Revision Number	Revision Date	Reason for change
2020.01	28/09/2020	Update statement on person competent to complete risk assessment page 7 and statement on NOS page 6. PH
2020.02	17/11/2020	1. Change Standard bullet points to numerical references 2. Add Operational Hierarchy to Organisational Chart page 9 3. Add boxes foe QAC Reference number and Appointed Assessor 4. Standard 1.1.6 – move to Risk Assessment 1.3.1 5. Add evidence boxes to 2.15 6. Standard 3.5.2 move to 4.2.1 and 4.3.1 PH
2020.03	19/11/2020	Page 10 How to add information to the form amended PH
2020.04	20/11/2020	All numbers removed from evidence boxes to allow standard number to be added

Quality Assurance for Training in the Prevention and Management of Conflict and Hazardous Behaviour

These good practice standards may be applied to all training courses which include personal safety responses and restraint with the intention of reducing risk, restraint and restriction, irrespective of the local context. Effective conflict management systems are an essential part of the occupational health and safety framework in many different settings.

What are standards?

The word 'standard' refers to a level of quality or attainment. Standardisation also implies a level of consistency. The International Standard Organisation defines a 'standard' as simply "the best way of doing something". These training standards pay due regard to a variety of relevant national and international standards.

For example, nearly 70 countries were involved in the development of ISO 45001, the management system standard for Occupational Health & Safety (OH&S), which came into force in March 2018. Those standards emphasise a more proactive and preventative approach towards the reduction of risk than previous international standards, reflecting the approach adopted by the Institute for Conflict Management. The objective is for training to enable organisations to become less reliant on reactive hazard control measures wherever possible. That approach involves the incorporation of health and safety throughout the whole management system of the organisation, rather than delegating responsibility to specific safety personnel, as was often the case in the past.

It is crucial that all managers, including those at the most senior level, take a leadership role in the promotion of occupational health and safety. That is also the approach advocated by other organisations, such as the Restraint Reduction Network in the UK.

It is not always possible to eliminate risk entirely but managers and workers should work together to reduce it, so far as is reasonably practicable. In order to do that workers must be competent to do the jobs expected of them. Training standards and quality assurance systems enable employers to better match work expectations and competence, promoting competence and confidence in the workplace in order to improve occupational health and safety.

Openness, clarity and honesty are an important part of this process. It is understandable that organisations attempt to create a narrative to present themselves in the best possible light. They operate in a demanding and competitive environment in which they may be inspected and judged by various outside bodies. Unfortunately, in the past those pressures have sometimes resulted in a gulf between explicit expectations and the reality of what was happening on the ground which was concealed by the use of imprecise language in policies, plans and records. In order to promote the highest possible standards, we need to ensure that they are expressed in clear and unambiguous language.

For example, the phrase 'behaviours that challenge' is used to describe a wide range of behaviours, ranging from mildly annoying to extremely hazardous. When the same words can be used to mean so many different things they can be misleading. The word 'redirection' is sometimes used in health and social care settings to describe a variety of different actions from workers. A person may be redirected in many ways. These range from mild visual or verbal prompts to the use of physical force to move a person from one place to another. To avoid giving a false impression, where physical force is used it should be made clear in policies, plans and incident records.

Campaigns to reduce the use of restraint over the years have sometimes created incentives for managers to use confusing or misleading language. There have been cases where managers have prompted or induced workers to changing the way they recorded certain physical interventions. This can encourage workers to falsify policies, guidance and records by renaming certain restraint methods. The term 'unplanned emergency response' is sometimes used to maintain the pretence that high risk physical interventions are no longer necessary.

After an unforeseen emergency incident has already happened, employers cannot plausibly pretend that the possibility of another similar incident happening in similar circumstances is not reasonably foreseeable. It would be unreasonable to expect untrained staff to use unplanned emergency responses after such an event had already happened.

Responsibility for the establishment of an open and honest occupational health and safety management system extends from top management downwards and needs to include all workers and participants. That is the approach recommended by the International Standards Organisation, in ISO4500,1 2018.

Since 2014, policy and guidance has been directed towards reducing the 'need' for restraint by increasing proactive and preventative approaches. That is one of the reasons why the Institute for Conflict Management was formed. Managing the potential for conflict results in a reduction in the need for restraint. Simply pressuring organisations to reduce the number of recorded restraints, before sufficiently effective proactive and preventative approaches have been put in place, does not constitute competent risk assessment and control. The reduction in risk must precede the removal of safety protections and training.

This will help prevent unreasonable expectations, or wishful thinking, from leading to an increase in unplanned emergency responses and ultimately the falsification of records. That, unfortunately, has been evident in a number of investigations that have followed exposures of poor practice.

Employers and workers share legal duties and responsibilities to promote occupational health and safety. In order to effectively protect all concerned, managers and workers need to be rigorous about maintaining standards and sometimes have the courage to challenge poor practice. A common theme in several high profile cases, in which poor practice was eventually exposed, was that some individuals had been uncomfortable about what was happening but did not feel able to challenge the prevailing culture.

Managers need to enable and encourage workers to think for themselves and challenge inconsistencies and falsehoods, no matter what the source. That means challenging organisations that fail to control the real risk just as rigorously as those which fail to control the excessive use of restraint and restriction.

The regulations require risk assessments to be completed by 'a competent person'. That is normally somebody who knows the relevant local operational circumstances and is able to follow simple thought process, balance risks and choose the most reasonable option of those available. It does not necessarily mean someone with a detailed theoretical knowledge or the mathematical ability to construct complicated matrixes to quantify risk. In some industries, such as engineering and the chemical industry, that is sometimes possible. In those cases, mathematical calculations, expressed in a matrix, can precisely quantify comparative risks.

