

From mountain to sea

Relationships, Learning and Behaviour Interim Guidance

March 2022

Interim Statement

The Relationships, Learning and Behaviour interim policy and guidance has been developed by the Inclusion, Equity and Wellbeing Team in consultation with Aberdeenshire Headteachers' Association (ASHTA), Primary Headteachers' Council (PHTC), Depute Head Teachers Pupil Support Group, Local Negotiating Committee for Teachers (LNCT), Pupil Participation Forum, parents and carers.

The documents include the use of physical intervention and replaces The Use of Physical Intervention in Educational Establishments Policy 2007. The law requires that restrictive physical intervention should always be a last resort and used only when all other approaches have been attempted which is why the use of physical restraint is included within the Relationships, Learning and Behaviour interim policy and guidance and not as a separate stand-alone policy.

The documents have been informed by [The Standards in Scotland's Schools etc. Act 2000](#); [The Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(as amended 2009\)](#); [Equality Act 2010](#) and [The Children and Young People \(Scotland\) Act \(2014\)](#) and [Parental Involvement Act 2006](#). It has been shaped by [Curriculum for Excellence \(CfE\)](#), [Getting It Right For Every Child \(GIRFEC\) \(2008\)](#) and the [United Nations Convention on the Rights of the Child \(UNCRC\)](#). They aim to address the recommendations made by Scottish Government in [Included, Engaged, Involved 2 \(2017\)](#), [Developing a Positive Whole-school Ethos and Culture – Relationships, Learning and Behaviour \(2018\)](#) and [Guidance on the Presumption to Provide Education in a Mainstream Setting \(2019\)](#). The recommendations of the Children and Young People's Commissioners report [No Safe Place](#) and the findings of the Care Review as outlined in [The Promise](#) have also been taken into consideration.

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Date	Version	Status	Reason for update
March 2022	1.0	Interim Guidance	Document replaces The Use of Physical Intervention in Educational Establishments Policy 2007
May 2022	1.1	Interim Guidance	Updated information on Aberdeenshire Council's new Corporate Accident and Incident Recording System (CAIRS) which went live on 21 April 2022.

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1. **Scope**

The scope of the interim policy and guidance extends to all educational establishments.

2. **Purpose**

The purpose of the policy and guidance is to support and promote a culture and ethos within all learning communities whereby everyone – children, young people, parents / carers and staff - feels included, respected, safe and secure and where their achievements and contributions are valued and celebrated.

[The United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill](#) was introduced to the Scottish Parliament in September 2020. On 16 March 2021, Members of the Scottish Parliament voted unanimously for the Bill to become law, meaning public authorities will have to comply with children's rights. However in October 2021, the Supreme Court ruled that some of the things it sets out to do are not within the powers of the Scottish Parliament. Because of this, the Bill cannot become law in its current form. As a result of the Court's decision, the UNCRC Bill has been sent back to the Scottish Parliament for the issues to be "reconsidered". If Royal Assent is received, the Bill will commence six months after this. The policy aims to ensure that children and young people's rights are respected, protected and fulfilled in accordance with the [United Nations Convention on the Rights of the Child](#) (UNCRC).

3. **Definitions**

Mechanical Restraint

In the context of this policy, mechanical restraint is the use of a prescribed device such as a helmet, lap strap in a wheelchair for other than immediate transport safety or cuffs for the purpose of reducing or controlling a pupil's severely self-injurious behaviour. Mechanical restraint should only be considered in situations where a risk assessment by an external clinical team has indicated this may be warranted on the basis of risk assessment and a written protocol incorporating recommendations for training staff, monitoring appropriate implementation etc. has been put in place. The use of a prescribed device with a restrictive element does not have to be recorded or reported if its use is in line with an agreed plan. Any use outwith the agreed plan must be recorded and reported in line with other restraints.

Physical Contact

An active process which involves no greater activity than the action of touch to guide, sooth, comfort, encourage or protect a child

Physical Intervention

A range of approaches, which include restraint and also strategies where restrictive holding is not used, such as physically guiding an individual away from a harmful situation or influencing, modifying or preventing the actions of a child or young person. Physical intervention that does not involve restraint does not need to be recorded or reported. Physical intervention that involves restraint must always be recorded and reported.

