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| **Policy Title:**  | **Restraint Reduction Policy - incorporating Restrictive Physical Intervention- Melrose Residential Care Limited**  |
| **Policy Code:**  | 00002 |
| **Applies to:**  | Melrose Residential Children’s Home  |
| **Date Reviewed:**  | April 2025 |
| **Next Update Due:**  | April 2026 |
| **Policy Lead:**  | Eunice Asante Obumneme |
| **Policy Sponsor:**  | Heather Morley |
| **Outcome:**  | This policy: Outlines Positive Behaviour Support methodology that underpins thebehaviour approach of Melrose RC Limited Children’s Home.Outlines our approach to Restrictive Physical Intervention, its use with ourchildren and young people, and the drive to reduce all restrictive practice.Outlines our duty of care to our young people, and when the use of restrictivephysical intervention may be necessary to reduce risk. |
| **EQUALITY AND DIVERSITY STATEMENT** Melrose Residential Care is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics, and all will be treated with dignity and respect.  |
| **ENVIRONMENT, SOCIAL, GOVERNANCE (ESG) STATEMENT** Melrose Residential Care is committed to responsible business practices in the areas of: Environmental Stewardship, Social Responsibility, Governance, Ethics & Compliance.  |
| To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please email the named policy lead.  |

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# INTRODUCTION

Positive Behaviour Support (PBS) underpin our approach across all Melrose settings.

The focus of Positive Behaviour Support (PBS) is to improve the quality of life of individuals, by establishing the cultural and behavioural support needs for all children in our homes andachieving both social and academic success. PBS is a framework containing many elements of good practice including trauma-informed approaches, inclusive communication, building rapport, supporting sensory issues, behavioural science, and more. It helps us to understand how to best support someone and improve their quality of their life.

# STAGES OF AN INCIDENT

We use ‘Stages of an Incident’ (based on research by Kaplan & Wheeler - 1993) as a framework across all our

behaviour-related policies and procedures.



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

# BASELINE & PRIMARY SUPPORT

 We have an extremely diverse population of children and young people across the Melrose Care, which means that

everyone’s ‘baseline’ is different. The term baseline describes a child or young person when they feel at their safest

most calm, engaged, and motivated with their needs being met. The support provided at baseline is referred to as

‘Primary support’, the focus of which is to ‘shape and create’ an environment that meets the needs of each child or

young person, daily. The support at baseline is structured around key elements of the Capable Environments

Framework (McGill 2020).

# CAPABLE ENVIRONMENTS

A capable environment (see appendices 2) is an important aspect of primary support for all children and young

people at the Melrose Care, and is structured around the following elements:

* Positive social interactions
* Communication
* Participation in meaningful activity
* Consistent and predictable routine
* Establish and maintain friendships and relationships
* Choice
* Independent functioning
* Personal care and health support
* A good physical environment (including sensory needs)

Supported by:

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

These elements provide the foundation for the individual young person’s PBS plans.

# BOUNDARIES & EXPECTATIONS

 Boundaries and expectations are extremely important for our children and young people. They should be clear,

 understood, agreed and fair, as well as consistent and predictable. They help our children and young people keep

 safe and feel safe. When boundaries are consistent, this helps brain development for children and young people

 who have suffered Trauma and Adverse Childhood Experiences. For our neuro-divergent population consistency,

 routine and boundaries help them to make sense of, and understand the environment, and how to keep themselves

and others safe.

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

# ESCALATION & SECONDARY INTERVENTIONS – DE-ESCALATION & DEFUSION

When a child or young person’s anxiety levels and emotions increase, and feelings of safety decrease, we are likely

to see a behaviour change. This increase in anxiety and behaviour can be influenced by external or internal factors.

We refer to these as triggers (slow triggers and fast triggers). If the trigger is known, then additional interventions

can be put in place at the primary level to help avoid or support the trigger.

‘De-escalation and diffusion’ are broad terms used to describe some ways that staff can support a child or young

person and the escalation in their behaviour. We refer to these as ‘Secondary’ interventions. A young person who

requires additional support to keep them safe would have a detailed PBS Plan. When these interventions are detailed,

planned, and specific they can be very successful in helping the child or young person to regulate and stop behaviours

of concern from escalating further.

