

# Alloway Primary School and EYC

## Physical Intervention and Seclusion Policy



## 1. Introduction

### 1.1. Purpose of this Policy

To protect the interests and wellbeing of children and young people for whom staff have a shared responsibility and a duty of care:

- *To protect staff in the fulfilment of their responsibilities to children and young people.*
- *To ensure that staff are aware of the associated legal issues.*
- *To give guidance about the use of physical interventions with children and young people.*

### 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 safe 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 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 Policy

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: 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 co-operating 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; and
- 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. Plans, Protocols and Programmes

All behaviour is communication, and in most situations a child or young person's behaviour can be understood and predicted. Staff who knew 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 the behaviour management of a child or young person is shared, read and understood by all relevant staff members.

Behaviour management protocols (i.e. agreements between the 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 problematic.

These protocols should clearly link to the behaviour and learning targets which are included in the child or young person's Care Plan, Action Plan, Behaviour Management Plan (BMP) or Co-ordinated Support Plan (CSP).

#### 1.5. Definitions

The term 'physical intervention' describes a wide range of actions. Broad distinctions can be made between:

<b>Non-Restrictive Physical Interventions</b>	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.	<b>Examples:</b> <ul style="list-style-type: none"> <li>▪ Guiding/Shepherding a person from A to B.</li> <li>▪ Use of a protective helmet to prevent self-injury.</li> <li>▪ Removal of cause of distress.</li> </ul>
<b>Restrictive Physical Interventions</b>	To prevent, impede or restrict movement or mobility.  To use direct form. Restraint	<b>Examples:</b> <ul style="list-style-type: none"> <li>▪ Holding a child or young person.</li> <li>▪ Blocking a person's path.</li> <li>▪ Interpositioning.</li> </ul>

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

## 2. Background

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

2.2. Health and Safety

South Ayrshire 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, the Headteacher of Alloway Primary is responsible for the day-to-day management of all health and safety measures as they relate to this school.

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.

### 2.3. 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, or to act in a way that leads another person to use force (for example, by raising a fist or issuing a verbal threat), 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, a reasonable amount of force may be used (see also 2.4).

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. The degree of force and the duration of its application should always be the minimum needed to achieve the desired result.

Often it is a matter of patience and time; and our job is to give that patience and time, instead of reflecting back negative patterns of resolving issues that children and young people have seen elsewhere.

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 use in any instance must be appropriate for the circumstances, to be justifiable in court.

#### **STAFF MUST BE AWARE –**

***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.***

### 2.4. Education, Child Care Law and Guidance

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.***

Holding Safely (A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People (2005)) also recommends that damage to property should not always result in the use of a physical intervention or restraint. This document states:

*“ . . . you 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. You must 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 policy, 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.

## 2.5. Getting It Right For Every Child (GIRFEC)

At Alloway Primary we strive to get it right for every child. 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 wellbeing indicators are:

<b>Safe</b>	<b>Healthy</b>	<b>Achieving</b>	<b>Nurtured</b>
<b>Active</b>	<b>Responsible</b>	<b>Respected</b>	<b>Included</b>

*“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.”*

*A Guide to Getting It Right For Every Child, Scottish Government, June 2012*

Staff members involved in supporting children and young people who may demonstrate challenging behaviours should be aware of the wellbeing indicators and keep them in mind when intervening in a situation.

## 2.6. 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, page 10) may fall into this category as well as being dealt with through criminal and civil law.

## 2.7. 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, inhumane 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

- 3.1. South Ayrshire Council recognises that many staff fear that any form of physical intervention leaves them open to allegations of misconduct. However, South Ayrshire Council staff 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 policy then South Ayrshire Council, as part of its duty of care to staff, will support its employees.

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

##### **4.1. Headteacher ensures that :**

- a) *Risk assessments are carried out where necessary, for the purpose of establishing appropriate protocols and are shared with all key staff and parents;*
- b) *Behaviour protocols are agreed and developed with the child or young person, parents and relevant agencies involved;*
- c) *Behaviour protocols are monitored, reviewed and updated on a regular basis, after every critical incident and minimum of termly;*
- d) *Staff members, where appropriate, are offered training in approved methods of physical intervention;*
- e) *Staff are reassured that their senior managers and other colleagues care for their welfare and protection;*
- f) *Staff members are supported to recognise that, as human beings, they will experience an emotional response to challenging situations that 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;*
- g) *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; and*
- h) *Staff members understand that responding on the spur of the moment may lead to staff members taking action which colleagues who have not been involved directly may regard as inappropriate. Senior management responses should ensure that learning is the main outcome of any situation, and seek to resolve issues while respecting the dignity of children and young people and staff involved.*

