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|  | **EDUCATION and SOCIAL CARE****ADMIN HANDBOOK****EDUCATION AND SOCIAL CARE SERVICES** |

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| **REFERENCE** | **SUBJECT** | **DATE** |
| **AH/002/01** | **Managing and recording physical contact and intervention** | **07/05/2015** |

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| **Contact:** |  | Anne Pendery |
| **Telephone:** |  | 01343 563400 |
| **Email:** |  | anne.pendery@moray.gov.uk  |

**This document has links to the following themes:**

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| --- | --- | --- | --- | --- | --- |
| **SAFE** | **[x]**  | **HEALTHY** | **[ ]**  | **ACHIEVING** | **[ ]**  |
| **NURTURED** | **[ ]**  | **ACTIVE** | **[ ]**  | **RESPONSIBLE** | **[x]**  |
| **RESPECTED** | **[x]**  | **INCLUDED** | **[ ]**  | **POLICIES** | **[x]**  |

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| --- |
| **HISTORY** |
| **REFERENCE** | **CHANGES AND AMENDMENTS** | **DATE** |
|  | * Violence and aggression has been removed.
* Clearer definition as to who the policy is aimed at.
* Consistency in wording throughout the document.
* Clearer definitions of the type of interventions used which correlate to the new BSS programme.
* Removal of duplication.
* Change of order in terms of action taken e.g.
1. Immediate Support
2. Risk Assessment and Planning
3. Reporting and incident
* The way in which a Reactive and Planned Intervention is followed up has been combined e.g. they should both be responded to in the same way.
* The process of recording incidents has been clarified.
* Support staff and carers has been separated out.
* Changes to the forms :
1. to record the outcome for the child and others
2. reduce duplication of information which will be recorded on the debrief part of the forms
3. highlight possible follow-up action required
4. this has meant that the form is slightly longer but should take less time to complete
5. included the minor incident form which is used by foster carers
* Combined the flow charts to provide clarity.
* Additional flow chart to clarify the process post reporting.
 | 07/05/2015 |
| AH/002/01 | * Minor amendments to up date
 | 27/06/2014 |
| AH/002/01 | * Change of document reference number
* Amendments and updates to Appendix 4 highlighting new procedure for sending forms to HQ
* Updating of terminology to bring policy in line with restructuring of department
* Reformatting Appendix 5 forms
 | 14/08/2013 |
| SS/029/01 | * Original publication
 | 12/12/2012 |

**Managing and Recording Physical Contact and Intervention**

**A Guide for all Education and Social Care Services Staff and Carers working with children and young people**

**(within the context of positive behaviour strategies)**

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**1** **Intro****duction**

This guidance is provided for all staff and carers[[1]](#footnote-1) dealing with situations where physical intervention may be necessary, both where risks have been identified and protocols agreed or where behaviour leading to physical intervention is unforeseen and unexpected or when they experience anti-social behaviour, violence or aggression by a child or young person whilst supporting them.

It is recognised that in working with or caring for children and young people, there may be times when physical contact is acceptable and appropriate.

This guidance is designed to make staff and carers aware of when it may be appropriate to intervene physically and to inform all staff and carers how to record and report incidents of physical intervention or violence and aggression which occur while they are supporting a child or young person.

**2 Context**

**Children/Young People**

* can expect that their rights will be respected and their views listened to and taken into account
* should participate as far as possible in the assessment and planning processes affecting them
* should respect the rights of others

**Parents**

* are expected to encourage good behaviour
* are expected to work in partnership with staff to contribute to relevant plans consistent with GIRFEC principles

**Education and Social Care Services**

* will ensure that staff and carers training needs are appropriately identified and provided for
* will ensure that staff and carers can readily access key relevant information e.g. LIAP procedures
* will inform parents/carers of Moray Council’s policy in relation to Managing and Recording Physical Contact and Intervention through information leaflets and/or newsletters, with opportunities provided to discuss further with appropriate staff
* will ensure all staff and carers are PVG registered
* will ensure agreed recording and reporting procedures are in place and adhered to
* will provide support and advice for staff and carers in the event of allegations being made against them
* will encourage staff to secure the advice and support provided by Trade Union membership and other support services

**Staff and carers**

* will respect the rights of children and young people by listening to their concerns and respecting their dignity
* will seek to ensure a safe and healthy living, working and learning environment
* will model appropriate communication and social skills
* will seek to defuse potentially violent situations
* will apply the principles and policies of GIRFEC and LIAP processes
* will make use of agreed procedures for risk assessment, recording and monitoring of incidents

**3****Working with Children and Young People whose Behaviour is**

 **Challenging**

The Council is opposed to violence and aggression in any form, and will establish and promote practices that seek to minimise the potential risks of violence and aggression towards staff and carers. Moray Council has a corporate policy for ‘[Violence and Aggression at Work’](http://intranet.moray.gov.uk/PersonnelServices/HealthandSafety/H%20%26%20S%20for%20intranet/7%20Guidance/SMS7.20%20WRV%20070408.doc)[[2]](#footnote-2) which details how incidents of violence and aggression should be handled.