Where risk is related to unpredictable and variable human behaviour, that approach is less useful. It is not even possible to accurately quantify many of the medical risks associated with particular restraint skills. That will depend on a number of different factors and estimations of other circumstantial risks.

Estimates made in relation to hazardous behaviour always tend to be imprecise. If the inputs into complicated mathematical models are imprecise, the outputs are also going to be imprecise. The danger is that risk assessments based on estimations, but presented in the form of complicated formulae and mathematical matrixes, can be misleading. Once again, simplicity, clarity and honesty are the best way to promoted better standards.

“Successful risk management is not about ticking boxes or calculating numbers.”
(Dame Judith Hackett - Chair of the Health and Safety Executive, 2012)

In an attempt to simplify complex issues, some authors in the past have translated nuanced legislation into simple bold statements. These have often subsequently been rejected by the Courts. Over the years, several organisations, including government departments and regulators, have had to back-peddle by issuing what they called 'clarifications' after using ill-considered absolutist language, then having some of the exceptions pointed out to them.

The words, 'always', 'never', 'without exception' and 'under no circumstances' are often an indication that the author of guidance has not thought sufficiently deeply about the topic, or is inadequately informed about the range of operational circumstances which might apply. 'Wherever possible' or 'in most circumstances' are often more accurate descriptions of reality.

At the other end of the spectrum are words and phrases that cause confusion because they are so vague. When authors slip into the passive tense, this is often a sign that they do not have a very clear idea, or that they are avoiding clarity to give a false impression.

Authors of policies, guidance, planning and incident records should promote accurate recording by encouraging the use of descriptive language. Quotes should be used to convey who said what, rather than translating the words used into subjective and judgemental language, such as 'abusive', 'aggressive' and 'inappropriate'. Descriptions of what a person actually said and did are more likely to enable the reader to form an accurate mental image. If individuals 'hit', 'bite', 'spit', 'kick', 'slap', 'punch', 'pinch', 'scratch', 'pull hair' or 'throw the television remote', then the authors should just record what happened accurately.

If the terms 'restrictive physical interventions' and 'restraint' are being used interchangeably, as is sometimes stated in policy documents, then the Institute for Conflict Management recommends the consistent use of the less clumsy and ambiguous term - 'restraint'.

Not all 'behaviours that challenge' are hazardous. In the past that term has been used to describe hazardous behaviour. It has also been used as a euphemism to disguise hazardous behaviour. The Institute for Conflict Management recommends the consistent use of the term 'hazardous behaviour' to describe any behaviour which presents a reasonably foreseeable risk of harm to any person. The use of that term also encourages organisations and workers to pay due regard to their legal duties and responsibilities under Health and Safety legislation.

Not all 'physical restraints' involve people using their hands to hold a person. The Institute of Conflict Management recommends the use of the term 'manual restraint' for situations in which people are held. This again reflects the language of Health and Safety, where the term 'manual handling' is already generally understood. In some service settings there is considerable overlap between manual handling and manual restraint. Where that is the case it needs to be clarified by the use of transparent terminology.

'Mechanical restraint' is another imprecise term. Technically, the term 'mechanics' refers to any form of motion and force. Biomechanics refers specifically to the motion and forces involved in the movement of muscle and bones. All physical restraints involve some form of mechanical restraint. In social care, health and education settings, the term has come to be used only to describe restraints involving additional equipment. When equipment is used reasonably, its purpose is to protect people from injury. The Institute of Conflict Management recommends the use the term 'protective equipment' to describe any equipment used to protect people from harm. Some protective equipment is applied to the individuals who present hazardous behaviour. This can be for their own protection and to protect others. Examples include protective helmets and splints. In security services the application of handcuffs may be necessary.

Other equipment is worn by workers in various service settings for their own protection. This is called 'personal protective equipment'. Examples include helmets, visors, gowns and masks. In security services stab vests may be necessary.

In all settings in which equipment is used, for whatever reason, the Institute for Conflict Management recommends the use of clear language to describe precisely what the equipment is, what it does, who it is applied to and why it is necessary.

Clarity is important because in the past the use of imprecise terminology has caused confusion. For example, the use of a visor may be recommended to protect a worker from spitting. That is 'personal protective equipment' worn by the worker.

A 'spit hood', such as those used by some security services, may be 'protective equipment' but the crucial different is that it is applied to the person exhibiting hazardous behaviour. It is placed over the head of a person who is spitting. The distinction has not always been made clear in the past.

Words are important and they should be treated as such. A recommended glossary of terms is included at the end of this document. If organisations prefer to use their own terminology, they need to ensure that they explain why and explain clearly what the words they use mean.

Improving Standards

If you google the words 'everyone's responsibility' the search returns thousands of pages relating to safeguarding and security. Whether it is vulnerable children and adults that need to be protected, data, cyber security, or the health and safety of workers and others the message is clear. Nobody escapes responsibility. Although this sounds good in theory, in practice when nobody in particular is responsible the result can be that nobody actually takes responsibility for taking action. Then, when things go wrong, nobody accepts responsibility.

We are interested in promoting effective action. To that end, we believe that those concerned with improving standards of provision need to clarify their own specific roles and responsibilities.

The UK Management of Health & Safety Regulations 1999 require organisations to have a clear structure and reporting process with an appointed person responsible for ensuring that it works. The UK Health and Safety Executive.

The International Standards Organisation sets general standards such, as ISO900 for a quality management system and ISO45001 for occupational health and safety. Organisations may be certificated against those standards by UKAS approved certificating bodies.

The Restraint Reduction Network (RRN) developed its own standards which have been adopted by NHS England for health and social care.

