



INCIDENT REPORTING POLICY

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1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to define, record, report, and analyse incidents involving children and young people in our care. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere.

The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road. This policy applies equally across both residences.

The recording of events that meet the threshold to be considered an incident is the responsibility of those adults on duty when the incident takes place. These records are integral to our commitment to safeguard children and young people. The purpose of these records is to:

- Enable effective monitoring of events to identify patterns and trends that could indicate historic or ongoing abuse and neglect.
- Inform the need to review support plans to ensure effective co-regulation strategies and modify coping strategies in favour of more pro-social arrangements.
- Provide evidence of the child's journey through time with us.
- Provide an accurate record of events for the placing authority.

The **Children's Homes (England) Regulations 2015** place clear expectations on the recording and management of incidents, and this document is underpinned by those expectations. The policy also aligns with the **Working Together to Safeguard Children 2026** guidance and the **Social Care Common Inspection Framework (SCCIF) 2026**.

Any breach of this policy (e.g., failing to report an incident, falsifying records, or significantly delayed recording without justification) may result in disciplinary action.

2. How this Policy Benefits the Home

This Incident Reporting Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under the **Children’s Homes (England) Regulations 2015** (recording of incidents, Regulation 40 notifications), the **Health and Safety at Work etc Act 1974** (RIDDOR reporting), the **Equality Act 2010**, and the **Data Protection Act 2018 & UK GDPR** (accuracy and security of records).
- **Child Protection** – It ensures that incidents which may indicate significant harm (disclosures, violence, self-harm, missing episodes, exploitation) are consistently reported and escalated, supporting early intervention and safeguarding.
- **Clarity for Staff** – It provides a clear definition of what constitutes an incident (including a list of examples) and distinguishes between high-threshold (incident report) and low-level behaviours (daily summary). It also clarifies when a decision not to report a low-level behaviour must be documented.
- **Evidential Quality** – It mandates first-person narrative, precise language (e.g., “I placed my hand on the shoulder” rather than “I escorted”), accurate times, and a debrief/review process. This ensures reports are admissible in court, coroner’s inquiries, or disciplinary hearings.
- **Physical Intervention Recording** – It distinguishes between non-restrictive physical intervention (touch without force) and restrictive physical intervention (RPI). It requires detailed recording of the emergency, dynamic risk assessment, the specific restraint technique used, release procedures, and post-incident observations.
- **Post-Incident Support** – It requires a child’s debrief (post-crisis support) within 5 days, with attempts recorded. It also requires staff debriefs and a review of the ISP and risk assessment.
- **Analysis and Learning** – It mandates incident analysis (trends, patterns, lessons learned) using ClearCare data, and feeds findings into team discussions, training, and policy updates.
- **Inspection Readiness** – The SCCIF 2026 expects effective incident management and learning. This policy demonstrates a robust system.
- **Training Framework** – It sets out induction and annual refresher training on incident reporting, physical intervention recording, and use of ClearCare.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children's home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Incident	Any unplanned or unforeseen occurrence that is out of the ordinary or is a cause for concern (see section 4.1 for list).
ISP	Individual Support Plan – the child's specific document detailing triggers, de-escalation strategies, and risk management.
Clear Care	Byram House's electronic recording system for daily summaries, incident reports, and care records.
Proactive Aggression	Goal-orientated aggression where the child's "thinking brain" is switched on. The behaviour is learnt (e.g., due to lived experience or social skills deficits). Reasoning is possible.

Reactive Aggression	Emotional flooding – the thinking brain is switched off. The child is overwhelmed and cannot reason. Staff need to regulate, relate, and listen actively.
Physical Intervention (non-restrictive)	Any form of touch that does not restrict movement (e.g., hand on shoulder, guiding arm). No force used.
Restrictive Physical Intervention (RPI)	The use of force to restrict a child’s movement (e.g., holds taught in Proactive Approaches). Used only as a last resort to prevent immediate significant harm.
Regulation 40 Notification	A statutory notification to Ofsted of a serious event (e.g., serious injury, police involvement, missing overnight).
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (HSE reporting).
Debrief (child)	A post-incident conversation with the child to reflect on what happened, their feelings, and to repair relationships. Recorded within 5 days of the incident.
Debrief (staff)	A meeting of the staff team (or individual) to reflect on the incident, learn lessons, and support staff wellbeing.

3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Children’s Homes (England) Regulations 2015	Regulation 40 – notification of serious events to Ofsted. Regulation 34 – policies for protection of children.	The home must have a clear incident recording and reporting system, and must notify Ofsted of serious incidents.