#### **5. Principles Relating to Physical Intervention**

##### **5.1. 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.*

##### **5.2. 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 the child or young person should, where possible, be made aware that if they do not desist, physical restraint may be used. Other children present should be removed to a place of safety if it appears that a situation may escalate and require the use of force. Staff should ensure other children are removed safely.**



- 5.3. 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 and training provider 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.
- 5.4. 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.
- 5.5. 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.
- 5.6. 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; and/or*
  - b) *Involve holding the head, throat, wrists, joints or fingers.*
- 5.7. 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.
- 5.8. Restraint should always be an act of care, never of punishment.
- 5.9. A child or young person must never be asked to restrain another child or young person.
- 5.10. 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.
- 5.11. 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 teacher or depute immediately, or as soon as is feasible, and the circumstances and justification recorded (Appendix 3).
- 6.2. Parents/Carers must be contacted by the Head Teacher or Depute at the earliest opportunity, preferably on the same day. Any use of *CPI Management of or Potential Aggression (MAPA)* techniques must be logged on the appropriate form (Appendix 3). Higher level techniques must also be recorded on the restraint record form (Appendix 5).
- 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).
- 6.4. Where a physical intervention has been used, involved staff members should also complete an Incident Report Form (Appendix 7).

- 6.5. The head teacher or depute, should discuss the incident and reasons with the member of staff involved and support should be provided as appropriate. Staff should complete a VAR1 form and give to Head Teacher or Depute. They will report this online and take the necessary steps.
- 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 the time to reconsider the strategies in place and re-assess risks in light of what has happened.
- 6.8. The effectiveness of this policy will be monitored by Coordinators (Inclusion) and this will ensure that the use of physical restraint is always appropriate.

## 7. Seclusion

- 7.1. Seclusion should not be confused with **time out**; while seclusion always involves the physical removal of a child to a separate room, time out does not. Seclusion will take place in our nurture hub, which is a safe space for children.
- 7.2. Seclusion of a child or young person within a separate space is also a form of physical intervention and should also only be used as a last resort where:
- There is a clear and identified risk that the child or young person who is to be secluded presents a significant degree of danger to other people; and
  - That the situation cannot be managed more safely or appropriately by any other means.
- 7.3. In practice, the decision to use seclusion should only be made where the balance between the potential risk of seclusion and any other intervention, such as a prolonged physical restraint, indicates that it would be safer to use seclusion. The robust assessments of those risks must take into account all of the available information and should be contained within an agreed plan for the individual.
- 7.4. Any separation of a child or young person must be in a place that is safe and that does not cause any additional distress to the child or young person.
- 7.5. Where seclusion is used:
- It must be in a place that is safe e.g. a Safespace or room with little to no stimuli;
  - It should be managed under supervision;
  - It should take into account the additional support needs of the child or young person; and
  - It should be time limited.
- 7.6. As with any incident where a decision has been made to physically intervene, the event must be recorded and reported the Inclusion Monitoring Group using Appendix 5.

## 8. Staff Training

- 8.1. 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. Educational Services offer training to support staff in developing these skills through the [COAST](#) and [Book 'n' Go](#) system. Head Teacher will encourage staff to take part in relevant training.

- 8.2. Where there are concerns about the possibility of volatile behaviour, the Head Teacher will 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.
- 8.3. The only training in physical restraint allowed by South Ayrshire Council Educational Services is that provided by the Crisis Prevention Institute (CPI MAPA), and staff who use these methods must have received the required training. MAPA techniques must not be cascaded to other staff by staff members who have undertaken the relevant training.
- 8.4. 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 South Ayrshire Council are vulnerable to legal action if staff use the CPI MAPA methodology without valid and up-to-date accreditation.