The Security Industry Association (SIA) is responsible for regulating the private security industry.

There are different statutory regulations which apply to children's services and adult services. Even within children's services, there are different regulations for schools, children's homes, foster carers, and colleges. There are different regulatory bodies with specific responsibilities to conduct inspections under their own frameworks.

The Health and Safety Executive provides advice, conducts investigations and has legal powers to prosecute organisations which breach of the Health and Safety At Work Act 1974 in respect of training in conflict management and the prevention and management of hazardous behaviour. (See Case 42026700 - Castlebeck Care Holdings 2014 fined £100 000).

In addition, there are consultants, campaigners and professionals who have their own opinions about what constitutes good practice. We should be wary of those who uncritically attempt to apply ideas from one service sector into other contexts without fully appreciating the differences.

Ultimately it is for the Courts to determine what is good practice and what is unacceptably bad practice.

The Courts are led by the views of responsible bodies of professional opinion with competence and experience within each sector. Where there is a range of responsible professional opinion on any matter, it is the legal duty of an expert witness to inform the Court of that range of opinion.

Quality Award Service

The Institute for Conflict Management will provide a quality award service for members who can provide evidence that they meet the standards set out in this document.

The Role of The Institute for Conflict Management

The Institute for Conflict Management membership includes experts with relevant personal experience, expertise and competence across a range of different service sectors.

The Institute for Conflict Management membership represents a responsible body of professional opinion involved in promoting good practice in the prevention and management of hazardous behaviour across a wide range of service settings.

The Institute for Conflict Management also contributes to the HSE Partnership on Work-related Violence.

The Institute for Conflict Management was commissioned chair the development of the **National Occupational Standards for Prevention and Management of Work-Related Violence.** These standards enable members to promote and support good practice across a wide range of different service settings.

The Institute for Conflict Management will provide members with an efficient and effective system for sharing evidence of good practice and compliance with these standards.

The Institute for Conflict Management will accept evidence in a range of formats including, but not limited to, hard copy documentary evidence, in-person observation and interview, digital documentary evidence, video observation and interview.

The Institute for Conflict Management will provide an assessor who will make the process of providing evidence as efficient as possible.

The Institute for Conflict Management will provide members who meet these standards with a dated quality award for the year in question. The institute will issue a digital logo showing the year in which the organisation was vetted. To maintain the full support of the institute, organisations need to conduct a light touch annual review and be fully vetted every 3 years. Organisations may choose to be fully vetted each year, in which case, they get a new logo each year.

The Institute for Conflict Management will continue to develop and improve these standards to ensure that they continue to reflect good practice in the light of national and international developments in legislation, guidance and case law.

The Institute for Conflict Management believes that many training organisations and their clients will benefit from the process and improve their own policies and practice at the same time.

What Training Organisations Need to Do

The Institute for Conflict Management does not expect or want training organisations to create new documents specifically for the quality award process or for the process itself to significantly distract from the purpose of their work.

The UK Health and Safety executive has made clear that risk assessments need to be completed by 'a qualified and suitably competent person'. That does not necessarily mean an external specialist in the theory of health and safety. It means somebody who knows their own organisation, what the standards are and how they should be applied. In many small settings that is a local manager or worker. The competent person needs to be able to explain to outsiders how they ensure the standards are met.

Training organisations should treat these standards as a checklist and decide how they can best demonstrate compliance with each section.

Training organisations who believe they meet the standards can apply to be assessed for a quality award online, via the Institute for Conflict Management Website.

How To Complete The Quality Award Process

Training organisations will be allocated to an Institute for Conflict Management assessor to discuss the quality award process.

Training organisations will need to provide all the evidence requested and any additional evidence which may be necessary to clarify issues.

We have tried to make the process itself simple and straightforward, avoiding the need for additional unnecessary documentation wherever possible.

This document is provided in digital form so that applicants can use it as both a checklist and application form.

Evidence

- Training organisations applying for the Institute for Conflict Management quality award will be provided with a digital form consisting of the Standards with a section below for them to explain how they meet the standard and direct the assessor towards supporting evidence.
- Clearly the nature of the evidence provided will vary to some extent according to the service sector.
- Documentary evidence should be clearly referenced by title and page number: i.e.

1. Medical Risk Assessment, page 4.
2. Restraint Reduction Policy, page 1.
3. Training Needs Assessment, page 6.
4. Manual for Trainers, page 23.
5. Compliments and Complaints Policy, page 1.
6. Handout 5, page 1.
7. Presentation Slide Printout (circled).
8. Video Clip 6, 3.35.
9. Accreditation Certificate.
10. Testimonial 3, page 1.
11. Investigation Report, page 12.
12. Inspection Report, page 4.
13. Website screenshot, (circled)
14. Photograph 6.

- Other more general statements about the approach of the organisation may be evidence within the documentation taken as a whole.
- Where the evidence is not within a document, applicants can explain how they meet the standard in the section below the standard.
- If the evidence is provided during an interview, and/or observation, the section should explain that.

Please note, boxes have been provided with each Standard to help you document the appropriate evidence, but use of these boxes is not mandatory, they are only intended to be an aid to help you with your submission.

Application For ICM Quality Award Centre Status

1. Centre Details

Organisation Name	
Date of application	
Address	
Main Contact Name	
Email	
Telephone	
Mobile	
Website	
Description of the products and services you provide	

2. Organisational Chart (Operational Hierarchy)

Position	Role/Responsibilities

Application Reference Number (Issued by ICM Secretariat):

ICM QAC Reference Number	
ICM Appointed Assessor	

How to add information to the form

Sometimes evidence to demonstrate adherence to a standard is available as discrete pieces of evidence. Reference to a particular page of one of the supplied documents, or a particular document, may be added directly underneath the bullet point.

