Duty of Care to ensure that the safety and welfare of our children and young people takes priority.

10.2 There is a statutory requirement (Children Act 2004, section 11) for everyone working with children to "safeguard and promote the welfare of children when carrying out their work". The common law Duty of Care emphasises staff acting "in loco parentis" – as any reasonable parent would. Failing to adhere to this Duty of Care could constitute negligence by a member of staff.

10.3 Staff must make a professional judgement and assessment of the situation at that time and provide the support and interventions necessary to reduce risk and keep that child or young person (and others) safe. All employees of the Witherslack Group have a legal duty of care. Failure to act when there is evidence that more significant harm may occur could result in allegations of negligence and consequent litigation. Action does not necessarily mean physical intervention. Generally, nobody has the right to touch, move, hold or contain another person, yet there may be occasions when members of staff have a responsibility to take action to reduce risk and maintain the safety and well-being of our children and young people, and part of this action may involve the use of restrictive intervention, physical or otherwise. Whenever such action is taken members of staff should ensure that:

- their action was **necessary**, i.e. there was no other way that was less restrictive or intrusive for the risk to be reduced
- they were acting in the **best interests** of the child and/or those around them given the risks presented;
- the individual needs of the child or young person are considered and
- their response was **reasonable** and **proportionate** to the risks presented and the minimum amount of force was used.

11 NON-RESTRICTIVE & RESTRICTIVE PRACTICE

11.1 A child or young person's freedom can be restricted without physical touch. Standing in a doorway to stop passage through, standing in front of a child or young person with open hands, door fobs to restrict them

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 5
Linked to Policy Number:	See policy front page		

from unsafe areas or directing a child or young person to an area that they can't leave are all potentially restrictive practices.

- 11.2 From a Witherslack Group Policy perspective, if a child or young person can walk away from the support then it would be deemed as non-restrictive.

Non-restrictive and appropriate parental control: Some practices that could be described as a temporary restriction would be appropriate for everyday support of our younger children, and our children and young people that have a less developed or no understanding of dangers and risks. Examples of this would include:

- holding a child's hand to prevent them from running towards a road or a danger,
- temporarily preventing a child from leaving a classroom if outside is a more unsafe area,
- restricting a child's access to another child's room or restricted area such as an office,
- slowing a child down from running in corridors by redirecting,
- guiding a child away from a potential high risk such as a hot drink or someone completing a maintenance job.

- 11.3 These responses would 'fall within the normal parent control for a child of this age and level of understanding' and therefore would not be required to be recorded and reported. If this response is a repeated support strategy i.e. holding of the hand when outside the school, then this could be part of the child's PBS plan.

12 RESTRICTIVE INTERVENTION AND RESTRAINT – PHYSICAL RESTRAINT (RPI), WITHDRAWAL AND SECLUSION

- 12.1 The terms Restrictive Intervention and Restraint are used interchangeably in this policy, to refer to: Planned or reactive acts that restrict a child or young person's movement, liberty and / or freedom to act independently; or a Restrictive intervention using force to restrict liberty of movement.

- 12.2 Restrictive interventions and Restraint can include:

Physical Restraint: a restrictive physical intervention (RPI) involves direct physical contact to prevent, restrict or subdue movement of the body, or part of the body of the child or young person.

Withdrawal: Removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves. This is also referred to as **Imposed Withdrawal**.

Seclusion: This is the supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely disturbed behaviour which poses a risk of harm to others.

- 12.3 All incidents of Restraint and Restrictive interventions should be recorded and reported using the Witherslack Incident Reporting (IR) or the Restrictive Physical Intervention Reporting (RPI) recording system.

- 12.4 There are times when a child or young person will request time or space alone, a change of environment or if it is in the best interest of the child or young person (as agreed as part of a plan) the use of an identified or designated safe area to recover. These areas should be unlocked, and monitored by staff and allow the child or young person to leave if it is safe to do so. If a child or young person is not free to walk away, is restricted to that area and this is not a temporary appropriate parental control response to an immediate risk, then we would deem that as restrictive intervention and should be justified and reported and recorded.

