



Customer Services: Education

GUIDANCE on: Managing Distressed Behaviour

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Contents

		Page No.
1	Introduction	
	1.1 Purpose of this Guidance	3
	1.2 Rationale	
	1.3 Principles	
	1.4 Plans, Protocols and Programmes	
	1.5 Definitions	
2	Background	5
	2.1 Health and Safety	
	2.2 Legal Considerations	
	2.3 Education and Child Care Law	
	2.4 Human Rights Law	
	2.5 United Nations Convention on the Rights of the Child	
3	Duty of Care	8
4	Implications for Heads of Establishments	8
5	Principles relating to restrictive physical intervention	9
6	Principles relating to seclusion	10
7	Procedural points following restrictive physical intervention	11
8	Staff training	12
9	Links to existing policies and procedures	13
10	Monitoring and Reporting	13
11	Appendices	
1	Risk Assessment run through form	
2	Distressed behaviour practice tool	
3	Incident Report Form PER/S/ 100C	
4	Recording Flowchart	
5	Form for Recording Restrictive Physical Intervention(5 pages)	
6	Restrictive Physical Intervention Log	

1.	Introduction
1.1	<p>The Purpose of this Guidance is to:</p> <ul style="list-style-type: none"> • support and protect the interests and well-being of children and young people for whom staff have a shared responsibility and a duty of care in response to distressed or dysregulated behaviour • protect staff in the fulfilment of their responsibilities to children and young people • ensure that staff are aware of the associated legal issues • give guidance about the use of physical interventions with children and young people; • protect the Authority's Education Services which ultimately has responsibility for the actions of its staff.
1.2	<p>Rationale:</p> <p>Positive relationships and skilled management of children and young people's behaviour by staff are essential prerequisites for effective care and learning environments.</p> <p>Trauma informed practice seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety and aims to empower individuals to re-establish control of their lives. Staff should use their skills and knowledge to be trauma responsive and use a nurturing approach when working in situations where a child/ young person is showing distressed behaviour.</p> <p>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 local authority and the community.</p> <p>Staff have a right to work in an environment which is not subject to disruption or aggression.</p> <p>There can sometimes be occasions in any establishment when the distressed presentation of behaviours of children or young people</p>

	<p>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.</p> <p>All staff need to know the appropriate steps to take to de-escalate situations, to minimise their severity and to avoid physical intervention or restrictive physical intervention becoming necessary. For all staff, physical intervention must be seen as the last available option. However, in cases where physical intervention of any kind requires to be used, it is imperative that staff follow the protocol to ensure the safety of all involved.</p>
1.3	<p>Principles underpinning the guidance:</p> <ul style="list-style-type: none"> • Working in partnership with families: supported, wherever possible, by practitioners who know the child or young person well, know what they need, what works well for them and what may not be helpful • Respecting confidentiality and sharing information appropriately: seeking agreement to share information that is relevant and proportionate while safeguarding the rights of children and young people to confidentiality • Promoting the same values across all working relationships: recognising that respect, patience, honesty, reliability, resilience and integrity are qualities which are valued by children, young people, their families and colleagues • Making the most of bringing together each worker's expertise: respecting the contribution of others and cooperating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or area of responsibility • Co-ordinating support: recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help • Building a competent workforce to promote the wellbeing of children and young people: being committed to continuing individual learning and development and improvement of inter-professional practice
1.4	<p>Protocols, Plans and Programmes:</p> <p>All behaviour is communication and in most situations a child or young person's behaviour can be understood and predicted. Staff who know a child or young person well will be able to foresee and plan for the type of situation which may cause that child or young person severe stress or</p>

	<p>frustration and which may result in an incidence of distressed behaviour.</p> <p>All staff should be aware of children or young people whose behaviour can be unpredictable or can quickly become dysregulated and also those with additional support needs which impacts on their ability to manage their own behaviour. It is imperative that all necessary information relating to a child or young person is shared with all relevant staff members, in order to allow high quality interventions to be planned for each individual who requires them.</p> <p>Behaviour management and support protocols, agreements between a child or young person, their parents / carers and staff about how to prevent, minimise and manage specific, potentially challenging situations, must be agreed and established for all situations in which a child or young person's behaviour may indicate significant dysregulation. These protocols should clearly link to the behaviour and learning targets which are included in the child or young person's Child's Plan or Co-ordinated Support Plan (CSP).</p>
1.5	<p>Definitions:</p> <p>The term 'physical intervention' describes a wide range of actions. However, broad distinctions can be made between non-restrictive and restrictive physical interventions. Interventions of any type should be dispensed supportively and in direct response to behaviours which present potential harm to the child/young person or those around them.</p> <p><i>Non –restrictive physical interventions:</i></p> <p>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</p> <p>Examples:</p> <ul style="list-style-type: none"> • Guiding/shepherding a person from A to B • Use of a protective helmet to prevent self-injury • Removal of a cause of distress • Turning or redirecting a person from an area of danger <p><i>Restrictive physical interventions:</i></p> <p>To prevent, impede or restrict movement or mobility using direct force or restraint.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Holding a child or young person • Blocking a child or young person's path • Interposing <p>All of these examples are acts of care and control aimed at ensuring the safety</p>

