**Behaviours of Concern (including Restraint Reduction) Policy**

**August 2020**

(Reviewed June 2019, Elisabeth Hamilton Learning Disability Quality Officer)

(Reviewed July 2020, Elisabeth Hamilton Learning Disability Officer ,Rachael Bright - Behaviour Support Lead)

**Purpose: This policy reflects CCP’s sensitive approach to behaviours of concern for people with severe learning disabilities and/or autism - an approach which emphasises the importance of adopting strategies that improves a person’s quality of life and minimises the occurrences of behaviours of concern through the understanding of individual needs and within a framework of support for staff.**

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**1.Introduction**

**1.1** **Organisational Position**

This policy sets out City College Peterborough’s position regarding the support and management of behaviours of concern within our learning disability provisions across Curriculum, Day Opportunities and Employment.

This policy may also be applied to supported people and learners who display behaviours of concern due to emotional or mental health issues.

City College Peterborough’s policy for Conflict Resolution and Physical Intervention should be referred to for guidance regarding other areas of college provision.

The policy is concerned with the safety and well-being of all supported people and learners accessing our services and the safeguarding of staff providing support.

**1.2** **Purpose**

* To offer person centred support to individuals who may display behaviours of concern and seek to understand the purpose/ meaning of such behaviours
* To offer appropriate training and support to staff members who work alongside supported people/learners
* To follow best practice guidance and law
* To promote a safe, positive environment for all

**1.3 Context- What are behaviours of concern?**

The National Institute for Health and Care Excellence (NICE) describe behaviours of concern/challenging behaviour in the following terms:

*'Behaviour that challenges' is not a diagnosis and is used in this guideline to indicate that although such behaviour is a challenge to services, family members or carers, it may serve a purpose for the person with a learning disability (for example, by producing sensory stimulation, attracting attention, avoiding demands and communicating with other people). This behaviour often results from the interaction between personal and environmental factors and includes aggression, self injury, stereotypic behaviour, withdrawal and disruptive, destructive behaviour. It can also include violence, arson or sexual abuse and may bring the person into contact with the criminal justice system*.

Behaviours include:

* Self-Injurious Behaviour such as head-banging, biting self, eye-poking.
* [Physical Behaviour](http://www.autism.org.uk/about/behaviour/challenging-behaviour/physical.aspx) such as biting, spitting, hitting and hair-pulling.
* [Pica](http://www.autism.org.uk/about/behaviour/challenging-behaviour/pica.aspx) (eating or mouthing non-edible items).
* Destructive Behaviours such as breaking furniture, throwing objects.
* Other behaviours such as smearing, sexually inappropriate behaviour, verbal aggression.

Possible Reasons include:

* A change in routine.
* Difficulty processing information.
* Unstructured time.
* Over sensitivity or under sensitivity to stimuli.
* Feeling unwell, tired or hungry.
* Difficulties being understood by those around them (leading to anxiety and frustration).
* Emotional issues relating to home life.
* Peer Group related issues.

**2. Relevant Policy and Legislation**

**2.1 Safeguarding**

City College Peterborough has a statutory and moral duty to ensure that the College functions with a view to safeguarding and promoting the welfare of vulnerable people receiving education, training and Day Opportunity support.

Due to the complex nature of behaviours of concern and the possibility of physical or emotional harm that can occur, it is vital that all support staff and volunteers receive appropriate training, updated as needed but as a minimum, every two years. Staff must ensure they are familiar with the college’s procedures and aware of who to contact in the event of a safeguarding concern.

There are six key principles that underpin adult safeguarding work:

* **Empowerment:** *Personalisation, person-led decisions and informed consent*.
* **Prevention:** *It is better to take action before harm occurs.*
* **Proportionality:** *Proportionate and least intrusive response appropriate to the risk presented.*
* **Protection:** *Support and representation for those in greatest need*.
* **Partnership:** *Local solutions through services working with their communities*. *Communities have a part to play in preventing, detecting and reporting neglect and abuse.*
* **Accountability:** *Accountability and transparency in delivering safeguarding.*

City College Peterborough’s Child and Vulnerable Adult Safeguarding Policyprocedure has been developed in cooperation with the Peterborough Safeguarding Children and Adult Boards. The College will refer concerns that a child or vulnerable adult might be at risk of significant harm to the appropriate agencies as agreed with the safeguarding boards.

