# FFSC POLICY

STAFFORD HALL SCHOOL

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**YOUNG FOUNDATIONS LIMITED – EDUCATION POLICIES AND PROCEDURES**

# Foundations for Safer Care Policy

## Stafford Hall

FOUNDATIONS FOR SAFER CARE

YOUNG FOUNDATIONS

1st January 2022

Our Foundations for Safer Care programme is successful accredited by the Bild Association of Certified Training

Bild Association of Certified Training

Restraint Reduction Network Approved

# FFSC POLICY

STAFFORD HALL SCHOOL

**Introduction**

Young Foundations advocate that their system for behaviour management is adapted by the host organisation to meet the needs of their children and young people. The Foundations for Safer Care (FFSC) programme contains elements of neurology, brain development and the effects of trauma on the mind of the child in order to allow practitioners to not only be confident in managing challenging behaviour but to understand why challenging behaviour manifests and what can be done to reduce it. This model places greater emphasis on the avoidance of restrictive physical intervention (RPI) and the promotion of non-physical interventions.

Accreditation by British Institute for Learning Disabilities (BILD), and the Restraint Reduction Network (RRN); the Foundations for Safer Care is a three-day programme, and all new starters engage in the learning as part of their induction programme. Thereafter, all staff will undertake a one-day refresher programme every twelve months. The Foundations for Safer Care model comprises a package of resources for each member of staff to access and use, following completion of an in-depth three-day training course.

The training is delivered by three young foundations trainers along with the principal instructor Barry Walker. These trainers are experienced practitioners who can help the staff team to adapt their training to the changing needs of the children and young people.

Foundations for Safer Care is a model which implements ways to support and equip our staff with the skills, knowledge, and confidence that they need in their day-to-day interactions with the children and young people in our care. This will in turn give the families of the children we care for, and the children themselves, the confidence that staff will not only nurture and encourage them, but also be able to carry out positive management of behaviours that challenge in a manner which is respectful of the rights and needs of each individual child and young person.

This training must ensure that staff are able to:

- Manage their own feelings and responses to the emotions and behaviours presented by children and understand how past experiences and present emotions are communicated through behaviour.
- Manage their responses and feelings arising from working with children, particularly where children display challenging behaviour or have difficult emotional issues.
- Understand how children's previous experiences can manifest in challenging behaviour.
- Use methods to de-escalate confrontations or potentially violent behaviour to avoid the use of physical intervention and restraint

The children and young people are all individual. They will present different challenges through their behaviour. The staff team are supported in their work with each child or young person with the collective knowledge and experience of all team members. The sum total of all knowledge relating to behaviour management will be contained within individual

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behaviour support plans. All staff are expected to follow the individual behaviour support plans when working with children and young people.

Occasionally, the ways in which we help our children and young people may need to involve the use of physical restraint, in order to keep them safe, whilst meeting the high standards and philosophy within Young Foundations of putting our children and young people first. The Foundations of Safer Care model was subsequently developed to meet this overarching aim.

The aim of the management and staff team will be to reduce the frequency of RPI as a response to challenging behaviour to zero where possible, and to as close to zero as achievable where not.

Howard House has a duty of care towards the children and young people they are responsible for which requires them to take reasonable care to avoid doing something or failing to do something which results in harm to another person. There are situations where some action must be taken, and it is a matter of choosing the course of action that would result in the least harm. This is where the principle of best interest applies. A member of staff must demonstrate that in the presence of a clear and immediate danger they have considered all available alternatives, acted in the best interest of the person in their charge, have considered that not acting could result in greater harm, and does not use unreasonable or excessive force, then the action can be defended in law.

Any force used must be reasonable in the circumstances, necessary and proportionate to the situation, with the intention or belief (honest held belief) of preventing the greater harm from occurring.

As with all issues to do with caring for, developing, and teaching the children and young people we support, decisions need to be made on the best available knowledge at the time.

There are nine Foundations for Safer Care techniques which have been approved for use. The techniques are described in words with photographs of individuals demonstrating the techniques with each other. The nine techniques have been subdivided into two categories of four techniques.

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The first category is called Level One Techniques and its four techniques are called Shepherd, Embrace, Side Hug and Cross Arm.

The second category is called Level Two Techniques and its five techniques are called Support, Cupped Fist, Straight Arm, Double Embrace and Tantrum. **Please refer to Appendix 1**.

**Debrief**

Due to the emotional the physical, emotional and psychological impact of working with challenging behaviour, it is important that there is a full debrief for everyone involved. This will allow all participants to reflect upon the antecedents to the incident, the impact of the incident and consider ways in which future occasions can be reduced or avoided.

