

Policy and Procedure on Use of Physical Intervention featuring MAPA

Purbeck View School

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1. Monitoring and Review

- 1.1 The Proprietor will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date of approval shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.
- 1.2 The local content of this document will be subject to continuous monitoring, refinement and audit by the Head of Service.

Signed:



Anne Marie Carrie
 Proprietor, Cambian Group
 March 2019



Ginny Bellard
 Principal
 June 2019

2. Terminology

2.1 Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location'	this is a generic term which means the Children's Home/school/college. Purbeck View School is a school and home.
Individual	means any child or young person under the age of 18 or young adult between the ages of 18 and 25. At Purbeck View School we have young people attending and/or residing between the ages of 7-19.
Service Head	This is the senior person with overall responsibility for the school and home. At Purbeck View School this is the Principal, Ginny Bellard.
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent, Carer, Guardian	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At Purbeck View School this is Ofsted.
Social Worker	This means the worker allocated to the child/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Staff	Means full or part-time employees of Cambian, agency workers, bank workers, contract workers and volunteers.

3. Legislation and references for further guidance

3.1 The purpose of this policy is to ensure that, as far as reasonably practicable, the safety of all employees, individuals in our care, visitors and any other individuals who may be affected by people handling activities, are safeguarded through compliance with relevant legislation, including:

- The Health & Safety at Work Act (HSWA; 1974)
- The Management of Health & Safety at Work Regulations (MHSWR; 1999)
- Manual Handling Operations Regulations (MHOR; 1992, as amended 2002)
- Lifting Operation & Lifting Equipment Regulations (LOLER; 1998)
- Provision & use of Work Equipment Regulations (PUWER; 1998)
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR; 2013)
- Human Rights Act (1998)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693446/Environments_where_children_can_flourish.pdf
- https://www.cqc.org.uk/sites/default/files/20180322_900803_briefguide-restraint_physical_mechanical_v1.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf
- The Children's Homes Regulations 2015 have been amended by the Children's Homes (Amendment) Regulations 2015 (the 2015 Regulations).
<http://www.legislation.gov.uk/ukxi/2015/541/contents/made>
- Use of reasonable force: Advice for Head teachers/Principals, staff and governing bodies, July 2013:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf
- Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children, Young People and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders (2002):
<http://dera.ioe.ac.uk/15434/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions.pdf>
- Restrictive Physical Interventions for Pupils/Students with Severe Behavioural Difficulties (2002):
http://dera.ioe.ac.uk/15433/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions%20for%20pupils%20with%20severe%20behavioural%20difficulties_2003.pdf
- BILD Code of Practice for the use and reduction of restrictive physical interventions:
<http://www.bild.org.uk/our-services/books/positive-behaviour-support/bild-code-of-practice>
- Positive and Proactive care – Reducing the need for restrictive interventions
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

4. Introduction

- 4.1 This policy should be read in conjunction with [Behaviour Support Policy no 45](#).
- 4.2 This policy recognises the positive use of physical contact, as staff are likely to experience many different scenarios involving physical contact (from light to firm pressure touch) with children and young people. When touch is used in context and with empathy and due regard for the individual's dignity, it can be a means of providing care, comfort, communication, reassurance and safety.
- 4.3 This policy deals with the principles and practice of different physical interventions used with the individuals in our care by staff in Cambian locations.
- 4.4 This policy outlines the legal requirements and the practical procedures that Cambian Children's Services follows to ensure the safety of the individuals in our care, staff and visitors to our locations.
- 4.5 It is recognised that within Cambian there are a number of children and young people for whom physical interventions may form part of a range of strategies required to meet their needs and to ensure the safety of others. These strategies must be used only once the relevant de-escalation strategies have been exhausted.
- 4.6 As is required by the law Cambian does not have a 'no touch' policy. Each site has a local Guidance on physical contact with their children and young people.
- 4.7 This policy has been written with due regard to Local Authority's policies relevant to the Cambian locations, the updated non-statutory advice from the Department for Education 'Use of reasonable force' from July 2013 and the Children's Homes Regulations 2018.
- 4.8 This policy applies to all staff working in our locations as well as being engaged in off - site activities.

(Management of Actual or Potential Aggression (MAPA))

- 4.9 This policy features MAPA (Management of Actual or Potential Aggression (MAPA)). The MAPA programme is a behaviour management system designed as a safe, non-harmful approach to assist staff in the management of a wide range of disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances and high risk behaviour. The focus is on verbal de-escalation, prevention, and early intervention.
- 4.10 The MAPA philosophy enables us to meet Standards, Regulation and Legislation for Individual Children's Homes, Residential Special Schools and Care Homes.