**2.2 Mental Capacity Act and Deprivation of Liberty 2005, Equality Act 2010**

The Mental Capacity Act states that we must assume an adult has capacity to make a decision unless there is some evidence that they cannot. If an adult is deemed to be unable to make a decision about their own support, in this case a Positive Behaviour Plan, then a best interest decision is made and a plan is put in place which is the least restrictive to the person’s rights and freedoms.

If a Positive Behaviour Plan includes agreed restrictive interventions (recommended by a specialist qualified instructor), a best interest agreement needs to be documented including the input of the person (if possible), family members involved in the person’s care, allocated social care professionals and support staff.

City College Peterborough will endeavour to support individuals with protected characteristics to fully participate in appropriate services and make reasonable adjustments to help them engage in opportunities available.

**2.3 The Restraint Reduction Network Training Standards 2019 (RRNTS).**

From April 2020 the Restraint Reduction Network Training Standards came into effect governing any training commissioned by NHS which contains elements of Restrictive intervention. Although these standards currently apply to NHS commissioned services the training providers commissioned by City College Peterborough to provide Management of Actual or Potential Aggression (MAPA) training are certified by BILD as compliant.

The Restraint Reduction Network have a draft document ‘Towards Safer Services’ a national minimum standard for organisational restraint reduction plans. This paper has not yet become statutory but City College Peterborough will continue to develop this policy, as guidance is made available, to ensure a service wide culture of preventing the use of restrictive practice through person centred approaches, strong leadership and monitoring.

The Day Opportunities Behaviour Support Lead will continue to liaise with the training provider, currently commissioned from the Crisis Prevention Institute, to ensure the latest standards are applied.

**3. Guidance for staff in the (MAPA) Management of Actual or Potential Aggression and Positive Behaviour Support**

**3.1 Training**

Education and training are central to City College Peterborough’s vision for promoting the positive support of people who show behaviours of concern.

Following research and evaluation of available training providers, it was concluded that the MAPA package provided by CPI would meet the College’s current needs. See Appendix 1.

The training instructor (Behaviour Support Lead within Day Opportunities) will be employed by City College Peterborough and will have completed a BILD (British Institute for Learning Disabilities) approved training course in MAPA. They will have access to MAPA instructor support services, online resources and an annual two-day refresher course. The instructor will be committed to the principles of Restraint Reduction and help the organisation to promote these principles.

The instructor can train staff to Foundation Level and issue the required certification. The instructor will advise on appropriate restrictive interventions to be included in Positive Behaviour Plans and provide ongoing support to colleagues including post incident debriefings.

MAPA training is mandatory in Kingfisher Centre, Kingfisher Hub, Industrial Hub and City Centre Hub. Staff must complete training within three months of starting employment with Day Opportunities and annually thereafter. Training for staff supporting behaviours of concern will include:

* How to assess and identify the potential for difficult, aggressive and violent behaviour.
* De-escalation in crisis situations and how to assess the level of risk.
* Prevention of behaviours that challenge through Positive Behaviour Plans.
* The use of acceptable physical (restrictive) interventions as a last resort.

Only staff who have undergone annual training from a MAPA instructor may attempt restrictive interventions documented in Positive Behaviour Plans.

**3.2. Positive Behaviour Support**

Positive Behaviour Support focuses on identifying the function of an individual’s behaviour that challenges to develop positive strategies to prevent and reduce behaviour and any need for restrictive intervention.

Positive Behaviour Plans are helpful for people with learning disabilities who regularly display behaviours of concern to the extent that it impacts their quality of life.

Positive Behaviour Support rejects the idea of punishing behaviours of concern and rather supports an individual to find new ways to express themselves.

1. **Behaviour diaries/ABC charts/ functional assessments**

A Positive Behaviour Plan is based upon information recorded around a person and their behaviour.

ABC charts/ behaviour diaries are completed to record incidents of behaviours of concern. They document what occurred before, during and after the behaviour, the environment and who was there. Records may help identify patterns of behaviour and understand it’s purpose.

There are two parts to a Positive Behaviour Plan to focus on both preventing an occurrence of behaviours of concern and in supporting a person through an episode of behaviour.

1. **Proactive Strategies**

Proactive strategies set out how to support an individual to make instances of behaviours of concern less likely.

