

# **Managing and Recording Physical Contact and Intervention including incidents of Violence and Aggression against staff**

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

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

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For the purposes of this document the term 'staff' 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.

## **1 Introduction**

This guidance is provided for all staff dealing with situations where physical intervention may be necessary, both where risks have been identified and protocols agreed and 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 at work.

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. Such examples would include a guiding hand to support the development of motor skills or holding a child safe to prevent him/her from harm.

This guidance is designed to make staff aware of when it may be appropriate to intervene physically and to inform all staff of requirements in relation to recording and reporting of incidents of physical intervention or violence and aggression.

## **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/Carers**

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

### **Education & Social Care Services**

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

### **Staff**

- 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 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 Violence and Aggression experienced by staff working with children and young people**

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 employees. Moray Council has a corporate policy for 'Violence and Aggression at Work', which is available from Human Resources Services at;

<http://intranet.moray.gov.uk/PersonnelServices/HealthandSafety/H%20&%20S%20for%20intranet/7%20Guidance/SMS7.20%20WRV%20070408.doc>

The corporate policy above will usually apply to situations where staff working with children and young people experience violence and aggression from another adult. Incidents where a member of staff has experienced violence and/or aggression from a child or young person should be reported via this policy.

#### **Incidents of violence and/or aggression**

Educational and Social Care Services has a formal system for reporting, recording and monitoring incidents of violence and/or aggression, see Appendices 3 and 4.

Recording such incidents will assist Education and Social Care Services in developing preventative strategies specific to each school's or service's circumstances, and subsequently, will assist in assessing the success of such strategies.

#### **Definitions of Anti-Social Behaviour and Violence include:**

The Scottish Executive Circular 6/03 defines anti-social behaviour and violence as "any incident in which an employee of a school is seriously verbally or physically abused, threatened, attacked or harassed by a pupil, parent, member of the public or any other person in circumstances arising out of the course of his/her employment. This includes any statement or action that causes the member of staff to fear for their safety, the safety of another, the school or for personal property".

The Crime and Disorder Act 1998 defines anti social behaviour as "a manner that caused or was likely to cause harassment, alarm or distress to one or more persons". Anti social behaviour definition is the behaviour by an individual or group that results in:

- Another person feeling personally threatened
- Creates a nuisance or
- Has detrimental impact upon the environment and thereby has a detrimental effect upon the quality of life of an individual or community as a whole.

The Health and Safety Executive defines violence at work as "any incident in which a person is abused, threatened or assaulted in circumstances relating to work"

The European Commission has agreed a definition of violence at work as "incidents in which persons are abused, threatened or assaulted in circumstances relating to their work involving an explicit or implicit challenge to their safety, wellbeing or health"

#### **Recording and reporting incidents of violence and/or aggression involving children/young people and staff and/or carers**

This guidance is not intended to support the recording and reporting of incidents where children and young people exhibit violence and/or aggression towards other children and young people. Such incidents should be seen as internal to each service and guidance should be available for the recording of such.

## **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 control in order to ensure the safety of the child or young person concerned and of 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 to demonstrate, encourage, guide or reassure

- **Reactive Physical Intervention**

Used as a considered reaction to a situation where children or young people are at immediate risk of harm

- **Predictable [Planned] Physical Intervention**

Planned, agreed action where it is known that a child/young person may present violent or dangerous behaviours. These planned actions will arise from Risk Assessments based on evidence of previous behaviour and will contribute to support plans in place to guide the actions of all involved

## **4.1 Supportive Physical Intervention**

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

In practical terms, staff carers and workers 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 carers and workers 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:

- As any kind of physical contact can be misconstrued it is sensible to limit the use of touch to the minimum required.  
Consider your relationship with the child. Know the child and judge 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.
- 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.

### **Reporting an incident**

It is expected that all acts of Supportive Physical Intervention will be planned and their context understood by all concerned. They will form a part of what can be taken to be the normal working practices of all concerned and as such there is no requirement for such incidents to be reported on a regular basis. Where staff are concerned that a Supportive Physical Intervention may be misunderstood or has resulted in any possible inappropriate contact as described above the incident should be discussed with their line manager 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, 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 CB1 and forwarded to the Head of Establishment or Service Manager and a copy of the Incident Report Form sent to the;

Business Support Manager, Education and Social Care Services, Moray Council, High Street, Elgin IV30 1BX

The Incident Reports will be analysed and reported to Heads of Service. Where there are emerging patterns further risk assessment and action planning must take place and, where there are emerging patterns for the adult/s, training as members of the team round the child must be included in action planning.

### **Immediate Support**

In the majority of circumstances where Supportive Physical Intervention has been used appropriately there will be no requirement for staff or children and young people to be offered support following its use. In instances where staff are concerned that the intervention may be viewed as inappropriate support may be required for all concerned and consideration should be

given to undertaking an informal debrief. This is to promote wellbeing of all involved and also as a means of identifying learning points from the incident.

### **Risk Assessment and Planning**

Within the context of Supportive Physical Intervention it is considered unlikely that formal risk assessment and planning will be required. Where a child has particular identified needs and it is recognised that Supportive Physical Intervention may cause difficulties this will be reflected in the individual child's plan.

## **4.2 Reactive Physical Intervention**

A Reactive Physical Intervention refers to any intervention that seeks to limit or control an individual through the use of applied physical force and should only be used in exceptional circumstances as a last resort where all other reasonable alternatives have been considered, and it is found to be necessary in order to ensure the safety of the child/young person and or others.

Any action taken as a Reactive Physical Intervention should be proportionate to the incident and for the shortest possible time. Staff 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.

### **Reporting an Incident**

Where a member of staff has undertaken a Reactive Physical Intervention recording of the incident and provision of support for those involved should be done timeously, ideally within twenty four hours following the incident. The incident and support provided should be recorded on form VA/PI and forwarded to the member of staff's relevant contact – most likely Headteacher, line manager or Social Worker. ALL incidents should be reported as soon as possible to the Head of Establishment or Service Manager and a copy of the Incident Report Form sent to the;

Business Support Manager, Education and Social Care Services, Moray Council, High Street, Elgin IV30 1BX

The Incident Reports will be analysed and reported to Heads of Service. Where there are emerging patterns further risk assessment and action planning must take place and, where there are emerging patterns for the adult/s, training as members of the team round the child must be included in action planning.

When a child or young person exhibits violent or aggressive behaviour towards a member of staff which does not result in any type of physical intervention the member of staff should still be encouraged to complete an incident form VA/PI. This will allow for staff in Moray Council to identify patterns or concerns and offer support if required.

### **Immediate Support**

When an incident of Reactive Physical Support has occurred support should be provided to all concerned 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 will likely include an informal debrief where those affected will meet with the most appropriate member of staff to discuss the incident (see Appendix 4).

### **Risk Assessment and Planning**

Whenever reactive physical intervention takes place a risk assessment must be undertaken to anticipate future actions. Appropriate tools should be used and will result in a rating of risk and an appropriate integrated action plan. One aspect of that action plan may be the need for training of those who are the team around the specific child/ young person. Staff using these procedures must ensure the training they receive is approved or delivered by The Moray Council.

### **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). This must result in risk assessment to plan future preventive actions.

- A child causing or threatening to cause significant self damage, 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 the damage to the window but the potential harm caused to the young person by broken glass. As above, this must result in risk assessment to plan future preventive actions.
- 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 separate the two. The level of intervention required will inform the degree to which risk assessment and reporting will be required.
- Where the safety and well-being of a group are threatened by an individual and efforts have been made to divert and calm him or her, consideration should be given to moving the group 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 the child. Staff carers and workers 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 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.
- Some children with severe and complex disabilities can exhibit self injurious behaviour. Their needs can be anticipated and therefore there should always be a risk assessment and action plan on file, with actions planned and agreed. If neither verbal command nor distractions work the child should be removed to a safe area. It may be necessary to hold the child safe in order to stop him or her causing self injury. All incidents require to be reported and the risk assessment and agreed actions must be reviewed.

When conflict does arise, staff and carers should aim to defuse the conflict and resolve the situation without resorting to physical intervention. Incidents that require being defused must be reported and risk assessed thereafter.

If staff and carers can anticipate something might happen then they have made an informal risk assessment – that informal assessment needs to be formalised with others who care for/ work with the child and actions agreed, recorded, implemented and reviewed.

If physical intervention is required: -

- The purpose must be to reduce the risk of potential actual harm to self or others.
- Any hold used on the child must be to contain the child for the minimum possible period of time.
- Force used has to be proportionate to the incident and should be no more than is necessary to ensure the safety of the child, or others.
- 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.

- Physical intervention must never be used as punishment or as a result of anger.
- 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 the child is not him/herself at immediate risk of harm.
- Staff, carers and workers should identify if they are feeling 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 them then they should remove themselves from the situation and seek assistance.
- As above, if an incident occurs then it must be risk assessed for possible repetition.