- 12.5 There may be circumstances where a child can be prevented from leaving a home – for example, a child who is putting themselves at risk of injury by leaving the home to carry out gang-related activities, use drugs or meet someone who is sexually exploiting them or intends to do so. For our younger children, this risk may be being outside of the home in the local community or leaving the home at night with no safe supervision.

Any such measure of restraint and restrictive Intervention must be proportionate and in place for no longer than is necessary to manage the immediate risk and should be recorded and reported using the Witherslack Incident reporting and recording system. Staff must ensure that:

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 6
Linked to Policy Number:	See policy front page		

- their decision is based on RISK REDUCTION and SAFETY for all,
- their action was necessary, i.e. there was no other way that was less restrictive or intrusive for the risk to be reduced and justified.
- they were acting in the best interests of the child and/or those around them given the risks presented
- the individual needs of the child or young person are considered and met
- their response was reasonable and proportionate to the risks presented and the minimum amount of restriction was used for the minimum amount of time.

13 LEGAL JUSTIFICATION

13.1 The use of any Restrictive Intervention and Restraint, including Restrictive Physical Intervention (RPI) must have a Legal Justification. With direct reference and consideration of relevant children’s legislation and education legislation (see appendix at front of policy).

13.2 An RPI in any Witherslack Group setting should only be considered as a LAST RESORT in the following situations:

- If a child or young person is causing injury* to themselves or likely to cause injury to self
- If a child or young person is causing injury* to others, or is likely to cause injury to others
- If a child or young person is causing serious damage to property, or is likely to cause serious damage to property

A ‘last resort’ is when there is no other less restrictive or intrusive action, at that time, to reduce the risk.

**Injury could include physical injury or harm or psychological injury or harm.*

13.3 In our education settings, there may be times when the behaviour of the child or young person is disrupting the learning or safety of the other children and young people. All alternative options and strategies should be explored to avoid any restrictive interventions. However, it is acknowledged that the safety, learning and engagement of all of our children and young people are vital to their development and progress, and for this reason, there may be times when staff need to resort to a restrictive intervention if the child or young person is ‘engaging, or likely to engage, in any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils’ (Education & Inspection Act 2006 S93). Examples of when this may be appropriate in an education and learning environment:

- The child or young person is causing continual disruption to the learning of others
- The child or young person’s behaviour is causing a significant increase in risk towards the safety of themselves or others
- It is in the best interest of the child or young person to be removed from the class
- It is in the best interest of the other pupils for the child or young person to be removed from the class

This should only be justified if it is necessary, there is no other reasonable option and its should be the least restrictive response with the minimum amount of force, for the shortest period of time.

13.4 In any situation an immediate assessment should be made by the member of staff(s) as to what they think is the least intrusive and least restrictive response available to reduce the risk of the above, and why this response was necessary (no other way of reducing risk at that time). They need to consider the planned strategies in the young person’s PBS Wave plan as a priority consideration unless following this plan is not in the best interest of the child or young person.

13.5 The response should be proportionate to the action/behaviour. In simple terms, this means that it should be the MINIMUM amount of restriction, force and time to reduce the risk. Consideration needs to include factors such as gender, size, age, individual needs and level of understanding and preferences of the child or young person, as well as size, relationship and competence of the member of staff intervening. All staff should be fully trained and assessed as competent and confident in the PRICE physical techniques. The professional judgement, based on these considerations, would be deemed as **reasonable**. Please refer to the ‘Behaviour in Schools Policy’ and ‘Home Behaviour Policy’.

14 TRANSPORT

14.1 Managing behaviours of concern in a vehicle can be extremely high risk. Clear expectations should be communicated and understood by all children and young people prior to using transport, and a pre-planned seating plan, where possible, should be agreed with staff. The safety of the driver of the vehicle is the

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 7
Linked to Policy Number:	See policy front page		

paramount consideration, and this must be considered when arranging the seating of the escorts and the children and young people. A written risk assessment should be formulated before the journey to reduce risk to the minimum and should include all generic transport risk factors as well as individual child or young person's risks (such as medical and historical behaviours). Specific information relating to transport should also be contained in the child or young person's support plan and communicated to transport staff. A selection of seated PRICE techniques, appropriate for use in a vehicle, are taught as part of the 4-day PACB training. Additional training around reducing risks in vehicles can be requested and delivered to service settings by the Capability Development Coaches.