This can include:

* Making the day more understandable for the person.
* Teaching the person alternative ways to get what they need.
* Increasing the range of activities and interactions available to the person.
* Making changes to the environment.
* Rethinking our interpretations of behaviour.
* Getting better at picking up signs of anxiety.

The MAPA instructor will support staff to work through the process of finding proactive strategies that help the individual.

1. **Reactive Strategies**

Although proactive strategies should help to reduce the number of instances of behaviours of concern, a reactive strategy must be in place to detail how to respond to a situation that may put the individual or others at harm.

Reactive strategies should always offer the least restrictive option first (such as guiding other people from the immediate area).

The plan must identify clearly any acceptable restrictive techniques and under what circumstances they are safe to be used. Only techniques identified and trained by a MAPA instructor may be used as a last resort.

Reactive strategies which contain restrictive interventions need to be documented through a best interest document, including the person (if possible), family members involved in the person’s care, allocated social care professionals and support staff.

The strategy must also state how to support an individual immediately following an occurrence of behaviours of concern to offer reassurance and help to move back to normal activity.

Positive Behaviour Plans will be reviewed every six months or earlier if necessary.

**3.3 Restrictive Intervention Techniques**

Planned restrictive intervention techniques will take place within the legal framework of the Human Rights Act 1998, European convention on Human Rights, Mental Health Act 1983 and Mental Capacity Act 2005. Training in restrictive techniques is to be completed in accordance with The Restraint Reduction Network Training Standards 2019 which came into effect in April 2020.

According to NICE guidelines on violence and aggression, service providers must ensure that techniques and methods used to restrict an individual:

* Are proportionate to the risk and potential seriousness of harm.
* Are the least restrictive option to meet the need.
* Are used for no longer than necessary.
* Take account of the supported person’s preferences, if known and possible to do so.
* Take account of the supported person’s physical health, degree of frailty and developmental age.

Thorough risk assessments must be in place to manage and reduce the use of restrictive intervention techniques and will take account of:

* An individual’s physical and mental health and learning disability. Including the risk of musculoskeletal injury or sensory sensitivities.
* Any psychological risks associated with an intervention, such as a history of abuse.
* Risks to support staff, other supported people, learners and members of the public.
* Medical emergencies which may occur during an intervention.

Restrictive intervention techniques should only be attempted if the environment is safe to do so and where there are two trained staff to participate in interventions.

Staff to have a clear understanding of medical warning signs which may occur and call out ‘medical emergency’ to colleagues for interventions to immediately cease.

All use of restrictive intervention techniques must be recorded by support staff and reported to line managers and family/carers.

A clear record of interventions and outcomes must be available and used to regularly review the effectiveness of reactive strategies and how the service might reduce their use.

NICE guidance also recommends that a restrictive intervention reduction programme is included in any long-term Behaviour Support Plans.

**3.4 Post incident support and debrief**

Following an incident of behaviours of concern, it is important that staff members and supported people are given first aid for injuries and emotional support, as appropriate. Immediate action must be taken to access medical help for any injuries that go beyond first aid.

Ensure that staff affected by an incident have continuing support for as long as necessary in respect of physical consequences, support to deal with any emotional stress or loss of confidence.

A debriefing meeting must be held in the days following an incident and should be used to offer support and identify any learning needs for an individual or teams. The meeting may also highlight changes to a Positive Behaviour Plan.

Managers should make team members aware of the Employee Assistance Programme which offers confidential support and advice.

**4. Unexpected Instances of Behaviours of Concern**

Instances of behaviours of concern may occur unexpectedly in individuals for whom this behaviour is unusual or by people unknown to service staff.

It is the duty of everyone to consider their own safety and that of others at all times. In situations that might result in an incident, staff must:

* Begin early de-escalation using preventative, non- confrontational methods.
* Consider all options available to them, including withdrawal of themselves and others from the immediate area.
* Seek support where possible, call for help if you feel unsafe.
* Use physical contact only in proportion to the circumstances of the incident and the consequences it is intended to prevent. **Excessive force is unlawful.**

**5. Staff Responsibilities**

**5.1 Day Opportunities and Curriculum Managers and Co-ordinators**

Senior team members who supervise staff and tutors directly supporting individuals who present behaviours of concern must:

