

## **Guidelines for the Completion of the Violent Incident Form VI(CS)** **(Residential Children's Services)**

The purpose of these guidelines is to provide managers with information which will enable them to complete the violent incident form.

This form has been developed primarily as tool for managers to assist them to monitor the incidence of violence within their establishments or areas of work. As such, accurate completion of the forms is essential and should prompt the identification of appropriate control measures at an early stage. The forms are also analysed centrally for the purposes of gathering statistical information and identifying trends throughout the directorate.

There has been, in the past, a tendency to treat physical assaults as being necessarily more serious than those of the non-physical variety. However, it has now become clear that this is a somewhat artificial demarcation as some non-physical assaults are clearly more serious than some which result in physical injury. Incidents involving self infliction are now identified as a separate category.

Ideally, the form should be completed by the manager during discussion with the employee involved in the incident. In some cases this may not be possible and it will be satisfactory for the employee to fill in the form at the time of the incident leaving the 'management action' section to be completed by the manager.

Table One gives guidance on assessing the degree and severity of a violent incident in order that managers can gauge the effect on employees and those persons using the Council's services. This adopts an ascending scale of seriousness, level 1 being least serious level 5 the most serious. However, managers should be mindful that the overriding factor required in the evaluation is the perception of the targeted individual to the particular incident in question. As a result, the level of seriousness ultimately assigned by managers following discussion with the employee may, by necessity, deviate from the guidance given in the table. If an incident involves both physical and verbal abuse the incident should be rated according to which was most severe. Both occurrences should be described in the text.

Management of violence is closely associated with the risk assessment process. All violent incidents and restraints should be included in the review of the young persons risk assessment. It is hoped that well planned intervention will both reduce the incidence rate and severity of incidents occurring.

Additionally, potential triggers of violence are important considerations when examining the circumstances surrounding a violent incident. In order to focus our minds upon reflective practice in relation to violence two new sections have been added to the form. These comprise a text box to allow the person to describe the trigger of the violence if this is known, and a box to enter which category this trigger falls within. Table Two gives guidance upon the type of triggers we may come across and some examples of suitable action, which may be appropriate to use to improve the behaviour of the young person.

There are times when a young person will exhibit challenging behaviour over a period of time. This should be recorded on one form with the length of the episode included in the

body of the text. The names of all the individuals affected should be recorded on the form.

When completing violent incident forms, the information should be brief and factual. Full details of the incident should be recorded in the young person's daily notes.

All associated injuries arising from a physical intervention incident become part of the violent incident process. If a physical intervention incident leads to, or causes any kind of physical or mental harm or distress to the staff member involved, then it should be recorded as a violent incident. If a young person is injured or affected by the restraint this should be logged on the restraint form; a violent incident form should not be completed. In the case of a physical injury to a young person an ACC1 Accident Report Form should also be completed.

It is particularly important that employees are effectively supported after violent incidents and that appropriate management action is taken and recorded in the 'management action' section of the form. If, managers feel they need to deviate significantly from the guidance when agreeing a level of severity with the employee then this should be explored in this section. In the case of incidents involving service users this part of the form is likely to reflect changes to the individual's care plan.

It is anticipated that the completion and evaluation of the violent incident forms will be seen as an integral part of the management of services within the directorate.

The Corporate Health and Safety Team are available to provide advice to managers about any concerns raised through the violent incident process.