For the child or young person, the debrief will occur as soon as is practicable and commensurate with their needs and abilities. Where possible, the debrief will be between the child and the member of staff who led on the incident. Where this is not possible, or where it is not in child or young person's best interests, then the debrief will be with their key worker or senior member of the staff team.

For the staff involved, the debrief will occur as soon as is practicable and before the staff member leaves at the end of their work. It will be led by a senior member of staff who will enquire on the staff member's well-being following the incident. If a staff member requests, then the debrief may take place during their next work period at work.

**Recording and Reporting**

A written record of all significant incidents with our children and young people will be made using the online RIVO Reporting system as soon as practicable but always before the staff member(s) involved leave work at the end of their timetabled period.

**Please read the separate RIVO "How To" guide to complete an accurate report in conjunction with this policy.**

All reports will be accurate and reflect a true account of the incident. The report will use factual language and reflect the viewpoints of all members of staff involved, not just the author.

All staff will ensure that there is a complete record of the incidents of challenging behaviour which have led to the use of Restrictive Physical Intervention. All staff will record other significant incidents including those where Restrictive Physical Intervention has been successfully avoided

**Monitoring Incidents, Use of Reasonable Force and Restraint.**

All incidents of use of reasonable force and restraint are logs via Rivo and transferred onto a weekly tracking sheet.

Records should:

- Be completed after everyone has recovered but within 24 hours
- Use the systems, structure and pro forma identified by Rivo
- Be factual and objective
- Be signed and dated (electronically)
- Inform Person Centred Plans and Risk Assessments **(appendix 2 for risk calculator)** for relevance to strategies
- Debriefs will be held if anyone is injured, child or adult requests one.
- In all incidents of restraint, the child should be given the opportunity to go through the incident with a staff member & keyworker.
- Restraints are monitored weekly by Head of Education/Senior Staff member and termly by the Trustees.
- The LADO is consulted where the use of restraint becomes a concern.

A separate log of physical interventions is recorded which details:

- ✓ the type of restraint
- ✓ Who was involved in the restraint
- ✓ the reason(s) for the use of restraint
- ✓ where and when the restraint was used
- ✓ the length of the restraint
- ✓ the impact on the child, including any injuries,
- ✓ any risks to their physical or mental wellbeing
- ✓ the protected characteristics of the child (including age, sex, disability – broken down by impairment type – and race)
- ✓ the outcome of any incident review, including any measures that will be taken to avoid or minimise restraint and the risk of harm in future

- ✓ the pupil's involvement in the review,
- ✓ were the young person's social worker informed

*Taken from: Restraint in schools' inquiry: using meaningful data to protect children's rights, Equality and Human Right Commission (2021)*

All records are archived along with current policy and guidance.

**The Use of Reasonable Force and Restraint**

It cannot be stated too often that when working with Challenging Behaviour, interventions of any nature should be **in the best interests of the child, reasonable, proportionate and necessary**

As part of the assessment and planning process for all children, consideration must be given to whether the child is likely to behave in ways which may place the individual or others at risk of injury or may cause damage to property.

If such risks exist, consideration must be given to the Strategies that will be adopted to prevent or reduce the risk. These Strategies may include Physical Intervention.

Where Physical Intervention may be necessary, for example, if it has been used in the recent past or there is an indication from a Risk Assessment that it may be necessary, the circumstances that give rise to it and the Strategies for managing it should be outlined in the child's Placement Plan.

In developing such a plan, consideration must be given to whether there are any medical conditions which might place the child at risk should particular techniques or methods of physical intervention be used. If so, any health care professional currently involved with the child, should approve strategies and this must be drawn to the attention of those working with or looking after the child and it must be stated in the Placement Plan. If in doubt, medical advice must be sought.

**NOTE**
The existence or absence of a Placement Plan or other behaviour management plan does not prevent staff from acting as they see fit in the management of highly confrontational or potentially harmful behaviour. However, staff may only deviate from agreed plans where they are able to demonstrate that the plan would not

be sufficient to prevent injury or damage to property and the alternative actions, they are take are consistent with the principles contained in this Chapter.
Any deviation from an agreed plan or from the principles contained in this Chapter must be reported to the Registered Manager and the child's social worker as soon as practicable thereafter.

**Definition of Physical Interventions**

There are four broad categories of Physical Intervention.