 Staff are provided with a list and description of de-escalation strategies through staff training and additional handouts. These can be assessed and considered as to what may be the most effective for a child or young person.

# BEHAVIOUR OF CONCERN

 Despite a high level of support, we understand that there are a number of internal and external factors that influence

the behaviour of our children and young people daily, we may see incidents that we would describe as crisis-stage

behaviour.

Sometimes the escalation in behaviour can be described as challenging due to its intensity, frequency, and impact on

those around them. Other behaviours may not have the same effect on others but could be equally concerning and need the same level of support from staff. We describe all these behaviours as ‘behaviours of concern’.

All behaviour happens for a reason and a behaviour of concern is no different. If we focus on the function the

behaviour is serving i.e. what the person gains or avoids, then staff can consider the best way to provide support.

The paramount consideration is what is in the child or young person’s best interest and how we can help the child or

young person to regulate at that moment in escalation.

# CRISIS STAGE AND TERTIARY INTERVENTIONS

When a child or young person reaches crisis, we acknowledge that the priority focus is to keep them safe. We refer

to crisis support as a tertiary strategy. Most tertiary supports and interventions are non-restrictive and, as with the

Primary and Secondary interventions, these tertiary strategies are child-centred and needs-led. Staff may offer a

help-hug or another alternative staff to be present; separation or redirection of other peers, a change in the demand

or expectation, a guide to another environment, a reduction in sensory influences, or just sitting and being there

with the right words. Again, these responses should be planned, documented on the child or young person’s PBS

plan and regularly reviewed.

# COMMUNICATION & SCRIPTS

Communication during this stage is very important. A child or young person Help Script is an effective way to

communicate to a child or young person to help them regulate;

Name….(pause),

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

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

Staff can then RELATE and connect with the child or young person and show them they care. Communication,

support, body language, space, proximity and touch must be planned and reflect the needs and best interests of the

child or young person.

Calm and effective communication between staff is also vital in high anxiety and crises. Staff are encouraged to use

a pre-determined staff script where possible. This staff script empowers staff to feel confident in offering help and

developing a culture in which accepting help is a strength.

“I am here to HELP” and “MORE HELP available” is a recommended ‘staff script’ to use in such circumstances.

Accepting help and support is a professional expectation that should be accepted as part of the best interest principle

and should be embraced by all staff regardless of their position of responsibility.

# 10-DUTY OF CARE

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

There is a statutory requirement (Children Act 2004, section 11) for everyone working with children to

“safeguard and promote the welfare of children when carrying out their work”. The common law Duty of Care

emphasises staff acting “in loco parentis” – as any reasonable parent would. Failing to adhere to this Duty of Care

could constitute negligence by a member of staff.

 Staff must make a professional judgement and assessment of the situation at that time and provide the support and

interventions necessary to reduce risk and keep that child or young person (and others) safe. All employees of the

Melrose have a legal duty of care. Failure to act when there is evidence that more significant harm may occur could

result in allegations of negligence and consequent litigation. Action does not necessarily mean physical intervention.

Generally, nobody has the right to touch, move, hold or contain another person, yet there may be occasions when

members of staff have a responsibility to take action to reduce risk and maintain the safety and well-being of our

children and young people, and part of this action may involve the use of restrictive intervention, physical or

otherwise. Whenever such action is taken members of staff should ensure that:

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

# NON-RESTRICTIVE & RESTRICTIVE PRACTICE

A child or young person’s freedom can be restricted without physical touch. Standing in a doorway to stop passage

through, standing in front of a child or young person with open hands, door fobs to restrict them

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

practices.

From a Melrose Policy perspective, if a child or young person can walk away from the support then it would be

deemed as non-restrictive.

Non-restrictive and appropriate parental control: Some practices that could be described as a temporary restriction

would be appropriate for everyday support of our younger children, and our children and young people that have a

less developed or no understanding of dangers and risks. Examples of this would include:

* Holding a child’s hand to prevent them from running towards a road or a danger,
* Temporarily preventing a child from leaving an area if outside is a more unsafe area,
* Restricting a child’s access to another child’s room or restricted area such as an office,
* Slowing a child down from running in corridors by redirecting,
* Guiding a child away from a potential high risk such as a hot drink or someone completing a maintenance job.