- 14.2 It would be deemed reasonable for staff to refuse to transport a child or young person in the vehicle if it is deemed too high risk to do so at that time. This consequence should include additional staff support with skills development and understanding of expectations to ensure safety in vehicles in the future.

15 POST INCIDENT DEBRIEF (STAFF & YOUNG PERSON)

- 15.1 The impact that any restrictive physical intervention or restrictive responses can have on both our children and young people and our staff is fully recognised.
- 15.2 Post Incident debrief (PID): It is a priority (and mandatory) that all children and young people and relevant staff members are fully supported straight after an incident and until they are back at baseline through a post-incident debrief (PID). This is an 'ongoing' check on both the physical and emotional wellbeing of those involved and should identify any additional support that is needed, any concerns, complaints or injuries and if the child or young person/staff member feels safe.
- 15.3 Young person De brief: This well-being check should be documented on a Child debrief form (appendix 3) by a member of staff who was **not** involved in the incident and signed by them. Guidance document, flow chart and training accompany this full process.
- 15.4 Staff De brief: Staff wellbeing should be supported by a member of the Senior Leadership Team (SLT) and evidenced on the RPI report. If there are no SLT staff available to complete the well-being check, then other staff should support them and complete a Staff debrief form (appendix 4) for follow-up with the SLT as soon as possible.
- 15.5 Concerns: Any concerns from the young person or staff debrief or from staff observations must be passed on immediately to the senior member of staff responsible for the shift/day.
Complaints: Any complaints or safeguarding concerns must be fully documented via the appropriate Witherslack group systems. Following an incident of RPI a child or young person may wish to make a complaint with a member of staff that the child or young person feels comfortable with, later. In this case, the complaints procedure should be followed immediately and the child or young person supported through the process by a member of staff.

16 POST INCIDENT LEARNING (STAFF & YOUNG PERSON)

- 16.1 Post Incident Learning (PIL) is a separate process from the Post Incident debrief. Following an incident of RPI or significant behaviour of concern, it is vital that staff fully understand the influences and background, triggers and escalation of the incident. By reflecting on the incident and gathering additional observation and evidence we can agree and plan additional Primary, Secondary and Tertiary interventions and support for the future. This process can only be effective and of quality if the child or young person and staff are back at baseline. Information, evidence and observation from all staff (not just staff involved in the incident) will contribute to a 'full picture' of the influences and triggers of the behaviour of concern. Learning opportunities and the development of skills for both children and young people and staff will support a different outcome for the future and result in quality-of-life improvements and a reduction of behaviours of concern. (Please see PIL Guidance and training).
- 16.2 An effective Post Incident Learning (PIL) process will identify additional interventions and Actions for future support, provide information to review the PBS wave plan and inform the RPI report managers' comments provide a review of the PBS Wave plan and YPRA, it will also identify skills gaps for children and young people and training needs for staff.
- 16.3 The child or young person's PIL and the staff PIL are uploaded onto the relevant RPI report. If there have been several incidents within a short space of time, any additional information can be added to the same PIL, and re-uploaded to the later incident report.