1. **Restraint**: Defined as the positive application of force with the intention of overpowering a child. Practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving, for example:
    - Any technique which involves a child being held.
    - Any technique involving the child being held by two or more people.
    - Any technique involving a child being held by one person if the balance of power is so great that the child is effectively overpowered, e.g. where a child under the age of ten is held firmly by an adult;

The significant distinction between the first category, Restraint, and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to overpower the child, completely restricting the child's mobility. The other categories of Physical Intervention provide the child with varying degrees of freedom and mobility.

2. **Holding**: This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.
3. **Touching**: This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.
4. **Presence**: A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

**Who may use Physical Interventions**

Young Foundations has researched several models of positive and protective handling strategies for young people and feel that the most appropriate model to use in relation to the young people that will be placed at Howard House is Foundations for Safer Care. *Please refer to Foundations for Safer Care policy.

This particular model of training is in line with the guidance laid out by the Department of Health – Guidance for Restrictive Physical Interventions. All staff will be given appropriate training in this crucial area.

Young Foundations believes that the purpose of physical intervention should be to provide the minimum necessary external controls to ensure the safety of the young people, staff and property. Physical interventions should never be used to discipline or punish.

Each child and young person will have a Behaviour Support Plan with guidelines and advice to assist in behaviour management, when physically intervening staff must give thought to the young person's age and understanding, capacity for understanding risks e.g. no concept of road or community dangers, history of placing themselves or others at risk, any force used must be reasonable in the circumstances, necessary and proportionate to the situation.

The individual Behaviour Support Plan will identify which Restrictive Physical Intervention techniques from the Foundations for Safer Care programme have been identified as appropriate for use with each child or young person. This will be agreed by the MDT and signed off as appropriate by the Registered Manager.

It is not appropriate to use other techniques unless the judgement of the staff involved was that it was necessary to do so to maintain safety and not to do so would have resulted in greater harm to the child or young person, the staff team or others. Where this is the case, the use of other techniques should be immediately reviewed by the Head Teacher and Registered Manager and discussed at the next MDT meeting.

Wherever there is an injury to a child or young person or a member of staff, then immediate medical attention proportionate with the injury will be sought.

Staff may only use techniques that are approved by the Young Foundations; such techniques should comply with the following principles:

a. Not impede the process of breathing - the use of 'prone facedown' techniques must never be used.

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b. Not be used in a way which may be interpreted as sexual.

c. Not intentionally inflict pain or injury or threaten to do so.

d. Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas;

e. Avoid hyperextension, hyper flexion and pressure on or across the joints.

f. Not employ potentially dangerous positions.

**Review**

All incidents of challenging behaviour which require a written report will be reviewed by the Registered Manager, or another senior member of the team, within 24 hours. The Registered Manager, or another, will satisfy themselves that the incident has been responded to appropriately, and that the written record is accurate and complete. The Registered Manager will seek out additional information in order to inform their view that the incident was safely and appropriately responded to by the staff team. The Registered Manager will then sign the report to indicate that they are satisfied with it.

**Appendix 1**

Foundations for Safer Care Programme: Level 1 and 2 techniques Manual

**Level One Intervention - Shepard**

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| **Description** | This is a technique used to guide a young person away from danger to themselves or others. It is dependent upon the young person allowing themselves to be guided away from the area with minimal force being applied by the staff member. |

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| **Front View**<br>  | **Back View**<br>  |
| **Approach** | The staff member will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. |
| **Technique** | The staff member will place their hip against the hip of the young person. In doing so, they will try to pin the young person's arm to their side using their torso. The staff member's left arm (if approaching from the right, as in front view above) will take hold of the lower left arm of the young person, between the elbow and the wrist. The staff member will use the flat of their hand against their lower back (see back view above) to guide the young person's movements. The staff member can decide either stay in one place or move away dependent upon the level of risk of harm. |
| **Risks** | There is a small risk of bruising to the young person's back if the staff member uses their fingers, rather than the flat of their hand, to guide the young person from the rear. |

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| **Suitable for** | It is suitable for situations of low-level risk and where there is a level of compliance from the young person with the application of the technique. It is suitable for moving a young person away from a location which is dangerous to them or others. |