5. Purpose

- 5.1 To maintain the safety of the individuals, the staff working with them, others and the environment.
- 5.2 To ensure all staff understand the circumstances in which physical intervention is used with individuals in our care, treat all individuals with dignity, courtesy and respect.
- 5.3 To ensure the term 'physical' doesn't necessarily mean 'negative physical contact e.g. 'supportive/therapeutic touch'.
- 5.4 To clarify the procedures that should be followed to ensure that where physical intervention is used, the techniques are safe and appropriate to the situation.
- 5.5 To ensure that all adults working with the individuals in our locations are clear about their role, in order that their own rights, and those of the individual in their care, are protected.

- 5.6 To ensure that staff who are likely to face situations in which physical intervention may be necessary, are trained appropriately and understand the procedures to be followed in planning, applying and reviewing the use of physical intervention.
- 5.7 To authorise staff using a physical intervention that is 'reasonable and proportionate' when managing challenging behaviour.
- 5.8 To ensure that Cambian locations comply with all the relevant current legislation and other National Standards which govern this area of our work.
- 5.9 To support and encourage best practice, increase the use of successful de-escalation and thus reduce the need for physical intervention to be used.

6. Policy

- 6.1 Not only those with parental responsibility, but all practitioners responsible for care and support and, as far as possible, the individual themselves, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour, including the use of physical intervention.
- 6.2 At all times our collective aim should be to seek to reduce i) the necessity for physical intervention, ii) the frequency of use and iii) when needed, the intensity of that intervention.
- 6.3 Generally speaking there are different purposes to physical contact, and specific arrangements for an individual will be recorded in their care or health plan and also their behaviour support plan. Physical intervention is only one of a number of examples of physical contact as set out below:
 - Intimate care - care which involves contact or proximity to sensitive areas, (e.g. washing, bathing, changing, cleaning, assisting with menstrual management and some medical procedures);
 - Communication - to function as the main form of communication or to encouraged different forms of communication, e.g. when using Intensive Interaction;
 - Prompts and guides – as part of teaching, to gain attention or direct movement when guiding children and young people between different areas of the building and the site;
 - Therapy - e.g. massage, sensory stimulation recommended by a therapist and provided by a trained staff member;
 - Play – individuals at early levels of development (regardless of chronological age) are likely to be quite tactile and physical in play;
 - Reassurance and comfort – touch can be used to communicate positive emotions, security and comfort (e.g. side-hug) to calm and reassure a distressed child/young person;
 - Physical support – service for children and young people who may have physical difficulties (e.g. transfers in and out of wheelchairs, using a hoist or slide sheet, helping to hold objects),
 - Physical Intervention/Restraint – in response to challenging behaviour it may occasionally be necessary to employ the use of Restrictive Physical Intervention, but only as a last resort.

Physical Intervention (Restraint)

- 6.4 The purpose of restraint in response to challenging behaviour is to take immediate control of a dangerous situation, in order to end or significantly reduce the risk of harm to the person and others around them. Physical intervention involves some form of physical contact with the application of a reasonable force in order to guide, restrict or prevent movement. This can include a range of actions from touching, guiding or escorting all the way to holding, chemical or mechanical restraint and seclusion.
- 6.5 In an emergency situation, interventions may be used in accordance with guidance in the BILD Code of Practice for Interventions using the relevant trained MAPA (Management of Actual or Potential Aggression).

