

USE OF RESTRAINT INCIDENT REPORT

This form must be completed for each incident where a child/young person has been restrained. Please forward a copy to the child/young person's social worker, your supervising social worker/Line Manager, parent (where applicable) and persons involved in a functional diagnosis and support plan and keep a copy for your own records.

Name of child

Date and time of incident

Carer's name

Address/Agency/Unit

CONTEXT

Lead up to incident – whereabouts/point in care episode

What signs of discomfort were being communicated by the child & steps taken to avoid confrontation

How was the child warned of consequences of continuing behaviour?

What was the child's response?

PURPOSE OF RESTRAINT

Who was at risk of injury/serious damage and why was it necessary to intervene at this point?

How safe was this to restrain the child in

DESCRIPTION OF RESTRAINT		
Method used and by whom?		
Duration of restraint		
Names of witnesses		
Steps taken to gain assistance		
AFTERMATH		
Steps taken over any injuries		
Effects on child/resultant change in activities		
Contacts made to inform of the incident		
Who counselled the child and when?		
Child's response		
MANAGEMENT		
Was restraint in keeping with existing plan?		
Steps taken to avoid further difficulties		
Signed: (Carer)	Signed: (Manager)	Date: