



## **YOUNG PEOPLE & VULNERABLE ADULTS COMBINED**

### **POLICY & PROCEDURES**

#### **UNCOLLECTED YOUNG PERSON**

##### **1. General Statement:**

The Let's Play Project has the highest regard for the safety, welfare and care of the Young People from the point that they are dropped off into our care and until they are collected by a Parent or Carer or transported home.

If an individual agreement is needed to alter our standard drop off and collection procedures, then the Core Team at Let's Play Project will work with the Parents/Carers to ensure that alternative arrangements that adhere to safeguarding guidelines, are suitable for all. The Let's Play Project will also work with other agencies, if necessary, to achieve a safe outcome should a Young Person not be collected by any of the people designated to do so.

##### **2. Policy**

- 2.1. At the end of every session, the Let's Play Project will ensure that all Young People are collected by a Parent/Carer or designated safe person who is over the age of 18.
- 2.2. In the event of failure by a Parent/Carer or designated person to collect the Young Person, or to inform the Let's Play Project of late arrival, then the Let's Play Project will make every effort to make contact, if we are unsuccessful then emergency contacts on file will be contacted. However, should this not be successful Social Services or other agencies who can continue the care of the Young Person will be contacted and support requested. This will be conducted via mash.

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### **3. Procedures**

#### **3.1. These procedures will apply if for some reason a Young Person is not collected at the end of a session provided by the Let's Play Project.**

3.1.1. If a Parent/Carer or designated person is over 5 minutes late in collecting their Young Person, a member of the Core Team or Session Leader will follow the steps below:

**Step one** - call the given telephone numbers of the Parent/Carer or designated person in order to try to ascertain the cause for the delay, and when they expect to arrive at the venue. Messages will always be left on any answerphone requesting a prompt reply.

**Step two** - While waiting to be collected, the Young Person will be supervised by at least two Playworkers who will offer them as much support and reassurance as is necessary.

**Step three** - If, after repeated attempts, no contact is made with the Parent/Carer or designated person, within a period of 30 minutes of the session ending the Core Team will contact the local Social Services Department if the child has a designated social worker or the MASH team if necessary for advice and support.

**Step four** - In the event of the Social Services being called and responsibility for the Young Person being passed to a Child Protection agency, the Core Team will continue to attempt further contact or leave a telephone message on the Parent's/Carer's or designated person's answerphone.

**Step five** - The Core Team member on duty will contact the trustee responsible for safeguarding to inform of the situation and provide updates as and when they arise.



**Step six** -If contact has not been made with the Young Person's Parent/Carer or designated person, a member of the Core Team will send an email to the Parent/Carer and continue to attempt to make contact on the phone.

3.1.2. Incidents of short term lateness will be recorded by the session leader for the core team to discuss with the Parents/Carers and social care link worker if necessary. Late collection will be recorded by the Session Leader and Core Team and discussed with the Parent/Carer at the earliest opportunity

3.1.3. The Young Person will remain in the care of the Session Leader and Playworkers present until they are collected by the Parent/Carer or designated person, or alternatively placed in the care of Social Services or the police.

**3.2. The Let's Play Project reserves the right to make a charge of £5 for every 15 minutes late to cover staff costs.**

3.2.1. In the event of persistent late collection of a Young Person, and in consultation with all relevant parties, the Let's Play Project reserves the right to withdraw provision.

**3.3. The following process will apply if for some reason a Parent/Carer is not at home when Transport arrives after a session provided by the Let's Play Project has ended.**

3.3.1. The transport provider will phone Let's Play Project and between both organisations, there will be an attempt to contact the Parent/Carer.

3.3.2. If contact is made with Parent/Carers, and they are within a range of 5 minutes, the transport provider will wait.

3.3.3. If Parent/Carers cannot be contacted, the Young Person will be returned to the Let's Play Activity Centre.

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3.3.4. Then the above procedure 3.1 will be followed.

Parents/carers are expected to comply with the policy unless they contact the Charity Manager to request an exception or clarification. Additionally, by completing the young person's profile, parents are indicating their agreement to abide by the policy. It is important for parents/carers to carefully review the policy and contact the Charity Manager if they have any questions or concerns.

## MISSING YOUNG PERSON

### **1. General Statement**

Adequate and continuous supervision at all times should decrease the likelihood of a missing Young person situation.

Through risk assessments and training of the Core Team, Play Worker and Volunteers all staff should be fully aware of the hazards that may be likely to occur at particular venues.

However, should a Young Person go missing the following procedure of events must take place:

The following process applies whether at the hub or in a secure external setting.

### **2. Procedures**

#### **2.1. Procedures in the event of a Young Person known to have left the secure site:**

2.1.1. If a Young Person is known to have left the premises, then the Police must be informed immediately.

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2.1.2. The Parents/Carers are contacted immediately to inform them and ask for advice on specific places to search.