For example, Standard 1.1:

1.1.17 The ratio of trainers to course members will normally not exceed one trainer to twelve course members for any practical training that includes restraint.

Applicant's response e.g.

1.1.17	See Per Course Information Sheet

1.3.2 All physical techniques included in the programme have been risk assessed by competent professionals or organisations. Where necessary independent medical and psychological assessments must be included.

Applicant's response e.g.

1.1.17	See Physical Skills Risk Assessment Process and risk assessments

Evidence that refers to the training delivery can be covered by directing the assessment to the relevant training materials e.g.

2.3.1	See PPT Slide 46 and page 12 of learner's workbook

You can assume the assessor has read the documentation, so there is no need list every single time that message is reiterated. If a message has been reiterated sufficiently that should be clear to the assessor.

Evidence for Standard 1.1

- Handout
- Training Manual.
- Website information.
- Presentation materials.
- Medical, technical and psychological risk assessments.
- Course evaluations.
- Training Needs Analysis.
- Interview and observation, either in person or via virtual meeting.

In discussions with the assessor it will be helpful for both to have digital versions of the documents available. Digital searches for key words are often much easier and more efficient than searching through hard copies.

The purpose of these Standards is to raise the quality of training for the benefit of service users, commissioners of training and society.

The role of the Institute of Conflict Management is to assist training organisations to improve their systems and performance to meet these Standards.

Training Standards

Standard 1: Pre-Training

Standard 1.1 Training needs analysis

1.1.1 The training needs analysis demonstrates an understanding of the organisation and its context.

1.1.2 Training is delivered with reference to the organisation's policies and procedures which may be updated following the training.

1.1.3 Expectations with respect to training environment are agreed, to include floor coverings, furniture, space, availability of first aid equipment and qualified first aider, drinking water, cleaning materials and personal protective equipment where necessary.

1.1.4 Expectations of levels of fitness required and physical demands of training agreed.

1.1.5 Top management demonstrate an awareness of the importance of a proactive and preventative approach so that organisations become less reliant on reactive risk control measures.

1.1.6 Organisational roles, responsibilities and authorities are clearly established.

1.1.7 Where risk assessments identify foreseeable risks, the training needs assessment accurately and honestly describes foreseeable and necessary workers responses.

1.1.8 The training needs assessment takes account of the particular circumstances of the service setting and individual vulnerabilities of service users and workers.

1.1.9 When risk assessments are being reviewed, they are informed by incident and accident records, including near misses, current risk assessments and reasonably foreseeable changes to circumstances.

1.1.10 Employers have systems in place to provide adequate information, instruction, training and supervision to promote the health and safety of workers, service users and others.

1.1.11 Employers establish transparent processes to acknowledge the hazardous nature of any foreseeable incidents and of any restrictive interventions.

1.1.12 The best interests of any person who may need to be subjected to restraint or restriction is promoted and balanced against the best interests of workers, other service users and others.

1.1.13 Due regard is paid to ensuring a balanced approach which promotes the safety and dignity of all workers, service users and others.

1.1.14 Any techniques used to restrain or restrict liberty of movement are reasonable and proportionate to the circumstances, taking into account the likelihood and impact of harm resulting both from hazardous behaviour and any corrective actions.

1.1.15 Techniques used to restraint or restrict liberty apply the minimum force for the shortest time, consistent with safeguarding service users, workers and others.

1.1.16 The number of course members that can safely be trained within the available space and the ratio of trainers to course members is determined as part of the training needs assessment.

1.1.17 The ratio of trainers to course members will normally not exceed one trainer to twelve course members for any practical training that includes restraints.

Evidence for Standard 1.1

Standard 1.2 Developing the training programme

1.2.1 The programme covers both theory and practical elements which are relevant to the service setting.

1.2.2 Blended teaching methods may include online content, in person presentations and demonstrations, pre and post course documentation and audio-visual content.

1.2.3 Participatory teaching methods may include small group discussions, table top exercises, online exercises and practice of physical techniques.

1.2.4 Theory elements allow for individual study, small group work, and whole group discussion, question and answer.

1.2.5 Additional theory work may be completed before and after the course as part of an ongoing training programme.

1.2.6 A clear rationale explains the inclusion of all specified personal safety and restraint elements in the programme.

Evidence for Standard 1.2

Standard 1.3 Risk assessments

1.3.1 Risk assessment covers hazard identification, assessment of risks and opportunities for preventing and managing hazardous behaviour. An evidence based training needs analysis is undertaken by a knowledgeable and competent person.

1.3.2 All physical techniques included in the programme have been risk assessed by competent professionals or organisations. Where necessary independent medical and psychological assessments must be included.

1.3.3 Risk assessments are regularly updated, at least once every two years.

Evidence for Standard 1.3

Standard 1.4 Training is delivered within the context of an explicit commitment to a balanced approach towards the reduction of risk, restraint and restriction

1.4.1 Training providers make clear to commissioning organisations that the purpose of training is to promote a balanced approach towards reducing risk, restraint and restriction of all kinds.

1.4.2 Commissioners of training have organisational plans in place for reducing risk, restraint and restriction in a balanced way.

1.4.3 Commissioners of training have plans for individuals in place to reduce risk, restraint and restriction in a balanced way.

1.4.4 Plans are reviewed following any significant change or incident. In the absence of any such change or incident they should be reviewed regularly, at least annually.

1.4.5 The message of minimum force is reiterated throughout the programme.

1.4.6 Training makes clear that decisions on whether or not to use restraint will always require consideration of individual circumstances and is a matter of professional judgement.