	<p>of the child or young person and / or of others. Any incidence of interventions of this nature should be as a last resort and used only in relation to the safeguarding of the child/young person or those around them at risk of potential harm as a result of the child/young person's distressed/dysregulated behavior.</p>
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<p>2.</p>	<p>Background</p>
<p>2.1</p>	<p>Health and Safety:</p> <p>Argyll and Bute Council has legal obligations to ensure the safety of its staff and of service users. These obligations include:</p> <ul style="list-style-type: none"> • Ensuring safe workplace practices • Carrying out risk assessments and taking appropriate action to eliminate or control risks and • Providing appropriate information, instruction and training for staff <p>Whilst the legal liability of health and safety laws remain with the Council, each head teacher / manager is responsible for the day to day management of all health and safety measures as they relate to the establishment.</p> <p>All employees are expected to co-operate in the implementation of the Council's Health and Safety policy by:</p> <ul style="list-style-type: none"> 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.
<p>2.2</p>	<p>Legal Considerations:</p> <p>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.</p> <p>It is a criminal offence to use physical force, unless the circumstances give rise to a 'lawful excuse' or justification for the use of force. Such</p>

	<p>justification may be to prevent an injury to oneself or to others or to prevent serious damage to property. In these circumstances, the minimum reasonable amount of force may be used.</p>
<p>2.3</p>	<p>Education and Child Care Law:</p> <p>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.</p> <p>The Equality Act (2010) protects individuals from unfair treatment and promotes a fairer and more equal society. The characteristics that are protected by the Equality Act 2010 are :</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage or civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Section 16 of the standards in Scotland’s Schools etc Act (2000) remains the most recent legislation for schools. It states that:</p> <p>“Corporal punishment shall not be taken to be given to a pupil by virtue of anything done for reasons which include averting –</p> <ul style="list-style-type: none"> (a) an immediate danger of personal injury to; or (b) an immediate danger to the property of, any person (including the pupil concerned).” <p>This infers that restrictive 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.</p> <p>The Children and Young People’s Commissioner Scotland’s (CYPCS) first investigation was on ‘physical restraint and seclusion’ in schools. ‘No Safe Place’ was published in December 2018, and listed a number of recommendations, a number of which were applicable to the Scottish Government.</p>

Following engagement between Scottish Ministers, CYPCS and the Equality and Human Rights Commission during 2019 there is a working group developing new guidance and collating examples of best practice within local authorities to share. The government guidance will ensure appropriate links with [Included, Engaged and Involved part 2: A positive approach to preventing and managing school exclusions](#): and with other policy areas including ASN, Trauma-informed Practice, Child Protection and Safeguarding, Positive Relationships and Nurture.

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

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

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

Restrictive 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 restrictive physical intervention or restraint when doing so would place them in danger of physical harm.

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

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

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

Getting It Right For Every Child (GIRFEC):

Adhering to the principles of GIRFEC is a consistent way for people

	<p>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.</p> <p>Getting It Right For Every Child is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.</p> <p>The wellbeing of children and young people is at the heart of GIRFEC. The approach uses eight areas of wellbeing in which children and young people need to progress in order to do well now and in the future. These eight areas are set in the context of the ‘four capacities’, which are at the heart of the Curriculum for Excellence. The eight Well-being Indicators are:</p> <ol style="list-style-type: none"> 1. Safe 2. Healthy 3. Achieving 4. Nurtured 5. Active 6. Respected 7. Responsible 8. Included <p>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.</p> <p>These are the basic requirements for all children and young people to grow and develop and reach their full potential.</p> <p>Staff members involved in supporting children and young people who may demonstrate challenging behaviour should be aware of the Wellbeing Indicators and keep them in mind when intervening in any situation.</p> <p>It is essential for staff to be aware that any planning around managing distressed behaviour should be included in the Child’s Plan. This is particularly relevant when completing risk assessments. The Link to Argyll and Bute Council Risk Assessment guidance and the Argyll and Bute Council Risk Assessment Form can be found here.</p>
<p>2.4</p>	<p>Human Rights Law:</p> <p>Article 3 of the European Convention on Human Rights (1953) prohibits inhumane and degrading treatment. Any inappropriate or unjustified restraint (see paragraph 5.5 p10) may fall into this category as well as being dealt with through criminal and civil law.</p>