## 9. Monitoring and Reporting

- 9.1. Regular monitoring and reporting at all levels is required to support the implementation of this policy. Key responsibilities:

### At School and Service Level:

- A CPI MAPA link person must be identified in each school or service where there are staff trained in physical intervention and/or small holds techniques. This person will be responsible for facilitating communication between staff and authority MAPA lead trainers, and will be required to ensure that appropriate restraint logs (Appendix 3) and record of restraint forms (Appendix 5) are submitted to the Inclusion Monitoring Group – restraint logs on a termly basis and restraint forms within ten days of the incident. The restraint log must be shared with a line manager and/or Senior Management Team;
- Headteachers or team leaders are required to ensure that all CPI MAPA 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) and so as set out in the British Institute of Learning Difficulties (BILD) compliance manual; and
- In addition, headteachers or a designate is responsible for monitoring and evaluating the use of CPI MAPA techniques within the establishment, and for the analysis of statistics that will feed into the school or service improvement plan.

## 10. Duty of Care

- 10.1. *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People (2005)* describes a duty of care as:

*“... a responsibility to take reasonable steps to prevent injuries to children and staff in the establishment (and prevent damage to property). Injuries can be physical or psychological.”*

## **Appendix 1 – Risk Assessment Form**

Under Health and Safety legislation, headteachers and managers are responsible for ensuring that appropriate risk assessments are carried out as part of their overall health and safety procedures.

The following form allows for the assessment and management of expected risks for children and young people who present challenging behaviour. In completing the form, account must be taken of both the specific risks posed by the individual child or young person, as well as the risks towards any child or young person who may require to be restrained.

Each child or young person has their own history and personality, which will result in different reactions to stress and other situations. These individual differences must be reflected in the way their risk is assessed and behaviour managed.

An electronic copy of the form can be found [here](#).

**Appendix 2 – Behaviour Management Protocol Performa – Positive Behaviour Plan**

Information from Risk Assessment can be used to develop an individual behaviour protocol. This can, in turn, influence the Action Plan, Care Plan, PET etc. 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.



## Positive Behaviour Plan

Pupil's Name:

Class:

Stage:

Staff team:

Named Person:

Review date:

### **Additional Information:**

(e.g. medical information, any specific equipment required, issues to consider when using interventions)

### Triggers

## Positive Behaviour Plan



### **Behaviour:**

Positive

### Concerns:

### Crisis Development:

1. Anxiety (presents as interruptions, early warning signs)

2. Defensive (challenges authority)

3. Acting Out (Loss of Control)

## Positive Behaviour Plan

### **Actions:**

#### Support strategies

(de-escalation techniques to be used before use of physical intervention)

#### Physical Intervention / Restraints / Restrictive strategies to be used

(describe the preferred staff responses /holds including use of Safespace)

### **Tension Reduction**

(back in control, describe debrief , *COPING*, repair and rebuild)





### **Appendix 3 – Individual Establishment Restraint Log**

The following form must be completed in Education 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 BSS holds which is required for the annual BSS return.

Where appropriate and in accordance with existing procedures, a 'Reporting Incidents of Violence and Aggression Against Teaching and Non-Teaching Staff in Educational Establishments' form should also be completed by staff working in educational establishments (Appendix XX) and staff in Education and Children's Services should complete the second form 'Incident Report Form' (Appendix XX).

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

### Restraint Log

(To be completed every time a child is restrained)

Day/ Date	Time Restraint Began	Time Restraint Ended	Child's Name	Staff Involved	MAPA Techniques Used	Place Incident Occurred	Any Obvious Trigger	Injury to Child (Y/N)	Injury to Staff (Y/N)	Child Protection Issues

**Appendix 4 – Restraint Reduction Form****Restraint Reduction Assessment****School**

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Session: \_\_\_\_\_

Complete for each high level incident

<b>Date</b>	<b>Time</b> <i>Beginning and length of incident</i>	<b>Situation and Staff Involved</b> <i>Where was he/she and with whom?(note which room, who with, and general atmosphere in the room/house)</i>	<b>Trigger</b> <i>What was going on beforehand? (Recall and note what happened just before the behaviour)</i>	<b>Action</b> <i>What did he/she actually do? (Record details of the child's behaviour – what did they actually do?)</i>	<b>Response and Restraint used if applicable</b> <i>How did the adults respond? How did it stop/end? What happened afterwards? (Look to see what the consequences of the behaviour were)</i>	<b>Safespace used</b> <i>Was Safespace used and for how long?</i>	<b>Debrief</b> <i>What repair and rebuild strategy was used?</i>
		e.g. <ul style="list-style-type: none"> <li>• Lunchtime</li> <li>• Dining room</li> <li>• Sitting alone</li> <li>• Everyone talking</li> <li>• Music on softly (and what music)</li> </ul>	<ul style="list-style-type: none"> <li>• What happened to the person?</li> <li>• What change(s) took place in the environment just before the behaviour?</li> <li>e.g. Was the child...</li> <li>• Given instructions?</li> <li>• Being left alone?</li> <li>• Being held or touched?</li> <li>• Involved in an activity?</li> <li>• Stopped from doing something?</li> <li>• Having a toy, or other possession, taken away?</li> <li>• Aware that people had moved away?</li> <li>• Being approached?</li> </ul>	Key: H – hitting S – scratching N – nipping B – biting K – kicking T – throwing S – spitting	CPI holds:		