### **4.3 Predictive Physical Intervention**

There are two circumstances that will result in risk assessment and action planning.

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

Where it is known that there have been incidents that may or may not have required physical intervention it is important that the team around the child, including parent and child, undertakes a risk assessment using the appropriate risk assessment tools. From that integrated risk assessment an action plan will consider preventative measures and reactive measures all of which will be recorded, based on risk assessment and agreement.

This process will result in one action plan that the team around the child will work with.

#### **Reporting an Incident**

All incidents of Predictive Physical Intervention should be clearly, comprehensively and promptly recorded by those involved including line managers and others, where appropriate, who were part of the debrief process.

Where a member of staff has undertaken a Predictive Physical Intervention recording of the incident and provision of support for those involved should be done timeously, ideally within twenty four hours following the incident. The incident and support provided should be recorded on from VA/PI and forwarded to the member of staff's relevant contact. ALL incidents should be reported as soon as possible to the Head of Establishment or Service Manager and a copy of the Incident Report Form sent to the;

Business Support Manager, Education and Social Care Services, Moray Council, High Street, Elgin IV30 1BX

The Incident Reports will be analysed and reported to Heads of Service. Where there are emerging patterns further risk assessment and action planning must take place and, where there are emerging patterns for the adult/s, training as members of the team round the child must be included in action planning.

#### **Immediate Support**

- 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.
- If staff or carers have had to take this kind of action they will need to talk it through with an appropriate senior colleague to provide support and de-briefing about the incident (see Appendices 4 and 5).
- Where a child or young person has been involved in an incident they too will need an opportunity to talk about what happened. 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 (see Appendix 4). The child should be part of the process of considering what consequences might result from their actions. If the child or young person has limited capacity to understand the potential consequences of their actions 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 as part of the team undertaking the risk assessment. Parents/carers and the child/young person (if appropriate should receive copies of the subsequent Child's Plan)
- Children must never be asked to support a physical intervention on another child.

### **Risk Assessment and Planning**

Processes for debrief, reporting of incident and review of risk and planning must be applied.

Supports and alternatives may be considered for the child. Training may be required by members of the team. 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. Any techniques **MUST** only be used for that child consistent with the risk assessment and action plan as it applies to that child.

Risk assessment and action plan must be discussed within a core meeting / LIAP process. 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 designated Service Manager.

Where the child or young person has capacity to understand the potential consequences of their actions and that these actions 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.

## **5 Physical intervention is inappropriate when:**

- its use does not have any positive impact on the safety of the child or others;
- there is a better, reasonable alternative to deal with the situation;
- the physical intervention is likely to be disproportionate and unreasonable;
- it is used as a punishment;
- 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);
- it is used in anger or where the member of staff is not in control of the situation;
- 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 and
- where the staff member does not feel confident to carry it out in a way which is safe for the child and/or for the staff member.

### **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.

## 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 Moray Council's Child Protection Procedures. Available at

[http://intranet.moray.gov.uk/moray\\_education/EducSrvs/Child-Protection.htm](http://intranet.moray.gov.uk/moray_education/EducSrvs/Child-Protection.htm)

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 in document SS/071 – Child Protection: Allegations of Abuse Made Against Professional Staff (General), available at

[http://intranet.moray.gov.uk/moray\\_education/EducSrvs/Admin-Handbook/AH-Search-Index.htm](http://intranet.moray.gov.uk/moray_education/EducSrvs/Admin-Handbook/AH-Search-Index.htm)

Support for a carer facing an allegation would come from the Moray Council Fostering and Adoption Team and/or the Fostering Network. Employees of the Council can seek assistance from the *Employee Assistance Programme*

<http://www.workplaceoptions.co.uk/index.asp>

They may also wish to contact their trade union.

If the accused 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 staff or care worker, he or she will be clear that due consideration had been given to the appropriate use of other reasonable non physical strategies, and that 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. Factors that would influence any decision to use physical intervention should consider Safe and Well, Good Practice, Scottish Executive Guidance 2005:

“Restraint or physical intervention is a last resort, only to be used when necessary to protect a child or others”.

Additionally, those working with and caring for children should consider their duty of care as inaction may be deemed to be negligent.