2.5	<p>United Nations Convention on the Rights of the Child:</p> <p>The UNCRC is the 'gold standard' across the world for children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. The UNCRC (Incorporation) (Scotland) Bill is a proposed new law that will incorporate the UNCRC into the law in Scotland.</p> <p>Article 19 of the <u>United Nations Convention on the Rights of the Child</u> (1989) gives children and young people the right to be free from all forms of violence, and article 37 states that governments must do everything to protect children and young people from torture or other cruel, inhuman or degrading treatment or punishment.</p> <p>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.</p>
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3.	<p>Duty of Care</p> <p>Argyll and Bute Council recognises that many staff are concerned that any form of restrictive physical intervention leaves them open to allegations of misconduct. However, employees working directly with children or young people have a duty of care in relation to the physical wellbeing of children and young people, and colleagues.</p> <p>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.</p> <p>When the action taken is in line with this guidance then Argyll and Bute Council, as part of its duty of care to staff, will support its employees. Staff should adhere to this guidance and protocols contained within the appendices.</p>
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4	<p>Implications for Heads of Establishments</p> <p>All establishments must use this guidance.</p> <p>Staff must complete risk assessment training before attempting to use Argyll and Bute risk assessment paperwork.</p>
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	<p>Head teachers/Managers must ensure that:</p> <p>a) Risk assessments are carried out where necessary, for the purpose of establishing appropriate protocols and are recorded appropriately;</p> <p>b) Supportive protocols are agreed and developed with the child or young person, parents and relevant agencies involved and recorded appropriately;</p> <p>c) Staff members understand the protocols that are in place for children who demonstrate distressed behaviour and follow them basis;</p> <p>d) Supportive protocols are monitored, reviewed and updated on a regular basis;</p> <p>e)</p> <p style="padding-left: 40px;">Staff members, where appropriate, are offered training in approved methods of physical intervention. Within Argyll and Bute the approved provider of physical intervention is the CALM organisation and our trainers that have been trained and approved by the CALM organisation are the only people that should provide this training in our establishments.</p> <p>f) Staff are reassured that their senior managers and other colleagues care for their welfare and protection;</p> <p>g) Staff members are supported to recognise that they will experience an emotional response to challenging situations that it is normal. Where staff members feel their emotional response is affecting their ability to respond to pupils calmly, they must feel able to call on the support of other staff without feeling compromised;</p> <p>h) Staff members are encouraged to see that the reporting and recording process associated with physical intervention and restraint is not negative or punitive. In all services the information will be used to support staff, prevent further incidents and enable an assessment of further training requirements for staff or the need for further action or support for the child.</p>
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5	Principles Relating to Physical Intervention
	It is essential that every member of staff is aware of these principles

	<p>and applies them to their practice:</p> <p>a) Restrictive physical intervention, up to and including physical restraint, should be used only as a last resort when all other strategies have been considered;</p> <p>b) Such restrictive physical intervention should serve to de-escalate or prevent a violent or potentially violent situation; and</p> <p>c) Physical intervention should not be used as a method of enforcing discipline or compliance when there is no serious risk to individuals.</p>
5.1	<p>When it is apparent that a child or young person is not responding to the emotional and supportive behaviour management strategies being used by an individual member of staff and a violent incident seems imminent, then wherever possible another member of staff must be summoned (as per school / service protocol). This will not be seen as failure, the presence of a second adult could prove helpful in ensuring safety, objectivity and calm control, as well as providing a full and valuable debrief to take place as outlined in the protocol.</p>
5.2	<p>If all steps have been taken to ensure that a child or young person does not exhibit violent behaviour towards another person and the situation continues then other persons present should be removed to a place of safety if it appears that a situation may escalate and require the use of force.</p>
5.3	<p>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.</p>
5.4	<p>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.</p>
5.5	<p>Care must be taken to avoid pain or injury to the child or young person. Restraint must never:</p> <ul style="list-style-type: none"> a) Interfere with breathing, blood supply or genital areas; b) Involve holding the head, throat, wrists, joints or fingers.
5.6	<p>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.</p>
5.7	<p>Restraint should always be an act of care, never of punishment.</p>

5.8	A child or young person must never be asked to restrain another child or young person.
5.9	When considering whether a staff member should undertake training in restraint, managers must take into account the need for this type of training, and the appropriateness of allowing that individual to undertake this type of physical task.
5.10	Staff members should not physically intervene to prevent damage to property when doing so would place them at increased risk.

6	Procedural Points Following Restrictive Physical Intervention
6.1	Any incident where restrictive physical intervention has been used must be reported to the head of establishment immediately and the circumstances and justification recorded.
6.2	Parents / carers must be contacted by the head of establishment at the earliest opportunity, and, in any instance, on the same day. Any use of CALM techniques or restrictive physical intervention must be logged on the appropriate Restrictive Physical Intervention Log sheet (Appendix 6). Higher level techniques must also be recorded on the Recording Restrictive Physical Intervention Form (Appendix 5). The recording flow chart in Appendix 4 illustrates this for staff.
6.3	Both the child or young person and their parents / carers must be made aware of the reasons why restraint was necessary. The views of the child or young person and their parents / carers should be recorded at the time of discussion on the Form for recording restrictive physical intervention (Appendix 5).
6.4	Where restrictive physical intervention has been used, an Incident Record form – PER/S/100C (Appendix 3) should also be completed. The head of establishment should discuss the incident and reasons with the member of staff involved and support should be provided as appropriate. Where an incident involves violent conduct towards staff the Incident Record- PER/S/100C form must be sent to the School Support Manager who will check and record the incident and forward it to the Council's Health and Safety Officer. A copy will then be sent to the Inclusion and Equality Education Support Officer with responsibility for training, monitoring in order to provide a regular A+B wide overview of challenging and distressed behaviour involving pupils with ASN.
6.5	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. Members of the Inclusion and Equality team are available to provide time and space for staff to discuss the incident.