- 6.6 An Individual Risk Assessment identifies the specific intervention that will be sanctioned for use, and under those which may not be used under any circumstances. Where appropriate, a MAPA trainer can be called upon to refresh the team on specific skills.
- 6.7 The MAPA model consists of the following physical interventions 'physical holding and disengagement/emergency responses':
- MAPA Physical Holding skills form a hierarchy of restriction (low, medium and high). This hierarchy ranges from the least restrictive intervention that allows staff intervening to prompt and guide the individual; to an intermediate restriction that allows movement whilst being held; to the most restrictive intervention whereby all movements are limited.
 - MAPA Disengagements/ Emergency Responses: The use of a physical intervention to gain a release from any holding situation whilst minimising pain or injury in situations in which the behaviour has been assessed as a low, medium, high or extreme risk to self and others.
- 6.8 In locations working with the principles of MAPA (Management of Actual or Potential Aggression) physical interventions will include:
- Low, medium and high level restriction in a seated position
 - Low, medium and high level restriction in a standing position
 - Floor Transitions
 - Emergency Floor Holding
- 6.9 No physical interventions should be intended to cause pain or harm and the risk of causing accidental harm should always be minimised.
- 6.10 All restrictive interventions should be used for the shortest time possible and use the least restrictive means to meet the immediate need based on guidance from the Department of Health - Positive and Proactive Care (Legislation and references for further guidance).
- 6.11 Staff working with children need to use their professional judgement about how best to respond to a situation and each circumstance can only be viewed on a case-by-case basis. The Principal/Registered Manager must use effective analysis to ensure any of the situations described above are explored and steps taken to prevent those from happening again.
- 6.12 A measure of physical intervention/restraint may only be used for the purpose of :
- Preventing injury to any person (including the individual who is being restrained)
 - Preventing serious damage to the property of any person (including the individual who is being restrained)
 - Maintaining good order and discipline (in a school teachers have the power to use reasonable force to maintain good order and discipline). However, this will only be when it is necessary for the safety of the individuals or those around them and only following appropriate analysis of the situation. Restraint that deliberately inflicts pain should not be used and it is always unlawful to use force as a punishment.
- 6.13 As soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the individual calms and is able to take more control of their own behaviour.
- 6.14 Staff should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances where the risk of not intervening outweighs the risk of intervening.
- 6.15 Any individual member of staff using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the actions of staff can be justified because of the level of risk posed to themselves / others or when new staff (prior to receiving training) in an emergency situation can be directed by a trained member of staff to support a physical intervention where reasonable and proportionate.

- 6.16 There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances it will be necessary to call in outside agencies such as the Police. This is particularly important in situations where an individual has some form of weapon that increases the risk of harm being inflicted.
- 6.17 All staff as authorised by the Head of Service and trained to do so have statutory power to use physical intervention which is reasonable and proportionate, recorded and can be explained.
- 6.18 All staff working with the individuals in our care are trained in MAPA or another appropriate methodology – please see training section.

7. Procedures

The importance of prevention

- 7.1 Within Cambian all children will either have a Behaviour Support Plan or Risk Management Plan which incorporates behaviour support. This is a personalised framework used to identify and address any difficult behaviour which cannot be prevented/supported through other more general strategies to behaviour support. All behaviour support plans follow the same format of proactive, active and reactive strategies, enabling a consistent approach to behaviour support for every individual.
- 7.2 The function of a behaviour support plan is to identify the antecedents (the things that contribute towards) of particular behaviour, and to provide staff with relevant information on how to recognise and address the early signs of crisis in order to deescalate potential incidents and avoid the need for physical intervention/restraint. All the strategies identified in the behaviour support plan should be used to minimise the use of unnecessary physical intervention.

Applying physical intervention/restraint

- 7.3 Staff must follow localised site-specific procedures for reporting and recording physical interventions, in accordance with our Child Protection and Safeguarding Policy and the associated documents.
- 7.4 Procedures for physical intervention in all locations will cover:
- A step by step process by which the policy will be implemented
 - Who is responsible for implementation and monitoring
 - What records need to be kept and how long for
 - Any sanctions for staff not following policy e.g. disciplinary
 - Supporting documents such as forms, posters, guidance that should be used etc.
- 7.5 Managers will ensure that all staff have read, understood and have access to a copy of this policy. The staff member's application of this policy and procedure will be reviewed on an on-going basis.

Special considerations

- 7.6 There are certain circumstances which must be fully analysed, understood and thoroughly recorded, so that the relevant plans can be reviewed and where appropriate steps taken to prevent such:
- The use of prone holds and/or taking children to the floor and/or 'ground' holds.
 - Restraining children in their bedrooms and/or on their beds.
 - Periods of physical intervention that are of unusual length e.g. an individual being routinely held for more than 10 minutes.
 - High numbers of staff involved in an incident, which goes above recommended levels for each level:
- MAPA Foundation level; minimum 1 and maximum 2 staff carrying out the intervention with 1 or more witnesses present,

- MAPA Advanced level; minimum 3 and maximum 5 staff carrying out the interventions with 1 or more witnesses present.