* Be involved in the process of creating proactive and reactive strategies for supported people within their service area and support staff teams to follow agreed plans.
* Assess restrictive interventions to ensure provision of suitable training that meets the needs of the area and that suitable training is commissioned and available to staff assessed as requiring the skills.
* Participate in training provided by City College or an external provider that instructs in the use of any permitted restrictive interventions.
* Risk assess possible outcomes for behaviours of concern on an individual basis including the use of restrictive interventions. Consider the impact behaviour may have on the individual and others.
* Record and report the use of all restrictive interventions. Use recorded data to assess how the use of restrictive interventions could be reduced. Report immediately to senior managers any events of a serious nature, near miss or injury.
* Ensure staff members who have been involved in incidents of behaviours of concern are given support and debriefing.
* Offer staff members supporting people who show behaviours of concern Hepatitis B immunisation through our PCC Occupational Health.

**5.2 Day Centre Officers, Service Assistants, Tutors, Learning Support Assistants and other support staff involved in direct support of person**

Staff whose job role includes the direct support of an individual who may display behaviours of concern must:

* Have a clear understanding of any proactive and reactive strategies for individuals within the service.
* Receive training on the use of restrictive interventions by qualified trainers prior to being expected to support an individual who has such techniques written in their support plan.
* Record and report any use of restrictive interventions to a manager as soon as possible. Notify relatives or carers at end of the day/ lesson unless a serious incident has occurred which should be reported immediately.

Occurrences of unexpected behaviours of concern need to be reported immediately to managers and recorded on an incident form. Family carers and support staff involved in the care of the young person or vulnerable adult must be informed as soon as possible.

Post-incident support and debrief need to be offered to those involved. Debrief meetings may determine the need to create ongoing strategies for an individual or make referrals to other agencies (for instance; if there are concerns around safeguarding).

***References:***

*City College Peterborough- Policy for Conflict Resolution and Physical Intervention.*

*City College Peterborough- Safeguarding and Child Protection Policy 2019/2020*

*NICE – Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities whose Behaviour Challenges. 29 May 2015*

*Care Act 2014*

*National Autistic Society*

*BILD - Key Considerations in Physical Interventions.*

*Challenging Behaviour Foundation -http://www.challengingbehaviour.org.uk/*

*Tizard – What does good look like?*

<http://restraintreductionnetwork.org/know-the-standard/>  
<http://restraintreductionnetwork.org/wp-content/uploads/2016/11/BILD_RRN_training_standards_2019.pdf>  
<http://www.bild.org.uk/about-bild/aboutbild/certification/scope-of-the-certification-scheme/> https://restraintreductionnetwork.org/wp-content/uploads/2020/03/Towards\_Safer\_Services\_final\_report.pdf

Training in Psychological and Physical Intervention

Rachael Bright

29/10/17

**Kingfisher Centre’s Purpose**

The Kingfisher Centre provides those with complex needs to access day opportunities by:

* supporting a range of people with severe and multiple learning disabilities including autism, cerebral palsy, down syndrome and sensory processing disorder;
* offering a range of on base and community sessions, including therapies such as rebound therapy, swimming, tacpac, physiotherapy and multiple sensory experiences.

**Current Issues**

We currently support a gentleman with autism and sensory processing disorder who will show extreme behaviours that challenge. We have recently had referrals for two ladies whose services at another day service have broken down because of their behaviours that challenge.

Both ladies have autism, sensory processing disorder and can show extreme behaviours that challenge.

All three of these individuals require, and are funded for 2-1 support because of their behaviours, which can include throwing furniture, biting, attacking others that use the service as well as staff, pulling hair, pulling staff to the floor, kicking, punching and scratching. As well as severe self-harm including head butting walls, punching their head and biting themselves.

Each of these individuals have a DoLS (Deprivation of Liberty Safeguards) assessment and positive behaviour plan in place.

We are a busy service with lots of vulnerable individuals who require us to keep them safe.

As the centre for complex needs in Peterborough we are seeing an increase in referrals for people with similar needs and behaviours that challenge: these could be adults who have recently finished school and those whose current service has broken down due to behaviours that they may display.

The following is stated in the Department of Health’s document ‘Positive and Proactive Care: reducing the need for restrictive interventions’ (Published April 2014)

“Staff training and development

Education and training are central to promoting and supporting change. Staff who may be required to use restrictive interventions must have specialised training. Detailed guidance on staff development and training has been published jointly by Skills for Health and Skills for Care.