2.1.3. The Chair of Trustees is called along with the Trustee responsible for safeguarding if this is a different Trustee.

2.1.4. All members of the Core Team are called and requested to support the hub for the length of time it takes to find the missing Young Person.

## **2.2. Procedures in the event of a Young Person is missing or you are unsure where they are within the secure site:**

2.2.1. If you think a Young Person has gone missing or you are unsure where they are, tell the Session Leader immediately. **Do not seek to remedy the situation independently.**

2.2.2. The Session Leader will arrange for all the other Young People to be satisfactorily supervised whilst redistributing staff members to support in a search.

2.2.3. Where appropriate and possible, exits should be manned to ensure that the Young Person may not leave a building or venue if staff are confident they have not already done so.

2.2.4. The local area will be checked thoroughly; particularly toilets, cupboards and all other areas capable of hiding a Young Person and all security or supervisory staff of the external venue should be alerted immediately.

2.2.5. One senior member of the Core Team or delegated Play Worker will contact and alert any other adults in the area /on the premises.

2.2.6. If, after 5 minutes the Young Person cannot be located, a member of the Core Team will inform the chair of trustees and trustee responsible for safeguarding.

2.2.7. **The Core Team member will then inform the following:**

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a. The police and, at their suggestion, any other relevant emergency service.

b. The Parents/Carers of the Young Person, who will be asked to come to the site

2.2.8. Once the Young Person has been located the Charity Manager will conduct interviews with all Session Leaders, Playworkers and Volunteers involved and make notes which will provide detail for the incident report.

2.2.9. If Session Leaders, Playworkers or Volunteers are found to be at fault through misconduct in any way, then disciplinary process will be followed.

2.2.10. Following the incident, the detailed incident report will be given to the Parents/Carers and any learning points noted and shared with all Session Leaders, Playworkers and Volunteers at the earliest opportunity (by e-mail and at the next staff meeting).

2.2.11. If it is deemed that the child is unable to be cared for at LP due to their behaviour and their desire to flee then the parents/carers would be involved in a discussion about removing the child from sessions.

2.2.12. All Core Team members, Playworkers and Volunteers must act upon the primary principle laid down in the Children's Act 1989:

***"The welfare of the child and of the other children within the setting is paramount".***



## MEDICATION

### **3. General Statement:**

Only prescribed medication may be administered by trained staff at the Let's Play Project as stated in the Oxfordshire Shared Care Protocol.

### **4. Policy:**

4.1. All medicines that are administered at the Let's Play Project must be accompanied by "Consent for a Care Worker to Administer Prescribed Medication Form" (see Appendix 1) which a Parent/Guardian and a member of the Core Team will fill out. The form includes the name of the medication, strength, dosage, when it is to be given and the expiry date.

4.2. A new "Medicine Administration Permission Form" must be completed by the Parent/Guardian and a member of the Core Team if there is a change to the dosage or medication and the old form must be kept and archived.

### **5. Procedures:**

5.1. The Let's Play Project will only administer medication to a Young Person if the following criteria are met (once a "Consent for a Care Worker to Administer Prescribed Medication Form" has been completed):

5.1.1. All medication **must be prescribed** and will only be given to the person named on the bottle/box for the dosage stated. All medicines must be in their original containers, clearly labelled, legible, show an expiry date and a dispense date and not tampered with or we will be unable to administer them.

5.1.2. Before administration the Core Team member or Session Leader should ask parents/carers to fill in appropriate paperwork as to when the last dose was administered prior to the session and when the expected dose should be administered in session.

5.1.3. The Core Team member or Session Leader will check the expiry date on the medication before agreeing to administer it, but it is the responsibility of the parent to ensure they are passing over medication which is in date.

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- 5.1.4. Medication will then be locked away in the office and will be stored in the medicine cabinet which is clearly labelled, the cabinet will be open during sessions, but Young People don't have access to the office due to the doubled coded door.
- 5.1.5. If medication has gone out of date or is no longer needed which the Let's Play Project have in their possession, then it will be given back to the parent/guardian for disposal.
- 5.1.6. Oral medication will only be administered to a Young Person by the members of staff who have attended the "Medication Awareness" training which covers handling, administration, safety, storage and record keeping within the past year which is conducted by a qualified NHS Community Nurse. By partaking in this training, it means the member of staff is competent to administer oral medication.
- 5.1.7. Medication can only be given via a gastrostomy by members of staff who have also attended the "Medication Awareness" training and who have been signed off by a qualified NHS Community Nurse at the Let's Play Project to give a specific medication to a specific Young Person.
- 5.1.8. The names of the staff members signed off to give gastrostomy medication, is kept in the medicine folder which is located in the kitchen.
- 5.1.9. Once a member of staff has administered medication to a Young Person they must fill out the "Medication Administration Record Form" (Appendix 2) as stated in the Oxfordshire Shared Care Protocol. The staff member must fill out their name, initials, date, time and route the medicine has been administered. If the medication is not given the reason must be stated on the form.