In all cases where interventions were made on the basis of **predictive physical intervention** the worker will be able to evidence the implementation of action plans based on integrated risk

assessments consistent with The Moray Council's Local Integrated Assessment and Planning procedures which are available at

[http://www.moray.gov.uk/moray\\_standard/page\\_56873.html](http://www.moray.gov.uk/moray_standard/page_56873.html)

IMPORTANT - 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.

Children in schools and those who may be in need or accommodated by The Moray Council have the right to care, guidance, control and protection from harm as far as is possible in accordance with the principles of The Children (Scotland) Act 1995. (See Appendix 1 - Children's Rights, and Appendix 2- The Legal Perspective).

## **APPENDIX 1 – Children’s rights**

### CHILDREN’S RIGHTS FROM THE HUMAN RIGHTS ACT AND UN 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:

- that all possible responses are considered;
- that the least restrictive and detrimental alternative is employed to manage the behaviour and
- 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.

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 themselves 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 have undergone extensive 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 Violence, Aggression or Physical**

### **Intervention**

Staff or carers should report any incidents of violence, aggression or physical intervention falling within the definitions on pages 5-12 of this guide by completing an incident report form (Appendix 5) as soon as possible after an incident occurs. The completed incident report form should then be passed to the Business Support Manager as soon as possible thereafter, with a copy retained by the school or service manager. In school, whenever an injury has been sustained, the school Accident Report book should be completed. A RIDDOR report form should also be completed where physical injury has resulted and where the worker is absent for more than 3 days.

Where the incident relates to 'race' an Equalities Incident Monitoring Form should be completed which is available at:

[http://intranet.moray.gov.uk/moray\\_education/EducSrvs/Admin-Handbook/Documents/CA/CA-010-02.doc](http://intranet.moray.gov.uk/moray_education/EducSrvs/Admin-Handbook/Documents/CA/CA-010-02.doc)

When an incident report form is received by the relevant officer, an acknowledgement letter from them is sent to the member of staff involved. This is copied to the Head Teacher or Service Manager.

A copy of the incident report form is sent to the Senior Health & Safety Adviser.

Educational and Social Care Services maintain databases of incidents of violence, aggression and physical intervention. The Education and Social Care Heads of Service will receive a copy of the databases on a monthly basis. These will be accompanied by a trend profile report of any previously reported incidents made by that member of staff, child/young person or carer.

Schools, Carers or Service Managers may find it necessary to seek Police assistance in relation to a particular incident. It is for relevant staff 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.

Education and Social Care staff are reminded that Moray Council has the services of an employee assistance programme provided by Workplace Options who can assist with issues regarding Working, Living, Parenting, International, Wellbeing, Health, Ageing and Management. Workplace Options can be contacted on 0800 243458 (24hours/day – 365 days/year).

Form VA/PI (1) should be reviewed by the Headteacher/Line Manager and forwarded to the Business Support Team Manager.

Forms VA/PI Parts 2 and 3 should be retained within the child's record.



# Education and Social Care

## Incident Report Form

### Physical Intervention and/or Violence and Aggression against Staff

#### PART 1

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

2 DETAIL OF INCIDENT			
Date:		Time:	
Location:			
<b>Type of Incident:</b>			
Physical assault ( <i>no weapon</i> )	<input type="checkbox"/>	Verbal abuse	<input type="checkbox"/>
Physical assault ( <i>with weapon or improvised weapon</i> )	<input type="checkbox"/>	Verbal threats	<input type="checkbox"/>
Threat of physical assault ( <i>no weapon</i> )	<input type="checkbox"/>	Malicious communications / Slander	<input type="checkbox"/>
Threat of physical assault ( <i>with weapon or improvised weapon</i> )	<input type="checkbox"/>	Vandalism / Damage to personal property	<input type="checkbox"/>
Threatening / Menacing behaviour	<input type="checkbox"/>	Anti-social / Disruptive behaviour	<input type="checkbox"/>
Breach of security	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
<b>Was the incident related to?:</b>			
Gender <input type="checkbox"/>		Religion <input type="checkbox"/>	Disability <input type="checkbox"/>
Race <input type="checkbox"/> ( <i>see Appendix 4</i> )		LGBT <input type="checkbox"/>	

3 OUTCOME			
Distress	<input type="checkbox"/>	Has counselling been offered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Physical injury	<input type="checkbox"/>	Please define injury:	
Time off work	<input type="checkbox"/>	Number of days off (if known):	
Damage	<input type="checkbox"/>	Please specify:	