These responses would ‘fall within the normal parent control for a child of this age and level of understanding' and therefore would not be required to be recorded and reported.

If this response is a repeated support strategy i.e. holding of the hand when outside the school, then this could be

part of the child’s PBS plan.

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

The terms Restrictive Intervention and Restraint are used interchangeably in this policy, to refer to: Planned or

reactive acts that restrict a child or young person's movement, liberty and / or freedom to act independently; or a

Restrictive intervention using force to restrict liberty of movement.

Restrictive interventions and Restraint can include:

* Physical Restraint: a restrictive physical intervention (RPI) involves direct physical contact to prevent, restrict or subdue movement of the body, or part of the body of the child or young person.
* Withdrawal: Removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves. This is also referred to as Imposed Withdrawal.
* Seclusion: This is the supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely disturbed behaviour which poses a risk of harm to others.

All incidents of Restraint and Restrictive interventions should be recorded and reported using the Melrose Incident

Reporting and/ or the Restrictive Physical Intervention Reporting recording system.

There are times when a child or young person will request time or space alone, a change of environment or if it is

in the best interest of the child or young person (as agreed as part of a plan) the use of an identified or designated

safe area to recover. (i.e.- their bedroom). These areas should be unlocked and monitored by staff and allow the

child or young person to leave if it is safe to do so. If a child or young person is not free to walk away, is restricted to

that area and this is not a temporary appropriate parental control response to an immediate risk, then we would

deem that as restrictive intervention and should be justified and reported and recorded.

There may be circumstances where a child can be prevented from leaving a home – for example, a child who is

putting themselves at risk of injury by leaving the home to carry out gang-related activities, use drugs or meet

someone who is sexually exploiting them or intends to do so. For our younger children, this risk may be being

outside of the home in the local community or leaving the home at night with no safe supervision.

Any such measure of restraint and restrictive Intervention must be proportionate and in place for no longer than is

necessary to manage the immediate risk and should be recorded and reported using the Melrose Incident reporting

and recording system. Staff must ensure that:

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

# LEGAL JUSTIFICATION

The use of any Restrictive Intervention and Restraint, including Restrictive Physical Intervention (RPI) must have a

Legal Justification. With direct reference and consideration of relevant children’s legislation and education legislation

(see appendix at front of policy).

An RPI in any Melrose Home setting should only be considered as a LAST RESORT in the following situations:

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

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

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

In any situation an immediate assessment should be made by the member of staff(s) as to what they think is the

least intrusive and least restrictive response available to reduce the risk of the above, and why this response was

necessary (no other way of reducing risk at that time). They need to consider the planned strategies in the young

person’s PBS plan as a priority consideration unless following this plan is not in the best interest of the child or young

person.

The response should be proportionate to the action/behaviour. In simple terms, this means that it should be the

MINIMUM amount of restriction, force and time to reduce the risk. Consideration needs to include factors such as

gender, size, age, individual needs and level of understanding and preferences of the child or young person, as well

as size, relationship and competence of the member of staff intervening. All staff will be fully trained and assessed

as competent and confident in physical techniques.

# TRANSPORT

Managing behaviours of concern in a vehicle can be extremely high risk. Clear expectations should be communicated

and understood by all children and young people prior to using transport, and a pre-planned seating plan, were

possible, should be agreed with staff. The safety of the driver of the vehicle is the paramount consideration, and this

must be considered when arranging the seating of the escorts and the children and young people. A written risk

assessment should be formulated before the journey to reduce risk to the minimum and should include all generic

transport risk factors as well as individual child or young person’s risks (such as medical and historical behaviours).

Specific information relating to transport should also be contained in the child or young person’s support plan and

communicated to transport staff.

It would be deemed reasonable for staff to refuse to transport a child or young person in the vehicle if it is deemed

too high risk to do so at that time. This consequence should include additional staff support with skills development

and understanding of expectations to ensure safety in vehicles in the future.