This policy, **managing and recording physical and interventions**, applies **usually, but not always**, when the child or young person has additional needs, be they emotional, physical or intellectual.

This policy is not intended to support the recording and reporting of incidents which children and young people exhibit violence or aggression towards other children and young people. Such incidents should be reported and recorded according to each establishments own internal policy.

**4** **Physical Intervention**

Physical intervention refers to the actions by which one person guides or restricts the movements of another. It is an act of care and/or control in order to ensure the safety of the individual and others. Whenever physical intervention is employed the aim should be to return personal control of his/her actions to the individual concerned as quickly as possible.

**Types of Physical Intervention - Definitions**

For the purpose of this procedure “physical intervention” has been categorised into the following three types.

* **Supportive Physical Intervention**

Positive physical intervention used by staff and carers to demonstrate, encourage, guide or reassure

* **Reactive Physical Intervention**

Used as a considered reaction to an unforeseen situation where someone is at immediate risk of harm.

* **Planned Physical Intervention**

Planned, agreed actions put into place where it is known that a child/young person may present behaviours which may require the use of a Physical Intervention in order to keep the child and/or others safe. These planned actions will arise from Risk Assessments based on evidence of previous behaviour.

**NB** – Historically the term ‘proactive physical intervention’ was used in place of ‘planned physical intervention’. The term ‘proactive’ should now be used to refer to the essential planning done for any child which takes into account their specific issues and circumstances. **For example** in planning to support a child with autism, sensory issues such as colour and sound, should be considered and a **proactive intervention** would be to make reasonable adjustments to the environment if it is believed the environment would have a negative impact on the child’s behaviour.

**4.1** **Supportive Physical Intervention**

It is unnecessary and unrealistic to suggest that staff and carers should only make physical contact with children in emergencies. It is important for staff and carers to be sensitive to a child’s reaction to physical contact and to act appropriately.

In practical terms, staff and carers may make physical contact to:

* demonstrate - e.g. how to hold a tool or a musical instrument;
* encourage - e.g. a gentle pat on the shoulder, physical education;
* provide comfort – e.g. a distressed child requiring comfort. If a child seeks physical reassurance staff and carers should feel that he or she may respond appropriately;
* deliver first aid.

It is difficult to define what is acceptable in a precise way though the following may be taken as guidelines[[3]](#footnote-3):

* As any kind of physical contact can be misconstrued it is sensible to limit the use of touch to the minimum appropriate.
* Consider your relationship with the child. Be aware of the child’s background and consider carefully whether or not he or she is comfortable with physical contact.
* A guiding hand should not become a pushing hand.
* Be seen. Approach from the front and not from behind so that physical contact is never unexpected.
* Try to avoid physical contact if alone with a child.
* A comforting arm should not touch any part of the body in a way that might be considered offensive, or inappropriate.

**Immediate Support**

In the majority of circumstances where a Supportive Intervention has been used appropriately there will be no requirement for staff and carers or children and young people to be offered support. In instances where staff or carers are concerned that the intervention may be viewed as inappropriate, support may be required for all concerned and consideration should be given to undertaking a debrief. This is to promote the wellbeing of all involved and also as a means of identifying learning points from the incident. For staff this would be provided by their line manager, for carers their link worker[[4]](#footnote-4) and for children it should be provided by an appropriate adult e.g. their Social Worker or a member of teaching staff but not the person involved in the incident.

**Risk Assessment and Planning**

Within the context of Supportive Interventions it is considered unlikely that formal risk assessment and planning will be required but where a child has particular identified needs and it is recognised that Supportive Intervention may cause difficulties; a risk assessment should be considered with clear guidance detailed in the Child’s Plan or behavioural support plan.

**Reporting an incident**

It is expected that all acts of Supportive Intervention will be thought through and their context understood by all concerned. They will form a part of what can be taken to be the normal working practices/ daily living of all concerned and as such there is no requirement for such incidents to be reported on a regular basis.

Where staff and carers are concerned that a Supportive Intervention may be misunderstood or has resulted in any possible inappropriate contact, the incident should be discussed with their line manager or link worker, as soon after the incident as possible, who will advise whether further action may be required. Further action may include the completion of an incident report or a meeting with the child or young person concerned and the member of staff or the child’s parent/carer.

If the incident is to be reported, this should be done as soon as possible on form VA/PI (1)[[5]](#footnote-5) or, for foster carers, they should contact their link worker to discuss whether a VA/P1(1) or the ‘Minor Incident form’[[6]](#footnote-6) is required.**4.2** **Reactive and Planned Physical Intervention**

A reactive or planned physical intervention refers to any intervention that seeks to limit or control an individual through the use of applied physical force.

* The aim of the physical intervention must be to reduce the risk of potential or actual harm to self or others.

and should only be used

* in exceptional circumstances
* where all other reasonable alternatives have been considered
* for the shortest time possible
* proportionate to the incident

A **reactive intervention** is one where an incident has not happened before and could not have been predicted or foreseen resulting in an intervention which was not planned.

