

**Restraint Reduction
Network Training
Standards: Requirements
for certified training** (during
Covid-19 pandemic in 2020)

Introduction

The Restraint Reduction Network Training Standards focus on preventing the need for restraint wherever possible. Therefore the standards require two days (12 hours) face to face training in preventative approaches as specified in standards 2.1-2.15 prior to being taught physical skills techniques. The majority of these two days must be face to face. (Standard 1.2.1)

Due to social distancing it is more challenging to deliver face to face training safely. Therefore the Restraint Reduction Network are changing the requirements for face to face training during the Covid-19 pandemic in 2020.

These will be reviewed in early 2021 and a review of the effectiveness of blended learning approaches to support restraint reduction will take place in 2021.

The requirement for training providers to evidence that the training methods they choose are effective in supporting learning and cultural change remain .

Participants must not be taught to use restrictive interventions unless they have received prior training in primary preventative strategies.

Certification requirements for using alternative approaches

During 2020 blended learning options may be offered as an alternative, or to complement face to face training in preventative approaches where it meets the following criteria:

1. Learning outcomes and objectives of training, must remain consistent with delivery / session plans, agreed with services, on the basis of a full training needs analysis.
2. Training providers must be able to evidence that the training methods they choose are effective in supporting learning and cultural change
3. Training must include a minimum of 25%, real-time, live-streamed, interactive learning activities. This does not include time spent watching videos or presentations, with little or no opportunity for reflective discussion with trainers. Acceptable virtual learning environments must include two-way, real-time, video and audio interaction between the trainer and trainees.¹
4. Online learning that is fixed, pre-recorded, and linear or computer managed learning will not be acceptable as the only element of learning. These non-face to face virtual methods may complement virtual face to face training by being used as underpinning knowledge before the virtual face to face discussions. Virtual face to face discussion and reflection should be a minimum of 25% of the learning hours

¹ One way of combating video conference fatigue <https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting> and maximising engagement is to use a flipped learning methodology so people are live online for less time but better use is made of it. <https://www.advance-he.ac.uk/knowledge-hub/flipped-learning>

5. It must take into account that small groups of around five or six people** are indicated as best practice for virtual live discussion and reflection that involves challenging values and self-disclosure (see below link). Groups should therefore be no more than eight. These small groups should be comprised of people that work together and should be tailored to the specific setting they work in
6. Any medium of online training should be delivered in short sessions (no more than two hours) to prevent screen fatigue
7. Preventative approaches as specified in standards 2.1- 2.15 must be taught prior to being taught physical skills techniques. This may be delivered through appropriate blended learning options that meet the criteria in this document as long as it is completed within two weeks in advance of the physical restraint training and referenced in the training
8. Where learners demonstrate they have accessed alternative instruction on primary preventative strategies, such as through Safewards or Positive Behaviour Support training; and this included the full range of theory components specified in standards 2.1–2.15 (with the exception of standard 2.5), the minimum training requirement concerning preventative approaches may be reduced from twelve to six hours face to face training. Again however, at least 25% of this must be using a real-time, interactive platform, as part of a small group.
9. It is expected that during the face to face delivery of the physical element the trainer will reference key theory points, check knowledge and have some time for discussion arounds values and least restrictive principles as well as safety

Quality assurance

- A. The virtual face to face training is delivered by a trainer who not only meets the Restraint Reduction Network standards but can also evidence competence in online delivery (for example via COLF – certified online learning facilitator) as different skills sets are needed to deliver online
- B. Providers will be required to record sample video conferencing / virtual classrooms sessions. Bild ACT assessors will also scrutinise online training materials and attend some virtual classroom sessions

* One way of combating video conference fatigue <https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting> and maximising engagement is to use a flipped learning methodology so people are live online for less time but better use is made of it. <https://www.advance-he.ac.uk/knowledge-hub/flipped-learning>

**Small groups of around five people are indicated as being most effective for live discussion of content online that involves challenging values and self-disclosure (Tantum et al, 2019). Feedback from training providers, care providers and trainers during the Covid-19 period also supports that six

is a good number to cap these sessions.