



SECURE ACCOMMODATION NETWORK

Good Practice Guidance

Title: The Use of Restrictive Physical Interventions (RPI) in Secure Children's Homes (England and Wales)

Purpose: To ensure that staff who are trained in the use of control and restraint do so as a last resort and in doing so maintain the safety, health and dignity of those young people whose behaviour requires the use of a physical intervention.

Date: Friday, 18 March 2005

1. INTRODUCTION

1.1 Physical control of young people covers a wide spectrum of intervention from physically guiding a young person away from a situation to positively intervening with the intention of restricting the movement and actions of a young person.

1.2 This guidance focuses solely on the use of restrictive physical intervention which can be defined as the positive application of force with the intention of overpowering the young person to prevent them from:-

- *Harming themselves or others*
- *Causing significant damage to property*
- *Inciting other young people to cause physical harm or damage to property.*
- *Absconding both from within and outside of the Unit.*

1.3 Restrictive Physical Intervention (RPI) should only be used as a last resort where all other alternatives have been exhausted or are inappropriate.

1.4 Use of RPI must be guided by the principle of reasonable force i.e. the degree of force used must demonstrably be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

1.5 RPI procedures should be set within the context of an overall behaviour management policy which should be validated by the agency managing the Secure Unit, with the advice and agreement of the agency's Legal and Health & Safety Officers.

Refer also to:-

*Sec.17
Children's
Homes
Regulation 2001*

*Department of
Health Circulars
LAC (93) 13 and
C1 (97) 6, STC
Rules.*

- 1.6 The system of RPI techniques used by each Secure Unit must be a system that has been accredited by CSCI/YJB. This accreditation will not detract from the responsibility of the management of each Secure Unit to ensure that the techniques are applied appropriately.
- 1.7 Specific direction and guidance on the use of RPI within Secure Units and STCs is contained within: S.17 Children's Homes Regulation 2001, Department of Health Circulars LAC (93) 13 and C1 (97) 6, STC Rules. Within this context managing bodies also have a duty of care to staff, which will incorporate such issues as: staff ratios, staff support, development and training, use of personal protective equipment.
- 1.8 RPI should not involve the young person being deliberately taken to the floor. Where this does occur during the course of an incident or where holds other than approved holds have been used, the reapplication of approved techniques should be achieved as soon as possible. In all such circumstances the underlying requirement is that the principle of having applied reasonable force has been demonstrably adhered to.
- 1.9 Similarly with any use of pain compliance techniques it must be demonstrated that no reasonable alternative existed and that only force that was reasonable in the circumstances was applied. It is strongly recommended that the use of pain compliant techniques should be avoided wherever and whenever possible.
2. GOOD PRACTICE ELEMENTS
- 2.1 Use of RPI may be planned in that it may form part of a young person's Risk Management/Behaviour Management Strategy to which the young person should have contributed. The plan may indicate when, how and what RPI techniques should be used if necessary.
- 2.2 Similarly the opportunity to plan the RPI should be taken in those situations where intervention is necessary but the danger is not immediate. The time should be taken to determine what technique is to be used, the roles of staff team members and to agree the desired outcome.
- 2.3 The provision of adequate ratio of staff to children is essential to providing a safe environment for both staff and children and to maximising the opportunity to conduct any RPIs that are necessary safely and successfully. A ratio of one staff member to two children would generally be acceptable. Variation above or below this ratio will need to be reflected in risk assessments.