6.6	This will also be an appropriate time to conduct a debrief of the incident, reconsider the strategies in place and re-assess risks in light of what has happened. Time needs to be taken to obtain helpful information from the child, parent/carers and staff about triggers and strategies which could potentially mitigate the risk of a situation escalating significantly.
6.7	The effectiveness of the application of this guidance will be monitored by Education and Children's Services and this will ensure that the use of physical restraint is always appropriate.

7	Principles Relating to seclusion
7.1	<p>Definition: "An act carried out with the purpose of isolating a child or young person, away from other children and young people and staff, in an area in which they are prevented from leaving". Scottish Government. Physical Intervention in Schools: draft guidance 2022.</p> <p>"Any use of seclusion is likely to contravene Article 5 of the Human Rights Act." Article 5 speaks of the right to liberty and security and its use in any setting could be questionable". ECHR Article 5</p>
7.2	Seclusion could involve separating someone against their will, restricting freedom of movement and forcing them to spend time alone. This could include locking or holding doors/windows closed to prevent an individual from leaving, including blocking an exit.
7.3	It is particularly important for us to acknowledge the issues on the use of seclusion in in our schools and make a clear distinction between the use of a supervised, separate space as a planned response to a child's individual needs and placing a child in a room on their own where they are unable to indicate and receive an immediate response to discomfort or distress.
7.4	<p>Key features of seclusion</p> <p>The child or young person cannot leave the space in which they have been secluded.</p> <p>Staff blocking an open door, or in any other way preventing the child or young person from leaving a room or space in which they have been moved to, is considered seclusion</p> <p>A child or young person's consent is not a feature of seclusion</p>
7.5	<p>Implications of seclusion</p> <p>Seclusion, similar to other forms of restraint, places an additional level of temporary restriction on a child or young person's freedom of movement. However, the use of seclusion also carries the risk of depriving a child or young person of their liberty. There is no legal process for authorising a deprivation of liberty in a school context. This means that the use of any act which deprives a child or young person of</p>

	<p>their liberty would not be in accordance with the law, and the education provider may be legally challenged.</p> <p>Seclusion should only ever be used in an emergency to avert an immediate risk of significant harm to the child or young person, or others, where no less restrictive option is viable. It should end as soon as the immediate risk is reduced.</p>
	<p>Before seclusion is used, the following safeguards should be in place.</p> <ul style="list-style-type: none"> • Seclusion should not form part of any child's plan. Staff may wish to review current plans and update where necessary to reflect this position. • In emergency situations, a dynamic risk assessment should always take place. This should consider: <ul style="list-style-type: none"> ○ the best interests of the child or young person; ○ the risk of injury posed to others; ○ the age of the child or young person, physical health, additional support needs, disability and any known experience of trauma – some children and young people would find it excessively stressful to be secluded, which in some cases could cause panic attacks; ○ the least restrictive response available; and ○ all viable alternatives, which may include co-regulation strategies, staff-led withdrawal, and the risk of not intervening. • Seclusion must never be used as a form of punishment or as a means of securing compliance. • There must be a rational connection between the method, severity and duration of seclusion and the risk of injury posed. • Any room or area that might be used should be subject to a dynamic risk assessment to ensure it is safe, dignified, comfortable and would minimise the distress that a short period of seclusion would bring. • All staff should be made aware of the alternative, less restrictive approaches that should be considered ahead of emergency seclusion.
	<p>During seclusion, the following safeguards should be in place.</p> <ul style="list-style-type: none"> • Seclusion must only ever be used for the shortest possible time and in the least restrictive manner possible. • Every effort should be taken to protect the dignity of the child or young person during seclusion. • If staff consider there to be a strong justification of why it is essential for a child or young person to be confined to a space and prevented from leaving, staff should be asked to supervise the child or young person. A senior member of staff should also attend to undertake an additional dynamic risk assessment of the incident and the response. • The child or young person must never be left unsupervised. Wherever possible, staff should remain in the same space as the child or young person to help them regulate their emotions and behaviour in order to bring the period of seclusion to an end.

	<ul style="list-style-type: none"> • Efforts should be made to maintain positive communication with the child or young person for the duration of the seclusion. • As soon as the immediate risk of significant harm has passed, the child or young person should be free to leave the space they are in and should be offered support to return to an appropriate space. <p>After seclusion, the following safeguards should be in place.</p> <ul style="list-style-type: none"> • Support should be provided and debriefs must always take place following the use of seclusion. • This should always involve an immediate health, safety and wellbeing assessment of the child or young person who was secluded by those involved. • Where a child or young person or a member of staff has been physically injured or needs medical assistance, this should be sought immediately from the first-aider or relevant health service, if appropriate. • Any specific post-incident support identified in any child's plan should be followed. • While children and young people and staff may benefit from a debrief and support to process the events and make sense of them, this should only happen when they feel composed and safe enough to participate. Some children and young people may be unable to participate in this process due to their stage of cognitive development. • If a child or young person has been physically injured or is judged to have suffered significant harm as a result of the seclusion, child protection procedures should be followed. Disciplinary procedures may also run parallel to the child protection investigation. • All uses of seclusion must be recorded, monitored and reported, using the same processes as outlined in this guidance for restrictive physical intervention.
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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. Education and Children's Services offer training to support staff in developing these skills through the courses offered in Education Training Calendar. It is essential that managers continue to support their staff to attend these events.
8.2	Where there are concerns about the possibility of volatile and distressed behaviour, managers must ensure risk assessments are carried out to identify potentially violent situations and appropriate strategies to attempt to prevent these situations occurring, thus minimising the need for staff to

	employ physical restraint techniques. This may include offering training to staff in procedures to minimise the dangers of harm to children and young people, themselves and others. 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 restrictive physical intervention accepted and authorized for dispensation by Argyll and Bute Council Education and Children's Services is that provided by CALM Training Services Ltd and Argyll and Bute staff Who have undertaken accredited professional learning as CALM trainers. Any staff who utilise CALM methods for restrictive physical intervention who use these methods must have undertaken the required training and be recorded by the Inclusion and Equalities team as having done so. CALM techniques must not be cascaded to other staff by staff members who have undertaken this training.
8.4	Staff trained in the use of CALM techniques must maintain their skills and have time protected to allow them to undertake the appropriate level of practice and annual re-accreditation. Both individual members of staff and Argyll and Bute Council are vulnerable to legal action if staff utilise the CALM methodology for restrictive physical intervention without valid and up-to-date accreditation.
8.5	This guidance will be issued to all Education and Children's Services establishments and should be reflected in individual establishment practice.
8.6	Staff members who have taken all reasonable measures in line with this guidance can be assured of Argyll and Bute Council support.
8.7	If Head Teachers have any questions in relation to this guidance they should contact their Education Support Officer in the first instance.

9	Links to existing policies and procedures
	<p>It is important that there is clarity and consistency regarding how staff groups and individuals manage situations where physical intervention or restraint becomes necessary. It is important to ensure that any action will be part of a process following risk assessment and effective planning and that this guidance is read and implemented in conjunction with the following documents:</p> <ul style="list-style-type: none"> • Child Protection Guidelines • Health and Safety Policy • Risk Assessment Guidance • Guidance on Lone Working • Maximising Attendance at Work policy and Argyll and Bute Employee Well-being Strategy • Reducing Stress in the Workplace Policy

10	<p>Monitoring and reporting</p>
	<p>Regular monitoring and reporting at all levels is required to support the implementation of this guidance. Key responsibilities are detailed below.</p> <p><i>At school and service level</i></p> <ul style="list-style-type: none"> • A CALM link person must be identified in each school where there are staff trained in Physical Intervention and / or Small Holds techniques. This person will be responsible for facilitating communication between staff and the area Education Support Officer for Inclusion and Equality. • The CALM link person will be required to ensure that appropriate restrictive physical intervention log and record of restrictive physical intervention form are submitted to the appropriate Education Support Officer. Restrictive Physical Intervention Logs should be submitted on a termly basis (Appendix 6) to the area Education Support Officer for Inclusion and Equality. Restrictive physical intervention forms should be submitted within ten days of any incident (Appendix 5) to the area Education Support Officer for Inclusion and Equality. The restrictive physical intervention log must be shared with a line manager and/or Senior Management Team. • Head teachers or Team Leaders are required to ensure that all CALM trained staff receive regular refresher training opportunities to ensure that all staff are working within the legal framework outlined by the Management of Health and Safety at Work Regulations (1999). • In addition, Head teachers are responsible for monitoring and evaluating the use of CALM techniques within the establishment, and for the analysis of statistics that will feed into the school or service improvement plan. <p><i>At authority level</i></p> <ul style="list-style-type: none"> • To work with the school or service to develop a culture where the use of CALM techniques is minimised by building capacity within the staff team to de-escalate aversive situations • Analysis of statistics submitted by the appropriate Education Support Officer and development of performance indicators that are outcome focused • To ensures all establishments are working within the legal framework.

Appendices

Appendix 1 Risk Assessment run through form

Appendix 2 Distressed Behaviour Practice Tool

Appendix 3 Incident Report Form PER/S/100C

Appendix 4 Recording Flowchart

Appendix 5 Form for Recording Restrictive physical interventions (5 pages)

Appendix 6 Restrictive Physical Intervention Log Sheet

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Appendix 1



Risk Assessment run through form.

This form should be used to help inform the completion of the Risk Assessment for the first time. Agreed strategies and outcomes for behaviour support should be included in the child plan.



