**Therapeutic Thinking**

**Principles of RPI, Reduction and Elimination**

**Training Needs Analysis**

This training needs analysis (TNA) helps us to identify what support your organisation requires in relation to restraint and will assist us in developing the curriculum for your training. The answers you provide will not affect your eligibility to participate in the course.

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| 1. What is the name of your setting? | | | | | | | | |
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| 2. What is your setting type and age range of the children or young people who attend? | | | | | | | | |
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| 3. How many children/young people are there on roll? | | | | | | | | |
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| 4. Do you currently support any children or young people who have restraint as part of a planned response? | | | | | | | | |
| Yes | | | No | | | | | |
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| 5. If yes to Q4, how many children/young people currently have restraint as part of a planned response? | | | | | | | | |
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| 6. If yes to Q4, please list which restraint techniques you are currently using within your organisation: | | | | | | | | |
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| 7. Are each child or young person’s needs audited to create individual responses? | | | | | | | | |
| Yes | | | No | | | | | |
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| 8. What analysis and planning supports the audited needs of your children/young people? | | | | | | | | |
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| 9. What mechanisms do you use to ensure people with lived experience of restrictive physical interventions are involved in the review and development of practice? | | | | | | | | |
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| 10. Does every child or young person who has restraint as part of a planned response have evidence of restraint reduction over the past 12 months? | | | | | | | | |
| Yes | | | No | | | | | |
|  | | | | | | | | |
| 11. Does your organisation have a named person responsible for restraint reduction? | | | | | | | | |
| Yes | | | No | | | | | |
|  | | |  | | | | | |
| 12. How many staff do you intend to train in Principles of RPI (restraint, restrictive interventions, personal safety) once your tutors have completed the course? | | | | | | | | |
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| 13. What are their roles? | | | | | | | | |
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| 14. Have you delivered Therapeutic Thinking training to staff within the past 12 months? | | | | | | | | |
| Yes | | | No | | | | | |
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| 15. Does your organisation have the following policies in place? | | | | | | | | |
|  | | Safeguarding | | | YES | NO |  | |
|  | | ‘Whistleblowing’ (raising a concern) | | | YES | NO |  | |
|  | | The use of restrictive interventions and/or other restrictive practices | | | YES | NO |  | |
|  | | Behaviour Policy | | | YES | NO |  | |
|  | | Stakeholder involvement (how the organisation includes the views of people it provides services to, those with lived experience, and/or families or advocates) | | | YES | NO |  | |
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| 16. Please provide a description of the behaviours you currently see in your setting that require restraint: | | | | | | | | |
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| Authorisation by person with responsibility for restraint reduction (i.e. headteacher, service manager or named member of staff with responsibility in the organisation).  By signing below you are stating that you have read this document and agree with the information it contains. | | | | | | | | |
|  | | | | | | | | |
|  | Name: | | |  | | | |  |
|  | Role in school / organisation: | | |  | | | |  |
|  | Signature: | | |  | | | |  |
|  | Date: | | |  | | | |  |

Please contact your LA or MAT Therapeutic Thinking Lead if you have any further questions or need any support completing this form.