	Quality Standards – recording, behaviour management.	
Working Together to Safeguard Children 2026	Published March 2026. Multi-agency safeguarding framework. Requires sharing of information about incidents that may indicate significant harm.	Incident reports may be shared with local authority, police, or safeguarding partners.
Data Protection Act 2018 & UK GDPR	Requires accuracy, fairness, and security of personal data. Incident reports contain personal data about children and staff.	Reports must be factual, stored securely, and only shared on a need-to-know basis.
Health and Safety at Work etc Act 1974	Sections 2, 3, 7 – duty to ensure safety of employees and others. RIDDOR reporting requirements.	Serious accidents (e.g., staff injury, child requiring hospital treatment) may be reportable to HSE.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Requires reporting of work-related deaths, specified injuries, and dangerous occurrences.	The Registered Manager must report any incident that meets RIDDOR criteria (e.g., fracture, hospital admission, loss of consciousness).
Social Care Common Inspection Framework (SCCIF) for Children’s Homes 2026	Effective 1 April 2026. Inspects incident management, learning from incidents, and staff competence.	Inspectors will review incident reports, timeliness, analysis, and evidence of learning.

Human Rights Act 1998	Article 8 – right to private life. Recording of incidents must be proportionate.	Incident reports should not contain unnecessary personal or intrusive details that are not relevant to safety.
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4. The Policy

4.1 Incident Definition (Thresholds)

At Byram House, an **incident** is defined as any unplanned or unforeseen occurrence or event that is out of the ordinary or is a cause for concern.

The following list is **not exhaustive**, but incidents include:

Category	Examples
Safeguarding disclosures	A disclosure of abuse or neglect, or where a child's safety has been compromised (record via safeguarding processes).
New or out-of-character behaviour	Behaviour that is new or considered out of character for the child.
Violence or aggression	An act of violence (reactive or proactive aggression) that compromises safety.
Accident or physical harm	Any accident resulting in injury, including self-inflicted.

Property damage	Serious damage to property causing a risk of harm or significant cost.
Self-harm	Self-harm of a serious or persistent nature.
Suicide attempt or death	Attempted suicide, suicide, or death of a child.
Bullying	Bullying of a persistent or serious nature.
Missing from care	Any episode of missing from the home (however short).
Business continuity event	Flood, fire, gas outage, or other event triggering the Business Continuity Plan (BCP).
Physical intervention	Any use of physical intervention (including restrictive) on a child.
Criminal behaviour	Illegal access or possession of controlled drugs, theft, assault, etc.
Emergency services involvement	Police or other emergency services attend or are notified.
Regulation 40 threshold	Any incident that meets the threshold for Ofsted notification under Regulation 40.
Health and safety reportable	Any incident that meets RIDDOR or HSE reporting criteria.
Search without consent	A search of a child or their belongings without permission (see Searching Policy).

Low-level behaviours (e.g., spitting, low-level disruption, not following a direction) that are **known and existing** may not always require a full incident report. Instead, they may be logged in the child's **Daily Summary** on ClearCare. However:

- There must be a **clearly defined and recorded rationale** for the decision not to complete an incident report for specific low-level behaviours. This rationale must be contained in team meeting minutes and clearly recorded in the child's Care Plan, Risk Assessment, and ISP.

- If a behaviour is **new** (even if low-level in severity), it should be recorded via an incident report to allow tracking and analysis. Once the behaviour becomes part of the child's repertoire, the team may agree (with the social worker) to move it to daily summary recording.

When in doubt, write an incident report.

4.2 Reporting Procedures – Timelines and Responsibilities

Immediate actions:

- **Preserve life and safety** – address any immediate risk (first aid, call 999 if needed).
- **Preserve evidence** – do not delete messages, clear screens, or alter the scene (if a crime may have occurred).
- **Verbally inform** – the Registered Manager (or Deputy if RM unavailable) as soon as possible (same shift).

Timelines for written incident report:

- The incident report must be completed on **ClearCare** by the staff involved **before they leave the home for the day, or within 24 hours** of the incident (whichever is sooner).
- If a staff member is too tired or distressed to write an accurate report immediately, they may take notes (times, names, actions) and write the report after a rest period, but still within 24 hours. They should ensure they have adequate notes to maintain accuracy.

Approval and distribution:

Step	Action	Timescale
1	Staff complete report on ClearCare.	Within 24 hours or before end of shift.
2	Registered Manager (or Deputy) reviews and adds comments.	Within 48 hours of incident.
3	Regional Manager automatically notified by ClearCare; if serious, RM also verbally notifies Responsible Individual.	As soon as possible.
4	Responsible Individual reviews and adds comments (via ClearCare).	Within 72 hours (or sooner for serious incidents).
5	Child's social worker informed (phone or email) and sent the approved report.	Within 48 hours (or 72 hours if weekend/bank holiday).
6	Regulation 40 notification to Ofsted (if required) – attached to the incident report.	Within 24 hours of incident (or as soon as practicable).
7	RIDDOR report to HSE (if required).	Within 15 days for over-7-day absence; immediately for death or major injury.