# POST INCIDENT DEBRIEF (STAFF & YOUNG PERSON)

The impact that any restrictive physical intervention or restrictive responses can have on both our children and young people and our staff is fully recognized.

 Post Incident debrief (PID): It is a priority (and mandatory) that all children and young people and relevant staff members are fully supported straight after an incident and until they are back at baseline through a post incident debrief (PID). This is an ‘ongoing’ check on both the physical and emotional wellbeing of those involved and should identify any additional support that is needed, any concerns, complaints or injuries and if the child or young person/staff member feels safe.

Young person De brief: This well-being check should be documented on a Child debrief form by a member of staff

who was not involved in the incident and signed by them. Guidance documents, flow chart and training accompany

this full process.

 Staff De brief: Staff wellbeing should be supported by a member of the Senior Leadership Team (SLT) and evidenced on the RPI report. If there are no SLT staff available to complete the well-being check, then other staff should support them and complete a Staff debrief form for follow-up with the SLT as soon as possible.

Concerns: Any concerns from the young person or staff debrief or from staff observations must be passed on

immediately to the senior member of staff responsible for the shift/day.

Complaints: Any complaints or safeguarding concerns must be fully documented via the appropriate Melrose

systems. Following an incident of RPI a child or young person may wish to make a complaint with a member of staff

that the child or young person feels comfortable with, later. In this case, the complaints procedure should be followed

immediately and the child or young person supported through the process by a member of staff.

# POST INCIDENT LEARNING (STAFF & YOUNG PERSON)

Post Incident Learning (PIL) is a separate process from the Post Incident debrief. Following an incident of RPI or significant behaviour of concern, it is vital that staff fully understand the influences and background, triggers and escalation of the incident. By reflecting on the incident and gathering additional observation and evidence we can agree and plan additional Primary, Secondary and Tertiary interventions and support for the future. This process can only be effective and of quality if the child or young person and staff are back at baseline. Information, evidence and observation from all staff (not just staff involved in the incident) will contribute to a ‘full picture’ of the influences and triggers of the behaviour of concern. Learning opportunities and the development of skills for both children and young people and staff will support a different outcome for the future and result in quality-of-life improvements and a reduction of behaviours of concern.

An effective Post Incident Learning (PIL) process will identify additional interventions and Actions for future support, provide information to review the PBS wave plan and inform the RPI report managers' comments provide a review of the PBS plan and Risk Assessments. It will also identify skills gaps for children and young people and training needs for staff.

The child or young person's PIL and the staff PIL are uploaded onto the relevant RPI report and recording systems at

Melrose. If there have been several incidents within a short space of time, any additional information can be added

to the same PIL, and re-uploaded to the later incident report.

# CONSEQUENCES AND SKILLS DEVELOPMENT

There are times when staff need to put an action in place to ensure that everyone is safe - and to ensure a different

outcome in future. Very often there needs to be a restorative conversation with a young person, and/or a new skill

taught. Sometimes something may need to be removed, stopped or implemented to ensure safety for all. We often

refer to this action as a consequence. The term consequence is very broad as all behaviour will have a consequence.

With regards to the Melrose definition, a behaviour consequence is when staff need to put something in place to

ensure a different outcome for next time, repair and make good and improve the quality of life of the child or young

person.

It’s important to understand that ‘one size’ doesn’t fit all, and the consequence should be person-centred and

relevant to the needs of the young person and the function of the behaviour (why), and NOT the actual form of the

behaviour (what it looks like).

A behaviour of concern that might result in a consequence being necessary would be if the behaviour:

* Is dangerous or high risk to the child or young person, others or the environment.
* Is an offence or may instigate police involvement
* Is socially unacceptable (when the behaviour would be high risk to them in society).
* Is not in the BEST INTEREST of the child or young person
* Impacts on the Quality of Life of the young person or others.

An additional consequence should be documented and reviewed if it is outside of the normal expectations and

systems of the Melrose Group. A Melrose consequence should never be punitive and should always reflect a

response that is child-centred, restorative, promoting respect and dignity. It should provide a ‘stepping stone’ to

learning a new skill for next time or providing an alternative option for the future. Any action or consequence,

because of a behaviour of concern, should be logged fully in the appropriate logbook for the education/home setting.