Risk Assessment run through Form (page 1 of 3)

Name of Child:	
Group or Class:	
Key Worker or Teacher:	
Establishment:	

Identification of Risk

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

Assessment of Risk

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

Assessment completed by:
Signature:

Date:

Head Teacher/ Named Person:

Date:

Options to reduce the risk			
Measures	Possible options	Benefits	Drawbacks
Early action to manage risk			
Deliberate action to prevent risk when escalation of behaviour occurs			

Agreed behavior management plan		
Focus of measures	Measures to be employed	Level of risk
Early action to manage risks		
Deliberate action to prevent risks when escalation of behaviour occurs		

Agreed by:
Head Teacher/ Named Person:

Date:

Communicating the behavior management plan		
Plans or strategies shared with	How this was done	Date

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

Evaluating the behavior management plan		
Measures set out	Effectiveness in supporting the child	The effect on the risk
Early action to manage risks		
Deliberate action to prevent risks		
Action for the future		

Plans and strategies evaluated by:
Head Teacher/ Named Person:

Date:

Appendix 2



Distressed Behaviour Practice Tool- this should be used as a tool to help inform the outcomes for the child's plan.





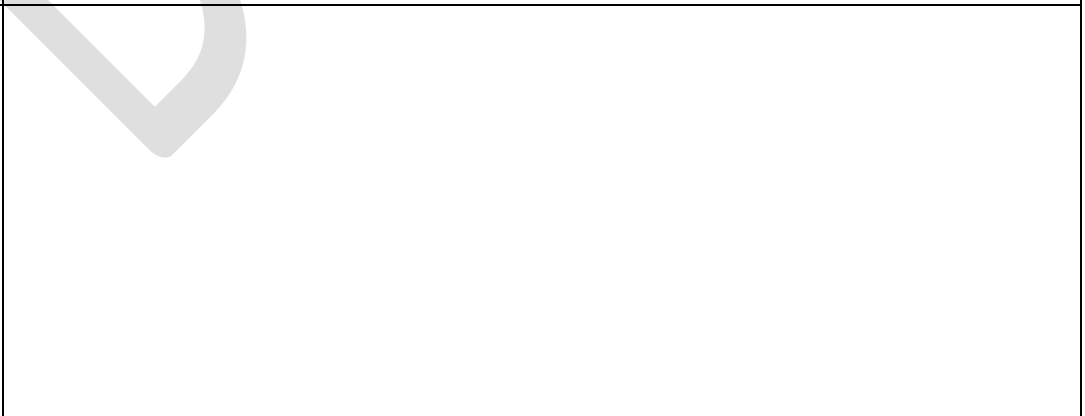
Information from Risk Assessments can be used to develop an individual behaviour support protocol. This can in turn influence outcomes within child planning. The behaviour support protocol requires to be as specific as possible, stating the sequence of behaviours present in the individual child or young person's escalation, followed by the procedures to be used to minimise the escalation of these behaviours. There should be a brief entry in pastoral notes to indicate that a behaviour support protocol has been developed and the timeframe it is in use.

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.

Distressed Behaviour Support Protocol				
Name		Class	Date of Plan	
Distressed behaviour History:				
Positive, Regulated Behaviour Target(This is the behaviour we wish to see)		The Child is able to....		
Indications of [child name] displaying distressed behaviour and required staff responses				


Behaviour	Response
-----------	----------

<p>Support Personnel Role / Procedures: In this section the roles of all involved members of staff should be outlined, i.e. class teacher, Pupil Support Assistant, ASN assistant, Pupil Support Teacher, Headteacher, Family liaison officer, social worker.</p>


<p>strategies for de-escalation and support required to help the child/ young person regulate their emotions</p>	
<p>Criteria for success</p>	

Child / young person comment with date and signature	
Parent carer comment with date and signature	
HT comment with date and signature	
Class teacher comment with date and signature	
Partner agency comment with date and signature	