Physical restraint

Any direct physical contact where the person intervening intends to prevent, restrict, or subdue the movement of the body, or part of the body of another person. Physical

restraint is also sometimes called restrictive physical intervention. All physical restraint must be recorded and reported.

Physical restraint does not include **protective physical interventions** which involve physical contact that serves to block, deflect or redirect a pupil's actions or disengage from a pupil's grip, but from which a pupil can move freely away. Protective physical interventions should not be confused with physical restraint.

Protective Physical Interventions

Interventions by staff which involve physical contact that serves to block, deflect or redirect a pupil's actions or disengage from a pupil's grip, but from which a pupil can move freely away.

Restrictive Physical intervention

Interventions by staff which restrict an individual's movement, liberty and/or freedom to act independently in order to

- take control of an immediately dangerous situation where there is a significant possibility of harm to the individual or others if no action is undertaken
- end or significantly reduce the danger to the individual or others

Restrictive physical interventions include physical restraint and seclusion. These should contain or limit the individual's freedom for no longer than is necessary and are only justifiable when a child or young person is at risk of inflicting serious physical harm on themselves or another individual. All restrictive physical interventions must be recorded and reported.

Reasonable Force

A use of force judged to be the last resort i.e., that there was no other practicable alternative to prevent the harm anticipated if action was not taken. A use of force judged to be proportionate i.e., the force used including its nature, level and duration used were the minimum necessary to prevent the harm anticipated. The actions taken by staff in the circumstances would be likely to be considered reasonable by the General Teaching Council for Scotland.

Seclusion

The act of isolating a child / young person from their peers to an area from which they are prevented from leaving, to prevent harm. This is distinguishable from agreed use of 'safe space' or 'cool down' strategies. It is carried out without the child / young person's or parent's prior consent (compliance is not considered to be consent) and it is carried out at the direction of staff. It is a form of physical intervention and should only be used as a last resort. Seclusion must always be recorded and reported.

4. A Positive Culture for Relationships, Learning and Behaviour

A school's culture, ethos and values are fundamental to promoting positive relationships and behaviour and in creating an environment for effective learning and teaching. There should be a shared understanding of wellbeing, underpinned by children's rights as defined in the UNCRC, across all those who belong to the learning community.

and revised in 2021 and include a section called 'Being a teacher in Scotland' which highlights the professional values of social justice, trust and respect and integrity as being at the heart of what it means to be a teacher in Scotland. Respecting the rights of all learners as outlined in the UNCRC and their entitlement to be included in decisions regarding their learning experiences and have all aspects of their wellbeing developed and supported is a key feature of social justice.