Possible Situations Which May Require Reactive Physical Intervention

* Where there is an immediate danger and there is no opportunity to discuss the situation (e.g. a child running out in front of a car).

* A child causing or threatening to cause significant self harm, by, for example, aiming his or her fist at a window or leaning over a railing at a height should be removed from the danger. The issue is not for example the damage to the window but the potential harm caused to the young person by broken glass.
* Where verbal direction is ignored and a dangerous situation exists e.g. where children are physically fighting and harm to either is probable. In this situation, deflection and diversionary tactics must be tried. However, if these don’t have the effect of separating the children then efforts should be made to physically separate the children.
* Where the safety and well-being of one or more other people are threatened by an individual and efforts made to divert and calm him or her have been unsuccessful, consideration should be given to moving the others away from the child, moving the child to another area [if this can be achieved safely] or seeking police assistance.
* Where physical intervention is necessary in self defence to protect oneself from a child.
* Some children with severe and complex disabilities can exhibit self injurious behaviour. Their needs can often be anticipated and, in these circumstances, there should be a risk assessment and action plan on file, which will detail the actions, possibly including planned physical interventions, recommended to support the child. For children where this is not the case and where neither verbal command, distractions or removing the child from the situation have worked, a reactive physical intervention may be required to stop him or her causing self injury. Following on from this first incident though, which should be recorded (as detailed below), a risk assessment and agreed actions must be put in place.

Under these types of circumstances, a reactive physical intervention can be used under the member of staff or carers ‘Duty of Care’[[7]](#footnote-7) where inaction may be deemed to be negligent.

A **planned physical intervention** occurs in two circumstances

1. where there has been an initial incident requiring intervention, possibly including a reactive physical intervention or
2. where a child has a history of behaviour which is challenging.

In these circumstances, a risk assessment and behavioural support plan should already exist which all staff and carers follow to reduce the likelihood of further incidents occurring and guide staff and carers as to how to respond when incidents do occur.

If staff and carers can anticipate something might happen then they have made an informal risk assessment – that informal assessment must be formalised with others who care for/ work with the child and a plan to support the child put in place.

In general, in all circumstances, staff and carers should avoid becoming drawn into confrontational situations and if necessary they should remove themselves and others to allow time for the situation to be reassessed and an alternative approach taken.

**Immediate Support**

When an incident of Reactive or Planned Physical Intervention has occurred support should be provided to all involved as soon as possible following the incident. The level and timing of this support should be proportionate to the seriousness of the incident, taking account of the reactions of all concerned. This support should include a debrief where those affected meet with the most appropriate person to discuss the incident.

* Where a child or young person has been involved in an incident they will need an opportunity to talk about what happened with an appropriate adult e.g. Social Worker, member of teaching staff, but not the adult involved in the incident.
* If staff or carers have had to take this kind of action they should be supported to talk it through with their line manager, link worker or other appropriate adult to provide support and de-briefing about the incident.
* If other children have witnessed an incident they are likely to feel upset. They should be given reassurance and an explanation (as appropriate) as soon as possible after the event by an appropriate adult e.g. member of teaching staff, parent (in the case of a foster placement where the carers own children have witnessed the incident).

**Risk Assessment and Planning**

* A meeting should be arranged which allows those affected, including the child or young person, to discuss the lead up to the incident and any subsequent actions taken. The child should be part of this process. If the child or young person has limited capacity/ maturity, consideration should be given as to how their interests will be represented at such a meeting.
* Parents/ carers should be contacted at the earliest opportunity after the incident and should participate in this meeting if appropriate.
* This meeting may include a review of the integrated risk assessment and update of existing behavioural support plans or may initiate the need for an integrated risk assessment and behavioural support plan to be developed.
* In any circumstance, where a physical intervention has occurred, or was considered but ultimately not required, a risk assessment must be undertaken or reviewed, using appropriate tools. This will result in an agreed assessment of the risk with a plan agreed as to how best to reduce the risk of further occurrences and how to manage those which do occur.
* One aspect of that plan may be the need for training of those who are the team around the specific child/ young person. Staff and carers using these procedures must ensure the training they receive is approved or delivered by The Moray Council.
* If there is agreement that physical holds may be needed for that specific child – then the team members may be trained in techniques by approved trainers. Techniques taught MUST only be used for that child consistent with the risk assessment and plan as it applies to that child.

The risk assessment and/or behavioural support plan must be discussed within a core group meeting / LIAP process and its findings incorporated within the Child’s Plan[[8]](#footnote-8). The meeting must be minuted and the agreed Child’s Plan signed by those who are parties within the plan. A copy should be sent to the parents and designated Service Manager.

Where the child or young person has capacity to understand the potential outcome of their behaviour and that these behaviours may require future interventions of a similar kind to those previously employed then this should be clearly explained to them and the explanation noted in the Child’s Plan and/or Risk Assessments.