## Degree and Severity of Violent Incidents

Level	Physical Violence	Non-Physical Violence	Self Infliction
Level 1	Physical violence resulting in no injury.	Targeted verbal abuse, such as insults or swearing.  Targeted threats perceived as being of a minor nature  Threat to damage property.	Self harm resulting in no injury.
Level 2	Minor bruising or scratches as a result of intervening in an incident, for example restraint of a young person in a children's home. Normally this level of incident would apply to situations where the assailant inflicts a minor injury inadvertently and would be seen as something which occurs from time to time within normal parameters of the workplace.	Not applicable.	Minor injury, such as superficial injury, bruise, graze or scratch.
Level 3	Inadvertent injury with serious consequences, such as severe laceration.  Deliberate assault resulting in a minor injury, such as biting that does not break the skin.	Damage to property.  Attempt to assault a person without resulting in physical injury or intimidation of a person by the physical presence or behaviour of another.	Serious injury, such as laceration, open wound or fracture.
Level 4	Not applicable.	Targeted verbal threat to injure an employee, their family, pets or animals owned by them.  Targeted verbal threat made by one client to another.  <i>This level should reflect threats which are taken seriously. Such a decision should be based on the knowledge of the individuals concerned.</i>  Threat with weapon or extremely intimidating behaviour.	A situation in which it is felt that there was a serious risk of suicide which will warrant the implementation of special management controls to monitor the situation.
Level 5	Targeted assault by the assailant resulting in serious injury such as severe bruising, cuts and fractures. These may be inflicted by biting which breaks the skin, forceful physical action or through the use of a weapon. The latter may be an item readily available within the immediate environment,	Harassment, including racial or sexual harassment. Harassment is different from behaviour involving occasional insults or isolated incidents of a sexual or racial nature. It implies ongoing or continuous behaviour perpetrated by one person upon another. This may have a cumulative effect on the person	Very serious injury, such as that arising from attempted suicide or extreme self-mutilation.

	such as a chair, television, craft knives or other hand tools.  Any incident which results in medical attention or hospitalisation.	targeted and may escalate in its severity. Such behaviour may be seriously damaging psychologically or physically unnerving.	
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**Triggers of Violent Incidents: Table 2**

Trigger Category	Trigger Example Incident was triggered by:	Example Follow up
<p>A. Organisational i.e. the routines of the home</p>	<ul style="list-style-type: none"> <li>• Insufficient staffing numbers in vicinity of incident/ratios.</li> <li>• Insufficient staffing numbers on site.</li> <li>• New member of staff coming onto shift.</li> <li>• Particular personality mix on shift.</li> <li>• Tension during handover.</li> <li>• Bedtime issues.</li> <li>• Mealtime issues</li> </ul>	<p>A detailed plan of bedtime routines is drawn up for the young people and adhered to by all staff.</p> <p>Ensure handover takes place in a private place with sufficient staff in place to meet needs during this period.</p> <p>Staff respond to Young People as a team, whether members of staff are favourites or demons.</p>
<p>B. Communication</p>	<ul style="list-style-type: none"> <li>• Language used by staff.</li> <li>• Non verbal communication.</li> <li>• Lack of awareness of current mood within the home.</li> <li>• Lack of control in decision making</li> <li>• Failure to comply with establishment rules.</li> <li>• Inappropriate use of humour</li> <li>• Staff or young person not following agreed management plans/protocols</li> </ul>	<p>Individual work with young person re. Boundaries and control issues, especially in relation to authority figures.</p> <p>Develop handover procedures to allow adequate transfer of information on the prevailing atmosphere in the home. Including any deviations from standard practice agreed for individuals.</p>
<p>C. Environmental</p>	<ul style="list-style-type: none"> <li>• Lack of Privacy</li> <li>• Weather</li> <li>• Temperature</li> <li>• Noise</li> <li>• Repair and Maintenance</li> </ul>	<p>Reduce excessive noise by physical measures.</p> <p>Individual work with YP regarding personal space and privacy.</p>
<p>D. External Factors</p>	<ul style="list-style-type: none"> <li>• Disappointment due to refusal of desired activity.</li> <li>• Family contact/Relationships</li> <li>• Historical Issues</li> <li>• Substance misuse</li> <li>• Health / physical issues</li> <li>• Family interaction with professionals</li> </ul>	<p>Acknowledge disappointment of young person. Spend time with young person. Discuss long term strategy for managed contact at specific times.</p> <p>Education regarding drug use with specific provider.</p> <p>Referral to CAHMS or other appropriate health provider</p>
<p>E. Relationships</p>	<ul style="list-style-type: none"> <li>• Group Dynamic</li> <li>• Individual Conflict with Peer</li> <li>• Difficulties with a particular member of staff.</li> <li>• Individual conflict between staff members</li> </ul>	<p>Review flexibility of house rules to meet the needs of each young person.</p> <p>Work with individual young people for drawing up protocols for interrupting mealtimes, watching TV etc.</p> <p>Welfare support for staff or young</p>

		people, maybe including counselling by external person.
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