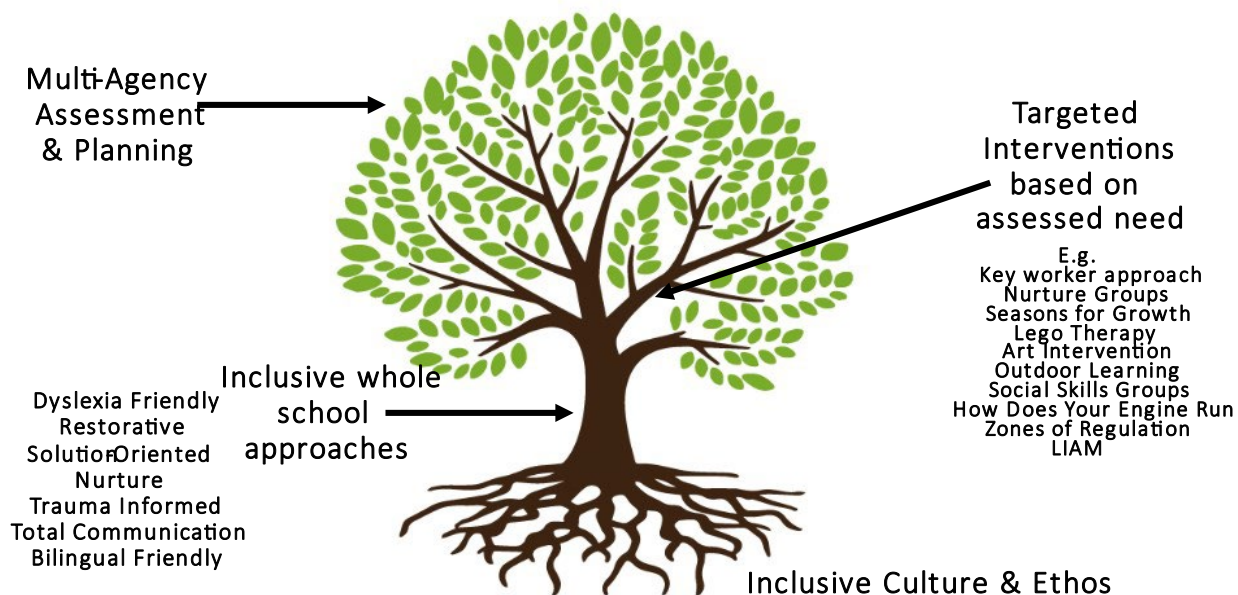
Within Curriculum for Excellence and General Teaching Council for Scotland standards, all staff are expected to be proactive in promoting positive relationships and behaviour in the classroom, playground and the wider school community. There are specific experiences and outcomes in Health and Wellbeing which are the responsibility of all practitioners who have a role in:

- establishing open, positive, supportive relationships across the community, where children and young people will feel that they are listened to, and where they feel secure in their ability to discuss sensitive aspects of their lives
- promoting a climate in which children and young people feel safe and secure
- modelling behaviour which promotes health and wellbeing and encouraging it in others
- using learning and teaching methodologies which promote effective learning
- being sensitive and responsive to the wellbeing of each child and young person

4.1 Inclusive Whole School Approaches

Effective whole school approaches can only be developed by the active involvement of all children/ young people, parents / carers, staff and the wider community. These approaches support all Aberdeenshire learners and help to create a positive whole school culture and ethos. Nurturing and trauma-informed approaches can have a positive impact on attainment and social and emotional competences and confidence. At the heart of nurture and being trauma-informed is a focus on wellbeing and relationships and a drive to support the growth and development of children and young people.

Inclusion in Aberdeenshire Schools



4.2 Early Intervention and Support

Early intervention and prevention are key elements in ensuring we get it right for all children and young people. All adults are role models for the behaviour they expect to see. A key element of this is the way in which we demonstrate respectful relationships and value everyone within the learning community. When there are difficulties all staff should model a willingness to positively engage with restorative approaches and seek to repair relationships.

An inclusive learning environment is the starting point for positive relationships and behaviour. When we work together to effectively identify and support underlying needs and provide learning experiences that are individualised and appropriately differentiated, positive behaviour is promoted.

A small number of clear, positively worded and developmentally appropriate values should be in place in every learning setting. When developing values, the school should draw appropriately on contributions from children, young people, parents and carers, staff and a range of partners. Values should be agreed by the learning community and should be evident in the daily behaviours and attributes of staff and young people. They should be regularly spoken about, revisited and refreshed as required and should be the basis for supporting learners to understand expectations and resolve issues.

The vision and values will be aspirational in their ambitions for positive learning experiences and outcomes for children and young people and should be consistent with UNCRC Articles.

Staff should actively plan and establish clear expectations for their regular routines e.g., entry and exit to learning spaces, seeking help, the use of resources, requesting water or toilet breaks. Staff should actively teach expectations in relation to routines. There is evidence to show that predictability can reduce anxiety and

many children and young people, particularly those with have additional support needs, benefit from having clear routines.

There is a strong link between communication difficulties and behavioural difficulties. Group instructions should be short, simple, clear and positively worded. Children with communication difficulties will often need instructions repeated to them individually, demonstration, non-verbal or signing support and or visual supports to aid their understanding and co-operation. When communication is used well it can reduce the likelihood of confrontation, support participation and be a key element in fostering positive relationships.