**Reporting an Incident**

All incidents of reactive and planned physical intervention should be clearly, comprehensively and promptly recorded by those involved with the support of their line manager or link worker in the case of foster carers, ideally within twenty four hours following the incident.

The incident and support provided should be recorded[[9]](#footnote-9) on form VA/PI(1)[[10]](#footnote-10) or, for foster carers, the ‘Minor Incident form’[[11]](#footnote-11) and forwarded to the member of staff’s/carers identified contact[[12]](#footnote-12) . Any actions which have been identified should be recorded on the form e.g. a review of the risk assessment and Behavioural Support Plan, LIAP meeting.

**It is particularly important to highlight, on the form, any issues which cannot be managed locally, e.g. by the Team around the Child, school, Social Work Team.**

The Report Forms will be analysed and reported to the Heads of Service. Where there are emerging patterns for services or issues which cannot be managed locally, these will be considered and appropriate action taken/support provided.

When a child or young person exhibits behaviour towards a member of staff or carer but the situation is successfully defused, and does not result in any type of physical intervention, the member of staff/carer should still be encouraged to complete an incident form VA/PI or minor incident form for foster carers. This will allow the Team around the Child to carry out a risk assessment if necessary identify patterns or behaviour which is challenging and make plans to reduce the risk and offer support to those involved.

**5** **Inappropriate Physical intervention**

Physical interventionis**inappropriate**:

* when its use does not have any positive impact on the safety of the child or others;
* when there is a better, reasonable alternative to deal with the situation;
* when the physical intervention is likely to be disproportionate and unreasonable;
* when it is used as a punishment;
* when its purpose is to enforce compliance with adult instructions or rules when there is no immediate risk to people (\*the exception to this rule is where gentle physical intervention is part of an individual education/treatment plan and would have multidisciplinary and parental agreement);
* when it is used in anger or where the member of staff/carer is not in control of the situation; staff/carers and workers should identify if they are feeling angry and should remove themselves from the situation and call for assistance, rather than risk their actions being inappropriate or excessive in force. More usually if a situation evokes anger in the staff/carer the child is not him/herself at immediate risk of harm.
* when the child has a dangerous weapon and an intervention would expose the member of staff or others to unacceptable risk;
* where the child has a known condition that might be exacerbated by such an intervention
* where the staff member/ carer does not feel confident to carry it out in a way which is safe for the child and/or for the staff member.
* for the protection of property. Protection of property should not require reactive physical intervention. **However**, Section 16(4) of the Standards in Scotland’s Schools etc. Act 2000 allows “corporal punishment” (defined at section 16(3) and in other words, “physical intervention”) where there is immediate danger of personal injury or any person (including the pupil) or where there is immediate danger to the property of any person.
* when staff/ carers feel frightened. If that fear is for the child, then they have a duty of care to stay and support that child, if the fear is for themselves they should remove themselves from the situation and seek assistance.
* when children are asked to support a physical intervention on another child.

**Physical intervention should not put staff or carers at risk of injury**

It cannot be emphasised strongly enough that physical intervention of any kind should only be used in exceptional circumstances as a last resort where all other reasonable alternatives have been considered, and it is assessed necessary in order to ensure the safety of the child or young person and or others.

Staff or carers may find it necessary to seek Police assistance in relation to a particular incident. It is for relevant staff/ carers themselves to determine this in the first instance. In addition, it is open to the victim in a case of alleged violence to call the police.

Staff and carers should be alert to the extent of strength used, the action they take and the impact their action has. Initial action should be concerned with protection of oneself. Training in specific stance positions can be arranged for staff if appropriate. If a defensive stance is insufficient then staff should always use what they assess as being the minimal amount of force e.g. holding long bones. Actions taken should be with minimum force, be proportionate to the incident, and should only be for the minimum time necessary to bring the individual under control. Any reference to action above includes holding but does not include striking/punching the person being held.

**6** **Overview of procedures in relation to allegations of abuse**

Any form of physical contact can lead to an allegation which, following preliminary enquiry may result in an investigation being conducted consistent with the [National Guidance for Child Protection](http://www.gov.scot/Resource/0045/00450733.pdf).

Potentially, there may be charges of assault. All staff and carers working with and supporting children must be aware of these potential processes.

Further information is available at

<http://intranet.moray.gov.uk/moray_education/EducSrvs/Admin-Handbook/Documents/SS/SS-071-01.doc>

Support for a foster carer facing an allegation would come from the Moray Council Placement Services Team and/or the Fostering Network.

Staff can seek assistance from the [Employee Assistance Scheme](http://www.timefortalking.co.uk)

They may also wish to contact their trade union.

If the member of staff/carer is charged then either:

* the case would be heard in court, following a lengthy period of time

or

* the Procurator’s Fiscal will review the case and he/ she may decide not to prosecute on the basis that it was not in the public interest to do so or that the evidence was not sufficient to secure a conviction.

If a case were to go to court [which happens rarely], staff and carers should be able to evidence that:

* they had acted in accordance with procedure and
* they had not acted with malice, with inappropriate intent, or negligently.