## Appendix 5 – Restraint Recording Form

This form must be completed when any of the following techniques are used by members of staff who are trained in CPI MAPA techniques.

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 an electronic copy to [EducationSecure@south-ayrshire.gcsx.gov.uk](mailto:EducationSecure@south-ayrshire.gcsx.gov.uk).

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## **Report for Recording Incidents Where You Restrain a Child:**

### **Part 1A (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 \_\_\_\_\_

Witness to incident \_\_\_\_\_ (if appropriate attach witness statements)

Day and date of incident \_\_\_\_\_

Place of incident \_\_\_\_\_

<b>Events leading to incident</b>	
<i>(What was happening for the child before the incident? What seemed to trigger the behaviour? Who else was involved or present?)</i>	

<b>Behaviour of Child</b>	
<i>(What behaviour alerted you that the child was struggling to cope?)</i>	

<b>Response from Adults</b>	
<i>(Which techniques did you use to de-escalate the situation? Before restraining the child what was the response from them and others?)</i>	

**Report for Recording Incidents Where You Restrain a Child (page 2):**

<b>Reason for the Restraint</b>	
(What was the specific risk to the welfare of the child or others?)	

<b>Description of Restraint</b>	
(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?	

<b>Conclusion of Restraint</b>	
(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):**

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

### **Injuries**

Was the child injured? Yes or No

If yes, what were the injuries?

Was a member of staff injured? Yes or No

If yes, what were the injuries?

Did someone get medical help? Yes or No

Was first aid given? Yes or No

Was an accident form filled in? Yes or No

Were the police involved? Yes or No

If yes, please say why, who called, when and what was the outcome of their involvement?

### **Who was told about the restraint?**

Name of Person told \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Initials of Informing Staff \_\_\_\_\_

Appropriate Manager \_\_\_\_\_

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

Social Worker (if appropriate) \_\_\_\_\_

Witness to the incident \_\_\_\_\_

Other \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_



**Report for Recording Incidents Where You Restrain a Child (page 4):****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 \_\_\_\_\_

<b>Child's point of view</b>	
<i>(What did they hope to achieve? What did they think the staff member's motivation was, and what was their view of the restraint?)</i>	

<b>Other main points of discussion</b>	
<i>(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?)</i>	

<b>Outcome of Discussion</b>	
<i>(What other behaviour could the child use in future? What further steps can be taken? What action is planned for the child and what is the plan of action for staff?)</i>	

**Report for Recording Incidents Where You Restrain a Child (page 5):****Part 2 continued**

<b><i>If the outcome is still not fully resolved, please give details of the options explored and the outcome</i></b>	
<i>(This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain.)</i>	

**Personal Plan or Care Plan**

- Was this action in line with the part of the child's plan that deals with violent or otherwise dangerous behaviour? Yes or No  
If 'no' please explain
- Does the care plan need to be changed? Yes or No
- If yes, please explain
- Is a statutory review needed? Yes or No
- If 'yes' has a date been made? Yes or No

**Signatures**

	Print name	Signature	Date
Staff involved	-----	-----	-----
Young person	-----	-----	-----
Senior Leader	-----	-----	-----

## Appendix 6 – Post Incident Discussion

### Post High Tariff Incident – COPING

#### 1. Control

Are you ready to talk about what happened?

You look like you are ready because you are.... (Quiet, still, sitting etc. as appropriate)

#### 2. Orient

Tell me what happened? (Please focus on the facts and not emotions).

#### 3. Patterns

Can we identify any patterns in the way you responded or acted?

- What worked well/didn't work well?

#### 4. Investigate

What can we do together to strengthen things that worked well or improve the things that didn't work well?

#### 5. Negotiate

Let's agree priorities for improvement. What needs to get better?