Unmet sensory needs can also impact on behaviour and all staff should complete the 'Understanding Sensory Needs' course on Aberdeenshire Learning & Development Online (ALDO) in order to support them in identifying a child or young person's sensory needs at an early stage.

Descriptive encouragement or praise should be a key tool to encourage positive behaviour in all learning environments. Specific descriptive detail will support the child or young person to understand what they are doing well and therefore the development of their behavioural awareness

Many children and adults find change difficult. This can be particularly true for children with additional support needs. Preparing individual children and whole classes for changes, big or small, can be crucial in supporting children to feel safe and lower anxiety levels. Feeling unsafe or anxious can be key drivers for distress that can lead to behavioural issues. Many children will benefit from the regular use of visuals in supporting preparation for change.

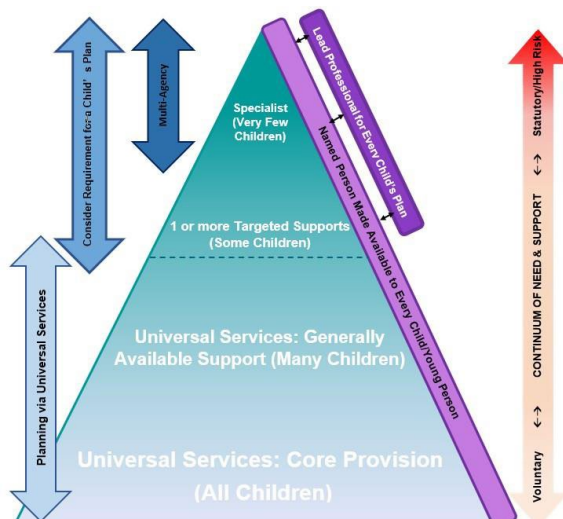
Differentiated learning involves adapting learning, teaching and assessment to meet individual children's needs. By differentiating learning, teachers develop multiple starting points and pathways which are tailored to children's individual learning needs. This can be achieved through modifying the following aspects of learning:

- Content e.g., use of learning materials at different levels.
- Process e.g., varying the length of time children have to complete a task.
- Product e.g., giving children choice in how to express ideas or required learning
- Learning environment e.g., having areas in the classroom for some children to work quietly without distraction.

Early, least intrusive and collaborative approaches should be adopted to meeting needs and managing safe and productive environments for learning.

4.3 Staged Intervention

Every child and young person is unique and while they will all share core needs, they may at different times have different needs reflecting their individual circumstances. Whilst individuals never fit neatly into frameworks three broad levels of need can be identified.



An Aberdeenshire Framework of Interventions is currently being developed which will include a range of approaches from universal through to more targeted support. It will take a holistic approach to the support of children and young people and will include a spectrum of behavioural support tools and training to help ensure that needs at every level are met.

Working with parents, children / young people and partner services through the GIRFEC Child Planning process can help identify and find solutions to difficulties before situations escalate. Comprehensive assessment informed by information gathered using the [national practice model](#) and robust planning are particularly important. This may include pupil behaviour support plans and risk assessments (Appendix A)

Effective collaborative working should facilitate appropriate and proportionate sharing of information about a child's situation and new factors in their lives which have the potential to trigger behaviour change or escalation. The [GIRFEC](#) Child Planning process should result in a clear shared understanding of appropriate strategies and supports and provide a mechanism for reviewing and evaluating them over time.

When a behaviour does not respond to regular positive strategies in the learning environment, it is important to gain a better understanding of the underlying drivers for the behaviour. The Educational Psychology Services can offer support and advice in the use of approaches to behavioural analysis. Aberdeenshire Educational Psychology Service's website is a useful source of information for staff and parents / carers.

4.4 De-escalation

When dealing with a situation that may escalate, our first response should be to self-manage. This should focus on how to establish calm control, manage our own emotions and protect relationships in what can be a very stressful or distressing situation.

Using descriptive praise and encouragement for children who are successfully demonstrating target behaviours near others who are struggling is a useful way to reinforce and clarify the behaviour you would like to see. This is called positive

cueing.