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 8
Linked to Policy Number:	See policy front page		

17 CONSEQUENCES AND SKILLS DEVELOPMENT

- 17.1 There are times when staff need to put an action in place to ensure that everyone is safe - and to ensure a different outcome in future. Very often there needs to be a restorative conversation with a young person, and/or a new skill taught. Sometimes something may need to be removed, stopped or implemented to ensure safety for all. We often refer to this action as a consequence. The term consequence is very broad as all behaviour will have a consequence.
- 17.2 With regards to the Witherslack Group definition, a behaviour consequence is when staff need to put something in place to ensure a different outcome for next time, repair and make good and improve the quality of life of the child or young person.
It's important to understand that 'one size' doesn't fit all, and the consequence should be person-centred and relevant to the needs of the young person and the function of the behaviour (why), and NOT the actual form of the behaviour (what it looks like).
- 17.3 A behaviour of concern that might result in a consequence being necessary would be if the behaviour:
- Is dangerous or high risk to the child or young person, others or the environment.
 - Is an offence or may instigate police involvement
 - Is socially unacceptable (when the behaviour would be high risk to them in society).
 - Is not in the BEST INTEREST of the child or young person
 - Impacts on the Quality of Life of the young person or others.
- 17.4 An additional consequence should be documented and reviewed if it is outside of the normal expectations and systems of the Witherslack Group. A Witherslack Group consequence should **never be punitive** and should always reflect a response that is child-centred, restorative, promoting respect and dignity. It should provide a 'stepping stone' to learning a new skill for next time or providing an alternative option for the future. Any action or consequence, because of a behaviour of concern, should be logged fully in the appropriate logbook for the education/home setting.

18 RECORDING AND REPORTING

- 18.1 All incidents involving any **significant behaviour of concern** must be recorded utilising the Witherslack Group database IR recording system. (See Quick Guide – Recording and reporting of incidents.)
- 18.2 All incidents of **Restrictive Intervention and Restraint (including RPI)** must be recorded utilising the Witherslack Group database IR/RPI recording system. This must be logged within 24 hours of the incident to ensure compliance with current legislation.
- 18.3 The author of any RPI report should be the person who decided to use a restrictive physical intervention, as they can provide the information as to why it was necessary, proportionate and reasonable.
The report must be written in the first person, and it should be CLEAR who is writing each section of the report. Additional information from other staff can be added to the report by logging onto the WG Link database, reopening the report and adding to the description of the incident, clearly stating who is writing that section of the report, or the additional comment box, if the report has already been logged. (See IR/RPI Guidance document and Effective report writing training).
- 18.4 Although it is not a legal requirement within children's legislation, Duty of Candour is being open and honest. Ethically and morally, it is necessary in children's settings unless it is not in the best interest of the child or young person. The Duty of Candour in this context is to be open and honest if we make a mistake, a bad judgment call or get things wrong. An environment that encourages a duty of candour creates an open and safe culture.
- 18.5 Managers comments should be completed by a member of the SLT and should review the content of the report, ensure that the description and context of the incident is clear, address any concerns or unclear information and include any strategies for additional support for the future.
- 18.6 Full completion of the report is required within 72 hours and staff signatures (via a PIN) completed to validate content as soon as possible. Agreed strategies and intervention from the Post Incident Learning (PIL) should be uploaded onto the RPI report and referenced in the Manager's comments. However, the PIL

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 9
Linked to Policy Number:	See policy front page		

process of information collection and implementation of Primary interventions can continue beyond the 72 hours and continue to be logged on the PIL form.

19 NOTIFICATIONS

19.1 Parents/carers and relevant professionals are notified of a young person’s involvement in an RPI in the following ways:

- **Children’s homes/schools:** Social Workers are notified of the incident as soon as possible after the incident via phone or email. This is documented on the RPI / IR report. Upon report completion (within 72 hours), the report is emailed to the allocated social worker¹ via the drop-down ‘manage’ menu on the top right of the report – ‘send to Social Worker’, by the Home Manager or Senior Leader.
- **Parent/Carer notifications:** Each home and school will have a process for notifying individual parents/carers of incidents. In schools, parents/carers should be notified as soon as possible after the incident, on the day of the incident.

However, due to the complexities associated with our children’s backgrounds, certain restrictions may be in place that limit communication with parents. It may also be the case that a parent/carer wishes to be communicated with in a specific format, within a specified timeframe. Always check the process for parent/carer notifications.

20 PRICE APPROACH

20.1 The Witherslack Group has committed to using the training package of PRICE (Protecting Rights in a Caring Environment). This package sits on the foundation of the PBS methodology that underpins the Witherslack Group and aligns with our Clinical Wave model of working therapeutically with all our young people.