# RECORDING AND REPORTING

All incidents involving any significant behaviour of concern must be recorded utilising the Melrose database recording

system.

All incidents of Restrictive Intervention and Restraint (including RPI) must be recorded utilising the

Melrose database recording system. This must be logged within 24 hours of the incident to ensure compliance with

current legislation.

The author of any report should be the person who decided to use a restrictive physical intervention, as they can

provide the information as to why it was necessary, proportionate and reasonable.

The report must be written in the first person, and it should be CLEAR who is writing each section of the report.

Additional information from other staff can be added to the report.

Although it is not a legal requirement within children's legislation, Duty of Candour is being open and honest.

Ethically and morally, it is necessary in children’s settings unless it is not in the best interest of the child or young

person. The Duty of Candour in this context is to be open and honest if we make a mistake, a bad judgment call or

get things wrong. An environment that encourages a duty of candour creates an open and safe culture.

Managers comments should be completed by a member of the Senior Leadership Team and should review the

content of the report, ensure that the description and context of the incident is clear, address any concerns or

unclear information and include any strategies for additional support for the future.

Full completion of the report is required within 72 hours and staff signatures completed to validate content as soon

as possible. Agreed strategies and intervention from the Post Incident Learning (PIL) should be uploaded onto the

report and referenced in the Manager's comments.

# NOTIFICATIONS

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

ways:

* Social Workers are notified of the incident as soon as possible after the incident via phone or email. This is documented on the RPI / IR report. Upon report completion (within 72 hours), the report is emailed to the allocated social worker.
* Parent/Carer notifications: Each home and school will have a process for notifying individual parents/carers of incidents. In schools, parents/carers should be notified as soon as possible after the incident, on the day of the incident.

However, due to the complexities associated with our children’s backgrounds, certain restrictions may be in place

that limit communication with parents. It may also be the case that a parent/carer wishes to be communicated

with in a specific format, within a specified timeframe. Always check the process for parent/carer notifications.

# GOVERNANCE AND QUALITY ASSURANCE

Governance and Quality Assurance Quality Assurance is everyone’s business. The best way to ensure that all our

provisions across the whole of Melrose are of the highest quality, safe and open is to have a robust and regular QA

process.

The use of physical intervention is also monitored at different levels within the organisation. Operationally Regional

Directors provide objective scrutiny for the home to ensure procedures within this policy are adhered to. As part of

the internal quality assurance process, all incidents within the individual establishment are analyzed (both physical

and non-physical), and the whole behavioural approach is also monitored, including rewards, consequences and

ethos.

Melrose Children’s home will generate regular analysis reports with action plans, to continually strive to reduce

restrictive practices and learn from previous incidents. These in turn are sampled by staff external to the site during

quality assurance visits. These visits are conducted regularly, and where needed an additional action plan is

produced to assist the staff with their internal analysis and monitoring.

# STAFF TRAINING

Training in PBS, Physical Intervention and Safeguarding is delivered to all new staff who work directly with our

young people within 3 months from their start date. The course content mirrors this policy and includes additional

guidance and practice around behaviour systems and processes.

All training is accessible to all stakeholders and external bodies who wish to attend and observe our training (Ofsted inspectors, LADO’s, Social workers etc…) to assess how well all aspects of the training are delivered, developed and administered. Annual reviews and audits of all PRICE systems consist of:

* Performance of Trainers (observation/refresher assessments/co-training opportunities)

• Training delivery

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

# RELEVANT LEGISLATION AND REFERENCES

 Children Act 1989

Human Rights Act 1998

Education and Inspection Act (Section 93) 2006

Health and Safety at Work etc. Act 1974

United Nations Convention on the Rights of the Child (ratified 1991)

Violent Crime Reduction Act 2006

Special Educational Needs and Disability Act 2001

Children’s Homes Regulations 2015

Children’s Homes Quality Standards 2015 (Regulation 35) Keeping Children Safe in Education **Relevant Guidance (non statutory) :**

Use of Reasonable Force in Schools 2013

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

Reducing the Need for Restraint and Restrictive Intervention  Positive Environments Where Children Can Flourish