Appendix 3 Incident Report Form PER/S/100C

		<p>PER/S/100C INTERNAL ACCIDENT/INCIDENT REPORT FORM To be completed by relevant Line Manager and then sent to School Support Manager - susan.tyre@argyll-bute.gov.uk and healthandsafety@argyll-bute.gov.uk</p>					
CHIEF EXECUTIVES' UNIT		HEALTH & SOCIAL CARE PARTNERSHIP		CUSTOMER SERVICES		DEVELOPMENT & INFRASTRUCTURE	
Name of Injured Person:			Occupation:		Employee: <input type="checkbox"/> Resident <input type="checkbox"/>		
					Non-Employee: <input type="checkbox"/> Pupil <input type="checkbox"/>		
Place of Employment:			Service/Section:		Date of Birth: / /		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Home Address:		Work Tel:			
		Postcode:		Home Tel:			
DETAILS OF ACCIDENT/INCIDENT							
Location:			Time/Date of Incident:		Time/Date Reported:		
Reported To:			Designation:		Tel No:		
Reportable Under RIDDOR: YES/NO			RIDDOR Notification number:		(Attach e-Copy)		
NATURE OF INCIDENT		TREATMENT PROVIDED		TYPE OF INCIDENT			
FATALITY <input type="checkbox"/>		NO TREATMENT <input type="checkbox"/>		SLIP/TRIP (Same Level) <input type="checkbox"/>		HAZARDOUS SUBSTANCE <input type="checkbox"/>	
MAJOR INJURY <input type="checkbox"/>		FIRST AID ON SITE <input type="checkbox"/>		SLIP/TRIP (At Height) <input type="checkbox"/>		MANUAL HANDLING <input type="checkbox"/>	
OVER 7 DAY INJURY <input type="checkbox"/>		DOCTOR/NURSE <input type="checkbox"/>		VIOLENCE (Physical) <input type="checkbox"/>		HIT BY FALLING OBJECT <input type="checkbox"/>	
MINOR INJURY <input type="checkbox"/>		SENT TO HOSPITAL <input type="checkbox"/>		VERBAL ABUSE <input type="checkbox"/>		HIT BY MOVING OBJECT <input type="checkbox"/>	
NO INJURY <input type="checkbox"/>				PLANT/MACHINERY <input type="checkbox"/>		ELECTRICAL <input type="checkbox"/>	
DANGEROUS <input type="checkbox"/>				WORKING AT HEIGHT <input type="checkbox"/>		OTHER* <input type="checkbox"/>	
REPORTABLE DISEASE <input type="checkbox"/>				ROAD TRAFFIC ACCIDENT <input type="checkbox"/>			
Time/Date Employee Stopped Work: am/pm on / /				* Include in description of incident			
DESCRIPTION OF INCIDENT: (Give brief details of the incident including the part and side of body affected) (State what actions have been taken to prevent a recurrence? Including OHP referral if health issues may have had an impact).							
NAME/ADDRESS OF WITNESSES:		1.		2.			
AUTHORISED PERSON COMPLETING REPORT:							
Name:		Signature:		Designation:			
Address:		Date:					
Postcode:						Date of Return to Work: / /	
To be completed by relevant Line Manager and then sent to susan.tyre@argyll-bute.gov.uk and healthandsafety@argyll-bute.gov.uk							
HEALTH AND SAFETY SECTION USE ONLY							
Incident investigated by the Health and Safety Section::				YES/NO			
Incident Report Required:				YES/NO			
Date Incident Report Completed:				/ /			
Date Copied To Department:				/ /			
LINE MANAGER / RESPONSIBLE PERSON SIGNATURE:		DESIGNATION:		DATE:			
THIS FORM MUST BE COMPLETED IN ACCORDANCE WITH THE COUNCIL MANAGEMENT STANDARD							
COPY 1 - Retain on File at the Offices of the Responsible Person				COPY 2 - Send to susan.tyre@argyll-bute.gov.uk and healthandsafety@argyll-bute.gov.uk			