4 DESCRIBE THE LEAD UP TO THE INCIDENT

5 DESCRIBE DETAILS OF THE INCIDENT

6 IMMEDIATE ACTION TAKEN ( <i>including how the situation was immediately resolved</i> )

7 DESCRIBE HOW THE YOUNG PERSON'S NEEDS COULD BE BETTER MET IN FUTURE TO AVOID SUCH A SITUATION REOCCURRING

**8 DESCRIBE HOW YOUR OWN NEEDS COULD BE BETTER MET IN FUTURE TO AVOID SUCH A SITUATION REOCCURRING**

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**9 WITNESSES (if any)**

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	

**10 STAFF/CARER SIGNATURE (please sign if the above is an accurate record)**

<b>Signature:</b>		<b>Date:</b>	
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**FOR HEAD TEACHER / LINE MANAGER USE ONLY:**

**11 DETAILS OF YOUNG PERSON**

<b>Name:</b>		<b>Address:</b>			
<b>Age:</b>					
<b>Gender:</b>					
Has the young person a history of such behaviour?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
How frequently do these behaviours present:					
Does the young person have a risk assessment and integrated behaviour plan?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please specify:					
Has the young person been offered de-brief?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**12 AGENCIES / SERVICES CONTACTED**

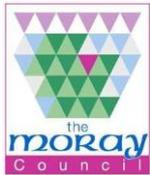
Social Work	<input type="checkbox"/>	Parents / Carers	<input type="checkbox"/>	Education Psychology	<input type="checkbox"/>	Police	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>	School	<input type="checkbox"/>
HQ Officer(s) (please specify name)											
Other (please specify)											

**13 FURTHER SUPPORT / ACTION REQUIRED TO AVOID REOCCURRENCE e.g. Do risk assessment / behaviour support plan(s) require to be reviewed and/or implemented?**

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**14 ACKNOWLEDGEMENT SIGNATURES**

<b>Head Teacher (HT) or Service/Line Manager:</b>		<b>Date:</b>	
<b>Form received by Business Support Team Manager (BSTM):</b>		<b>Date:</b>	
<b>Acknowledgement from BSTM and copied to HT or Service/Line Manager:</b>		<b>Date:</b>	
<b>Details passed to Health &amp; Safety section:</b>		<b>Date:</b>	



# Education and Social Care

## Incident Report Form

### Physical Intervention and/or Violence and Aggression against Staff

#### **PART 2**

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

#### **DISCUSSING THE INCIDENT WITH THE YOUNG PERSON**

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

<b>1 DETAILS OF YOUNG PERSON</b>			
Name of Young Person:			
Date of Discussion:			
Staff Involved:			
<b>2 YOUNG PERSON'S POINT OF VIEW</b>			
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?:			
<b>3 OTHER MAIN POINTS OF DISCUSSION</b>			
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?:			
<b>4 OUTCOME OF DISCUSSION</b>			
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:			
<b>5 OPTIONS EXPLORED AND OUTCOME</b> <i>(If the situation is still not fully resolved)</i>			
This should involve discussions with other staff, managers, social workers or advocates, offered other communication and expression tried and the offer to complain:			
<b>6 SIGNATURES</b> <i>(please sign if the above is an accurate record)</i>			
Young Person:		Date:	
Person carrying out de-brief:		Date:	

A copy of this form should be retained within the child's records.

#### **APPENDIX 5**



# Incident Report Form

## Physical Intervention and/or Violence and Aggression against Staff

### PART 3

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

#### **DISCUSSING THE INCIDENT WITH THE MEMBER OF STAFF/CARER**

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

<b>1 DETAILS OF STAFF MEMBER / CARER</b>			
Name of Staff Member / Carer:			
Name of Senior Staff Member:			
Date of Discussion:			
<b>2 DISCUSSION OF FEELINGS ABOUT THE INCIDENT</b>			
How are you feeling now? What did you think the young person's motivation was, and what was your view of any physical intervention?:			
<b>3 OTHER MAIN POINTS OF DISCUSSION</b>			
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?:			
<b>4 OUTCOME OF DISCUSSION</b>			
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 Care Plan / Behaviour Support Plan as necessary):			
<b>5 OPTIONS EXPLORED AND OUTCOME</b> <i>(If the situation is still not fully resolved)</i>			
This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain:			
<b>6 SIGNATURES</b> <i>(please sign if the above is an accurate record)</i>			
Staff Member / Carer:		Date:	
Person carrying out de-brief:		Date:	

A copy of this form should be retained within the child's records.