In all cases where **reactive physical intervention** is used by any member of staff or carer, he or she must be clear that due consideration had been given to the appropriate use of other reasonable non physical interventions, and that the actions taken involved the minimal reasonable force assessed necessary to stop the young person from endangering herself/himself or others and for the shortest possible time;

**“Restraint or physical intervention is a last resort, only to be used when necessary to protect a child or others”.[[13]](#footnote-13)**

In all cases where interventions were made on the basis of **planned physical intervention** the worker will be able to evidence the implementation of behavioural support plans based on integrated risk assessments consistent with [The Moray Council’s Local Integrated Assessment and Planning](http://www.moray.gov.uk/moray_standard/page_56873.html) procedures.

Although the best interests of the child are paramount Moray Council does not expect staff or carers to put themselves at avoidable risk.

Staff and carers have a right to guidance and protection whether in the workplace [for teachers and social workers] or within their homes [for foster carers], particularly when their work involves difficult and challenging situations.

**Risks should be assessed, actions planned and risks reviewed.**

**Appendix 1**

**Children’s rights**

Children’s Rights from the HUMAN RIGHTS ACT AND United Nation Convention

Children have a right:-

* to feel safe;
* to be treated with respect in a way which promotes their interest and minimises psychological harm;
* to be educated;
* to be treated without discrimination of any kind;
* to such protection and care as is necessary for his or her well-being;
* to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment;
* to a school discipline which is administered in a manner consistent with the child’s human dignity;
* to be listened to and to have their views taken into account;
* to express what they think and feel so long as by doing so they do not break the law or affect other people’s rights and
* Not to be subjected to torture or to inhuman or degrading treatment or punishment.

The education of the child should be directed to:-

* the development of respect for human rights and fundamental freedoms and
* the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin.

**Appendix 2**

**The Legal Perspective**

Children (Scotland) Act 1995

The Children (Scotland) Act 1995 emphasises that the child’s welfare shall be the paramount consideration. This is the cardinal principle which should underpin the use of physical intervention.

When severely challenging behaviour manifests itself this principle dictates:

1. that all possible responses are considered;
2. that the least restrictive and detrimental alternative is employed to manage the behaviour and
3. that this is engaged in for the shortest period of time.

At every stage and in every situation it should be possible to say that whatever response has been adopted this has been done by reference to what is in the best interest of the child.

Common Law

A physical assault is a crime in Scots (common) law only where there is evil intent. This means that where the purpose of holding a child, or otherwise having physical contact with him or her, can be shown to be to prevent injury the necessary evil intent will be missing. The force used however must not be excessive or go beyond what is necessary to prevent injury.

Standards in Scotland’s School etc (Scotland) Act 2000

Section 16 (4) of the Standards in Scotland’s School etc (Scotland) Act 2000, states:-

*“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)”*

In such circumstances physical intervention would not be considered to be corporal punishment.

Duty of Care

We each have a duty of care for the physical well-being of all children and young people in our care, this includes those who might be injured if due skill and care were not exercised. To take no action, where the outcome of the situation is that the child injures himself or another could be seen as negligence. The law recognises that it is appropriate to take action to prevent other people being harmed or to prevent damage to property.

Once an incident has occurred which required an intervention, even where it was successfully deescalated and physical interventions were not required, a risk assessment and plan should be put in place. Staff and carers cannot use their Duty of Care obligations repeatedly in the same or similar situations.

Every individual is entitled to protect him or herself from injury.

Health and Safety

Stated within the Safe and Well Good Practice Guidance 2005: -

“Employers are required to undertake risk assessments and produce a health and safety policy.”

Guidance relating to the risk assessment is consistent with the procedures applied in Moray in terms of LIAP and GIRFEC.

The Health and Safety at Work etc Act 1974 places certain duties on employers in sections 2 and 3:

* To ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees.
* The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of their employees;
* To conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in their employment who may be affected thereby are not thereby exposed to risks to their health or safety.

Additionally, section 7 places duties on employees at work:

* To take reasonable care for the health and safety of themself and of other persons who may be affected by their acts or omissions at work.
* To co-operate with their employer with regard to any duty or requirement imposed by of the relevant statutory provisions,
* To co-operate with them so far as is necessary to enable that duty or requirement to be performed or complied with.

**Summary**

Physical intervention can be used in situations where it is necessary for ensuring the safety of the child or others or to protect property if damage to that property would result in harm to the child as well as immediate danger to property in general. However all other reasonable alternatives must have been considered and discarded as not appropriate or feasible.

On all such occasions where physical intervention is necessary, **the minimum reasonable force should be used for the minimum time necessary**. It has to be proportionate to the incident and should be no more than is necessary to ensure the safety of the child, or others, or to protect property if damage to that property would result in harm to the child.

Risk assessments should be carried out and plans put in place to prevent, minimise and manage potential incidents.