**Level One Intervention - Embrace**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff member being tall enough and capable enough to reach around the young person's back to hold their second arm. |

| **Front View** | **Back View** |
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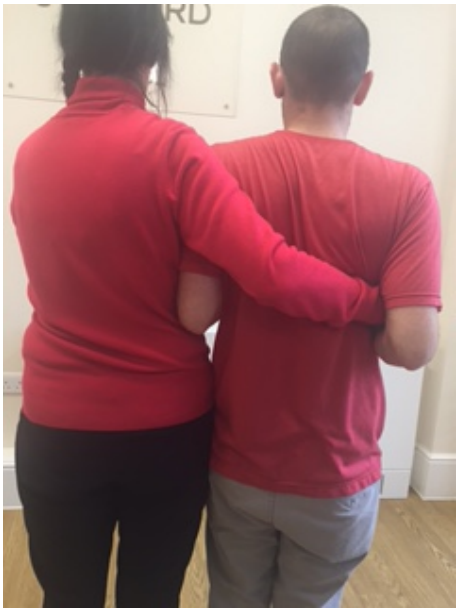
|  |  |

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| **Approach** | The staff member will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. |

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| **Technique** | The staff member will place their hip against the hip of the young person. In doing so, they will try to pin the young person's arm to their side using their torso. The staff member's left arm (if approaching from the right, as in front view above) will take hold of the lower left arm of the young person, between the elbow and the wrist. The staff member will reach around the back of the young person with their right arm. They will take hold of the young person's right forearm between elbow and wrist and hold it securely against their torso. |
| **Risks** | There is a risk of staff injury if they are unable to take hold of the young person's second arm (the right arm in the photograph above). This can be difficult to achieve if the young person is resistant.<br><br>All staff using this hold will be aware of their relative height to the young person. It is best applied hip to hip, so care is needed by the staff member if they are considerably taller than the young person. The young person may be discomforted if the staff member's hip is against their abdomen or rib cage.<br><br>There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor, then the hold is to be released and the situation re-appraised.**<br><br>There is a risk of staff injury if the young person tries to use their head or mouth to hurt. |

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| **Suitable for** | It is suitable for situations of harm or potential harm, where the staff member is confident in their capability to safely apply the hold with the young person who may be resistant.<br><br>The hold is suitable for moving a young person away from a location which is dangerous to them or others.<br><br>The staff member will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

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**Level One Intervention – Side Hug**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff member being capable enough to reach around the young person pinning both of the young person's arms from behind. It offers safety when the young person is using their head to try to hurt.<br><br>It is to be used for a short time period only, less than three minutes and will allow the staff member to move to another hold if the young person continues to present in a way which is a risk to themselves or others. |

**Front View**

**Back View**

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| **Approach** | The staff member will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. |
| **Technique** | The staff member will place their left hip against the buttocks of the young person, and the left-hand side of their torso against the young person's back in a slight crouch (see back view above). At the same time, they will place their left hand on the left shoulder of the young person from behind and slide it down their arm whilst pushing it across their torso. With their right hand, they will take hold of the young person's left forearm, above the wrist, and hold it firmly, pinning their other arm to their side (see front view above). Staff will place their head on the shoulder or between the shoulders of the young person below the young person's head. |
| **Risks** | There is a risk to the young person if the hold is applied incorrectly. If the arm is too high across the chest, then you may restrict their chest, and if this done for a prolonged period then it could impact upon their breathing. Therefore, it is important to hold the arm diagonally across their torso and not let it ride up across their chest.<br><br>There is a risk of injury to the wrist of the young person if the hold is applied incorrectly. If the hold is applied to their wrist and not their forearm, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. Therefore, it is important to hold the forearm above the wrist and to guard against the grip sliding down to the wrist.<br><br>There is a risk of staff injury if they are unable to take hold of the young person's second arm (the right arm in the photograph above). This can be difficult to achieve if the young person is resistant. |

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| | There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor, then the hold is to be released and the situation re-appraised.** |
| **Suitable for** | It is suitable for situations of harm or potential harm, where the staff member is confident in their capability to safely apply the hold with the young person who may be resistant. This hold allows the staff member to keep their head far away from the young person's head. The hold gives greater protection against the risk of head butting or biting.<br><br>The hold is for short term use only, it is to be applied for less than three minutes before either being released or adapted to another hold.<br><br>The staff member will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

**Level One Intervention – Cross Arm**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff member |

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| | being capable enough to reach around the young person holding both of the young person's arms from behind. It offers safety when the young person is using their head to try to hurt.<br><br>It is to be used for a short time period only, less than three minutes and will allow the staff member to move to another hold if the young person continues to present in a way which is a risk to themselves or others. |

| **Front View** | **Side View** |
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| **Approach** | The staff member will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. |
| **Technique** | The staff member will place their left hip against the buttocks of the young person, and the left-hand side of their torso against the young person's back in a slight crouch (see side view above). At the same time, they will place their left hand on the left shoulder of the young person from behind, and slide it down their |