1.4.7 Training makes clear that any use of restraint carries some degree of risk. Risks may be to the person exhibiting hazardous behaviour or to others.

1.4.8 Training makes clear that risks associated with taking action need to be balanced against the risks associated with other courses of action, including the risks of taking no action at all

1.4.9 Training makes clear that assessing risk involves using available information and personal experience to make reasonable judgements and weighing up options.

1.4.10 Training makes clear that that assessing risk involves attempting to predict the situations in which hazardous behaviour may occur and estimating the likelihood and impact of any harm that could result.

1.4.11 Training makes clear that when considering whether to use restraint workers should pay due regard to the best interest principle, consider the best interests of the person exhibiting hazardous behaviour and those around them and ask themselves:

1) "What would I want somebody else to do in a similar situation if that was my child or someone else I care about."
2) Training should acknowledge that unplanned interventions require professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents.
3) Training should acknowledge that there might be occasions where suitably trained workers may not be on hand.
4) Training should acknowledge that such decisions, known as dynamic risk assessments, will include a judgement about the capacity of the individual exhibiting hazardous behaviour at that moment to make a safe choice.
5) Training should make clear that such an unforeseen and unplanned emergency response is evidence of a requirement to review the training needs assessment and provide appropriate training or implement other necessary corrective action to prevent reoccurrence.
6) Training should make clear that worker training and supervision of operational performance should support dynamic risk assessment. Reliance on emergency responses from inadequately trained staff does not constitute competent risk assessment and control.

Evidence for Standard 1.4

Standard 1.5 Training providers ensure that all who can make a contribution are participants in the development and delivery of training

1.5.1 Training makes clear the distinction between exposure, experience, expertise and technical competence in relation to physical skills.

1.5.2 Those involved in developing and delivering training pay due regard to the views of those who have personal experience of being exposed to hazardous behaviour, of exhibiting hazardous behaviour themselves and of being subjected to hazardous behaviour from others.

1.5.3 This should include the experience of being subjected to the use of physical restraint and personal safety equipment being recommended.

1.5.4 Those involved in developing and delivering training pay due regard to the views of experts with extensive relevant knowledge and expertise in the development and delivery of training.

1.5.5 Those involved in developing and delivering training have experience that is relevant to the service setting.

Evidence for Standard 1.5

Standard 1.6 Agreeing delivery plans

1.6.1 Training providers and commissioners agree the delivery arrangements with the commissioning organisation as far in advance as is reasonably practicable.

Evidence for Standard 1.6

Standard 1.7 Making available accessible course information

1.7.1 Important course information is made available in an accessible format to course participants in advance, giving as much notice as is reasonably practicable.

1.7.2 Training providers make available to course members information in a variety of formats to meet a variety of needs, for example, digitally via easily accessible websites, and in-course materials provided to each individual which they can keep for future reference.

Evidence for Standard 1.7

Standard 1.8 Compliments and complaints policy

1.8.1 Training providers make available a policy that clearly describes how questions, compliments, concerns, and complaints will be processed and dealt with, and which sets out clear timescales for them to be addressed.

Evidence for Standard 1.8

Standard 2: During Training

Standard 2.1 Dynamic Risk Assessment

2.1.1 The training venue is risk assessed to ensure that it is safe for the delivery of practical training.

2.1.2 The practical training area is large enough for the intended group (ideally two square metres per course member when engaged in physical exercise at any one time).

2.1.3 The practical training area is kept clean and clear of obstacles through dynamic risk assessment throughout the delivery of training.

2.1.4 Suitable furniture and equipment is provided including the use of appropriate mats where necessary.

2.1.5 The training venue is risk assessed to ensure that it is safe for the delivery of theory training.

2.1.6 Where applicable, suitable audio-visual equipment is available to allow all course members to access information.

Evidence for Standard 2.1

Standard 2.2 Balancing human rights, the best interest principle and health and safety

2.2.1 Training includes an overview of the relevant legislation, regulations, and guidance that apply to the particular service setting.

2.2.2 The training presents a balanced approach towards the promotion of individual Human Rights and Health and Safety.

2.2.3 The training presents a balanced approach to the competing rights of different individuals and groups.

Evidence for Standard 2.2

Standard 2.3 Responding to bad practice

2.3.1 Training covers how workers should respond when they see bad practice.

2.3.2 Training covers the concepts of duty of candour, duty of care and whistleblowing.

Evidence for Standard 2.3

Standard 2.4 Working cultures

2.4.1 Training covers the development of working cultures, both positive and negative.

2.4.2 Training covers how individuals can influence groups, and be influenced by them, along with how group attitudes contribute towards good and bad practice.

Evidence for Standard 2.4

Standard 2.5 Considered decision making

2.5.1 Training covers the thought processes which promote and support effective planning to reduce unnecessary risk, restraint and restriction.

2.5.2 Training covers the thought processes involved in dynamic risk assessment and how to record those thought processes using clear unambiguous language.

2.5.3 Training reiterates the simple message that decisions should be led by what course members would want somebody else to do if someone they cared about was exhibiting or experiencing potentially hazardous behaviour.

Evidence for Standard 2.5

Standard 2.6 Primary proactive and preventative behaviour management and support strategies

2.6.1 Training covers a range of context specific proactive and preventative measures to maintain equilibrium and prevent the genesis of hazardous behaviours.

2.6.2 Training covers the management of arousal levels of individuals and groups.

2.6.3 Training covers the development of organisational risk, restraint and restriction reduction plans.

2.6.4 Training covers the development of individual positive behaviour management and support plans.

2.6.5 Training covers how planning should take account of specific circumstances, objects, situations and interactions which can cause individuals and groups to become over-excited, anxious or hostile, increasing the likelihood of hazardous behaviours occurring.

