

PHYSICAL INTERVENTION POLICY & PROCEDURES

1. General Statement:

This policy has a clear focus and should be read in conjunction with the **Behaviour Policy PP17** which details how behaviour is dealt with in a positive manner and that physical intervention is used as a last resort.

Our paramount consideration is to:

- a. Safeguard the welfare of the Young Person.
- b. Safeguard the welfare of staff and others working at the Let's Play Project who act in good faith

2. Our Duty of Care

2.1. We take our duty of care seriously towards Young People, employees and visitors. In order to safeguard Young People and staff, The Let's Play Project aims to provide clear guidance and appropriate training within the resources that can reasonably be made available.

2.2. Aims:

2.2.1. All physical interventions, including restraint, are conducted within a framework of positive behaviour management. The behaviour policy is intended to reward effort and application, encouraging young people to take responsibility for improving their own behaviour so that young people at The Let's Play Project:

- a. Are treated fairly and with courtesy and respect.
- b. Can lead an independent life and are enabled to do so.
- c. Are helped to make choices and involved in decisions which affect their lives, consistent with their interests, culture and wellbeing.
- d. Are entitled to the protection of the law.

- e. Must have their rights upheld regardless of their ethnic origin, gender, sexuality, impairment, disability or age.
- f. Are encouraged to develop a proper awareness of their rights and responsibilities, and to respect the rights of others.

2.2.2. At The Let's Play Project we recognise that Young People may at times present a risk to themselves and others. Any physical intervention should be consistent with the legal obligations and responsibilities of project staff, and with the rights and protection given to Young People under the law, including the Human Rights Act (1998). (**See Appendix 1**)

2.2.3. As staff, our first duty is to ensure that the Young People in our care are safe. Our aim, in all our work, is to provide an environment in which young people feel happy and secure, and in which they are able to develop and learn – physically, socially, emotionally and intellectually. The justification for any kind of intervention, therefore, is that it is beneficial to the Young People concerned.

3. **Definitions:**

3.1. There are three main types of physical intervention:

- 3.1.1. Direct physical contact between a member of a staff and a Young Person. Examples include holding a young person by the arm to stop self-harm, using manual guidance to stop a Young Person wandering into the road, or two people each holding a Young Person and guiding him or her to a seat, if agitated.
- 3.1.2. The use of barriers to limit freedom of movement, for example placing door catches beyond the reach of young people where they are not being used as safety devices i.e. high handles in the kitchen.
- 3.1.3. Materials or equipment which restricts or prevents movement. Examples include using a splint to limit the movement of an arm or leg to stop a Young Person self-harming or injurious behaviours.

4. **Procedures:**

4.1. The Let's Play Project expects that physical intervention is the last resort undertaken in the situation for a Young Person(s) or staff member's welfare. This will be when prevention and de-escalation techniques haven't worked and a full explosive episode of behaviour has occurred. (See PP17)

4.1.1. Try and create some physical space using verbal and non-verbal de-escalation techniques. Breakaway if the young person engages in physically aggressive behaviours. Ensure that young people and other staff are supported and removed to a safe area if required. Only intervene physically (using reasonable and proportional force) as a last resort using minimal restraint techniques.

4.1.2. Post crisis, ensure that staff support the Young Person appropriately encouraging them to return to baseline levels of behaviour. This can be done by supporting the young person into a new area or a place that is calming and relaxing and talking in a calm and sparingly manner. Try and engage the young person in an activity that they enjoy or that motivates them. Ensure that the play workers dealing with the crisis are supported too; this can be done by encouraging them to move to a new area or have a couple of minutes to themselves (first aid administered if required).

4.1.3. In the circumstance a need for physical intervention can be identified a full assessment will be carried out using the form below (**See Appendix 2**)

4.1.4. In the circumstance that physical intervention has had to be used in any activity/session a physical intervention form will need to be filled out (**See Appendix 3**). This form will need to be filled out as soon possible after the intervention was used and must be signed by the **staff member** who carried out the physical intervention along with a witness. The physical intervention form is then handed to the coordinator who will discuss it with the **Activities Manager** before it is logged.

Appendix 1: LEGAL FRAMEWORK

Discussion on definition of "Reasonable force":

- 1) Reasonable force Section 93 of the Education and Inspections Act 2006 enables staff to use such force as is reasonable in the circumstances to prevent a Young Person from doing, or continuing to do, any of the following:
 - a. Committing any offence (or, for a Young Person under the age of criminal responsibility, what would be an offence for an older young person.)
 - b. Causing personal injury to, or damage to the property of, any person (including the young person themselves) or;
 - c. Prejudicing the maintenance of good order and discipline at the setting or among any young people accessing provision, whether during activity session or otherwise.
- 2) There is no legal definition of when it is reasonable to use force. That will always depend on the precise circumstances of individual cases. To be judged lawful, the degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. The degree of force and the duration of its application should always be the minimum needed as the use of any degree of force is unlawful if the particular circumstances do not warrant such use.
- 3) Physical force could not be justified to prevent a Young Person from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force. Justification also includes the right of every citizen to 'self-defence', which applies to all situations for all staff and Young People. For example, it is an offence to lock an adult or child in a room without a court order (even if they are not aware that they are locked in) except in an emergency when the use of a locked room as a temporary measure while seeking assistance may provide legal justification. Thus, this is an issue of proportion and circumstance which needs to be assessed and acted upon at the time. Justification (as a legal defence) for using physical interventions needs to address these questions:
 - a. Is there clarity about how the intervention helps the person concerned?
 - b. Are there any conflicts of interest where staff experiences fewer demands or less stress when physical interventions are used?
 - c. What steps have been taken to reduce the likelihood that the physical intervention will be used in the future?

