



**EDUCATION GUIDANCE**

**Community Services: Education**

**GUIDANCE on:**

**Managing Challenging Behaviour**

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# **1. Introduction**

## **1.1 Purpose of this Guidance to**

- support and protect the interests and well-being of children and young people for whom staff have a shared responsibility and a duty of care
- protect staff in the fulfilment of their responsibilities to children and young people
- ensure that staff are aware of the associated legal issues
- give guidelines about the use of physical interventions with children and young people;
- protect the Authority's Education Services which ultimately has responsibility for the actions of its staff.

## **1.2 Rationale**

Good relationships, behaviour and skilled management of children and young people's behaviour by staff are essential prerequisites for effective care and learning environments.

Every child or young person has a right to the best care and education which can be provided in a partnership between schools, child care services, parents / carers, the Authority and the community.

Staff have a right to work in an environment which is not subject to disruption or aggression.

There can sometimes be occasions in any establishment when the behaviours of children or young people challenge staff to maintain good order. A child or young person's behaviour may disturb other children or young people, or may place him / her or others at risk of harm.

All staff need to know the appropriate steps to take to de-escalate situations, to minimise their severity and to avoid physical intervention or physical restraint becoming necessary. For all staff, physical intervention must be seen as the last available option.

### 1.3 Principles underpinning the guidance

- **Working in partnership with families:** supported, wherever possible, by practitioners who know the child or young person well, know what they need, what works well for them and what may not be helpful
- **Respecting confidentiality and sharing information appropriately:** seeking agreement to share information that is relevant and proportionate while safeguarding the rights of children and young people to confidentiality
- **Promoting the same values across all working relationships:** recognising that respect, patience, honesty, reliability, resilience and integrity are qualities which are valued by children, young people, their families and colleagues
- **Making the most of bringing together each worker's expertise:** respecting the contribution of others and cooperating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or area of responsibility
- **Co-ordinating help:** recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help
- **Building a competent workforce to promote the wellbeing of children and young people:** being committed to continuing individual learning and development and improvement of inter-professional practice

### 1.4 Protocols, Plans and Programmes

All behaviour is communication and in most situations a child or young person's behaviour can be understood and predicted. Staff who know a child or young person well will be able to foresee and plan for the type of situation which may cause that child or young person severe stress or frustration and which may result in an outburst of unacceptable behaviour.

All staff should be aware of children or young people whose behaviour is volatile and also those with additional support needs which impacts on their ability to manage their own behaviour. It is imperative that all necessary information relating to a child or young person is shared with all relevant staff members.

Behaviour management protocols, agreements between a child or young person, their parents / carers and staff about how to prevent, minimise and manage specific, potentially challenging situations, must be agreed and established for all situations in which a child or young person's behaviour may be seriously challenging. These protocols should clearly link to the behaviour and learning targets which are included in the child or young person's Child's Plan or Co-ordinated Support Plan (CSP).

## 1.5 Definitions

The term 'physical intervention' describes a wide range of actions. However, broad distinctions can be made between non-restrictive and restrictive physical interventions.

### ***Non –restrictive physical interventions***

Where the child or young person's movement is not restricted or where they are held supportively, but in such a way that they will be released immediately if they so wish

Examples:

- Guiding/shepherding a person from A to B
- Use of a protective helmet to prevent self-injury
- Removal of a cause of distress

### ***Restrictive physical interventions***

To prevent, impede or restrict movement or mobility using direct force or restraint.

Examples:

- Holding a child or young person
- Blocking a child or young person's path
- Interposing

Both are acts of care and control aimed at ensuring the safety of the child or young person and / or of others.

## **2. Background**

This guidance is set within a context of good practice and also takes account of the legal framework.

### **2.1 Health and Safety**

Argyll and Bute Council has legal obligations to ensure the safety of its staff and of service users. These obligations include:

- Ensuring safe workplace practices
- Carrying out risk assessments and taking appropriate action to eliminate or control risks and
- Providing appropriate information, instruction, training and supervision for staff

Whilst the legal liability of health and safety laws remain with the Council, each head teacher / manager is responsible for the day to day management of all health and safety measures as they relate to his / her establishment.

