

Training service:

Self assessment	RAG	Evidence	Actions
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Training standards

Section 1: Standards 1.1–1.8

This covers the part of the process that needs to be completed before a curriculum is developed

<p>Standard 1.1: The curriculum must be based on a training needs analysis (TNA) which must be completed by the commissioning organisation before the curriculum is developed and delivered</p>			
<p>Standard 1.2: A named person in the training provider organisation must develop a written proposal for a curriculum including the rationale for teaching specific restrictive interventions</p>			
<p>Standard 1.3: Any physical restraint technique that is included in the curriculum must be risk assessed by an independent professional or organisation with relevant expertise</p>			
<p>Standard 1.4: Training must be provided within the context of an explicit commitment to the reduction of all restrictive practices</p>			

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<p>Standard 1.5: Training providers must ensure that people with lived experience are involved in the development and delivery of training which involves the use of restrictive interventions</p>			
<p>Standard 1.6: The training provider must agree delivery arrangements with the commissioning organisation before delivery takes place</p>			
<p>Standard 1.7: The training provider must provide accessible information about the content of the training programme</p>			
<p>Standard 1.8: The training provider must have a policy for responding to concerns and complaints</p>			

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Section 2: Standards 2.1–2.15

This covers what must be included in the curriculum

<p>Standard 2.1: Training content must support a person centred and rights based approach</p>			
<p>Standard 2.2: Training content must cover duty of candour and duty of care in all settings</p>			
<p>Standard 2.3: Training content must cover how attitudes to and attributions of distress or concerning behaviours can impact directly on responses to the people being supported</p>			
<p>Standard 2.4: Training content must cover the use of decision making in response to distress or behaviours of concern</p>			

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<p>Standard 2.5: The curriculum must give proportional time (no less than one day or six hours) to exploring primary strategies and preventative approaches (unless the commissioning organisation already provides an evidence based model of preventative training to all staff)</p>			
<p>Standard 2.6: The curriculum must give proportional time (typically at least three hours) to covering the use of secondary strategies which alleviate the situation and prevent distress or behaviours of concern from escalating</p>			
<p>Standard 2.7: The curriculum must give proportional time to covering the use of non restrictive tertiary strategies</p>			
<p>Standard 2.8: Teaching the use of restrictive interventions (may include physical restraint, physical restraint to facilitate seclusion or long term segregation, clinical holding, or mechanical restraint)</p>			

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<p>Standard 2.8A: Teaching the use of mechanical restraint</p>			
<p>Standard 2.9: Training must cover the factors that contribute to risk and elevated levels of risk in the application of restrictive interventions</p>			
<p>Standard 2.10: Training in restrictive interventions must include contingencies to reduce the likelihood of medical emergencies arising; and the provisions to manage any that do</p>			
<p>Standard 2.11: The curriculum must identify the full range of restrictive interventions and restrictive practices and their application</p>			

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<p>Standard 2.12: The curriculum must cover the requirements for recording and analysing data from restrictive interventions and occurrences of distress or concerning behaviour</p>			
<p>Standard 2.13: The curriculum must include reference to the importance of required procedures that are related to post-incident review</p>			
<p>Standard 2.14: The curriculum must have content that enables participants to understand the meaning of 'trauma' and how it can impact on people's experience of restrictive interventions</p>			
<p>Standard 2.15: The curriculum must contain reference to and explore understanding of restraint reduction theory</p>			

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Section 3: Standards 3.1–3.6

This relates to post delivery processes

<p>Standard 3.1: Training must include a competence based assessment within each programme, with participants being assessed across both theory and practice elements</p>			
<p>Standard 3.2: Training records for each programme delivered must be maintained by the training organisation</p>			
<p>Standard 3.3: Training providers must have a policy for dealing with concerns that arise during training</p>			

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<p>Standard 3.4: All training must be evaluated post delivery using an evidence based framework</p>			
<p>Standard 3.5: Training providers must use a quality assurance cycle and be able to show how they have measured effectiveness in order to make improvements or adjustments to programmes or processes where needed</p>			
<p>Standard 3.6: Training providers must develop refresher training curricula that take into account the current needs of the organisation, service or individuals using information from an updated TNA (see also standard 1.6.1)</p>			

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Section 4: Trainer standards

<p>Standard 4.1: Training providers must have quality assurance systems in place to monitor the competency of all trainers delivering their programmes, including both senior and associate trainers</p>			
<p>Standard 4.2: All trainers who are delivering training must be able to demonstrate that they are qualified and competent to train</p>			
<p>Standard 4.3: All trainers must be able to evidence that they have the qualifications, experience and competence in supporting people in the sector in which they are delivering training</p>			

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<p>Standard 4.4: All trainers must ensure that the delivery of any programme is informed by the training needs analysis (TNA)</p>			
<p>Standard 4.5: All trainers must be covered by professional indemnity and public liability insurance</p>			
<p>Standard 4.6: Trainers must manage training sessions safely and professionally</p>			
<p>Standard 4.7: All trainers will be expected to maintain accurate training records which support an agreed quality assurance system</p>			

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The appropriate appendices must also be selected for population, setting and country. Evidence must be provided as to how the training covers any specific adaptations to the standards or special considerations.

Appendices: Populations

1: Services supporting people who have acquired brain injury			
2: Services supporting autistic people			
3: Services supporting children (including residential schools and children's homes)			
4: Services supporting people who are deaf and have mental health conditions			

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<p>5: Services supporting people who have eating disorders</p>			
<p>6: Services supporting people who have learning disabilities</p>			
<p>7: Services supporting people who have mental health conditions</p>			
<p>8: Services supporting older people, and people living with dementia</p>			

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Appendices: Settings

9: Adult acute psychiatric wards and PICUs			
10: Emergency departments			
11: Family homes			
12: Forensic and high secure services			

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13: Foster care			
14: Lone working			
15: Schools			
16: Tier 4 Child and Adolescent Mental Health Services (CAMHS)			

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Appendices: Country

17: England			
18: Northern Ireland			
19: Scotland			
20: Wales			

Appendices: Other

21: Use of pain			
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