Out of hours: For incidents outside normal office hours, the child's Emergency Duty Team (EDT) must be notified by telephone for:

- Missing episodes.
- Self-injury requiring medical attention.
- Hospitalisation.
- Any police involvement.
- Any other notifiable event agreed with the social worker.

The EDT notification and the name of the EDT worker must be recorded in the incident report.

On-call manager – must be notified for serious incidents likely to require investigation, safeguarding processes, or Regulation 40 notification.

4.3 Recording Standards (Accuracy, First-Person Narrative, Evidence)

Incident reports may be used as evidence in court, coroner's inquiries, or disciplinary hearings. Accuracy is paramount.

Language and narrative:

- Write in **first-person narrative**.
- Introduce each adult by full name and role once (e.g., "Sam Smith (Manager)"). Thereafter use first name (e.g., "Sam").
- Introduce the child by full name; thereafter use first name (the child's file is linked).
- For other children involved, use "another child/young person" or "peer" followed by initials in brackets, e.g., "peer (AW)". Thereafter use "AW" (child/young person).
- **Be precise** – avoid vague terms like "escorted". Instead:
 - "I placed my hand on the child's shoulder and walked forward."
 - "I walked beside the child with my arm extended but without contact."
 - "I verbally prompted the child to leave and walked with them."
 - "I gave a directive statement: 'Go to the lounge' and followed."
- Describe the **actual action** taken, not what you intended to do.

Content:

- Include times of calls, names of people contacted, interventions used, positions of staff and children.
- Describe the environment (where were other children? What were they doing?).
- Record the child's presentation (e.g., "crying, shouting, pacing").
- If a physical intervention was used, record the **dynamic risk assessment** that led to the decision (see section 4.4).

Do not:

- Use correction fluid (Tippex) or delete content. If an error is made, cross out with a single line, initial, and date.
- Add information after approval without a note explaining the addition (who, when, why).
- Speculate or include opinion – stick to observable facts.

Making notes during the incident: It is helpful to make an aide-memoire (times, names, clothing descriptions for missing episodes). These notes should be kept securely and not discarded until the report is finalised.

Debrief and consultation:

- Before submitting, ask another adult who was present to read the report and check for missing details.
- If changes are made after others have read it, note: "Added by [name] on [date] – [reason]". Nothing is deleted.

Child's views (debrief):

- After the incident, a child's debrief must be completed within **5 days**.
- Use the **Post Crisis form** on ClearCare.
- If the child refuses or is unable, record attempts (dates, methods, responses). "(Name) refused to discuss" is not sufficient without evidence of attempts.
- The incident report is not considered **closed** until the debrief (or record of attempts) is attached.

4.4 Physical Intervention – Recording and Restrictive Practices

Distinction:

- **Physical intervention (non-restrictive)** – touch that does not restrict movement (e.g., guiding hand on shoulder). Record in the body of the report but **not** as an RPI.

- **Restrictive Physical Intervention (RPI)** – use of force to restrict movement (holds taught in Proactive Approaches). Record as an RPI with full detail.

Recording an RPI:

- Name the **acute physical behaviour** that led to the intervention (e.g., “child was punching the driver while the vehicle was moving”).
- Describe the **dynamic risk assessment** – why was this a last resort? What immediate harm was likely if you did not act?
- State that you gave a **clear instruction to stop** (e.g., “Stop, sit down”) before intervening.
- Name the **specific restraint technique** used (e.g., Side Embrace, Adapted Embrace, Double Embrace, Figure of 4, Side Hug, Cupped Hand, Adapted Side Hug).
- Describe who led, who supported, and where each adult was positioned.
- **Do not use** words like “grab” or “take down” – use “took hold of” and “supported the child to a safe floor position”.
- Record any **partial release and re-engagement** – explain why you re-engaged.
- Detail the **release technique** – how did you know the child was calm enough? Who released first? Was there a post-release discussion or drink?

Prohibited restrictive practices (never used):

- Blanket rules that restrict all children.
- Psychological restraint or coercive practice.
- Chemical restraint / rapid tranquillisation (except under medical direction in an emergency).
- Mechanical restraint (e.g., straps, belts).

Environmental restrictions (e.g., door locks, window restrictors, door alarms) may be used only with prior organisational authorisation, a risk assessment, and consents where needed. They must be reviewed regularly and used for the minimum necessary time. They must not impact the freedoms of other children.

