**INCIDENT FORM**

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**Section 1: To be completed within 24 hours of an Incident**

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| **Incident No:** |  |
| **Date:** |  |

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| **Home’s Name:** |  | **Children’s Home’s Address** |
| **Telephone No:** |  |  |
| **Email Address:** |  |
| **Ofsted Unique Registration No:** |  |
| **Ofsted Inspector:** |  | **Author of the Report:** |  |

**NB:** Ofsted Notification Forms need to be submitted to <https://ofstedonline.ofsted.gov.uk/outreach/Ofsted_Statutory_Notification.ofml>

In urgent situations, particularly if there is significant media interest, please telephone first: 0300 123 1231) Fax no: 08456 40 40 49.

**In any of these Incidents it is expected that consideration will be given to updating the Safe Care Plan/Risk Assessment and Individual Placement Care Plan will need to be completed**

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| **Child’s Name:**  |  | **Framework I Pin No:** |  |
| **Age:** |  | **Date of Birth:** |  |
| **Area Office:** |  | **Safe Care Plan:**  | **Date completed?** |  |
| **Admission Date:** |  | **Date Amended?** |  |

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| **Location of Event:** |  | **Does the Child Wish to Sign this Form – Yes or No?** |  |
| **Date of Event:** |  | **Time of Event:** |  |
| **Names of Staff Involved in the Incident:** |  | **Staff(s) Role/Job Title** |  |
| **Names of Witnesses Observing the Incident:** |  | **Role(s) of Witness(es):** |  |
| **Date Incident was Recorded:** |  | **Time Incident was Recorded:**  |  |

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| **Please complete People Notified (Including Name(s), Date(s), Time(s) & Method(s) of Communication** |
| **Registered/Duty Manager:** |  | **Ofsted Notification (if required)** |  |
| **Social Worker:** |  | **Health Services? (specify which)** |  |
| **Have Parent(s)/Carer(s) been informed?**  |  | **Emergency Services? (specify which)**  |  |
| **Operations Manager:** |  | **Key Carer(s):**  |  |
| **Other Professionals** **E.g. IRO / YOT:** |  | **Any other Relevant People:** |  |

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| **NOTIFICATIONS FOR OFSTED:****The below criteria (a - h) requires an Ofsted Notification** **Form to be completed and sent to Ofsted within 24** **hours of a serious incident occuring (Schedule 5) as** **follows:**  | **Please** **tick app****box**  | **The below criteria does not require a Notification****to Ofsted but does need to be treated as a serious incident and sent to the Manager within 24 hours****as follows:** | **Please** **tick app** **box** |
| **a) Death of a Child Accommodated at the Home** DCC Accident Report Form – Report of an Injury or Dangerous Occurrence  |  | **Suicide Attempt or Self-Harming and/or Self-****Injury by a Child of a Serious or Persistent Nature**Homes Accident Log Book and DCC Accident Form – Report of an Injury/ Dangerous Occurrence Form and a Body Map (if injury has occurred)  |  |
| **b) Referral under Section 35 of the Safeguarding** **Vulnerable Groups Act 2006 of an Individual Working in** **the Home** Local Authority Allegations Against Staff Form(LADO)  |  | **Verbal Assault (threat/verbal/racial/other)**Assault Report Form  |  |
| **c) Serious Illness or Serious Accident Sustained by a** **Child Accommodated in the Home** Homes Accident Log Book and DCC Accident Report Form – Report of an Injury/Dangerous Occurrence Form and/or Body Map (if an injury has occurred)  |  | **Injury to Other(s)/Physical Assault or Violence****Caused by a Child or Member of Staff/Hit by an** **Object (sexual/racial/other)** Homes Accident Log Book and DCC Accident Form – Report of an Injury/ Dangerous Occurrence Formand Assault Report Form and/or Body Map (if an injury has occurred)  |  |
| **d) Outbreak of any Infectious Disease which in the** **Opinion of the Registered Practitioner Attending** **Children at the Home is Sufficiently Serious to be so** **Notified** DCC Accident Report Form – Report of an Injury or Dangerous Occurrence Form |  | **Physical Intervention, including Physical** **Restraint** Physical Intervention Form and/or Pro-Act SCIP S.T.A.R Recording Form or Behaviour ManagementForm (if needed) and /or a Body Map (if any injuries have occurred)  |  |
| **e) Involvement or Suspected Involvement of a Child Accommodated at the Home in Sexual Exploitation** CSE Risk Assessment  |  | **Bullying and/or Discriminatory Behaviour of a** **Persistent or Serious Nature**Form for Bullying Behaviour and/or Assault Report Form |  |
| **f) Serious Incident Necessitating Calling the Police to** **the Home** 10 Point Check List Form |  | **Theft/Property Damage of a Serious Nature** **Caused Maliciously or Non Accidental or Safety** **Hazard (Fire etc.)**DCC Accident Report Form – Report of an Injury or Dangerous Occurrence and Health and Safety Risk Assessment |  |
| **g) Any Serious Complaint about the Home or Person’s** **Working there** External or Internal Complaint Form and/or Local Authority Allegations Against Staff Form (LADO) to be completed by the manager, if a member of staff is involved in physical or sexual assaults |  | **Absent Without Permission (Absent)** **Missing from Care or Absconding** Initial Missing Reporting Form to be completed and Risk Assessment and/or CSE Risk Assessment |  |
| **h) Instigation and Outcome of any Child Protection** **Enquiry Involving a Child Accommodated at the Home** Local Authority Allegations Against Staff Form (LADO) to be completed by the manager, if a member of staff is involved in physical or sexual assaults |  | **Illegal Access/Possession of Controlled Drugs,** **or Substances and/or Alcohol or Solvent Misuse** May require a referral and Screening Tool to be Completed and sent to the Drug and Alcohol Team |  |
|  |  | **Barricading by Children Resulting in Forced** **Entry By Staff/Carers or the Police** Record to be completed in the Child’s Daily Log Record |  |
|  |  | **Searches of a Child or the Child’s Belongings** **Without the Child’s Permission**Child’s Record Res CA 13 Record of Room Search  |  |
|  |  | **Any Other Event/Occurrence Determined by the** **Manager as an Incident**  |  |