All employees are expected to co-operate in the implementation of the Council's Health and Safety policy by:

- a) acting in the course of their employment with due care for their own safety and that of others, who may be affected by their acts or omissions at work;
- b) co-operating, so far as is necessary, to enable the Council to perform any duty or comply with any requirements, as a result of any health and safety legislation which may be in force; and
- c) using correctly all work items provided by the Council in accordance with the training and the instructions they receive to enable them to use the items safely.

### **2.2 Legal Considerations**

The use of physical interventions involves important legal and ethical considerations, which need to be fully explored by the service concerned. Any physical intervention must employ the minimum level of force, for the least amount of time needed. It cannot be used solely to force compliance with staff instructions, unless refusal to comply would lead to safety being seriously compromised and possible injury.

It is a criminal offence to use physical force, unless the circumstances give rise to a 'lawful excuse' or justification for the use of force. Such justification may be to prevent an injury to oneself or to others or to prevent serious damage to property. In these circumstances, the minimum reasonable amount of force may be used.

The use of any degree of force is unlawful if the particular circumstances do not warrant such use. Therefore physical force could not be justified to prevent a service user from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force. The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent.

Justification also includes the right of every citizen to 'self defence', which applies for all situations for all staff and children or young people. The force used in any instance must be appropriate for the circumstances, to be justifiable in court.

Physical interventions need to be service user specific, integrated with other less intrusive approaches, and clearly part of a care plan approach to reduce risk, when needed. They must not become a standard way of coping, as a substitute for training in people related skills.

### **2.3 Education and Child Care Law**

Any act by which the civil, legal or human rights of a child or young person may be infringed must be fully justifiable. As a result, making a decision regarding the use of physical intervention naturally raises staff member's anxiety and may lead to a failure to act. However, opting to do nothing is as much a decision as is responding; staff have a duty of care to the children and young people in their charge and in some circumstances, failure to intervene in a situation at some level could be viewed as negligence.

Section 16 of the standards in Scotland's Schools etc Act (2000) remains the most recent legislation for schools. It states that:

“Corporal punishment shall not be taken to be given to a pupil by virtue of anything done for reasons which include averting –

- (a) an immediate danger of personal injury to; or
- (b) an immediate danger to the property of, any person (including the pupil concerned).”

This infers that a physical intervention by a staff member for one of the above reasons, is permissible. It is recommended however, that damage to property should only be considered a relevant justification for the use of physical intervention or restraint when such damage to property could endanger people's lives or result in serious injury.

The main intention of any restraint is to protect a pupil or member of staff from harm. This should only be attempted as a last resort and where restraint is considered necessary to achieve this result.

Staff may only physically restrain a child when it is the only practicable means of securing the welfare of that child or another child and there are exceptional circumstances. Staff must reasonably believe that:

- a child will cause physical harm to themselves or another person;

- a child will run away and will put themselves or others at serious risk of harm; or
- a child will cause significant damage which is likely to have a serious emotional effect or create a physical danger

Physical intervention and restraint can only be justified if all other intervention strategies and non-physical methods have proved ineffective and there is an immediate danger of physical harm to individuals. No member of staff is expected to undertake physical intervention or restraint when doing so would place them in danger of physical harm.

All staff have a duty of care and will need to use their professional judgement as to whether or not to use reasonable force to avoid a situation escalating out of hand. Members of staff may, if acting in accordance with this guidance, intervene to avert such immediate dangers.

Failure to act at any level when there is evidence that a greater or more significant harm may occur could result in allegations of negligence and consequent civil litigation.

Excessive use of force may result in criminal proceedings for assault, or in civil proceedings for damages. In addition, disciplinary action may be taken against a member of staff if there is evidence that the force used was excessive or unreasonable.

### ***Getting It Right For Every Child (GIRFEC)***

GIRFEC is a consistent way for people to work with all children and young people. The approach helps practitioners focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements.

Getting It Right For Every Child is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.