Post-RPI observations and monitoring:

- Check the child for injuries **by an adult not involved in the RPI** (record who did the check).
- Offer medical attention and document.
- Monitor the child's physiological state:
 - Every **5 minutes** for the first **30 minutes**.
 - Every **30 minutes** for the next **2 hours**.
- Record all observations on the physical intervention log (within ClearCare or a separate form attached to the incident report).

4.5 Post-Incident Tasks – Debrief, Observations, Review

Child debrief (post-crisis support):

- The child's Keyworker (or another trusted adult) should engage the child in a reflective conversation.
- Use PACE (Playfulness, Acceptance, Curiosity, Empathy) to rebuild the relationship.
- Record the child's views, feelings, and any alternative choices they identify for the future.
- Timescale: within **5 days** of the incident. If not done within 5 days, the report can still be closed after recording attempts, but further efforts must continue.

Staff debrief:

- A senior staff member (or the Registered Manager) must hold a debrief with all staff involved **within 48 hours**.
- Focus on: triggers, antecedents, what worked well, what would be done differently, and staff wellbeing.
- Record key learning points (this may be in supervision notes or a separate team meeting record).
- Ensure staff have access to counselling (Employee Assistance Programme) if needed.

Review of care documents:

Following any incident, the Registered Manager must ensure that the following are reviewed and updated as necessary:

- Child's ISP (update de-escalation strategies, triggers, crisis response).
- Risk assessment (update risk levels, control measures).
- Care plan (reflect any changes in needs or interventions).
- Team meeting minutes (share learning).

4.6 Incident Analysis (Patterns, Trends, Lessons Learned)

The Registered Manager is responsible for analysing incident data for each child and for the home as a whole.

Tools: ClearCare can generate reports showing:

- Frequency of incidents over time.
- Types of incidents (self-harm, aggression, missing, etc.).
- Times of day, days of week, shifts.
- Correlation with events (e.g., contact with family, school holidays, end of term).

Analysis requirements:

- Keyworkers must include incident analysis in the child's **monthly summary** (graphs or visual representations encouraged).
- The Registered Manager must present quarterly analysis to the team, identifying patterns and proposing changes to practice.
- Any significant change in patterns (e.g., increase in RPI frequency) triggers an immediate review of the ISP and a multi-disciplinary meeting.

Lessons learned:

- The incident report includes a "lessons learned" section for staff to complete.
- The Registered Manager adds additional reflections before approval.
- Lessons learned are shared with all staff (via team meetings, supervision, or training) to prevent recurrence.

- Systemic lessons (e.g., a design flaw in the building, a gap in training) are escalated to the Responsible Individual and Health and Safety Lead.

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Incident Reporting Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: definition of incident (thresholds), distinction between incident report and daily summary, recording standards (first-person, precise language, PACE), timelines (24 hours, 48 hours, 72 hours), physical intervention recording (RPI vs non-restrictive), post-incident observations (5-minute checks), child and staff debriefs, analysis and lessons learned, Regulation 40 and RIDDOR triggers, and the dual-site operation (62 & 66 Deighton Road).
Annual refresher	Every 12 months	Classroom or virtual session covering updates to legislation (SCCIF 2026, Working Together 2026), case studies of good and poor recording, and refresher on physical intervention recording standards.
ClearCare incident report practical	At induction and as needed	Practical session on using ClearCare to complete an incident report, attach debriefs, and run analysis reports.

Physical intervention recording (RPI)	Annually (or more often if required)	Training on the legal requirements for recording RPIs (dynamic risk assessment, harm statement, release technique), using the correct restraint names, and post-RPI monitoring.
Debrief facilitation (PACE)	At induction and biennially	Training on conducting child debriefs using PACE, recording refusals, and managing staff debriefs.
Data protection and evidence	At induction and refresh	Training on maintaining accuracy, avoiding speculation, and understanding that incident reports may be used in court.

Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training.
- Complete incident reports before the end of their shift or within 24 hours.
- Never delete or alter a report after approval without a clear audit trail.
- Immediately notify the Registered Manager of any incident that may require a Regulation 40 or RIDDOR notification.

6. Related Policies and Guidance

This policy must be read in conjunction with:

- Safeguarding Policy
- Behaviour Support Policy
- Restrictive Physical Intervention Policy
- Missing From Care Policy
- Health and Safety Policy (including RIDDOR)
- Data Protection Policy
- Complaints Policy
- Whistleblowing Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- HSE guidance on RIDDOR

7. Policy Approval and Review Details



Byram House

Policy Name	INCIDENT REPORTING POLICY	
Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	