**Appendix 3**

**Defusing tense situations**

Whilst it is understood that all staff and carers have undergone training and will be familiar with many strategies to defuse potentially difficult situations it is worth highlighting what can be considered as good practice.

* Ignore what **can** be ignored. Reacting to less important behaviours can be reinforcing.
* Concentrate on **primary** behaviour and ignore **secondary behaviour**
* Intervene at the earliest sign using diversionary tactics where possible
* Humour and a light tone can often assist in calming a difficult situation
* Give the child or young person time to alter their behaviour
* Offer the child or young person alternatives to their current behaviour
* Be consistent

**Appendix 4**

**Recording Incidents of Physical Contact and Interventions**

Staff or carers should report any incidents falling within the parameters of this guide by completing an incident report form VA/PI[[14]](#footnote-14) (Part 1) or Minor Incident form[[15]](#footnote-15) in the case of foster carers as soon as possible after an incident occurs.

A copy of the completed form should then be sent to the

* **line manager**, in the case of staff **or** the
* **link worker** in the case of carers
* if the child has an allocated Social Workers the form should also be sent to the **social worker**

The **line manager/link worker** should ensure that the form has been completed fully and **agree any action** which is required to support the child and those involved in the incident, in consultation with other staff as required, also noting these on the form. This would normally include

* Completion of VA/PI if required where a foster carer has reported a incident on a Minor Incident form
* Contact made with parents/carers, if not already done so
* Debrief for all involved – record on VA/PI Parts 2 and 3
* Completion or review of the risk assessment
* Completion or update of the behavioural support plan
* LIAP review if required

A copy of the form should be

* retained on the child’s file
* sent to the Named Person/ Lead Professional where relevant
* sent to the Service Manager[[16]](#footnote-16)
* sent to the Business Manager, The Moray Council, High Street, Elgin, IV30 1BX
* retained on the child’s Social work file where there is an allocated Social Worker
* retained within the Accident Report Book in the case of Schools/ Education units (VA/PI Part 1)[[17]](#footnote-17)

In addition, a RIDDOR report form should also be completed where the member of staff is absent for more than 7 days as a result of any physical injury sustained[[18]](#footnote-18). Where a foster carer is absent from their work for more than 7 days, the possible need to complete a RIDDOR report should be discussed with a Health & Safety adviser.

Where the incident relates to disability, gender equality, age, gender reassignment, religion or belief, race or sexual orientation’ an [Equalities Incident Monitoring Form](http://intranet.moray.gov.uk/CEOffice/DocumentList.htm) should be completed.

When the form (VA/PI) is received by the Business Support Manager, an acknowledgement letter will be sent to the member of staff involved.

The Education and Social Care Department maintains a database of reported incidents. This, along with a trend profile report, is reviewed on a monthly basis by a Senior Management Group.

If immediate advice and/or support is required, in addition to that from the Team Round the Child, the staff/carers involved should seek such support as is required dependant on the incident. Options include:

* Immediate line manager
* Inclusion and Wellbeing Manager
* Health & Safety Adviser
* Educational Psychology Team
* Autism Team

**Appendix 5**

**Support for Staff and Carers**

 Support for a carer facing an allegation would come from the Moray Council Placement Services Team and/or the Fostering Network.

Staff can seek assistance from the [Employee Assistance Scheme](http://www.timefortalking.co.uk) . This includes

24 hour, 7 days a week support, comprising

|  |
| --- |
| * Structured Telephone Counselling
 |
| * Face to Face Counselling
 |
| * Telephone Support
 |

The service has a 24 hour confidential helpline for all employees which will provide assistance with counselling and support.

Face to face counselling is available on request from employees and on a manager’s request.

Telephone: 0800 970 3980 (available 24 hours a day, 365 days a year)

Web: [www.timefortalking.co.uk](http://www.timefortalking.co.uk)click on the Moray Council logo
enter the password - elgin

Staff who have been involved in an incident, whether they have been injured or not, should be supported on their return to work. Advice and guidance is available from Moray Council’s Human Resources Department on the options available.

**APPENDIX 6**

**Education and Social Care**

**Incident Report Form VA/PI (1)**

 **Physical Contact and Intervention**

**PART 1**

|  |
| --- |
| **1 EMPLOYEE/CARER DETAILS** |
| **Name:** | **Job Title:** |
| **Place of Work:** |

|  |
| --- |
| **2 DETAILS OF YOUNG PERSON** |
| Name: |  | Address: |  |
| Age: |  |
| Gender: |  |