2.6.6 Training covers the development of organisational risk, restraint and restriction reduction plans which prevent boredom and promote an atmosphere of calm, comfort, affinity and good humour, in order to reduce the likelihood of hazardous behaviours developing.

2.6.7 Training covers how management of personal space, body language, posture, gestures and tone of voice can reduce the likelihood of hazardous behaviour.

2.6.8 Training covers the use of scripts and checklists to reduce the likelihood and impact of hazardous behaviour.

Evidence for Standard 2.6

Standard 2.7 Secondary escalation prevention strategies

2.7.1 Training covers secondary strategies (both non-restrictive and restrictive) which are intended to manage boredom and calm over-excited and agitated behaviours.

2.7.2 Training covers secondary strategies (both non-restrictive and restrictive) which may involve withdrawing individuals and groups from environments and situations they find challenging to prevent the escalation of hazardous behaviours.

2.7.3 Training covers the use of scripts and checklists related to de-escalation and diversion.

Evidence for Standard 2.7

Standard 2.8 Tertiary corrective actions

2.8.1 Training covers tertiary corrective actions (both non-restrictive and restrictive) such as giving and repeating clear calm directions, allowing pauses when it is safe to do so and the use of minimal force to prompt and redirect.

2.8.2 Training covers personal safety responses to prevent or disengage from unwanted physical contact but do not involve physically immobilising the other person.

2.8.3 Training covers the use of tertiary corrective actions, which may include the use of personal protection techniques, manual restraint or protective equipment.

Evidence for Standard 2.8

Standard 2.9 Elevated risks

2.9.1 Training covers the factors most likely to contribute to elevated risk, paying due regard to the individual circumstances of the service setting and individual and group vulnerabilities. This may include medical conditions and use of substances.

2.9.2 Training is informed by current, evidence based, good practice in relation to balancing elevated risks associated with a range of body positions (including positional asphyxia).

2.9.3 Training should include accurate and current information about the impact of standing, seated, prone and supine body positions on lung function.

2.9.4 Training should include accurate and current information about the biomechanical effectiveness and limitations of the techniques provided.

2.9.5 Training should include accurate and current information on the relative demands of different techniques in relation to physical strength and body morphology.

2.9.6 Training should consider and balance the risks to both workers and service users, emphasising the need for individuals to conduct their own personal risk assessments and seek medical advice where necessary.

2.9.7 Course members are provided with accurate and current detailed written information about elevated risks.

Evidence for Standard 2.9

Standard 2.10 Emergency procedures

2.10.1 Training covers what to do in an emergency – medical or otherwise – paying due regard to the specific needs of the service setting.

2.10.2 Training emphasises that organisations must not reply on unplanned emergency responses in circumstances when the need for planned procedures is reasonably foreseeable.

Evidence for Standard 2.10

Standard 2.11 Recording and reporting

2.11.1 Course members are provided with information about the meaning of the words used in local policies, risk assessments, plans and incident reports. (For example, liberty protection safeguards, restriction of liberty, deprivation of liberty, seclusion, withdrawal, time-out, manual restraint, personal protection, chemical restraint, mechanical restraint and clinical holding).

Evidence for Standard 2.11

Standard 2.12 Use of data to inform plans to reduce risk, restraint and restriction

2.12.1 Training covers the relevant regulatory and organisational requirements for recording and reporting the use of personal safety responses, restraints, and other restrictions.

2.12.2 Training covers the protocols for recording any injuries associated with the use of those responses and using the data to inform future medical reviews of techniques.

Evidence for Standard 2.12

Standard 2.13 Post incident support, review and learning

2.13.1 Training covers the rationale for post-incident support in the immediate aftermath of an incident and any necessary ongoing support.

2.13.2 Training explains the rationale for a more considered post incident review and learning process after the incident so that workers and the organisation learn lessons for the future.

2.13.3 Training explains the importance of ensuring that workers are kept informed about incidents and the outcomes of investigations that are relevant to them.

Evidence for Standard 2.13

Standard 2.14 Trauma informed care and support, promoting mental fitness

2.14.1 The training covers how past experiences and trauma may impact on individual experiences of restraint and restriction for some individuals. For example, supine restraints may be particularly traumatic for victims of sexual abuse.

Evidence for Standard 2.14

Standard 2.15 Risk, restraint, and restriction reduction theory

2.15.1 The training covers the rationale and theory that supports a balanced approach towards reducing risk, restraint, and restriction.

Evidence for Standard 2.15

Standard 2.16 Safety during and after training

2.16.1 Training is delivered with an emphasis on safety and dynamic risk assessment.

2.16.2 The stop signal is demonstrated and explained before practical elements. It is made clear that anyone may use it if they see something unsafe.

2.16.3 All course members, on both initial and refresher courses, are given their own copy of the current version of essential safety information provided as part of the training course.

2.16.4 Certification is not given to any course member who has not competed the programme and been provided with this information.

Evidence for Standard 2.16

Standard 3: After Training

Standard 3.1 Competence, assessment and feedback

3.1.1 Training includes a competence-based assessment of both theory and practical elements based on clear assessment criteria.

Evidence for Standard 3.1

Standard 3.2 Record keeping

3.2.1 Training providers maintain complete, accurate, and up to date records of each course they deliver.

Evidence for Standard 3.2

Standard 3.3 Reporting concerns

3.3.1 Training providers have a policy that outlines the procedure for handling any concerns about the conduct of individual course participants during training sessions.