Learners may follow an instruction in relation to a primary behaviour (for example the primary behaviour is walking around the classroom and they are asked to sit down). However, in doing so they may exhibit secondary behaviours (being noisy, making faces, tutting). The secondary behaviours, unless serious, should be ignored. If appropriate these should be addressed later and on an individual basis. Being overly responsive to secondary behaviours can result in a situation escalating.

The use by staff of their own physical body presence as a passive activity to reassure or remind a learner of expectations non-verbally can be effective in helping de-escalate anxiety and disruptive behaviour. Using physical presence may be a cue to remind or prompt expectations and lead to a preferred behaviour change or outcome.

For some an activity or the use of humour to distract or remove them from a conflict or frustration may give them an opportunity to self-regulate their emotions and responses or give them an opportunity for mutual regulation with adult support. Similarly offering children a restricted choice can offer a legitimate alternative to an activity that could potentially result in difficulties.

[Article 19](#) of the UNCRC makes it clear that children and young people have the basic human right to dignity. Staff should ensure the preservation of individual dignity and use positive relational approaches to resolve difficulties. Redirection or a quiet word will be more successful and appropriate than a conversation carried out in full view of a class or group. In situations where this is not possible and a difficulty escalates in front of others it may become necessary to remove the group from the learning environment whilst the situation is dealt with. In these circumstances it is particularly important that all staff are aware of individual support plans and know their establishment procedures for seeking support from colleagues.

Staff should always use their professional judgement and knowledge of individual children to seek the least intrusive and most effective measures to de-escalate a situation; for example, planned ignoring or distancing may be more appropriate than physical presence for some children and distraction through humour may work well for one child but be likely to upset another.

Emotion Coaching is an approach which supports children and young people to understand the different emotions they experience, why they occur and how to handle them. It is based on the principle that all behaviour is communication and emphasises the importance of nurturing and emotionally supportive relationships. The approach recognises that all emotions are natural, normal and valid. It uses empathy in moments of heightened emotion to teach children and young people how to develop effective responses to the various emotions they experience. The Educational Psychology Service offers training on Emotion Coaching.

CALM Theory training in how to use de-escalation techniques to promote emotional and behavioural regulation is also available to staff in Aberdeenshire.

5. Physical Intervention to Prevent Harm

The rights of all children and young people must be a key consideration where

physical intervention is being considered. This reflects the recognition and realisation of children and young people's rights across Scottish public policy, public services and society as a whole. It is important to consider the United Nations Convention on the Rights of the Child (UNCRC) in this context. [Article 37](#) states that 'No one is allowed to punish children in a cruel or harmful way.' [Article 3](#) states that 'the best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children'.

All staff have a duty of care to prevent children / young people, themselves and others from serious harm. All staff are expected to take reasonable action to prevent serious harm. It is therefore essential that all staff understand both the legal justification for physical intervention and their duty of care.

Physical interventions include physical restraint and also strategies where restrictive holding is not used, such as physically guiding an individual away from a harmful situation.

The only training in physical restraint allowed by Aberdeenshire Council Education & Children's Services is Crisis and Aggression Limitation Management (CALM) training. Staff who use CALM techniques must have received the required training and it is the responsibility of the Head Teacher to ensure that staff follow the correct procedures related to this approach. Further Information on training and the use of CALM is outlined in Appendix B Crisis and Aggression Limitation Management (CALM).

Restrictive physical intervention is a term used to describe a range of approaches which are used with the intention of preventing a child or young person causing harm to themselves or others, by physically intervening to restrict their movement. This includes:

- The use of 'reasonable force' to prevent injury to self or others
- The use of seclusion
- Crisis and Aggression Limitation and Management (CALM) restraint techniques

Having established the positive relationships and learning environments described earlier in this document means that any necessary physical intervention is within the context of safety and trust.