- Situations that are escalating, with restraint being used more frequently.
- Restraint practices becoming the norm/being applied universally or indiscriminately.
- Individuals sustaining injuries.
- Repeated incidents or patterns of behaviour that are easily identifiable.
- Incidents that involve care staff being used on school premises to 'manage' children's behaviours (as opposed to staff who at the time of the incident lead particular session e.g. teachers or teaching assistants).
- Incidents that involve children being administered prescribed medication on an 'as required' basis to calm, relax or sedate them – [Administration of medication policy and procedure \(060.02\)](#).
- Incidents that involve the intentional use of equipment to physically restrict children with or without staff being physically present (e.g. safe space beds, a wheelchair, reins or a safety harness or a seatbelt).

7.7 If any of the above examples have taken place it must be fully evidenced why these were the best or the only solutions at the time, how the action was proportionate to the circumstances and how the child's rights were respected.

Emergency seclusion, withdrawal and time out

7.8 At times it may be necessary for a child/young person to spend some time away from their peers, any stimulus or triggers in order to help them to calm down before they are ready to safely re - engage again. There are different ways in which this could be achieved:

- **Emergency seclusion:** the supervised containment of a person in a room, which may be locked, or equipment is used to prevent it being opened, to protect others from significant harm. This is an extreme form of restraint and should only be used as a last resort and for the shortest time possible. The period of seclusion should last no longer than a few minutes and it must NOT take place on a regular basis as a way of regular management of behaviour.
- **Time out:** Restricting a child's/young person's access to all positive reinforcements as part of a behavioural plan/strategy
- **Withdrawal:** Removing the child/young person from a situation which causes significant stress and anxiety to an area where they can be continuously observed and supported until ready to re - engage in usual activities.

7.9 During **any** period of seclusion, staff must remain in sight of the child/young person, and to safeguard their health and wellbeing. Also staff must ensure that in that period of time a child's/young person's immediate needs includes access to the toilet, food and drink and activities, are met. Each site must have agreed protocols for recording and monitoring emergency seclusion in place before any period of seclusion.

7.10 Emergency seclusion must not be used as a punishment or a threat, or because of a shortage of staff. It should not form part of a care programme. Seclusion should never be used solely as a means of managing self-harming behaviour either.

Restrictions on Children's Liberty

7.11 Use of any restrictions on an individual's movement and/or the use of intrusive observations will be carefully considered and questioned where appropriate.

7.12 Managers and staff should know and check what has been done and what else has been tried, that the practice is kept under review and that steps are taken to find a less restrictive approach wherever possible. In many circumstances, an individual needs change over time. All managers and staff need to recognise that and think about what the least possible restrictions are to keep an Individual safe.

- 7.13 There are various types of restrictions such as those mentioned in section 7.8 above which in certain circumstances may suggest that an Individual has had their liberty restricted. Other forms are: Locking a door, leaving alone a disabled Individual who cannot move independently, use of high bed sides or high door handles so that Individuals cannot leave the bed or room without staff support.
- 7.14 However on some occasions, Individuals may find that time on their own is a positive intervention at times of distress, but these interventions should be used sparingly and the situation must be managed sensitively. It also needs to be remembered that some restrictive interventions can form part of a child's and young person's education, health and care plan for example in Children's Homes, but this will be explored in children's Care Plans so it is fully understood.
- 7.15 It should be noted that the requirements about the use of restraint may differ between school settings and children's homes. However a consistent approach to the management and support of behaviour is what best meets the needs of children and young people. Therefore, it is expected that the regulations and statutory guidance for children's homes about restraint are consistently applied across both the educational and children's home settings where they are co-located. If there are differences between the home and school, there needs to be shared understanding amongst staff around how this is managed and how this is in child's best interest.

Deprivation of Liberty Safeguards

- 7.16 In CQC registered homes/hospitals care arrangements/regime which may amount to deprivation of liberty must be explored and advice sought from the relevant Local Authority DoLS department to ensure no deprivation of liberty is taking place without authorisation and DOL safeguards are being applied for – more information is available in [Deprivation of Liberty Safeguards policy](#).