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| **Antecedent - What Happened Immediately Before the Incident?** Please state possible triggers/What do we know? |
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|  **Behaviour - What Happened During the Incident? (Young Person’s Behaviour/Your Response)** Have any injuries occurred? /What do we know?Please complete appropriate forms, e.g. assault report form(s) and state where information can be found |
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| **Conclusion – How did the Incident End?**What do we know? |
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| **What Immediate Action(s) have been taken to Protect and Prevent a Further Occurrence?**Have risk assessments been completed? / What do we know?Please state where information can be found and include any immediate sanctions given or resolutions and record accordingly |

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| **Please complete Type of Records/Logs (including time/ date)** |
| **Individual Placement Care Plan?** |  | **Restorative/Key Session?** |  |
| **Cross Referenced to Incident Log Book?**  |  | **Incident Form uploaded onto Framework I?** |  |
| **Cross Referenced and Recorded on Young Person’s File?** |  | **Recorded in the Homes Daily Log book? (Page No)** |  |
| **State what Risk Assessments have been completed? E.g. Safe Care Plan, CSE** |  | **Assault Report Form (Ref No)** |  |
| **Accident Form (Ref No)** |  | **Homes Accident Log Book****(Page No)** |  |
| **Homes Physical Intervention** **Log Book (Page No)** |  | **Body Map**  |  |
| **Pro – Act SCIP S.T.A.R Chart** |  | **Behaviour Management Plan** |  |
| **Complaint Form (Ref No)**  |  | **Homes Complaint Log Book (Page No)** |  |
| **Missing Person Initial Report Form** |  | **10 Point Check List** |  |
| **Bullying Behaviour Form** |  | **Homes Sanction Log Book** **(Page No)** |  |

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| **Name:** |  | **Date:** |  |
| **Signature:** |  | **Position:** |  |