Evidence for Standard 3.3

Standard 3.4 Course evaluations

3.4.1 All training is evaluated post-delivery, using an evidence based framework.

Evidence for Standard 3.4

Standard 3.5 Refresher training

3.5.1 Training providers pay due regard to the particular vulnerabilities and circumstances of course members and service users when developing refresher training courses, to ensure that the content is relevant and proportional.

3.5.2 Trainers are themselves receive annual refresher training.

Evidence for Standard 3.5

Standard 4: Quality Assurance

Standard 4.1 Quality assurance

4.1.1 An effective quality assurance system is in place.

4.1.2 The training provider will provide a moderator for Train the Trainer courses.

Evidence for Standard 4.1

Standard 4.2 Training competence

4.2.1 Trainers have the necessary qualifications, experience, and competence to offer support in the sector in which they are delivering the training.

Evidence for Standard 4.2

Standard 4.3 Professional competence

4.3.1 Trainers have the necessary qualifications, experience, and competence to offer support in the sector in which they are delivering the training.

Evidence for Standard 4.3

Standard 4.4 Delivering relevant context

4.4.1 Training providers ensure that the training is relevant with reference to the training needs analysis.

Evidence for Standard 4.4

Standard 4.5 Insurance

4.5.1 All training providers, and any trainers who are employed or commissioned by them, provide evidence of both professional indemnity and public liability insurance.

Evidence for Standard 4.5

Standard 4.6 Safety in training

4.6.1 Trainers manage training sessions safely and professionally, undertake an environmental risk assessment before any training occurs, and dynamic risk assessments throughout the training.

Evidence for Standard 4.6

Standard 4.7 Continuing professional development

4.7.1 Training providers keep accurate training records.

4.7.2 Trainers provide evidence of continuing professional development.

4.7.3 Training organisations continually develop their programmes and methods, paying due regard to relevant international standards and developing knowledge and good practice.

4.7.4 Training organisations use course feedback and reviews to improve the training programme.

Evidence for Standard 4.7

Glossary of Terms

Aggression
Aggression is defined as feelings of anger or antipathy resulting in hostile or violent behaviour - a readiness to attack or confront. Not all hazardous behaviour is aggressive. In health, social care and education settings individuals may exhibit hazardous behaviour without any intent or understanding of the implications.

Bolam and Bolitho Tests
These are legal tests of what constitutes good practice in a particular service setting, based on case law.

The 'Bolam' test means that the practise is supported by a reasonable body of professional opinion, even though there may be a range of opinion within the profession. Professionals sometimes disagree about the best way of doing things.

The 'Bolitho' test means that a judge needs to be convinced that the practise is also supported by evidence and reasonable argument. It is not sufficient that a body of professional opinion follows the practise. Common practice is not necessarily good practice.

Competence
The ability to apply knowledge and skills to achieve intended results. Competence normally results from a blend of potential, training and experience.

Consultation
Seeking views before making a final decision.

Corrective Action
Action to eliminate the cause of a nonconformity or an incident and to prevent recurrence.

Duty of Care
Employers and workers share a legal duty to take reasonable care of themselves and others, including people who exhibit hazardous behaviour and those at risk from such behaviour. That is a statement of fact and it ought to be made explicit in policy documents to avoid confusion.

Escort
This refers to the use of minimal force to encourage a person to move from one place to another and prevent hazardous behaviour along the way. This term can be used to describe a range of measures including a single person holding a child's hand to cross a road or walking with linking arms alongside an elderly person or a person with a disability. In more extreme circumstances it can involve the use of protective equipment and specialist vehicles to transport people.

Evidence Based
Evidence based means that practises and professional opinions have been thoroughly checked for veracity in the light of developing research. The tobacco and cosmetic industry, along with purveyors of alternative medicine, have been guilty of misrepresenting the findings of genuine research and funding poor quality research of their own with the deliberate intention of misleading the audience.

Some campaigners, charities and commercial enterprises with an interest in risk, restraint and restriction have indulged in similar practices by making false claims about the evidence base. Some have established pseudo-academic journals to give a false impression. The hallmark of propaganda masquerading as evidence is the publication of papers with uncorrected small sample errors, biased sample errors and the use of percentages and graphs to display numbers that are too small to be significant.

Experts

The term expert is used to mean a variety of different things. An expert witness in Court is a professional who has specialist knowledge beyond that which an ordinary person would be expected to have. That could be a medical expert an academic or a professional in some other field.

That should not be confused with someone who has had personal experience of, or exposure to, similar circumstances as those in the case. A passenger who has survived an air crash might be able to provide information about what it feels like to be in an air crash. That does not mean that are necessarily competent to provide advice on aircraft design, construction and maintenance, air traffic control procedures or how to fly the aircraft. Victims of crime do not automatically become experts in crime prevention. Bomb victims do not automatically become experts in the making or defusing of bombs. Patients who experience illness or injury do not automatically become medical experts.

In the same way, a person with personal experience of being exposed to hazardous behaviour, exhibiting hazardous behaviour and/or subjected to measures intended to control hazardous behaviour, does not automatically become an expert who is competent to provide an expert opinion on technical matters.

When individuals describe themselves as experts they need to be clear in which sense they are using the term and avoid commenting on areas which are outside of their own sphere of expertise and competence.

Hazardous Behaviour

This refers to any behaviour that is likely to cause injury, ill health or any adverse effect on the physical, mental or cognitive condition of a person. In risk assessments it is assessed according to the likelihood of occurrence and the impact of the behaviour should it occur. The simple Health and Safety Executive's Five Steps to Risk Assessment are:

1. Identify the Hazards (in this case the behaviour).
2. Decide who might be harmed and how.
3. Evaluate the risks and decide on precautions.
4. Record your findings and implement them.
5. Review your risk assessment and update if necessary.