- d. Is the justification for this Young Person specifically, or for 'all' in group
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- 4) The clearest lawful justification is that the actions of staff are reasonable, proportionate and in the best interests of the young person. Under Human Rights legislation they should be “absolutely necessary”. Staff members owe a duty of care towards young people/vulnerable adults which requires that reasonable measures to prevent harm are taken.
 - 5) Hence, in some circumstances, it may be appropriate to employ certain kinds of physical intervention to prevent a significant known and foreseeable risk of harm. Physical intervention only ought to be used when other strategies have been found to be unsuccessful, or when the risks of not employing an emergency intervention are outweighed by the risks of using one.
 - 6) Use of physical intervention needs to be consistent with the Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (ratified 1991). These are based on the presumption that every person is entitled to:
 - a. Respect for his or her private life.
 - b. The right not to be subjected to inhuman or degrading treatment.
 - c. The right to liberty and security.
 - d. The right not to be discriminated against in his/her enjoyment of those rights

Appendix 2: Physical Intervention Assessment

Name Date of Birth Age

Names of others consulted

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What positive outcome is being sought through Physical Intervention?

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What is the likely outcome if no action is taken?

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What alternatives are there to Physical Intervention?

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What is the minimum form of Physical Intervention seen as likely to be successful?
(techniques)

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Is there a risk of physical harm if the intervention is used?

- To the Young Person
- To other young people
- To adults
- To property

Who might be harmed if it is not used?

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Estimate of the risks to those involved if Physical Restraint is attempted

	High	Medium	Low
Severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What measures have been taken to reduce the risks? (tick if complete)

Training in Physical Intervention ☐

Checks for relevant medical information ☐

Checks on likely context ☐

Check on experience / advice from others working with the child in other settings ☐

Others - please describe

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What risks remain? (e.g. Litigation)

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What future action might be needed?

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Date of assessment

Completed by

Signature

Signature of Coordinator Review Date.....

Appendix 3: Physical Intervention Form

THE INCIDENT		Child's Name:	
Location		Time and duration of incident	
Activity			
Triggers - Changes to routine/ staff? Arousal level? Environmental factors? Personal Factors?			
De-escalation strategies used			
BEHAVIOURS SEEN (please tick)			
LEVEL ONE			
Non compliance / refusal		Dropping to floor	
Screaming / shouting		Throwing objects	
Banging furniture / objects		Defiant posturing / attitude	
Invasion of personal space		Swearing	
LEVEL TWO			
Grabbing clothes / spectacles		Spitting on own clothes / furniture	
Attempted slapping / hitting / scratching		Pushing	
Attempted biting		Poking	
Attempted kicking		Pinching	
Continuous level one behaviours (more than 5)			
LEVEL THREE			
Throwing objects with intent		Biting	
Scratching		Hitting / slapping	
Kicking (people)		Hair pulling	
Spitting (at people)		Removing clothing	
Running away (staying on premises)		Continuous level two behaviours (more than 5)	
LEVEL FOUR			
Fighting		Head butts	
Smearing of bodily fluids (urine / faeces)		Throwing large objects / furniture	
Frenzied hitting / punching / scratching (staff)		Running away off site / out of school	
Sexual harassment verbal		Continuous level three behaviours (more than 5)	
LEVEL FIVE			
Use of weapon / sharps		Sexual assault (includes touch)	
Continuous level four behaviours (more than 5)			

What happened? 	Staff response
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PRICE TECHNIQUES (please tick) **Were PRICE Techniques used?** YES ☐ NO ☐

Break away Techniques	
Wipe away	Hair pull release (compression)
Clothing grab (single hand)	Wrist grab release (scissor / twist)
Double wrist grab release	Release from bite (level 2)
Defence against shin kicks	

Who witnessed the incident?

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Were parents informed?

YES ☐ Through diary ☐ Face to Face ☐ By phone ☐
NO ☐ If 'NO' why not?

Does this young person have an Individual Risk Assessment? YES ☐ NO ☐

INCIDENT RECORD COMPLETED BY

Signature: **Signature of Witness** **Signature of Coordinator**.....

Name & Signature of person completing the form:.....

Name & Signature of other staff involved:.....

Name & Signature of other staff involved:.....

Name & Signature of other staff involved:.....