Restrictive physical intervention is never a legitimate first course of action to manage behaviour and can only be justified if all other intervention strategies and non-physical methods have proved ineffective, and there is an immediate danger of serious harm. **In no other circumstances can restrictive physical interventions against a child or young person be justified.**

The law requires that restrictive physical intervention should always be a last resort and used only when every other approach to de-escalate a situation has been attempted. Any use of restrictive physical intervention must at all times be reasonable. Reasonableness is determined by a range of factors but any staff member considering whether to use or not use restrictive physical intervention should take into account the need to be able to demonstrate that their use of force

- was the last resort
- was the minimum proportionate response to the risk anticipated to be posed by the behaviour of the child / young person

In situations where it is apparent that a child / young person is not responding to the behaviour support strategies being used by an individual member of staff and a violent incident seems imminent, then, wherever possible, another member of staff should be summoned. This will not be seen as a failure; the presence of a second adult could prove helpful in ensuring safety and objectivity as well as providing a witness to what takes place.

A child or young person must never be asked to physically intervene or to restrain another child or young person.

When restrictive physical intervention is an appropriate and justifiable course of action staff should ensure that they

- use the minimal amount of restrictive physical intervention required to prevent serious harm and ensure safety
- use restrictive physical intervention for the shortest period of time possible

Where a restrictive physical intervention has been used as an emergency response to an unforeseen crisis in behaviour this should be followed by

- update / creation of risk assessment and behaviour support plan
- analysis of factors that led to the unanticipated behaviours, including environmental and social context
- consideration of whether there were unidentified aspects of a previous risk assessment and behaviour support plan which did not have a full and adequate person-centred risk assessment
- consideration and improvement of systems, policies and understanding.

If restrictive physical intervention is being used frequently, an assessment of the child or young person's additional support needs and a review of the Child's Plan and support should be undertaken. Consultation with the Educational Psychology Service should also be considered.

Following the use of restrictive physical intervention, parents should be contacted by the Head Teacher at the earliest opportunity and on the same day in all cases. The child / young person and parents must be made aware of the reason why restrictive physical intervention was necessary. The views of the pupil and parents/ carers should be recorded at the time of discussion.

Restrictive physical intervention is justifiable only when a child or young person is at risk of inflicting serious physical harm on themselves or another individual.

Damage to property should only be a justification for the use of restraint when it presents an immediate risk of harm to the child or another individual.

Restraint is an interference with the child's right to respect for their private life under [Article 17](#) of the Convention on the Rights of Persons with Disabilities, [Article 16](#) of the United Nations Convention on the Rights of the Child and [Article 8 of the European Convention on Human Rights](#). In order to avoid a breach of the child's rights, the interference must be lawful, necessary and proportionate.

5.1 Seclusion

The seclusion of a child or young person may constitute a deprivation of liberty and deprivation of liberty can only be authorised by a court or tribunal to be lawful. Compliance or perceived comfort of the pupil is not consent. The risk of breaching this right is particularly acute where the child lacks capacity.

Seclusion should only be used as an emergency to prevent the pupil from causing serious harm to themselves or others where there are reasonable grounds for believing the behaviour cannot be managed in any other way. It is a form of restrictive physical intervention and should also only be used as a last resort to ensure the safety of a child or young person, or others.

Where seclusion is used the following safeguards should be in place:

- it should be in a place that is safe
- it should be managed under supervision of a minimum of 2 members of staff, one of whom should be a member of the school's senior leadership team
- a Seclusion Record (Appendix C) should be kept
- it should take into account the additional support needs of the child or young person
- it should be time limited and reviewed every 5 minutes with a member of the senior leadership team signing the Seclusion Record after 15-minute intervals *and*
- any use of seclusion beyond 30 minutes should be authorised in writing by a member of the senior leadership team who should visit and undertake a dynamic risk assessment

If these safeguards cannot be met, seclusion should not be used.

Following the use of seclusion, parents / carers should be contacted by the Head Teacher at the earliest opportunity and on the same day in all cases. The child / young person and parents must be made aware of the reason why seclusion was necessary. The views of the pupil and parents/ carers should be recorded at the time of discussion.

A Restrictive Physical Intervention Incident form (Appendix D) must be completed – see 5.4 Recording and Reporting Physical Interventions Including the Use of Seclusion.