The wellbeing of children and young people is at the heart of GIRFEC. The approach uses eight areas of wellbeing in which children and young people need to progress in order to do well now and in the future. These eight areas are set in the context of the 'four capacities', which are at the heart of the Curriculum for Excellence.

The eight Well-being Indicators are:

1. Safe
2. Healthy
3. Achieving
4. Nurtured
5. Active
6. Respected
7. Responsible
8. Included

The four capacities aim to enable every child and young person to be a successful learner, a confident individual, a responsible citizen and an effective contributor.

These are the basic requirements for all children and young people to grow and develop and reach their full potential.

Staff members involved in supporting children and young people who may demonstrate challenging behaviour should be aware of the Wellbeing Indicators and keep them in mind when intervening in any situation.

It is essential for staff to be aware that any planning around managing challenging behaviour should be included in the Child's Plan. This is particularly relevant when completing risk assessments (Appendix 2) and developing behaviour management protocols (Appendix 3).

## **2.4 Human Rights Law**

Article 3 of the European Convention on Human Rights (1953) prohibits inhumane and degrading treatment. Any inappropriate or unjustified restraint (see paragraph 5.5 p10) may fall into this category as well as being dealt with through criminal and civil law.

## **2.5 United Nations Convention on the Rights of the Child**

Article 19 of the United Nations Convention on the Rights of the Child (1989) gives children and young people the right to be free from all forms of violence, and article 37 states that governments must do everything to protect children and young people from torture or other cruel, inhuman or degrading treatment or punishment.

Where a member of staff uses physical intervention or restraint, they must take all measures to ensure that they are only doing so as a last resort when all other options have been considered and restraint is necessary.

### **3. Duty of Care**

Argyll and Bute Council recognises that many staff are concerned that any form of physical intervention leaves them open to allegations of misconduct. However, employees working directly with children or young people have a duty of care in relation to the physical wellbeing of children and young people, and colleagues.

Failure to act on some level when there is evidence that a greater and significant harm may occur could result in allegations of negligence and consequent civil litigation.

When the action taken is in line with this guidance then Argyll and Bute Council, as part of its duty of care to staff, will support its employees.

### **4. Implications for Heads of Establishments**

All establishments must use this guidance to develop their own in house professional practice, taking into account the specifics of each service.

Head teachers/Managers must ensure that:

- a) Risk assessments are carried out where necessary, for the purpose of establishing appropriate protocols;
- b) Behaviour protocols are agreed and developed with the child or young person, parents and relevant agencies involved;
- c) Staff members understand the protocols that are in place for children who demonstrate challenging behaviour and follow them basis;
- d) Behaviour protocols are monitored, reviewed and updated on a regular basis;
- e) Staff members, where appropriate, are offered training in approved methods of physical intervention;
- f) Staff are reassured that their senior managers and other colleagues care for their welfare and protection;
- g) Staff members are supported to recognise that, as human beings, they will experience an emotional response to challenging situations that it is normal. Where staff members feel their emotional response is affecting their ability to respond to pupils calmly, they must feel able to call on the support of other staff without feeling compromised;
- h) Staff members are encouraged to see that the reporting and recording process associated with physical intervention and restraint is not negative or punitive. In all services the information will be used to support staff, prevent further incidents and enable an assessment of further training requirements for staff or the need for further action or support for the child;

## 5. Principles relating to physical interventions

It is essential that every member of staff is aware of these principles and applies them to their practice:

- a) Physical intervention, up to and including physical restraint, should be used only as a last resort when all other strategies have been considered;
  - b) Such physical intervention should serve to de-escalate or prevent a violent or potentially violent situation; and
  - c) Physical intervention should not be used as a method of enforcing discipline or compliance when there is no serious risk to individuals.
- 5.1 When it is apparent that a child or young person is not responding to the emotional and behaviour management strategies being used by an individual member of staff and a violent incident seems imminent, then wherever possible another member of staff must be summoned (as per school / service protocol). This will not be seen as failure, the presence of a second adult could prove helpful in ensuring safety, objectivity and calm control, as well as providing a witness to what takes place.
- 5.2 If all steps have been taken to ensure that a child or young person does not exhibit violent behaviour towards another person and the situation continues then other persons present should be removed to a place of safety if it appears that a situation may escalate and require the use of force.
- 5.3 When it becomes necessary to restrain a child or young person, staff should maintain a calm and reassuring manner, without analysing the incident at this point.
- 5.4 Restraint must at all times be “reasonable” and judgement of what constitutes “reasonable” rests with the member of staff at that point in time. “Reasonable” is the minimum restraint a responsible adult would exercise to prevent physical injury, always bearing in mind danger to those concerned.
- 5.5 Care must be taken to avoid pain or injury to the child or young person. Restraint must never:
- a) Interfere with breathing, blood supply or genital areas;
  - b) Involve holding the head, throat, wrists, joints or fingers.
- 5.6 Restraint should be relaxed and released as soon as possible to allow the child or young person to regain self-control. The child or young person should be told what will happen next to avoid unnecessary anxiety. At the appropriate stage, if the member of staff is going to release the grip and stay quietly with the child or young person, this should be explained.
- 5.7 Restraint should always be an act of care, never of punishment.
- 5.8 A child or young person must never be asked to restrain another child or young person.

- 5.9 When considering whether a staff member should undertake training in restraint, managers must take into account the need for this type of training, and the appropriateness of allowing that individual to undertake this type of physical task.
- 5.10 Staff members should not physically intervene to prevent damage to property when doing so would place them at increased risk.

## **6. Procedural points following physical intervention**

- 6.1 Any incident where physical intervention has been used must be reported to the head of establishment immediately, or as soon as is feasible, and the circumstances and justification recorded.
- 6.2 Parents / carers must be contacted by the head of establishment at the earliest opportunity, preferably on the same day. Any use of Crisis and Aggression Limitation and Management (CALM) techniques must be logged on the appropriate Restraint Log (Appendix 6). Higher level techniques must also be recorded on the Recording Restraints Form (Appendix 5). The flow chart in Appendix 4 illustrates this for staff.
- 6.3 Both the child or young person and their parents / carers must be made aware of the reasons why restraint was necessary. The views of the child or young person and their parents / carers should be recorded at the time of discussion (Appendix 5 part 2).
- 6.4 Where a physical intervention has been used, involved staff members should also complete an Incident Record form (Appendix 1).
- 6.5 The head of establishment should discuss the incident and reasons with the member of staff involved and support should be provided as appropriate. Where an incident involves violent conduct towards staff the Incident Record form must be sent to the Council's Health and Safety Officer who will record the incident and, in the case of pupils with ASN, forward notification of the incident to the Education Officer – ASN and Early Intervention.
- 6.6 After the incident, time must be taken to ensure that the member of staff involved has the opportunity to discuss the incident and their feelings around it. Personnel directly involved may require some protected time to reflect. After a serious incident it is sometimes helpful for staff to have an opportunity to discuss with someone (possibly a colleague) who is external to the establishment and / or not in a line management relationship to them.
- 6.7 This will also be an appropriate time to reconsider the strategies in place and re-assess risks in light of what has happened.
- 6.8 The effectiveness of the application of this guidance will be monitored by Education and Children's Services and this will ensure that the use of physical restraint is always appropriate.

## **7. Staff Training**

- 7.1 Effective care and learning can only happen in an environment where positive relationships are fostered and where partnership working between staff and children or young people and parents is promoted and supported. Staff members play a major role in developing this partnership by utilising their skills to manage the children or young people effectively. These skills include those of effective planning and organisation, and those of preventing, minimising and managing potentially problematic situations. Education and Children's Services offer training to support staff in developing these skills through the Schedule of Opportunities. It is essential that managers continue to support their staff to attend these events.
- 7.2 Where there are concerns about the possibility of volatile behaviour, managers must ensure risk assessments are carried out to identify potentially violent situations and appropriate strategies to attempt to prevent these situations occurring, thus minimising the need for staff to employ physical restraint techniques. This may include offering training to staff in procedures to minimise the dangers of harm to children and young people, themselves and others. In settings where such training makes a significant contribution to ensuring the safety of staff and pupils, job specifications may include the need to undertake this training. Where staff are unable to undertake this training further consideration will be given to their deployment within the service.
- 7.3 The only training in physical restraint allowed by Argyll and Bute Council Education and Children's Services is that provided by CALM Training Services Ltd, and staff who use these methods must have received the required training. CALM techniques must not be cascaded to other staff by staff members who have undertaken the relevant training.
- 7.4 Staff trained in the use of recommended techniques must maintain their skills and have time protected to allow them to undertake the appropriate level of practice and annual re-accreditation. Both individual members of staff and Argyll and Bute Council are vulnerable to legal action if staff use the CALM methodology without valid and up-to-date accreditation.
- 7.5 This guidance will be issued to all Education and Children's Services establishments and should be reflected in individual establishment practice.
- 7.6 Staff members who have taken all reasonable measures in line with this guidance can be assured of Argyll and Bute Council support.
- 7.7 If Head Teachers have any questions in relation to this guidance they should contact their APT in the first instance.

## **8. Links to existing policies and procedures**

It is important that there is clarity and consistency regarding how staff groups and individuals manage situations where physical intervention or restraint becomes necessary. It is important to ensure that any action will be part of a process following risk assessment and effective planning and that this guidance is read and implemented in conjunction with the following documents:

- Corporate Policy on Workplace Aggression and Violence
- Risk Assessment Policy
- Child Protection Inter Agency Guidelines
- Health and Safety Policy
- Employee Health and Attendance Procedure
- Occupational Stress Procedures
- Guidance on Lone Working

## **9. Monitoring and reporting**

Regular monitoring and reporting at all levels is required to support the implementation of this guidance. Key responsibilities are detailed below.

### ***At school and service level***

- A CALM link person must be identified in each school where there are staff trained in Physical Intervention and / or Small Holds techniques. This person will be responsible for facilitating communication between staff and the appropriate Education Officer.
- The CALM link person will be required to ensure that appropriate restraint logs and record of restraint forms are submitted to the appropriate Education Officer. Restraint Logs should be submitted on a termly basis (Appendix 6). Restraint Forms should be submitted for within ten days of the incident (Appendix 5). The restraint log must be shared with a line manager and/or Senior Management Team.
- Head teachers or Team Leaders are required to ensure that all CALM trained staff receive regular refresher training opportunities to ensure that all staff are working within the legal framework outlined by the Management of Health and Safety at Work Regulations (1999).
- In addition, Head teachers or Team Leaders are responsible for monitoring and evaluating the use of CALM techniques within the establishment, and for the analysis of statistics that will feed into the school or service improvement plan.

### ***At authority level***

- To work with the school or service to develop a culture where the use of CALM techniques is minimised by building capacity within the staff team to de-escalate aversive situations

- Analysis of statistics submitted by the appropriate Education Officer and development of performance indicators that are outcome- focused
- To ensure all schools and services are working within the legal framework.





**FORM FOR ASSESSING AND MANAGING EXPECTED RISKS FOR CHILDREN WHO PRESENT CHALLENGING BEHAVIOUR (page 1 of 4)**

**Name of child:** \_\_\_\_\_

**Group or class:** \_\_\_\_\_

**Key worker or teacher:** \_\_\_\_\_

**Establishment:** \_\_\_\_\_

**Identification of risk**

Describe the risk	
Is the risk possible or actual?	
List who is affected by the risk	

**Assessment of risk**

In which situations does the risk usually happen?	
How likely is it that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to happen?	
How serious are the outcomes?	