- 2.4 Staff should be identified from each team on duty who will respond to any incident/alarm calls. Whenever possible RPI should only be undertaken with a minimum of 2 staff with a staff member observing, advising and supporting.
- 2.5 RPIs are instigated as part of a process to prevent an incident escalating beyond acceptable limits. Prior to using RPI staff need to have reached the judgement, based on their assessment of the situation, that it will improve or at least prevent the situation from deteriorating. In making this judgement staff will have taken into account:
- *Their own ability*
 - *The physical ability of the child(ren)*
 - *The history of the child(ren)*
 - *The minimum intervention required to resolve the situation*
 - *The availability of other staff*
 - *The presence of other children in the location.*
- 2.6 All new staff should ideally receive full training in the use of RPI as part of the induction process prior to taking up their full duties. At the least they should be trained in the use of breakaway techniques with a commitment to being fully trained in RPI within 2 months of taking up post.
- 2.7 All staff should participate in the management of challenging behaviour training focussing on negotiation and diffusion techniques. This training should be the subject of an annual refresher.
- 2.8 Staff undertaking full RPI training will need to be certified as competent by the instructor, rather than simply having taken part. All staff should then undertake annual refresher training at which they will need to achieve re-certification as competent. Good practice would indicate that staff should also have the opportunity for further instruction within the 12-month period as and when necessary.
- 2.9 Ideally RPI should be undertaken with a Team/Shift leader present whose role is to:-
- 2.10
- *Authorise use of RPI*
 - *Ensure pain and distress to young people is minimised*
 - *Ensure staff losing control or tired are replaced*
 - *Ensure that young people are kept away from the incident*
 - *Ensure termination of RPI as soon as possible*
- 2.11 Ideally the gender of staff involved in a restraint should be considered, but in an emergency this consideration will be overridden by the need to control the situation safely and quickly.

- 2.12 The same requirements for RPI training that apply to permanent staff should also be applied to temporary and agency staff.
- 2.13 To ensure that a child who requires RPI has their needs met in the safest way available risk assessments and risk management strategies must be in place specifically: (a) Unit Annual Risk Management Plan; (b) Risk Management Plan for Individual Young Person.
- 2.14 *Good practice would also indicate the need for the following:-*
- *Shift Leader Risk Management Plan;*
 - *Plan based on young person's views of how their 'dangerous' behaviour can best be managed.*
- 2.15 In combination these plans will both guide staff on how to manage a young person to prevent the need for RPI and on the ideal method of restraint should it be necessary.
- 2.16 Restrictive Physical Intervention should be followed by a review, and, where appropriate, revision of risk management strategies.
- 2.17 All staff should be made aware of any medical condition of the young people which may be triggered or exacerbated by the use of RPI.
- 2.18 Where the need arises to restrain a pregnant girl it is essential that the foetus be protected. Holds that involve pressure across the stomach area should be expressly avoided. Wherever possible the girl should not be moved to another location whilst subject to RPI.
- 2.19 Any injuries incurred by a young person during the course of an RPI should be recorded and given the appropriate level of treatment. Young people should be asked if they incurred any injuries as part of the debriefing process. A registered nurse should examine all injuries within one working day of the incident.
- 2.20 Where a young person is moved to their bedroom under restraint all objects should be removed that could be used to self-harm or to injure staff, prior to releasing the young person. The extent to which this process of room clearance is undertaken should be subject of a risk management strategy.

Refer also to:-

Individual Young Person's Risk Assessment and Management Plan

3. RECORDING

- 3.1 A record of any RPI should be contained within the incident report record.

3.2 The record should contain the build-up to the incident, the incident itself and the resolution. As such the report should be written by a member of staff who was involved or who witnessed the incident from start to finish.

3.3 All records should be countersigned by a witness and by the shift leader, prior to completion of the shift.

Records of incidents involving RPI should contain:-

- *Young person's details*
- *Staff involved.*
- *Description of build-up, incident and resolution*
Description of hold
- *Record of injury to young person (anatomical diagram)*
- *Confirmation of debriefing for staff and young person*
- *Cross-referencing to other documentation e.g. measures of control record; segregation record; child protection investigation.*


3.4 Additionally accident records needs to be completed in respect of injury to staff or young person.

3.5 As a minimum parents and YOT/social worker should be informed in all cases where restraint results in an injury to the young person.

3.6 CSCI and YJB need to be informed where restraint has resulted in a serious injury to the young person or a complaint investigated under child protection procedures.

Refer also to:-

*CSCI/CISW and
YJB Notifiable
Incidents
Reporting
Guidance*

<p>Editor(s):</p> 	<p>Andy Copp, North West Region Rep, (Secure Accommodation Network)</p> <p><i>(with specific advice, guidance and good practice contributions from:-</i></p> <ul style="list-style-type: none"> • <i>Secure Children's Homes</i> • <i>St Andrews Hospital, Northampton</i> <p><i>And general contributions from members and associated members of the Secure Accommodation Network (SAN).</i></p>
<p>Date:</p>	<p>Tuesday 11 January 2005</p>