#### 6. Give

What help and support do you need to make these improvements?

## **Appendix 7 – Incident Report Form**

South Ayrshire Council has procedures for reporting violent or aggressive incidents. Staff in education establishments should complete:

***Reporting Incidents of Violence and Aggression Against Teaching Staff and Non-Teaching in Educational Establishments ([JNCT 24](#)).***

HT and DHT will complete the online form.



**PART 2: To be completed by the Line Manager within 5 days of receipt from the employee and submit to:**[vaforms@south-ayrshire.gov.uk](mailto:vaforms@south-ayrshire.gov.uk)

<b>F – OUTCOME FOR EMPLOYEE</b> (Please put a cross in the appropriate option(s) below or insert number of days where applicable)											
No time off required	<input type="checkbox"/>	First Aid Administered	<input type="checkbox"/>	Time off - emotional effects	<input type="checkbox"/>	Time off - physical Injury	<input type="checkbox"/>				
Time off – reportable to RIDDOR*	<input type="checkbox"/>	Police Involved	<input type="checkbox"/>	Police Incident NO. (if relevant)	<input type="checkbox"/>						
Attended hospital	<input type="checkbox"/>	Injury sustained	<input type="checkbox"/>								
Do you believe the incident to be reportable to RIDDOR*?								YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

\* RIDDOR is reporting of Injuries, Diseases and Dangerous Occurrences 2015. i.e. more than 7 consecutive days (not counting the day of the accident) or 'major injury' such as broken limb which is reportable to corporate Risk, Safety & Resilience Team

<b>G - ACTION TAKEN BY ESTABLISHMENT:</b> (Please give details of what support was offered to employee at school level and what further action, if any was taken)
---

Details:

<b>H - PREVIOUS INCIDENTS RELATING TO ASSAILANT.</b> If the alleged assailant is known to have been involved in any previous incidents, please give details below in respect of name of employee involved and date(s) of incident(s):
---

EMPLOYEE NAME	DATES OF PREVIOUS INCIDENTS

<b>I - PREVIOUS RECORDED INCIDENTS RELATING TO THE EMPLOYEE REPORTING ASSAULT:</b> In order to provide appropriate support to employees reporting assault, please advise if they have been subject to previous assaults (including threatening verbal abuse) giving name of assailant and date(s) of incident(s)
--

ASSAILANT NAME	DATES OF PREVIOUS INCIDENTS

<b>J - OUTCOME OF CURRENT INCIDENT:</b> Please put a cross in all relevant box(es) indicating the outcome:
--

Dealt with at School Level	<input type="checkbox"/>	<b>If the pupil was excluded please indicate below number of days :</b>		
Parent/Carer contacted/informed	<input type="checkbox"/>		No. of days pupil removed from class	<input type="checkbox"/>
Inclusion monitoring team advised/involved	<input type="checkbox"/>		No. of days pupil excluded from school	<input type="checkbox"/>

<b>K - ACTION TAKEN TO PREVENT RECURRENCE</b> (to be completed by line or service manager)
--

Details:

<b>Line Manager Name</b>		<b>Line Manager Job Title</b>	
<b>Date Submitted :</b>			

Head Teacher should send completed form electronically to: [vaforms@south-ayrshire.gov.uk](mailto:vaforms@south-ayrshire.gov.uk)

**DATA PROTECTION INFORMATION** This form will be used for the purposes of investigating your incident, the monitoring of occupational and injury related absence and ill health within the organisation and the resolution of any civil or criminal legal action arising out this incident. It may be accessed by the following: Health and Safety professionals Occupational Health professionals, Trades Union H&S Representatives or non-union Employee Representatives of Health and Safety Risk Management staff, Insurance Staff, the Council’s Insurers and appointed Legal professionals, Enforcement Agencies (such as the Health and Safety Executive, Employee Medical Advisory Service, Fire Authority, Environmental Health) Departmental staff involved in any such investigation and subsequent implementation of remedial measures as appropriate Access to this information by any other person will only be with your written consent. You are entitled to a copy of this form.

**EDUCATIONAL SERVICES OFFICE USE ONLY**

Date form received:	
Date logged:	
Incident No:	
Series No:	

**H&S OFFICE USE ONLY**

File:	
Investigate:	
Code:	

**POLICY RECORD**

POLICY CREATED – April 2023 FM  
 POLICY UPDATED – August 2023 FM