Incident

An occurrence arising out of, or in the course of, work that could or does result in injury and ill health.
Immediately Necessary
Immediately necessary refers to the moment at which action must be taken to prevent harm. That moment may reasonably be judged to be reached before the harm itself is imminent. There are times when action is necessary as a proactive and preventative measure, before harm has become unavoidable.

Interested Party

This refers to anyone who is perceived to influence or be affected by activities of the organisation including managers, workers and service users.

Last Resort

The last resort refers to the last in a hierarchy of control measures which is likely to be effective in the circumstances. Like the concept of immediately necessary, determining what is the last resort in a particular set of circumstances depends on judgement. Last resort does not mean the final option in an infinite list of ineffective attempts at corrective action, which must all be attempted and seen to fail before an option that has a realistic chance of success is attempted.

Liberty Protection Safeguards
These will provide legal authorisation for depriving people in England and Wales of their liberty for the purposes of health or social care services, where the person lacks capacity to consent to their confinement. They apply to anyone over the aged 16 years or over and will replaced the Deprivation of Liberty Safeguards (DoLS). (Due in April 2022).

Manual Restraint
The use of hands and bodies to apply force to restrain a person's free movement.

Need for Restraint
If the records show that there have been circumstances in the past where alternatives to restraint were not effective and workers had to resort to restraint, or that there is a reasonably foreseeable risk of that happening in the future, then there is a need for restraint. Competent risk assessment must produce evidence to show that the 'need' for restraint has been reduced before training in restraint can be reduced. Policies and plans must clearly distinguish between reducing the 'need' for restraint and simple 'restraint reduction' which can be achieved by a variety of means, including evading health and safety requirements. Effective and honest restraint reduction can be achieved through the successful implementation of positive, proactive and preventative approaches to conflict reduction and resolution which in turn reduce the need for restraint.

Wishful thinking is not a feature of competent risk assessment and control.

Organisation
This refers to a group of people working together with responsibilities, authorities and relationships to promote its objectives.

Participation
Involvement in decision making.

Personal Safety
This refers to methods workers can use to protect themselves against hazardous behaviour and to avoid or disengage from unwanted physical contact.

Physical Contact
Physical contact covers a range of activities including communication through touch, comforting, medical and intimate care, assistance with dressing and mobility, coaching, escorting and restraining.

Physical Distancing
Physical distancing involves the maintenance of safe personal space and the avoidance of face-to-face postures to reduce risks from hazardous behaviour and/or infection.

Planned and Unplanned Interventions
Planned interventions are those that have been agreed and documented for an individual. Risk assessments include plans for interventions in reasonably foreseeable circumstances. Unplanned interventions are responses to unexpected incidents. In circumstances that could not have been reasonably foreseen, an unplanned emergency intervention may be reasonable. After an unplanned intervention, the risk assessment and plan must be updated to take account of what are now reasonably foreseeable circumstances.

Post Incident Support and Review
Post incident support refers to the medical and psychological support offered to individuals in the immediate aftermath of an incident and ongoing support such as may be necessary after that. Post incident review refers to the process of finding out what happened and learning lessons to reduce the likelihood of the same thing happening again and/or reducing the impact of a similar incident.

Proactive and Preventative Approaches
This refers to systems, environments and habitual patterns of thinking and behaviour which reduce the likelihood and impact of hazardous behaviour.

Process
A set of interrelated or interacting activities which transform inputs into outputs.

Procedure
A specified way of carrying out an activity or process.

Protective Equipment
The use of inanimate objects or devices to protect against hazardous behaviour. 'Personal Protective Equipment' normally refers to items workers put on themselves, such as clothing, gowns, hats, gloves, masks, helmets, visors and stab vests.

Other protective equipment may include bean bags, furniture, splints, soft cuffs, ratchet cuffs, batons, incapacitant spray, taser and firearms.

Reference to protective equipment should be followed by a full technical description, including exactly what may be used, how it may be used and why it may be necessary'.

(Some equipment and clothing may need to meet particular CE Mark or other government standards.)

Reactions
Fast, automatic, instinctive or intuitive patterns of habitual behaviour, which may or may not be appropriate for a professional situation.

Redirection
This refers to the use of minimal force to prompt movement or a change in the direction of movement of a limb or part of the body.

Responses
Slower and more considered thoughtful behaviour which individuals are able to use when they are calm and in control of their own behaviour.

Restraint
This refers to the use of proportionate force to overcome resistance in order to move or prevent movement.

Top Management
The person or group of people who direct and control the organisation at the highest level.

Training Needs Assessments

Employers need to ensure that training-needs assessments are based upon realistic assessments of current and future risk, taking into account the local circumstances.

They should make clear that all workers who face a foreseeable risk of being exposed to hazardous behaviour must be provided with personal safety training which reduces the likelihood and impact of such behaviour.

All workers who may be expected to use restraint and/or protective equipment must be provided with adequate and appropriate training to enable them to do so safely. (See HSE Provision and Use of Work Equipment Regulations 1998 (PUWER) and Management of Health and Safety Regulations 1999).

Put simply, employers cannot employ a worker with the expectation that they will use restraint, then fail to provide them with the necessary training.

Violence

Violence is defined as behaviour involving physical force intended to hurt, damage, or kill someone or something. The Health and Safety Executive (HSE) defines work-related violence as 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.'

It is importance to recognise that not all hazardous behaviour is intentional. Some individuals may not be in control of their own behaviour or appreciate the risks posed by their behaviour.

Worker

Any person who performs work related activities that are under the control of the organisation. This may include volunteers or agency personnel.