Corporate training strategies need to be explicit regarding learning outcomes relating to:

• the experience of people who use services

• trauma informed care

• core skills in building therapeutic relationships

• the principles of positive behavioural support

• legal and ethical issues

• risks associated with restrictive interventions

• staff thoughts and feelings on being exposed to disturbed behaviour

• the use of safety planning tools and advance decisions

• alternatives to restrictive interventions

• effective use of de-escalation techniques

• the risks associated with restrictive interventions and how these risks can be minimised

• the use of breakaway techniques by which to disengage from grabs and holds

• safe implementation of restrictive physical interventions; and

• post-incident debriefing and support for staff and people who use services.

The precise nature and extent of restrictive intervention techniques, as well as the frequency of refresher training will depend upon the characteristics of the people who may require a physical intervention, the behaviours they present, the settings in which they are cared for, and the responsibilities of individual members of staff.

As a minimum, staff must receive annual refresher training or professional development in accordance with Skills for Care and Skills for Health recommendations.

For specialist services, it should be tailored to meet the needs of particular people (e.g. for those with a learning disability, autism or dementia).

Staff must only use methods of restrictive intervention for which they have received and passed professional development and/or training. Training records must record precisely the techniques that a member of staff has been trained to use.

There are no universally accepted standards for the use of physical restraint although both the British Institute of Learning Disabilities (BILD)44 and the Institute of Conflict Management (ICM)45 offer voluntary quality accreditation schemes. Over the last decade BILD have produced a range of publications and materials in relation to positive behavioural support and physical interventions.”

Staff at the Kingfisher Centre currently receive breakaway training provided by CPFT. This is three hours long and includes breakaway techniques that can be used to block punches, control hair pulling and biting. It also includes some safe holds and guides.

This has been adequate in the past in supporting one person with behaviours that challenge, however with the two new referrals coming through and the possibility of more to come in the future, we require more in depth, specialised training which is accredited by the BILD code of practice - the current training we receive is not.

This will entail training and information on de-escalation techniques, planning ahead and identifying signs and triggers, and how to act accordingly in a preventative measure. It will also entail physical holds and breakaway techniques for when proactive measures have not worked, including legislation governing this, how to complete appropriate paperwork and debriefings.

To support these individuals appropriately and to the best of our ability, keeping disruption to the service to a minimum and keeping all those involved safe, we require appropriate psychological and physical intervention training.

**My Proposal**

I have recently been in touch with several training providers. Having discussed the behaviours that each of the individuals may show, they have advised me on what level of training we would require and the costs involved.

With all training providers there are two options given:

* Training the Wider Team. The trainer will attend Kingfisher Centre to lead in-house training over two to four days depending on the training provider.

Certification for each member of staff lasts 12 months under the BILD (British Institute for Learning Disabilities) code of practice (2014,) each member of staff would be required to complete the annual refresher course.

We currently employ 26 staff members, with three more posts being put out to advert on the back of the two new referrals coming through.

We could split the training of the staff team into two groups, over six days, holding a safe service for those who use our facilities for both MAPA (Management of Actual or Potential Aggression) and NAPPI (Non-Abusive Psychological and Physical Intervention). However, Team-teach offers courses for up to 12 participants per trainer. Therefore, we would need to split into three smaller groups. Incurring an extra charge and hold a safe service over 6 days.

* Train the Trainer. A member of staff would be chosen to attend a ‘Train the Trainer’ course for between five and eight days depending on the training provider. Once the course has been completed the member of staff is a qualified instructor who can then train the other members of staff up to Level 3 and issue the required certification. This will then be followed by an annual two day refresher course to ensure that ‘instructor’ status is upheld.

A trainer licensing fee per person trained in the workplace which includes the provision of professionally produced participant workbooks and certification. As well as the workbook and BILD certification, the licence fee also includes Instructor support services, training roster/tests administration and access to online resources and forums as part of the global team of CPI Instructors.  This ensures a smooth roll out with minimum administration burden for Instructors.

Having reviewed the companies’ costings and course content I have shortlisted the following three providers all of which are BILD accredited.