|  |
| --- |
| **3 DETAIL OF INCIDENT** |
| **Date:** | **Time:** | **Location:** |
| **Type of Incident: \* If more than one category type is applicable please indicate, from your own point of view, the rank order, in terms of impact to yourself, of the category types which you wish to note i.e. 1, 2, 3, 4 etc** |
| Physical assault *(no weapon)* | [ ]  | Verbal abuse | [ ]  |
| Physical assault *(with weapon or improvised weapon)* | [ ]  | Verbal threats | [ ]  |
| Threat of physical assault *(no weapon)* | [ ]  | Malicious communications / Slander | [ ]  |
| Threat of physical assault *(with weapon or improvised weapon)* | [ ]  | Vandalism / Damage to personal property | [ ]  |
| Threatening / Menacing behaviour | [ ]  | Anti-social / Disruptive behaviour | [ ]  |
| Breach of security | [ ]  | Other (please specify below) | [ ]  |
| **Was the incident related to?:**  | **Gender** | [ ]  | **Religion** | [ ]  | **Disability** | [ ]  | **Race** | [ ]  | **LGBT** |  [ ]  |
| If yes complete Equalities Incident Monitoring Form |

|  |
| --- |
| **4 OUTCOME FOR STAFF MEMBER/CARER** |
| Distress | [ ]  | Counselling/debriefing offered? | YES | [ ]  | NO | [ ]  |
| Physical injury | [ ]  | Please define injury: |
| Time off work | [ ]  | Number of days off (if known): |
| Damage | [ ]  | Please specify: |

|  |
| --- |
| **5 OUTCOME FOR CHILD/YOUNG PERSON** |
| Distress | [ ]  | Counselling/debriefing offered? | YES | [ ]  | NO | [ ]  |
| Physical injury | [ ]  | Please define injury: |
| Damage | [ ]  | Please specify: |

|  |
| --- |
| **6 OUTCOME FOR OTHERS** |
| Distress | [ ]  | Counselling/debriefing offered? | YES | [ ]  | NO | [ ]  |
| Physical injury | [ ]  | Please define injury: |  |
| Damage | [ ]  | Please specify: |  |

|  |
| --- |
| **7 DESCRIBE THE LEAD UP TO THE INCIDENT** |
|  |

|  |
| --- |
| **8 DESCRIBE DETAILS OF THE INCIDENT** |
|  |

|  |
| --- |
| **9 IMMEDIATE ACTION TAKEN *(including how the situation was immediately resolved)*** |
|  |

|  |
| --- |
| **10 WITNESSES *(if any)*** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |

|  |
| --- |
| **11 STAFF/CARER SIGNATURE *(please sign if the above is an accurate record)*** |
| **Signature:** |  | **Date:** |  |

**FOR HEAD TEACHER / LINE MANAGER / LINK SOCIAL WORKERS USE ONLY:**

|  |
| --- |
| **12 DETAILS OF YOUNG PERSON** |
| Has the young person a history of similar behaviour? | YES | [ ]  | NO | [ ]  |
| How frequently do these behaviours present: |  |
| Does the young person have Additional Support Needs? | YES | [ ]  | NO | [ ]  |
| Does the young person have Exceptional Support Funding?  | YES | [ ]  | NO | [ ]  |
| Does the young person have a risk assessment and behavioural support plan? | YES | [ ]  | NO | [ ]  |
| **13 AGENCIES / SERVICES CONTACTED** |  |
| Social Work | [ ]   | Parents / Carers  | [ ]  | Education Psychology | [ ]  | Police | [ ]  | Health & Safety  | [ ]  | School | [ ]  | Named Person/Lead Professional | [ ]   |  |
| HQ Officer(s) (please specify name) |  |
| Other  *(please specify)* |  |
| **14 FURTHER SUPPORT / ACTION PLANNED / REQUIRED** |
| [ ]  Complete / renew risk assessment [ ]  Advice / guidance from Health and Safety Advisor[ ]  Complete / update support plan [ ]  Support from Senior Management Team[ ]  Initiate / call LIAP meeting / review meeting Who is responsible for action the above?[ ]  Advice / guidance from Training Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **15 ACKNOWLEDGEMENT SIGNATURES** |
| **Head Teacher (HT) or Line Manager:** | **Date:** |
| **Form received by Business Support Team Manager (BSTM):** | **Date:** |
| **Acknowledgement from BSTM and copied to HT or Line Manager:** | **Date:** |

** Education and Social Care**

**APPENDIX 7**

 **Child Debrief Record VA/PI (2)**

**PART 2**

**This must be filled in as soon as possible, but at the latest within one week.**

 **(If you need a separate sheet/s, please attach and state number attached)**

|  |
| --- |
| **1 DETAILS OF YOUNG PERSON** |
| **Name of Young Person:** |  |
| **Date of Discussion:** |  |
| **Staff Involved:** |  |

|  |
| --- |
| **2 YOUNG PERSON’S POINT OF VIEW** |
| **How are you feeling now, why do you think the staff member responded as they did, and what is your view of any physical intervention?:** |  |

|  |
| --- |
| **3 OTHER MAIN POINTS OF DISCUSSION** |
| **Young person’s view - What could have been done differently by you and by staff, how has your relationship been affected?****Share staff member’s view of what is going on for the young person, and consider has this kind of situation arisen before?:** |  |

|  |
| --- |
| **4 OUTCOME OF DISCUSSION** |
| **What other behaviour could you use in future?** **What further steps can be taken?** **Agree what action is planned for the young person and what is the plan of action for staff/carers:** |  |

|  |
| --- |
| **5 OPTIONS EXPLORED AND OUTCOME *(If the situation is still not fully resolved)*** |
| **This should involve discussions with other staff, managers, social workers or advocates, offered other communication and expression tried and the offer to complain:** |  |

|  |
| --- |
| **6 SIGNATURES *(please sign if the above is an accurate record)*** |
| **Young Person:** |  | **Date:** |  |
| **Person carrying out de-brief:** |  | **Date:** |  |