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| | arm whilst pushing it across their torso. With their right hand, they will repeat the action with young person's right shoulder and arm (see front view above). They will the hold the young person's hands on their hips, with the young person's forearms crossed below their ribcage. Ensure the staff member's head is facing away to prevent injury from the young person's head. |
| **Risks** | There is a risk to the young person if the hold is applied incorrectly. If the arms are too high across the chest then you may restrict their chest, and if this done for a prolonged period then it could impact upon their breathing. Therefore, it is important to hold the arms so that they cross below the ribcage, and to hold the young person's hands on their hips.<br><br>The risk of harm to the young person increases if the hold is applied for a sustained period without appropriate monitoring of the young person's physical well-being. The hold will not be applied for more than three minutes unless a second member of staff is present and can monitor the young person's physical well-being. If still required after three minutes, then it is best practice to switch to a two person RPI technique.<br><br>There is a risk of injury to the wrist of the young person if the hold is applied incorrectly. If the hold is applied to their wrist and not their hand, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. Therefore, it is important to hold the hand against the hip and to guard against the grip sliding up to the wrist.<br><br>There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor. |

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| | **If the young person successfully drops to the floor then the hold is to be released and the situation re-appraised.** |
| **Suitable for** | It is suitable for situations of harm or potential harm, where the staff member is confident in their capability to safely apply the hold with the young person who may be resistant. This hold allows the staff member to keep their head far away from the young person's head. The hold gives greater protection against the risk of head butting or biting.<br><br>The hold is for short term use only, it is to be applied for less than three minutes before either being released or adapted to another hold.<br><br>The staff member will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

**Level Two Intervention – Support**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff members being competent in their techniques and working as a team.<br><br>There are two variations, standing and seated. The standing support hold can be applied quickly and will immediately restrict the young person. The seated variation offers more stability to all and enables a phased de-escalation to sitting side by side. |

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| Front View | Back View |
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**Seated Variation Front View**

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| **Approach** | The staff members will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. It may be necessary to approach individually with a lead staff member securing one arm prior to being joined by their colleague. |
| **Technique** | The staff members will place their hip against the hip of the young person. Whilst doing this, they bring their arm through between the arm and torso of the young person and take hold of that forearm. If needed, they can secure the arm by taking hold of it with their second hand. Once both staff members have secured the young person, they will maintain hip to hip contact and possibly brace themselves using their outer leg.<br><br>It is possible to move a young person safely whilst they are secure in this technique. One staff member will take the lead and using verbal direction, will guide the young person and their colleague to a safer location.<br><br>If there is a suitable seat nearby, then the hold can be made safer and more secure by adapting it to a seated position. Using the technique to move until they are in front of the seat, the lead staff member will then give a short countdown instruction to everyone to sit. The act of both staff members sitting simultaneously will be enough to bring the young person with them, even if they are resistant. |

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| | Once seated, the staff can restrict the young person's legs by placing their nearest leg across the young person's shin. This will restrict their ability to kick.<br><br>Once seated, the staff can restrict the young person's head movement placing their hand adjacent to, but not on, the side of the young person's head. This will restrict their ability to head butt, bite and/or spit whilst still allowing them to move their head and neck a little. |
| **Risks** | There is a risk of injury to the wrist of the young person if the hold is applied incorrectly. If the hold is applied to their wrist and not their forearm, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. Therefore, it is important to hold the forearm and to guard against the grip sliding down to the wrist.<br><br>There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor then the hold is to be released and the situation re-appraised.** |
| **Suitable for** | It is suitable for most situations of harm or potential harm, and is a preferred technique within Stafford Hall School where the level of challenge requires two staff members to engage in the RPI.<br><br>The staff members will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the |

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| | young person and the dynamic circumstances of each individual incident when making their judgement. |

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**Level Two Intervention – Cupped Fist**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff members being competent in their techniques and working as a team. It differs from the support hold by allowing the staff to restrict the hands of the young person to prevent staff injury from pinching and scratching.<br><br>There are two variations, standing and seated. The standing Cupped fist can be applied quickly and will immediately restrict the young person. The seated variation offers more stability to all and enables a phased de-escalation to sitting side by side. |

| **Front View** | **Back View** |
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**Seated Variation Front View**


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**Floor variation open area**