**Section 2: To be completed within 48 hours of the incident**

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| **Post Incident** |

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| **Debrief – How Did You Debrief the Young Person?** **What was their Immediate Response?**Please follow formal complaint procedure if the child/young person wants to make a complaint? Have you checked for any injuries/ marks/ bruises after the incident? Please record on appropriately forms, i.e. Restorative /Key Working Form - What do we know? |
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| **Evaluation – Yours and the Young Person’s Views on Why the Incident Occurred?** What needs to be one to prevent this from happening again?What do we know?  |
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| **Outcome(s) of the Incident**Please state any other action taken so far and what else needs to take place and include where information can be foundHave resolution/restorative meetings taken place and is there a record of this? What do we know?  |
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| **Additional Information/Continuation Sheet****NB:** Use this form In a case where more in depth info is needed, including advice sought from other professionals and On Call/Duty Manager. State what is outstanding and what needs to happen next  |
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| **Name:** |  | **Date:** |  |
| **Signature:** |  | **Position:** |  |

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| **Post Incident Observations Support**Where a child/young person has displayed some challenging behaviour and is unable to verbalise their response staff need to note and observe the child/young person once the incident has occurred and complete the following questions |

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| **How long did it take for the young person to return to their usual self? (This could include participation in their normal activities/routines)** |  |
| **If they are able to verbally express their feelings what was the child/young person saying? (Record the details of what they said)** |  |
| **Was the child/young person quieter, more withdrawn than usual or more active and unsettled?** |  |
| **Note if there are any changes in the child/young person’s behaviour, when any staff or young person involved in the incident were close by?** |  |
| **Was the child/young person’s appetite affected at the next meal time? (Did they eat more or less, did they remain at the table during the meal)** |  |
| **How did they sleep that night? (Was this any difference to their normal pattern of sleep)** |  |
| **Any marks or bruises evident after the event?**  |  |

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| **Name:** |  | **Date:** |  |
| **Signature:** |  | **Position:** |  |

**Section 3: To be completed within 72 hours of the Incident**

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| **Managers Response to the Incident** |

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| **Incident No:** |  | **Date:** |  |
| **Child’s Name:** |  | **Framework I Pin No:** |  |

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| **Please ensure Feedback/Outcomes to those Notified, Including Dates/Times & Method of Communication and which Forms have been completed**Has all paper work has been completed. Consider if any updates are required. E.g. Homes Risk Assessment, Child’s Safe Care Plan and/or Individual Placement Care Plan, child’s/homes logs, e.g. Missing Person’s, Physical Intervention Book, Accident/Assault Report/Health and Safety, LADO or Ofsted Notification Forms |
| **Operations Manager** |  | **Ofsted Notification (if required)** |  |
| **Social Worker/ Service or District Manager** |  | **Health and/or GP Services** |  |
| **Parent(s) / Carer(s)**  |  | **Emergency Services****Specify Which?**  |  |
| **Other Professionals.** **E.g. IRO / YOT/CP Manager** |  | **Any other Relevant People** |  |

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| **What Else Do We Need to Do to Ensure We Protect, Make the Situation Safe and Prevent/Reduce a Further Occurrence?** |
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| **Managers Comments**What sense have you made of the situation |
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| **Please confirm type of Records/Logs completed (including time/date)** |
| **Cross referenced to Incident Book?**  |  | **Incident Form uploaded onto Framework I?** |  |
| **Cross Referenced and Recorded on Young Person’s File?** |  | **Recorded in the Homes Daily Log book?** **(Page No)** |  |
| **State what Risk Assessments have been completed e.g. Safe Care Plan?**  |  | **Assault Report Form:** |  |
| **Accident Form (Ref No)** |  | **Recorded in Homes Accident Log Book** **(Page No)** |  |
| **Recorded in Homes Physical Intervention Log Book (Page No)** |  | **Body Map:** |  |
| **CSE Risk Assessment:** |  | **10 Point Check List:** |  |
| **Complaint Form (Ref No)**  |  | **Homes Complaint Log Book (Page No)**  |  |
| **Missing Person Initial Reporting Form:**  |  | **Recorded in Homes Sanction Log Book****(Page No)** |  |
| **Bullying Behaviour Form:** |  | **Pro-Act SCIP S.T.A.R Chart:** |  |
| **Behaviour Management Plan:** |  | **Restorative/Key Session:** |  |
| **LADO Form:** |  | **Individual Placement Care Plan:** |  |

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| **Name:** |  | **Date:** |  |
| **Signature:** |  | **Position:** |  |