If seclusion is being used frequently an urgent assessment of the pupil's support and a review of their plan should be undertaken. Consultation with Educational Psychology Service should be considered.

5.2 Duty of Care

All schools have a duty of care in respect of the health, safety, wellbeing and welfare of the children and young people in their care. Leadership teams have a duty of care to protect the health, safety and welfare of staff and other people who might be affected and employers must do whatever is reasonably practicable to achieve this.

Duty of care means that staff have a responsibility to intervene using the least intrusive practicable means as a reasonable and proportionate response to a child or young person's actions or threats. This is in circumstances to prevent an unacceptable risk of serious harm to the individual or others.

5.3 Health and Safety

Aberdeenshire Council has legal obligations to ensure, so far as is reasonably practical, the health and safety of its staff and service users. These obligations include:

- ensuring safe working practices
- carrying out risk assessments and taking appropriate action to eliminate or control risks
- providing appropriate information, instruction, training and supervision for staff
- monitoring and reviewing the appropriateness of processes and procedures

Head Teachers are responsible for all health and safety matters as they relate to his/her establishment.

All employees are required to co-operate in the implementation of the Council's health and safety policy by

- 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
- co-operating, so far as is necessary, to enable the Council to perform any duty or to comply with any requirements, as a result of any health and safety legislation which may be in force.
- 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
- participating in such training as the Council may determine to be appropriate in their setting and role

Aberdeenshire Council accepts that there are occasions where, as a duty of care, staff may have to take action or intervene in situations to avert immediate dangers. Failure to act when there is evidence that a greater and significant harm may occur could result in allegations of negligence and consequent litigation.

Staff will need to use their professional judgement as to whether or not to use reasonable force to avoid a situation escalating out of hand. They must be guided by the principle of 'reasonable force'; using an amount of force in proportion to the circumstances, with as little force as is necessary in order to maintain safety and for as short a period as necessary.

Unreasonable or excessive use of force may result in criminal proceedings for

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

Restrictive physical Intervention should only be used where the risks of restrictive physical intervention are judged to be less than the risks that would be posed by not intervening. In no other circumstances can restrictive physical interventions be used.

In all cases, it should be remembered that restrictive physical intervention may escalate the difficulty. Safety is always a paramount concern and staff are not advised to use physical restraint if it is likely to put them at risk.

Any physical contact or physical intervention carries with it the possibility of an allegation of inappropriate physical contact or physical intervention and may lead to an investigation and possible action by Aberdeenshire Council, by the police and by the GTCS.

The inappropriate use of any form of physical contact or physical intervention may in certain circumstances be unlawful therefore every single use must always be justifiable.

When the action taken is in line with Aberdeenshire policy, staff are in a more legally defensible position if allegations of inappropriate action are made.

5.4 Recording and Reporting Physical Interventions Including the Use of Seclusion

Any incident involving physical intervention should be reported to the Head Teacher immediately.

A Restrictive Physical Intervention Incident form (Appendix D) must be completed as soon as possible after any situation involving the use of restrictive physical intervention. The form must be submitted to the Head Teacher and retained securely within the school's CALM Folder until the CALM Annual Report has been submitted to the authority. Thereafter the Restrictive Physical Intervention Incident form should be retained securely within the pupil's Pupil Progress Records (PPR).

The Head Teacher must carefully monitor these forms to ascertain if any patterns are developing and / or if further action is required. Records of incidents and relevant documentation should be retained in case of inquiry or complaint in line with Aberdeenshire Council Retention Schedules. Details of these can be found on [Information and Records Management](#).

All incidents of restrictive physical intervention and use of seclusion must be reported via Aberdeenshire Council's Corporate Accident and Incident Recording System (CAIRS).

As of 21 April 2022, a new version of the Corporate Accident and Incident Reporting System went live for Aberdeenshire Council employees who have management responsibilities to record accidents and incidents in the workplace.

To report an incident involving restrictive physical intervention or use of seclusion,

please follow this link to the new system – [CAIRS](#)

Any injury sustained by a child, young person or staff as a result of a restrictive physical intervention must also be reported via CAIRS to fulfil Health and Safety statutory requirements.