**Front view**

**Back view**

**Floor variation against a wall**

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|---|---|
| **Approach** | The staff members will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. It may be necessary to approach individually with a lead staff member securing one arm prior to being joined by their colleague. |
| **Technique** | The staff members will place their hip against the hip of the young person. Whilst doing this, they bring their arm through between the arm and torso of the young person and take hold of the fist, covering with their hand<br>The staff members will take hold of the forearm of the young person with their second hand, drawing the arms back and up. Once both staff members have secured the young person, they will maintain hip to hip contact and possibly brace themselves using their outer leg. |

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| | It is possible to move a young person safely whilst they are secure in this technique. One staff member will take the lead and using verbal direction, will guide the young person and their colleague to a safer location.<br><br>If there is a suitable seat nearby, then the hold can be made safer and more secure by adapting it to a seated position. Using the technique to move until they are in front of the seat, the lead staff member will then give a short countdown instruction to everyone to sit. The act of both staff members sitting simultaneously will be enough to bring the young person with them, even if they are resistant.<br><br>Once seated, if necessary, guidance/ restriction of the young person's legs may be needed to prevent kicking at staff members, by placing their nearest leg across the young person's shin. This will restrict their ability to kick.<br>**When guidance of the head may be necessary-**<br>If it is necessary to restrict the head of the young person in any way, a third member of staff may be required. They will place their hands either side of the young person's head, avoiding the ears and guide/limit **but not stop** the movement of the head. This is only to be used when there is a risk of young person's harming a staff member by head butting, biting and/or spitting, it is imperative that some movement of the head and neck is allowed.<br>**Instructors must emphasise this is a guide only, there are no head holds used in the FFSC programme** |
| **Risks** | There is a risk of injury to the wrist of the young person if the hold is applied incorrectly. It is important to support the wrist with the second hand if the young person is pushing against the hold. If the wrist is not supported, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. |

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| | There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor then the hold is to be released and the situation re-appraised.**<br><br>If a floor hold is required, the floor variation of the cupped fist can be used. It is important to ensure the young person does not lean forward causing restriction to the respiratory system. Staff are to keep their position so that the young person's torso is at right angles with their legs. |
| **Suitable for** | It is suitable for most situations of harm or potential harm, and helps the staff team to avoid injury from pinching or scratching where this is a known risk<br><br>The staff members will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

**Level Two Intervention – Straight Arm**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff members being competent in their techniques and working as a team. It differs from the support hold by allowing the staff to hold the arms more securely if the young person is lashing out and they are unable to use the support hold. |
| **Front View**<br>  | **Back View**<br>  |
| **Approach** | The staff members will approach diagonally from the rear with their arm ready to deflect the young person's arm if required. It may be necessary to approach individually with a lead staff member securing one arm prior to being joined by their colleague. |
| **Technique** | The staff members will place their hip against the hip of the young person. Whilst doing this, they bring their arm under the arm of |

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| | the young person and secure it around the upper arm, above the elbow. They will take hold of the lower arm, above the wrist, with their other arm and secure diagonally across their body, ensuring their thumb is facing down towards the floor, to prevent the arm twisting. Once both staff members have secured the young person, they will maintain hip to hip contact and possibly brace themselves using their outer leg. |
| **Risks** | There is a risk of injury to the wrist or elbow of the young person if the hold is applied incorrectly. If the hold is applied to their wrist and not their forearm, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. Or if the young person's arm is twisted whilst being restrained then the elbow could be compromised or injured. Therefore, it is important to hold the forearm and to guard against the grip sliding down to the wrist, and to ensure the arm is not twisted.<br><br>There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor then the hold is to be released and the situation re-appraised.** |
| **Suitable for** | It is suitable for most situations of harm or potential harm, and helps the staff team to secure the young person's arms if they are unable to achieve the support hold position.<br><br>The staff members will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the |

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| | young person and the dynamic circumstances of each individual incident when making their judgement. |

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**Level Two Intervention – Double Embrace**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff members being competent in their techniques and working as a team.<br><br>It follows on from the support hold and allows the staff to hold the young person more securely in the standing position. It uses the same technique as the Embrace but applied by both staff team members. |
| **Front View**<br><br>  | **Back View**<br><br>  |
| **Approach** | The staff members will already be in the support hold when initiating this hold. |
| **Technique** | The staff member leading the hold will release their inside arm from holding the young person's arm and position it across the |