Reporting and recording

- 7.17 Employees have a legal duty to report any matter in which safety is compromised. Any physical violence directed towards staff or others needs to be reported and recorded even if individuals feel able to tolerate different levels of aggression [Third Party Aggression policy](#).
- 7.18 Reporting of incidents enables incidents to be reviewed so that in the future preventative measures can be put into place to avoid the continuation or escalation of aggression. It also addresses the need of individuals to develop more appropriate behaviours in response to difficulty.
- 7.19 Staff must record any incident using [Incident report \(45.03.01\)](#).
- 7.20 The use of physical or restrictive intervention needs to be reported to the Principal/Registered Manger and recorded as soon as possible after the event and definitely within 24 hours. There may be a need at a later stage to demonstrate that decisions about the intervention used were appropriate, given the circumstances.
- 7.21 Information must also be entered onto either the software tool for tracking and analysis of Individual behaviour e.g. 'Sleuth' or an electronic Restraint log which will allow analysis of trends and themes and which will assist the multi-disciplinary team working with the individuals in our care.
- 7.22 Staff must record as much information about the incident as possible, as a minimum the incident report must contain:
- Establishment name
 - Date
 - People involved (full names)
 - Event being reported – description of incident including – antecedent, what has been observed
 - Behaviour and consequences; any physical intervention used; injury, where appropriate – body chart.

- Schools/colleges are required to keep contemporaneous written records of all incidents where physical or restrictive intervention has been used for example a bound incident book with numbered pages.

- 7.23 There are particular aspects in relation to the use of physical interventions which Heads of Service / Registered Managers must explore:
- How does the recording influence practice within school/college/care home?
 - How trends and patterns about Individuals, individual staff and groups of staff being monitored?
 - How the views of Individuals, including those who communicate non-verbally are taken into consideration?
 - How Individual's consent (Young Adults) in relation to what information can be shared and who with is taken into consideration?
 - Where Individual have fluctuating capacity – when and what plans are being made with the Individual in relation to use of PI for the time they are unable to make decision or provide consent?
- 7.24 If the school and residential services are on the same site, it is expected that any incidents are recorded where the incident occurred. It is critical that relevant managers review practice to ensure there is shared understanding of what happened and how the Individual can be supported in the future.

The importance of debriefs

- 7.25 Within a reasonable time following a physical intervention, both the staff and child/young person should be given opportunities to share what has happened. These must be separate opportunities and ideally, those should take place in a calm and safe environment where each can reflect back on the situation and learn from it.
- 7.26 De-briefs of staff member must take place within 48 hours of the incident. Staff debrief is a structured conversation with someone who has just had a stressful or traumatic experience. When conducting a debrief session with the staff member(s) the meeting must be a supportive nature.
- 7.27 De-briefs of an individual in our care must take place within 5 days of the incident. The purpose of the debrief session with an individual is to reflect on what has happened during the incident and the behaviour displayed by the Individual in order to assist them in adapting their behaviour in the future. This can be supported by the use of visual aids where necessary. Due to the nature of autism it may not be possible for all the individuals in our care to successfully access a de-brief and only in the few circumstances will it be clearly recorded within the individual's plan of care or the behaviour support plan the reason why this is not useful to them.

Accident and injury associated with physical interventions

- 7.28 Individuals who receive a restrictive or physical intervention should be routinely assessed for signs of injury or physical or emotional distress. Such assessments need to take into account their ability to recognise and communicate their response to harm. Any necessary medical examination must be carried out by appropriately trained staff.
- 7.29 **A Body Map Record** must be used to record any bruising or marking caused as a result of physical intervention, including the context in which the bruising occurred. Staff are to use the body map within the incident form (sec 8 of the Incident form) or separate body map where this is not part of the incident form and authorised by Operations Director. Any injuries reported by the individual must also be recorded, whether or not there are visible marks.

- 7.30 Parents/guardians and/or social workers must be informed of any injury within 24hrs unless there is other specific agreed timeframe. In the case of Children/Young people who are Looked After it is essential that the social worker is informed without a delay, ideally within the same timescale.
- 7.31 Any physical intervention can result in positional asphyxiation. Therefore, health monitoring will be in place during and after the event and recorded as required (24 hour blocks as needed).
- 7.32 An accident form in the accident book must be completed for any accident or injury sustained to any party as soon as possible following the incident and the record must clearly state whether the injury was as a result of the incident or any intervention carried out.
- 7.33 In the case of any injury to an individual, appropriate records must be added to the medical file, by the nurse, or other medical professional for example and visual check or examination by the Nurse, GP or first aid trained staff.
- 7.34 Each location must maintain an up to date Accident returns summary ([GHS 04.01.01](#)) and report any RIDDOR incidents through appropriate channels and on [Cambian KPI \(GHS 04.01.05/06\)](#)

Sharing other information - Individuals 16+

- 7.35 Every person has a right to privacy under the European Convention on Human Rights (Article 8), but if there are any worries or doubts about the wellbeing of a Young Person it will have to be decided whether personal or confidential information need to be shared. Sharing information appropriately is often the key to putting in place effective safeguarding. This part should be read in conjunction with Consent and Mental Capacity policy and procedure.
- 7.36 If the incident constitutes a safeguarding concern for the individual or member of staff the Child Protection and Safeguarding Policy no 25 takes precedent and should be followed.