NAPPI (Non Abusive Psychological and Physical Intervention)

MAPA (Management of Actual or Potential Aggression)

Team- teach

The aim of all companies is to focus on the assessment, prevention and management of confused, unpredictable, and aggressive clients. Courses are specifically designed to train staff how to:

* Assess and identify the potential for difficult, aggressive and violent behaviour.
* De-escalate crisis situations, assess the level of risk,
* Use suitable and acceptable physical interventions as a last resort and identify the impact
* Prevent confused and 'unpredictable' behaviour.
* Be prepared at all times.
* Deliver high quality care to even the most difficult clients.
* The Legal Framework
* Understanding Aggression
* How Feelings Drive Behaviours
* De-escalation and Delusion
* Personal Safety
* Positive Handling (This section includes guiding, escorting and holding in standing, sitting and kneeing positions safety - techniques will be delivered appropriate to the service group)
* Repair, Reflection and Review

Team-teach, MAPA and NAPPI have good reviews and come highly recommended as well as being BILD accredited.

In a previous role within another company I completed the NAPPI four-day course, which I found to be invaluable in my role. The wealth of knowledge I received has never left me. I can personally testify that it is money well spent as an investment in the staff team.

That being said MAPA was used with the two ladies that have been referred to us in a previous setting. Using MAPA would allow continuity with the ladies. It also covers the same basic skills we require to support the individuals as NAPPI, at a lower cost.

I feel the Train the Trainer programme is a valid option, and definitely the most cost-effective option, however the trainers I have encountered on my previous courses have a vast amount of experience of working with individuals who display behaviours that challenge and have wealth of knowledge in the training world. This is invaluable when training staff in something as specialist as Psychological and Physical Intervention.

Train the Trainer option is a big investment in one staff member, and relies on that member of staff continuing their employment with the City College Peterborough.

I have attached a spreadsheet with the costings of each course provider and the options of training the wider team and train the trainer.

I have also attached the emails between myself and NAPPI/MAPPA, and copied and pasted the information from the Team-teach website. There are no emails to attach from Team-teach as when I emailed the organisation for information they signposted me to their website.

**The Benefits**

This training will empower staff and give them the confidence and skills to support these individuals appropriately and give them the best support possible. Reducing the risk to the individuals, others that use the service and supporting staff, with minimal disruption to the service.

With the skills provided staff will be able to identify risk factors, triggers, environmental and communication factors involved and use de-escalation techniques to reduce the amount of physical interventions used.

This training will add to the vast list of specialities the Kingfisher Centre offers and will help us to be the best we can be. Offering a great service to those with complex needs and challenging behaviour, one that Peterborough has yet to offer. This is a great opportunity to add a specialised service to the City College Peterborough’s resume.

**12 Hour Basic (Two Days)**

 (Closed Course - Two Days - where we come to you to deliver "in house")

The minimum requirement for a 12 Hour Basic Closed Course is for costs up to 12 participants.

Over 12 participants and the charge will be for a minimum of costs up to 24 participants.

Over 24 participants and the minimum charge will be for costs up to 36 participants.

**Cost: Billed in minimum units of 12 participants. For up to 12 participants = £ 1, 800. 00p plus travel, accommodation and subsistence, with VAT added to the total.**

**IMPORTANT NOTE:** At the booking stage, **no financial commitment is made**. There will need to be a discussion with the allocated lead trainer with regard to any travel, accommodation or subsistence costs. These should be agreed before the initial visit, where with senior leadership and management, course content is discussed, training venue risk assessed and advice on paperwork underpinning practice provided if appropriate.

For a "closed course" the hosting organisation provides the venue, food, refreshments and trainers travelling .60p per mile (including pre visit) and where required, accommodation (£95.00p per night) and subsistence (£30.00p per night) costs at set rates, unless agreed otherwise.

**Intermediate Trainer Course (5 Days - Open)**

**(Open Course - where you come to us, to a venue we organise)**

Requirement: Applicants must have successfully completed a 6 hour Foundation within the previous 36 months or a 12 hour course basic course within the previous 24 months. The 12 hour course certificate is preferred and more appropriate for individuals who wish to take their training qualification into special services and teach the 12 hour course (Children's Homes, Specials schools and units, Hospitals, etc..) Individuals can then apply for a 5 day intermediate trainer course. A valid and "within date" certificate number is required whilst attending the trainer course applied for, without this a full pass cannot be achieved.

Course members have to pay for their own travelling and accommodation costs. The venue, lunch and refreshments are included in the course costs.

***It requires a minimum of two employers intermediate trainers to deliver training within permitted trainer/participant ratios on new staff training events.***

**Cost: £ 1, 455. 00p per person (plus VAT)**