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| | young person's back to take hold of the young person's arm on the opposite side of their body.<br><br>The second staff member will repeat this action crossing their arm over their colleague's and taking hold of the young person's arm on the opposite side.<br><br>The hips of both staff will be placed hip to hip with the young person. |
| **Risks** | There is a risk of injury to the wrist or elbow of the young person if the hold is applied incorrectly. If the hold is applied to their wrist and not their forearm, then the joint may be compromised and/or injured dependent upon the amount of force used, and time applied. Or if the young person's arm is twisted whilst being restrained then the elbow could be compromised or injured. Therefore, it is important to hold the forearm and to guard against the grip sliding down to the wrist, and to ensure the arm is not twisted.<br><br>There is a risk of staff injury if the young person drops to the floor without warning. The staff member may fall with them dependent upon their relative stability and strength vis a vis the young person. Alternatively, they may injure their back if it is jarred by the young person's attempts to drop to the floor.<br><br>**If the young person successfully drops to the floor then the hold is to be released and the situation re-appraised.** |
| **Suitable for** | It is suitable for most situations of harm or potential harm, and helps the staff team to secure the young person's arms if they are unable to achieve the support hold position.<br><br>The staff members will consider their level of competence in using RPI techniques, their physical size and height relative to the |

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| | young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

# FFSC POLICY

STAFFORD HALL SCHOOL

**Level Two Intervention – advocate support hold**

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| **Description** | This is a technique used to restrain a young person who is a danger to themselves or others. It is dependent upon the staff members being competent in their techniques and working as a team.<br><br>The technique can only be used when a young person has taken themselves to the floor and remains a danger to themselves or others.<br><br>The technique is only to be used for a period of **ONE MINUTE** when applied by two persons. This period can be extended (one minute at a time, then relaxed or released) if there is a third person (an advocate) is continually present to check on the physical and emotional well-being of the child being restrained. The advocate is<br>Responsible for the restraint situation and are there to advocate on the young persons behalf, if at any time they feel this technique is not appropriate, ineffective or not in the best interest of the young person, they must inform the staff to release and try a different approach<br><br>There is a higher degree of risk of harm to the young person associated with this technique. If the young person's chest is compressed in anyway then they may be at risk of **POSITIONAL ASPHYXIATION,** and every effort must be made by all staff to monitor the breathing of the young person and to ensure it is not compromised. |

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# FFSC POLICY

STAFFORD HALL SCHOOL

**Front View**

**Back View**

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*Alternative Hand position as per embrace hold*

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| **Approach** | The young person will already lying on the floor, it is probable that they will be using their arms and legs to try to harm themselves or others.<br><br>Where possible and safe to do so, the best intervention is to clear the environment and allow the young person to calm down without a physical intervention. If this is not safe, then the staff will |

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| | approach from the side with the staff member leading the hold taking charge of the arms and torso first, and the staff member taking charge of the legs second.<br><br>The aim is to position both staff behind, with the young person lying on their side. |
| **Technique** | At the start of the intervention, the staff member will cup the arm which is closest to them, ensuring that the thumb is on the outside of their arm with the inside knee alongside their shoulder. By doing this it enables the staff member arm to remain clear of the neck area once the service user is rolled into the recovery type position. The young person is then rotated by placing the outside hand onto their shoulder into the recovery type position.<br><br>As the young person is rolled the applicator drops onto their thigh supporting the young person's neck area. The arm is then rotated underneath the young person's head, the staff member's outside hand is then placed under the head, the staff member dropping their elbow towards the young person's abdominal area whilst rotating them. By cradling the head, it will prevent injury or harm occurring.<br><br>*The alternative hand position is there for variation and the hand is placed on the young person's fore arm, it is considered a lower level adaption*<br><br>This position ensures there is no construction or compression to the chest, reducing significantly any risk of positional asphyxiation.<br><br>In-line with DOH guidance, 'physical intervention, skilfully applied, has to be eased as the young person responds to the contact'. |

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| | The inside arm of the staff member is then released, with the palm placed on the floor. By placing the palm on the floor, this ensures that again no compression is applied upon the chest area and it enables the staff member to assist the young person into a seated position, ensuring a swifter transition into the next stage of the restraint.<br><br>Appropriate and calm dialogue is maintained with the young person throughout the intervention time to ensure that they are responsive at all times. |
| **Risks** | There is a risk of Positional Asphyxiation if the young person's breathing is compromised. This can occur if the chest and/or diaphragm is compressed. Extra care and attention needs to be applied to ensure this doesn't happen. If the young person's shows any signs of difficulty in breathing then the hold must be changed, relaxed or released.<br><br>There is a risk to the brain if the arteries in the neck are compressed or compromised during the hold. Extra care and attention needs to be applied to ensure this doesn't happen. If the young person shows any signs of difficulty in understanding and/or communication then the hold must be relaxed or released.<br><br>There is a risk to the young person's shoulder if the weight of the staff member lays compresses them during the hold. Extra care and attention needs to be applied to ensure this doesn't happen. If the young person indicates they are in pain due to their shoulder being compressed then the hold needs to be relaxed or released.<br><br>There is a risk that the hold may bring on an epileptic seizure where this is an underlying condition for the young person. The young person's medical history must be considered by the MDT |