20.2 All staff working closely with our young people attend a 4-day course which is co-delivered by our Clinical team and our senior PRICE instructors. The aim of the 4-day course curriculum focus is working therapeutically with our young people. It embeds PBS and the four key elements as a foundation of good practice. The course incorporates the RRN-compliant PRICE PACB course (Positive Approaches to Challenging Behaviour) and has an element of practical training around Restrictive Physical Intervention techniques included in Days 3 and 4. The techniques selected are a result of a detailed TNA which is based on knowledge and understanding of our young people and an analysis of data across the group. All PRICE restrictive techniques are individually risk assessed and are supported by a risk assessment with photographs and a video clip.

21 ADDITIONAL PRICE TECHNIQUES

21.1 Additional techniques for individual young people can be trained because of the outcome of an incident of RPI. Techniques for behaviour with an elevated risk can also be delivered to the identified staff supporting the young person. This needs to be directed by the Safeguarding, Behaviour & Inclusion (SBI) Lead practitioner, with an individual action plan completed with the appropriate team around the child. The SBI lead practitioner will undertake the necessary observations and functional assessments to advise staff and oversee an action plan of additional primary, secondary, and tertiary strategies (including any additional restrictive strategies identified). All staff working with higher-risk behaviours will be suitably trained in any additional strategies to allow for the safest possible interventions when these young people are in crisis.

21.2 Where additional techniques are needed to keep the young person and others safe, the Managing Director of PRICE will be contacted to provide guidance and relevant risk assessments and recap information.

22 NON-PRICE TECHNIQUES

22.1 In a high-risk situation, it may be necessary for staff to use a technique that is outside of the PRICE framework or is not a risk-assessed PRICE technique as an emergency response.

22.2 Staff would need to evidence why this was necessary, and that the response was proportionate and reasonable to the risk it was trying to reduce. A restorative process needs to be completed (PIL) as soon as

¹ Some children may not have an allocated social worker in place

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 10
Linked to Policy Number:	See policy front page		

possible, with the risk reduction strategies for the future (including restrictive physical interventions and additional training needs to be planned) documented and shared with all relevant parties.

- 22.3 Ground holds (definition: the torso of the young person is on the ground) should **not** be used. It is, however, acknowledged that in the most exceptional circumstances where not employing the appropriate technique to manage the level of risk would lead to a catastrophic outcome, holding children on the ground may be necessary to safely manage the situation i.e. an emergency response when there is no less restrictive option available to reduce the risk.
- 22.4 Post Incident Learning (PIL) must take place in these exceptional circumstances to identify how staff should support the young person next time. Consultation with the Safeguarding, Behaviour & Inclusion (SBI) Team must always take place if establishments require additional support and advice with a child or young person’s behaviour.
- 22.5 The relevant SBI leads will directly consider the supporting information received, statistical, empirical and historical data, proposed strategies employed to address concerning behaviour, and any risks associated with the proposed strategies. This process will inform any support, advice or in some cases recommendations to the establishment.

23 GOVERNANCE AND QUALITY ASSURANCE

- 23.1 Governance and Quality Assurance Quality Assurance is everyone’s business. The best way to ensure that all our provisions across the whole of the Witherslack Group are of the highest quality, safe and open is to have a robust and regular QA process.
- 23.2 The use of physical intervention is also monitored at different levels within the organisation. Operationally Regional Directors provide objective scrutiny for schools and homes to ensure procedures within this policy are adhered to. As part of the internal quality assurance process, all incidents within the individual establishment are analysed (both physical and non-physical), and the whole behavioural approach is also monitored, including rewards, consequences and ethos.
- 23.3 Both Schools and Children’s Homes generate regular analysis reports with action plans, to continually strive to reduce restrictive practices and learn from previous incidents. These in turn are sampled by staff external to the site during quality assurance visits. These visits are conducted regularly, and where needed an additional action plan is produced to assist the staff with their internal analysis and monitoring. Monitoring of all incidents within establishments is also scrutinised and discussed within school board and home management meetings. Within these meetings, the establishment must report to the Regional Director and non-executive chair on a variety of issues including behaviour, incidents and restraint reduction planning.
- 23.4 The Witherslack Group also has a Quality Assurance Department which works independently of any single establishment. The role of the Quality Assurance team is to provide a separate, independent layer of governance, to ensure that the service and outcomes that Witherslack Group provides are fit for purpose, of a consistently high quality across all areas, meets both external and internal requirements and ensures continual improvement. External Quality Assurance monitoring visits occur regularly in all establishments. The use of restrictive practices including restrictive physical intervention is a focus for these visits.