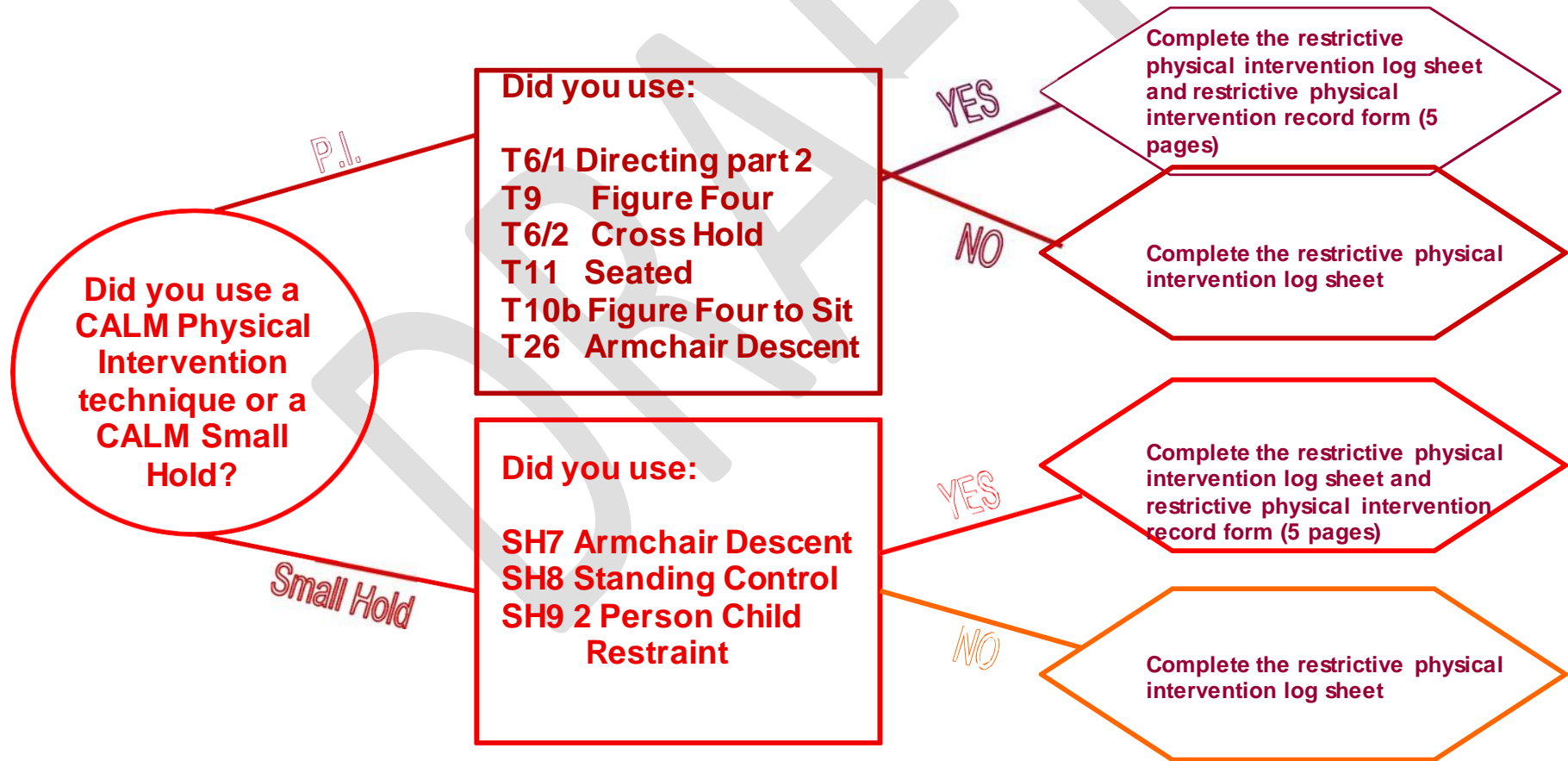
Appendix 4



Recording Flowchart



The flowchart on the following page should be used to support staff to complete the appropriate forms following the use of any physical intervention techniques. Before completing any physical restraint forms or log sheets you need to be sure the person has received and completed training by a qualified CALM trainer.





Recording Restrictive Physical Intervention Form



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

T6/1 – Directing part 2

T9 – Figure Four Hold

T6/2 – Cross Hold

Seated

T10b – Figure Four to Sit T26 –

Armchair Descent

SH7 – Armchair Descent

SH8 – Standing Control

SH9 – 2 Person Child Restraint T11 –

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

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

Once completed, a copy of the form should be retained in the establishment and the original sent to the Education Support Officer for Inclusion and Equalities for the area.

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

Name of establishment:			
Child's name:		Date of birth:	
Time of incident:			
Adults involved:			
Other children involved:			
Witnesses to incident:			
Day and date of incident:		Place of incident:	
If appropriate, please attach any witness statements.			

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

Behaviour of child	
(What behaviour alerted you that the child was struggling to cope or becoming increasingly distressed?)	

Response from adults	
(Which techniques did you use to de-escalate the situation? Before restrictive physical intervention with the child what was the response from them and others?)	

Reason for the restrictive physical intervention	
<p>(What was the specific risk to the welfare of the child or others?)</p>	

Description of restrictive physical intervention	
<p>(What method or type of restrictive physical intervention did you use and were there any complications that arose during the restrictive physical intervention?)</p>	
<p>How long did the restrictive physical intervention last?</p>	

Conclusion of restrictive physical intervention	
<p>(How did the restrictive physical intervention come to an end, and what help and support did you offer to the child?</p> <p>describe the impact of the restrictive physical intervention on the presentation/behaviour of the child)</p>	

Signature of Staff:

Date:

Part 1 B (A member of staff not involved in the restrictive physical intervention must fill this in.)

Injuries						
Was the child injured?	Yes		No		If "Yes" what were the injuries?	
Was a member of staff injured?	Yes		No		If "Yes" what were the injuries?	
Did someone get medical help?	Yes		No			
Was first aid given?	Yes		No			
Was a PER/S/100C form filled in?	Yes		No			
Were the police involved?	Yes		No		If 'Yes', please say why, who called and when, and the outcome of their involvement.	

Who was told about the restrictive physical intervention?							
Name of person Told	Date	Time	Initials of Informing Staff	Appropriate Manager	Parent/Carer/Social Worker(if appropriate)	Witness to the incident	Other

Signature of Staff:

Date:

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

Discussing the incident with the child, if appropriate. (If you need a separate sheet, please attach it and put a reference to it in this box.)	Ref	
--	-----	--

Name of child:	
Date of discussion:	
Staff involved:	

Child's point of view (This should only be completed if appropriate)	
(What were they trying to communicate through this behaviour? What did they think the staff member's motivation was for the intervention, and what was their view of the restricted physical intervention?)	

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Staff Debrief - main points of discussion

<p>(What was the child/young person trying to communicate through this behaviour? What did the child/young person think the staff member's motivation was for the intervention, and what was their view of the restricted physical intervention?) (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?)</p>	
---	--

Outcome of discussion.

<p>(What other behaviour could the child use in future to communicate their needs and wants? What further steps can be taken to support the child and staff? When considering this update the risk assessment and adapt the behaviour support protocol – include these in child plan.</p>	
---	--

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

<p>(This should involve discussions with other staff, managers, social workers etc. Advocates offered? Offer to use mediation or to access services from Resolve.</p>	
---	--

Child Plan

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

Signatures

	Print name	Signature	Date
Staff involved			
Young person			
Establishment managers			
Other manager			

Appendix 6



Restrictive Physical Intervention Log Sheet



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

Where appropriate and in accordance with existing procedures, an 'Incident Report Form – PER/S/100C' should also be completed by staff working in educational establishments (Appendix 3).

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. The completion of these forms must be reported to the ESO for Inclusion and Equality for the area.

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