In addition, any injury sustained by the child/young person or member of staff while using a CALM physical intervention technique must be reported to calm@aberdeenshire.gov.uk using a CALM Injury Form. A copy of the form should be retained securely within the school's CALM Folder until the CALM Annual Report has been submitted to the authority. Thereafter the Restrictive Physical Intervention Incident form should be retained securely within the pupil's Pupil Progress Records (PPR).

As previously mentioned, all restrictive physical interventions and use of seclusion must be reported to parents at the earliest opportunity and on the same day in all cases.

SEEMIS Pastoral Notes must also be used to record details that are relevant to the care and planning of individual pupils.

Protective physical interventions which involve physical contact that serves to block, deflect or redirect a pupil's actions or disengage from a pupil's grip, but from which a pupil can move freely away should not be confused with restrictive physical interventions. These do not have to be reported.

Further information on recording and reporting CALM Physical Interventions is included in Appendix B Crisis and Aggression Limitation Management (CALM).

5.5 Support and Debriefing

Situations resulting in physical incidents or requiring restrictive physical intervention can be upsetting to all concerned and immediate post incident support should be given. Its purpose is to ensure the physical and emotional safety of all involved, provide emotional and physical wellbeing support, assess and respond appropriately to any harm caused.

Protected time must be provided to ensure that the member(s) of staff involved has the opportunity to regain emotional regulation and identify their own immediate support needs.

An important element of the support offered is post-incident debriefing. The debriefing process is supportive and allows for review and analysis of planned strategies and interventions, along with the proactive development of further support strategies to minimise the risk of future incidents.

Staff debriefing should take place as close to the time of the incident as possible taking full cognisance of their emotional wellbeing. The Head Teacher should discuss the incident fully with the member of staff involved. The member of staff should be made aware of Aberdeenshire Council's external, confidential, counselling service for all employees - 'Employee Assistance Programme' provided through

'Time for Talking'. A written record of the debriefing meeting (see Appendix E) must be completed and retained securely within the school's CALM Folder until the CALM Annual Return has been submitted to the authority. Thereafter the record of the debriefing meeting should be retained securely within the staff member's individual file.

Debriefing with the child/young person should take place as close to the time of the incident as possible taking full cognisance of their emotional wellbeing. This should be carried out by a member of staff who has a good relationship with the child/young person and knows her/him well. A written record of the debriefing meeting (see Appendix F) must be completed. This should be retained securely within the school's CALM Folder until the CALM Annual Return has been submitted to the authority. Thereafter the record of the debriefing meeting should be retained securely within the pupil's Pupil Progress Records (PPR).

Parents / carers should be given the opportunity to discuss the incident, response and preventative actions.

The debriefing process offers an important opportunity for safe and supported reflection and to consider what can be adapted or changed to reduce the likelihood of the distressed behaviour occurring in the future. It is important to ensure any learning from this process feeds into Child Planning, Risk Management planning and relevant whole school strategic work.

In situations where the Head Teacher has been directly involved they should notify and discuss this with their line manager.

A post-incident checklist outlines the key actions to be taken by the Head Teacher / Senior Leadership Team after any situation involving restrictive physical intervention. (Appendix G)

5.6 Staff Continuing Professional Development and Training

All staff should be offered the opportunity to review their professional development and training needs in relation to relationships, learning and behaviour through Personal Performance Planning (PPP) and Professional Review and Development (PRD). The Aberdeenshire Framework of Interventions will include a spectrum of behavioural support tools, training and professional learning to help ensure that staff are confident and skilled to meet needs at every level.

6. Quality Assurance

Quarterly reports on the use of restrictive physical interventions will be reviewed by the Inclusion Equity and Wellbeing Team to monitor the effectiveness of policy and practice and to inform strategic development, improvement activity and professional learning needs.

Quality Improvement Officers automatically receive reports by schools on incidents of restrictive physical intervention and use of seclusion. They will regularly monitor the use of restrictive interventions as part of quality assurance processes and procedures.