**Assessment completed by:** \_\_\_\_\_

**Signature:**

**Date:**

**Signature of child (if appropriate):**

**Date:** \_\_\_\_\_

**FORM FOR ASSESSING AND MANAGING EXPECTED RISKS FOR CHILDREN WHO  
PRESENT CHALLENGING BEHAVIOUR (page 2 of 4)**

<b>Options to reduce the risk</b>			
<b>Measures</b>	<b>Possible options</b>	<b>Benefits</b>	<b>Drawbacks</b>
<b>Deliberate action to prevent risk</b>			
<b>Early action to manage risk</b>			
<b>Action to respond to negative outcomes</b>			

<b>Agreed behaviour management plan</b>		
<b>Focus of measures</b>	<b>Measures to be employed</b>	<b>Level of risk</b>
<b>Deliberate action to prevent risks</b>		
<b>Early action to manage risks</b>		
<b>Action to respond to negative outcomes</b>		

**Agreed by:**

**Relationship to child:**

**Signature:**

**Date:**

**Signature of child (if appropriate):**

**Date:**

**FORM FOR ASSESSING AND MANAGING EXPECTED RISKS FOR CHILDREN WHO  
PRESENT CHALLENGING BEHAVIOUR (page 3 of 4)**

**Communicating the behaviour management plan**

Plans or strategies shared with	How this was done	Date

**Staff training issues**

Identified training needs	Training provided to meet needs	Name of staff trained	Date training completed

**FORM FOR ASSESSING AND MANAGING EXPECTED RISKS FOR CHILDREN WHO  
PRESENT CHALLENGING BEHAVIOUR (page 4 of 4)**

<b>Evaluating the behaviour management plan</b>		
<b>Measures set out</b>	<b>Effectiveness in supporting the child</b>	<b>The effect on the risk</b>
<b>Deliberate action to prevent risks</b>		
<b>Early action to manage risks</b>		
<b>Action to respond to negative outcomes</b>		
<b>Action for the future</b>		

**Plans and strategies evaluated by:**

---

**Relationship to child:**

---

**Signature:**

---

**Date:**

---

**Signature of child (if appropriate):**

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**Date:**

---

## **Behaviour Protocol Proforma**

Information from Risk Assessments can be used to develop an individual behaviour protocol. This can in turn influence outcomes within child planning. The behaviour protocol requires to be as specific as possible, stating the sequence of behaviours present in the individual child or young person's escalation, followed by the procedures to be used to minimise the escalation of these behaviours.

Clarification of the roles of all staff members involved, in addition to specific strategies identified as being appropriate for the individual child or young person should be recorded in this form. This will ensure maximum consistency in dealing with the challenging behaviours presented by the child or young person.



### **Support Personnel Role / Procedures**

In this section the roles of all involved members of staff should be outlined, i.e. Pupil Support Assistant, Pupil Support Teacher, Behaviour Support Headteacher, Social Care Officer, Social Worker

**Exit / Removal strategies**

**Criteria for success**

Plan agreed by:

\_\_\_\_\_ HT / Manager

\_\_\_\_\_ Class Teacher / Social Worker

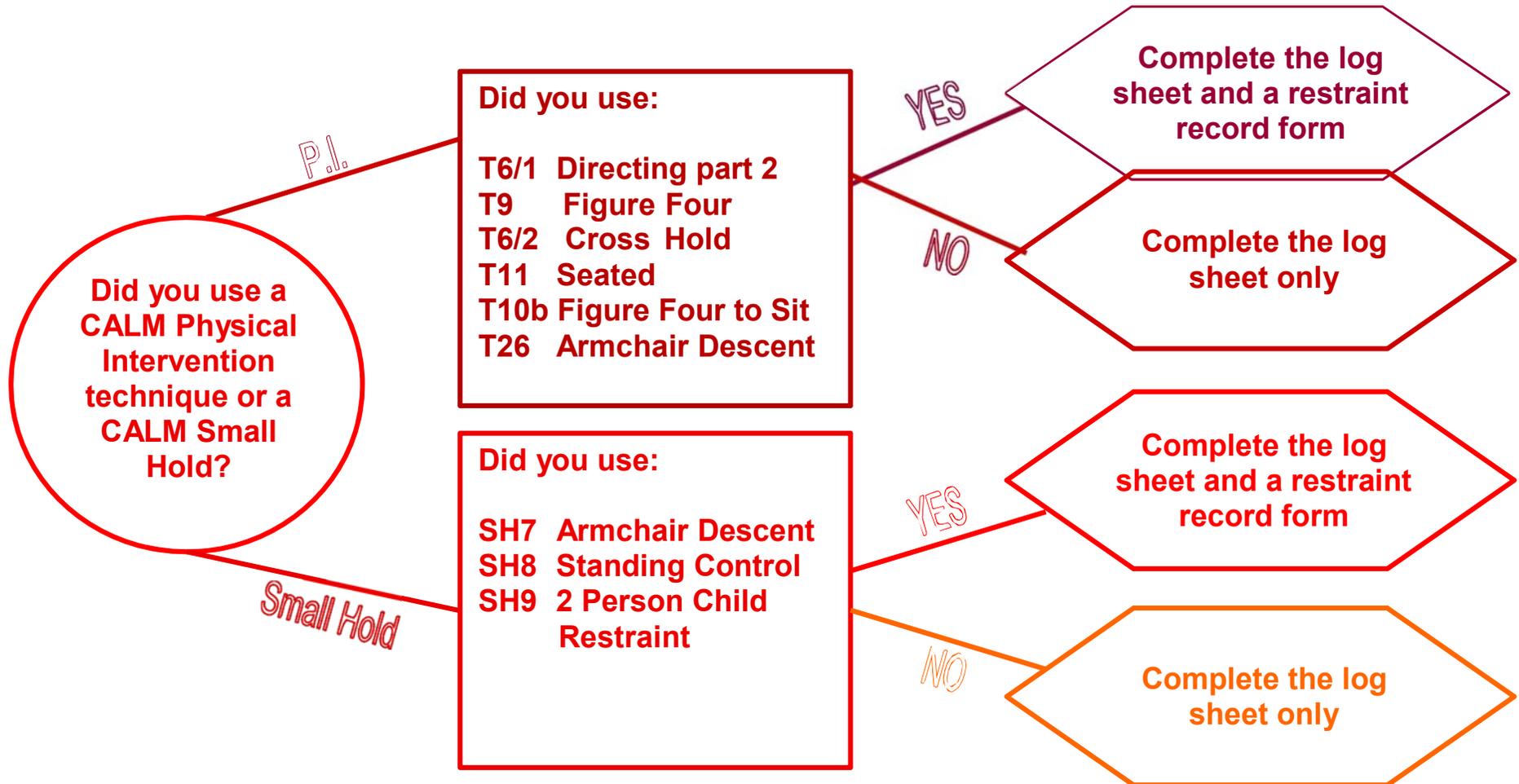
\_\_\_\_\_ Child or Young Person

\_\_\_\_\_ Parent / Carer

\* add others as required

### Flowchart

The flowchart on the following page should be used to support staff to complete the appropriate forms following the use of any physical intervention techniques.



## Recording Restraints Form

This form must be completed when any of the following techniques are used by members of staff who are trained in CALM Physical Intervention techniques, or CALM Small Holds:

T6/1 – Directing part 2

T9 – Figure Four Hold

T6/2 – Cross Hold

T11 – Seated

T10b – Figure Four to Sit

T26 – Armchair Descent

SH7 – Armchair Descent

SH8 – Standing Control

SH9 – 2 Person Child Restraint

When completing this form, avoid the use of subjective language. Be as specific about the incident as you can as this may help to identify potential triggers or patterns of behaviour.

It is imperative that the child or young person's views of the incident are also recorded. This need not be written by the child, but can be dictated to a staff member, or done in any other suitable format.

Once completed, a copy of the form should be retained in the establishment and the original sent to the Education Officer ASN and Early Intervention.

## REPORT FOR RECORDING INCIDENTS WHERE YOU RESTRAIN A CHILD (page 1 of 5)

Part 1 A (Fill this in immediately after the incident and no later than 24 hours afterwards)

Name of establishment:

Child's name:

Date of birth:

Time of incident:

Adults involved:

Other children involved:

Witnesses to incident:

If appropriate, please attach any witness statements.