** Education and Social Care** **Staff / Carer Debrief Record VA/PI (3)**

**APPENDIX 8**

**APPENDIX 8**

**PART 3**

**This must be filled in as soon as possible, but at the latest within one week.**

 **(If you need a separate sheet, please attach it and state number attached)**

|  |
| --- |
| **1 DETAILS OF STAFF MEMBER / CARER** |
| **Name of Staff Member / Carer:** |  |
| **Name of Debriefer:** |  |
| **Date of Discussion:** |  |

|  |
| --- |
| **2 DISCUSSION OF FEELINGS ABOUT THE INCIDENT** |
| **How are you feeling now?** **What did you think the young person’s motivation was, and what was your view of any physical intervention?:** |  |

|  |
| --- |
| **3 OTHER MAIN POINTS OF DISCUSSION** |
| **Staff Member’s / Carers view - What could have been done differently by you or the young person, how has your relationship been affected?****What is your view of what is going on for the young person, and consider has this kind of situation arisen before?:** |  |

|  |
| --- |
| **4 OUTCOME OF DISCUSSION** |
| **What further steps can be taken?** **What action is planned for the young person and what is the plan of action for staff/carers (updating of Support Plan / Behaviour Support Plan as necessary):** |  |

|  |
| --- |
| **5 OPTIONS EXPLORED AND OUTCOME *(If the situation is still not fully resolved)*** |
| **This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain:** |  |

|  |
| --- |
| **6 SIGNATURES *(please sign if the above is an accurate record)*** |
| **Staff Member / Carer:** | **Date:** |
| **Person carrying out de-brief:** | **Date:** |

****

**APPENDIX 9**

 **Education and Social Care**

**Minor Incident Form**

|  |
| --- |
| **1 DETAILS OF INCIDENT** |
| **Name:** |  |
| **Date:** |  |
| **Time:** |  |
| **Place:** |  |
| **Completed by:** |  |

|  |  |
| --- | --- |
| Setting / Event |  |
| Incident |  |
| Action |  |
| Outcome |  |





1. For the purposes of this document the term ‘staff and carers’ is used to describe all employees, carers and volunteers who provide a service for children and young people within the department of Education and Social Care and associated services in Moray. [↑](#footnote-ref-1)
2. Also available by contacting the Education and Social Care Services Department along with any other policies, forms noted in this policy [↑](#footnote-ref-2)
3. Foster Carers should also refer to their ‘Safer Caring’ training [↑](#footnote-ref-3)
4. this refers to a Link Social Worker from the Fostering and Adoption Team [↑](#footnote-ref-4)
5. See Appendix 6 [↑](#footnote-ref-5)
6. See Appendix 9 [↑](#footnote-ref-6)
7. ‘Duty of Care’ means a requirement to exercise a ‘reasonable’ degree of attention and caution to avoid negligence which would lead to harm to other people. The younger and more vulnerable the child, the greater the duty of care. [↑](#footnote-ref-7)
8. The need for a risk assessment and how those risks will be managed should be noted within the Child’s Plan with the details of each being recorded separately e.g. using agreed risk assessment tools or within a Behavioural Support Plan [↑](#footnote-ref-8)
9. See Appendix 4, 6 and 10 for details [↑](#footnote-ref-9)
10. See Appendix 6 [↑](#footnote-ref-10)
11. See Appendix 9 [↑](#footnote-ref-11)
12. See Appendix 4, 6 and 10 for details [↑](#footnote-ref-12)
13. Safe and Well, Good Practice, Scottish Executive Guidance 2005 [↑](#footnote-ref-13)
14. See Appendix 6 [↑](#footnote-ref-14)
15. See Appendix 7 [↑](#footnote-ref-15)
16. See Appendix 8 for appropriate comments [↑](#footnote-ref-16)
17. In general within school, regardless of the reason, whenever an injury has been sustained, it is a le.g.al requirement that the school Accident Report book should be completed. The Health & Safety department have noted that it is acceptable for copies of the Health & Safety Internal Incident Form (SMS 8.1) held on file, to constitute the School or Unit’s Accident Report Book. For the purposes of this policy, in order to streamline the reporting process, it has been agreed for those instances where physical injury has resulted that it will also be acceptable for copies of part 1 of the relevant VA/PI forms to be used to form part of the Accident Report Book for the School or Unit. [↑](#footnote-ref-17)
18. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 [http://www.hse.gove.uk/riddor/](http://www.hse.gov.uk/riddor) [↑](#footnote-ref-18)