Monitoring & Review

- 7.37 Each Establishment will maintain on-going monitoring of all use of physical and/or restrictive interventions. They will ensure that at all times the associated risks of carrying out physical and/or restrictive interventions are carefully weighed against the risks associated with not carrying out the physical and/or restrictive intervention.
- 7.38 Each establishment will maintain a [restraint log \(08.02.07\)](#) or tracker system. This may be included within the overall incident log but the Head of Service, senior management and MDT must additionally be able to analyse restraint data in isolation.
- 7.39 Each establishment will ensure that accurate weekly figures are made available for submission to CambianKPI on a Monday morning. Data is published to every site on a Wednesday.
- 7.40 The use of any Behaviour Support Strategies and any use of physical intervention should be the subject of on-going review. Evaluation of the effectiveness of the approaches used will help to clarify an individual's needs. Specific strategies will need to be varied according to individual circumstances and the context in which they are being used.
- 7.41 Reviews should be considered using a Behaviour Risk Reduction Plan/Review (45.02.03). Focus Meeting or Weekly High Priority Group Meetings.
- 7.42 For some individuals in our care the complexity of their needs means that the fact the level of intervention has stayed constant and not increased, itself represents success. Nevertheless, it is important to ensure that the use of physical or restrictive intervention never becomes routine.

Complaints

- 7.43 At any time if the individual being restrained is not happy with the approach, process or staff/other individuals they have the opportunity to either complete a complaint leaflet (doc. 22.07-22.08), which is available in all locations on display or follow the Complaints Procedure and/or use the Whistleblowing procedure, which is also on display in all locations.
- 7.44 When individuals join the location they are made aware of this and this is reiterated in individual local meetings. Sites must make sure that Individuals are provided with accessible resources to allow them to participate fully in the complaints process.
- 7.45 The NYAS Independent Visitor and Advocate are also further options provided by Cambian should the Individual want to pursue this.
- 7.46 Parents and individuals have a right to complain about the actions taken by staff within the location. If an allegation of abuse is made against a member of staff the Location needs to follow guidance set out in Child Protection and Safeguarding Policy which is underpinned by Local Safeguarding Board Inter Agency Safeguarding Procedures.
- 7.47 Other complaints should be dealt with under Complaints Policy and the Whistleblowing Policy.

Staff Training

- 7.48 All staff who will be required to employ restrictive physical interventions should have MAPA training (foundation level or foundation and advanced level depending on the need of the Individual) and should only, except in emergencies, employ those physical interventions for which they have had training. It is required that all staff are trained with MAPA at the start of employment during their induction period and are provided with the annual refresher, to ensure that staff retain their skills and remain confident in their ability to support the individuals in our care to manage their behaviour.
- 7.49 The level of taught MAPA will depend on the specific needs of the individual/s, which will be thoroughly assessed and agreed by the Multidisciplinary Team which consist of therapy department and senior manage team.
- 7.50 An up to date record of the training that staff have received, including refresher training, is maintained by a staff member identified by the Head of Service/Registered manager.
- 7.51 In line with Cambian's ethos it is important that any training promotes a preventative methodology and emphasises that physical and restrictive interventions should be used as a last resort.

8. Standard Forms, Relevant Documents, Letters & References

Documents relating to this policy

- 8.1 Restraint Log / Physical Intervention Log

Related Policies and procedures

- 8.2 Behaviour Support (045)
- 8.3 Child Protection - Safeguarding Policy (025)
- 8.4 Whistleblowing Policy (GHR30)
- 8.5 Complaint Policy (022)
- 8.6 Deprivation of Liberty Safeguards (50)

8.7 Third Party Aggression (94)

8.8 Site level Risk Assessment Policy

Related templates

8.9 Individual Risk Assessment

8.10 Incident report

8.11 Individual debrief form

8.12 Staff debrief form

8.13 Monthly Body Chart

8.14 Static Body Chart