Day and date of incident:

Place of incident:

### Events leading to incident

(What was happening for the child before the incident, what seemed to trigger the behaviour, who else was involved or present.)

### Behaviour of child

(What behaviour alerted you that the child was struggling to cope?)

### Response from adults

(Which techniques did you use to de-escalate the situation? Before restraining the child what was the response from them and others?)

**REPORT FOR RECORDING INCIDENTS WHERE YOU RESTRAIN A CHILD (page 2 of 5)**

**Reason for the restraint**

(What was the specific risk to the welfare of the child or others?)

**Description of restraint**

(What method or type of hold did you use and were there any complications that arose during the restraint?)

How long did the restraint last?

**Conclusion of restraint**

(How did the restraint come to an end, and what help and support did you offer to the child?)

Staff signature:

Date:

**REPORT FOR RECORDING INCIDENTS WHERE YOU RESTRAIN A CHILD (page 3 of 5)**

**Part 1 B (A member of staff not involved in the restraint must fill this in.)**

**Injuries**

**Was the child injured?**                      Yes                       No                       If 'Yes', what were the injuries?

**Was a member of staff injured?**                      Yes                       No                      If 'Yes', what were the injuries?

**Did someone get medical help?**                      Yes                      No

**Was first aid given?**                      Yes                      No

**Was an accident form filled in?**                      Yes                      No

**Were the police involved?**                      Yes                      No                      If 'Yes', please say why, who called and when, and the outcome of their involvement.

**Who was told about the restraint?**

	Name of person told	Date	Time	Initials of Informing Staff
<b>Appropriate manager</b>	_____	_____	_____	_____
<b>Parent/Carer</b>	_____	_____	_____	_____
<b>Social worker (if appropriate)</b>	_____	_____	_____	_____
<b>Witness to the incident</b>	_____	_____	_____	_____
<b>Other</b>	_____	_____	_____	_____

**Staff signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Part 2 (This must be filled in as soon as possible, but at the latest within one week.)

Discussing the incident with the child

(If you need a separate sheet, please attach it and put a reference to it in this box.)

**Name of child:** \_\_\_\_\_

**Date of discussion:** \_\_\_\_\_

**Staff involved:** \_\_\_\_\_

**Child's point of view**

(What did they hope to achieve, what did they think the staff member's motivation was, and what was their view of the restraint?)

**Other main points of discussion**

(What could have been done differently by the child and by staff, how has the relationship been affected, what is the staff member's view of what is going on for the child, and has this kind of situation arisen before?)

**Outcome of discussion.**

(What other behaviour could the child use in future? What further steps to can be taken, what action is planned for the child and what is the plan of action for staff?)

**If the situation is still not fully resolved, please give details of the options explored and the outcome.**

(This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain.)

**REPORT FOR RECORDING INCIDENTS WHERE YOU RESTRAIN A CHILD (page 5 of 5)**

**Part 2 continued**

**Child Plan**

**Was this action in line with the part of the child's plan that deals with violent or otherwise dangerous behaviour?**

**Yes**

**No**

**If 'No', please explain.**

**Does the plan need to be changed?**

**Yes**

**No**

**If 'Yes', please explain.**

**Is a statutory review needed?**

**Yes**

**No**

**If 'Yes', has a date been made?**

**Yes**

**No**

**Signatures**

	<b>Print name</b>	<b>Signature</b>	<b>Date</b>
<b>Staff involved Young</b>	_____	_____	_____
<b>person Establishment</b>	_____	_____	_____
<b>managers Other manager</b>	_____	_____	_____
	_____	_____	_____

## **Restraint Log**

The following form must be completed in education and child care settings for every incident where there is a physical intervention or physical restraint used. This form will be used to compile the information about the use of CALM holds which is required for the annual CALM return.

Where appropriate and in accordance with existing procedures, an 'Incident Report Form – PER/S/100C should also be completed by staff working in educational establishments (Appendix 1).

The Head of Establishment should carefully monitor these forms to establish if any patterns are developing or if further action should to be taken, and by whom.