24 STAFF TRAINING

- 24.1 ‘Working therapeutically with young people, PBS and PRICE training’ is delivered to all new staff who work directly with our young people within 3 months from their start date. The course content mirrors this policy and includes additional guidance and practice around WG behaviour systems and processes. All staff who work in settings with young people in a role that is unlikely to be supporting young people displaying behaviours of concern (low risk) will access a 1-day course consistent with the requirements of the RRN training standards. This course has no restrictive physical intervention element.
- 24.2 All training is accessible to all stakeholders and external bodies who wish to attend and observe our training (Ofsted inspectors, LADO’s, Social workers etc...) to assess how well all aspects of the training are delivered, developed and administered. Annual reviews and audits of all PRICE systems consist of:
 - Performance of Trainers (observation/refresher assessments/co-training opportunities)
 - Training delivery

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 11
Linked to Policy Number:	See policy front page		

- Monitoring all individual training records in compliance with the requirements of the RRN standards, including course evaluations, accident and injury records and individual staff action plans.
- Monitoring all individual records in compliance with the requirements of the RRN standards including TNAs, Action plans and Annual Training Plans
- Monitoring of all PRICE refresher training and annual re-certification

25 RELEVANT LEGISLATION AND REFERENCES

[Children Act 1989](#)

[Human Rights Act 1998](#)

[Education and Inspection Act \(Section 93\) 2006](#)

[Health and Safety at Work etc. Act 1974](#)

[National Minimum Standards \(Residential Special Schools 2015\)](#)

[United Nations Convention on the Rights of the Child \(ratified 1991\)](#)

[Violent Crime Reduction Act 2006](#)

[Special Educational Needs and Disability Act 2001](#)

[Children’s Homes Regulations 2015](#)

[Children’s Homes Quality Standards 2015 \(Regulation 35\)](#)

[Keeping Children Safe in Education](#)

Relevant Guidance (non statutory) :

[Use of Reasonable Force in Schools 2013](#)

[Guide to the Children’s Homes Regulations including the quality standards April 2015 \(9.33\)](#)

[Reducing the Need for Restraint and Restrictive Intervention](#)

[Positive Environments Where Children Can Flourish](#)

26 ASSOCIATED FORMS

OPSOP01 RPI Post Incident Support Flow Chart

OPF07 Staff Post Incident Learning Form (PIL)

OPF08 Staff Post Incident Debrief Form (PID)

OPF09 Young Person Post Incident Debrief Form (PID)

OPF10 Young Person Post Incident Learning Form (PIL)