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| | when approving this technique for use as part of their Behaviour Support Plan. If the young person begins to shows signs of an epileptic seizure then the hold will be released and the young person put in the recovery position.<br><br>There is a risk to the young person's liver and spleen if their abdomen is compressed for a prolonged period. Extra care and attention needs to be applied to ensure this doesn't happen. If the young person indicates they are in pain in their abdomen then the hold will be relaxed or released. |
| **Suitable for** | It is suitable for only the most serious situations of harm to self or others and where the young person is already on the floor.<br><br>The staff members will consider their level of competence in using RPI techniques, their physical size and height relative to the young person, their knowledge and experience of previous occasions the hold has been used, their relationship with the young person and the dynamic circumstances of each individual incident when making their judgement. |

**Movement Techniques**

**Standing Turn- Level One**

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| **Description** | This is a technique used to guide a young person away from danger to themselves or others. It is dependent upon the young person allowing themselves to be guided away from the area with minimal force being applied by the staff member. |

| Back View start of movement | Back View end of movement |
|---|---|
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| **Approach** | The staff member will approach from the rear with their arms ready to deflect the young person's arm if required. |
| **Technique** | The staff member will place the flat palm of their hand on the shoulder of the young person at the same time place their other hand on the opposite hip of the young person, the connective movement of both hands would be to turn the shoulder inwards and push the hip away , this would encourage the young person to turn their body<br><br>The staff member can decide either stay in one place or move away dependent upon the level of risk of harm. |
| **Risks** | There is a small risk of bruising to the young person's should and hip if the staff member uses their fingers, rather than the flat of their hand, to guide the young person from the rear. |

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| **Suitable for** | It is suitable for situations of low level risk and where there is a level of compliance from the young person with the application of the technique. It is suitable for moving a young person away from a situation which is dangerous to them or others. |

**Scoop- Level Two**

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|---|---|
| **Description** | This is a technique used to turn and guide a young person away from danger to themselves or others. It is used in a way to safely control the young person and turn them in a bid to ease movement away from the situation |

| **Front View** | **Back View** |
|---|---|
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| **Approach** | The staff members may already be holding the young person in another standing level Two hold, or would approach from the front |

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| **Technique** | The staff members will place the flat palm of their hand under the arm pit area, through and onto the rear shoulder of the young person<br>This movement wold be done in unison, the outer hand would be placed on the upper arm of the young person in a flat position between the elbow and shoulder<br>The staff then would walk slowly, maintaining the balance of the young person as they move the young person backwards away for the situation<br><br>The staff member can decide either stay in one place or move away dependent upon the level of risk of harm. |
| **Risks** | There is a small risk of bruising to the young person's should and shoulder and upper arm if the staff member uses their fingers, rather than the flat of their hand, to guide the young person from the rear.<br><br>There may be a risk of falling over if the task is not performed in a controlled manner |
| **Suitable for** | It is suitable for situations of medium/high level risk and where there is not a level of compliance from the young person with the application of the technique. It is suitable for moving a young person away from a situation which is dangerous to them or others. |

**Appendix 2**

Risk Calculator

In order to assess the risk you should use the risk calculator by assessing the frequency and adding this by the most serious consequence and then multiplying this by the intention. This will then give a score – see example below.

STAFFORD HALL SCHOOL

| | Frequency | Most Serious Consequence | Intention |
|---|---|---|---|
| 1 | Never | No Significant Consequence | Unintended |
| 2 | Rarely | Minor Disruption | Intended |
| 3 | Monthly | Major Disruption | |
| 4 | Fortnightly | Injury or Damage to property | |
| 5 | Weekly | Serious injury/damage to property/health | |
| 6 | More than once per week | Potentially fatal injury | |
| 7 | Daily | Death to self or others | |
| 8 | More than hourly | | |

Answers x **Intention**

| Low Risk | Medium Risk | High Risk | Major Risk |
|---|---|---|---|
| Scores lower than 10 | Scores between 11 and 30 | Scores over 30 | Scores over 50 |

Example – Young person smoking cannabis daily and causing disruption in the home.

Answers = **Frequency Number**

Answer x **Most Serious Consequence**

Answers x **Intention**

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