OPSF11 School RPI Recording Checklist

OPG02 De-escalation Strategies Handout

OPG03 Reporting and Recording Quick Guide

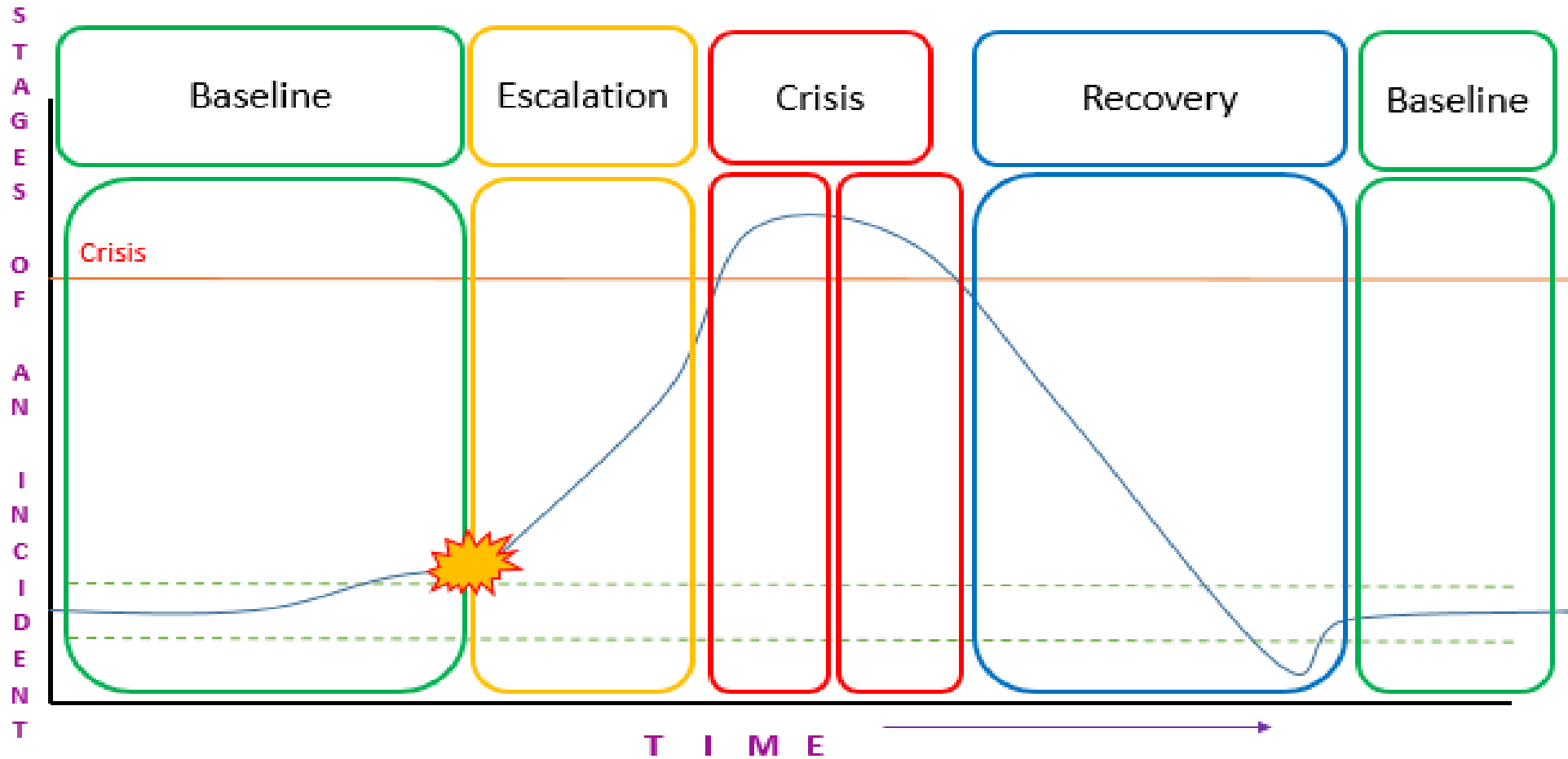
27 APPENDICES

Appendix 1 – Stages of an Incident

Appendix 2 – Capable Environments

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 12
Linked to Policy Number:	See policy front page		

Appendix 1 – Stages of an Incident



Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 13
Linked to Policy Number:	See policy front page		

Appendix 2 – Capable Environments



- Positive social Interactions
- Support for communication
- Support for participation in meaningful activity
- Consistent and predictable personalised routines and activities
- Support to establish and maintain relationships with family and friends
- Opportunities for choice
- Encouragement of more independent functioning
- Personal care and health support
- A good physical environment
- Mindful and skilled carers
- Effective management and support
- Effective organisational context

Document Number: OPP02	Issue Date:	September 2024	Version Number: 01
Status: FINAL	Next Review Date:	September 2025	Page 14
Linked to Policy Number:	See policy front page		