5.1.10. Staff need to feedback to parents what time the medication was administered to the Young Person as this may affect future doses during the day.

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5.1.11. In the event of a Young Person needing to have their emergency seizure medication administered as stated in their seizure protocol; a First Aider who has been signed off by the qualified NHS Community Nurse at the Let's Play Project must administer the medication as Buccal Midazolam can stop breathing. If their emergency medication needs to be given, the ambulance needs to be called at the time of administration and inform the young person's parents by phone. The time the seizure started needs to be recorded along with the length of the seizure and the time the emergency medication was given so this can be passed onto the paramedics.

**NOTE:** Staff are signed off by the qualified NHS Community Nurse for each individual Young Person's emergency seizure medication as stated in their NHS Seizure Protocol. If parents/guardians have not provided a copy of their Young Person's NHS Seizure Protocol but have given us their Young Person's emergency seizure medication, Let's Play Project staff are not permitted to administer their emergency seizure medication – it will then be passed onto the Paramedics when they arrive.

If a Young Person develops a high temperature (over 37.5C) a senior member of staff will assess the situation and contact the parent/guardian to make suitable arrangements. If their temperature reaches 39C or above the parent/guardian will be called to pick up their Young Person with immediate effect and/or urgent medical advice will be sought. The Let's Play Project does not store Calpol for general use.

Any medication errors must be reported to parents immediately by phone call and to Kay Willis 01865 894866 / 07920252095 and Erin Harker at Oxfordshire County Council within 1 working day. Procedure for overdose – Ring 111 for advice and seek medical attention if required, Inform Parents, Document Events, Investigation into error to be compiled. Inform Contracts Team and Community Nursing Team.



## VULNERABLE ADULTS

### 6. **General Statement:**

**This policy should be read in conjunction with PP12 Safeguarding, PP13 Grievance and PP14 Complaints Policies & Procedures.**

The Let's Play Project is committed to ensuring that vulnerable people who use our services are treated with dignity and respect and that working practices minimise the risk of abuse.

### 7. **Definition:**

Vulnerable adults can include individuals who are elderly, have disabilities, mental health issues, or other conditions that make them more susceptible to abuse, neglect, or harm. It is important to recognize and protect the rights of vulnerable adults and ensure they receive appropriate support and care to live safely and with dignity in the community.

### 8. **Abuse can include:**

**Neglect:** The persistent failure to meet a young person's basic physical and psychological needs, likely to result in the serious impairments of the young person's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to - provide food, clothing and shelter, protect a Young Person from physical and emotional harm or danger, ensure adequate supervision, ensure access to appropriate medical care or treatment.

**Physical Abuse:** May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a Young Person.



**Sexual Abuse:** Forcing or enticing a Young Person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the young person is aware of what is happening. The activities may involve physical contact, penetrative or non-penetrative acts and also includes involving young people in watching pornographic material or watching sexual acts.

**Emotional Abuse:** The persistent emotional maltreatment of a young person such as to cause severe and persistent adverse effects on the young person's emotional development. It may involve conveying to young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person

Abuse can take place in any setting, public or private, and can be perpetrated by anyone.

Volunteers, Staff and Trustees have a duty to identify abuse and to report it. Training is given on handling disclosures during safeguarding training and details of contacts are given in the Safeguarding Policy. Main contacts are listed below in section 5.

## **9. Support for volunteers and staff:**

It is important for organisations to have policies and procedures in place to ensure that incidents of abuse are reported promptly and handled appropriately. It is also important to provide support to staff and volunteers who may be involved in reporting or responding to incidents of abuse, as these situations can be emotionally challenging. The support provided may include debriefing, counselling, and other resources to help the individuals involved cope with the situation. The Charity Manager, and Trustees of the Charity will support Staff directly in these situations.

Overall, it is essential to prioritise the safety and well-being of vulnerable individuals and ensure that any incidents of abuse are addressed with care and sensitivity.

**Note:** Volunteers and Staff themselves may also be the subject of an allegation of abuse. In this situation the procedures outlined in the Complaints Policy & Procedures (**PP14**) will be followed. Advice can also be sought from the LADO (Local Authority Designated Officer) on **01865 810603**.



## 10. **Confidentiality:**

10.1.1. Confidentiality is crucial to all our work and relationships, and all Staff, Trustees and Volunteers are required to sign a confidentiality agreement prior to working for Let's Play. **(See PP07 Confidentiality Policy & Procedures)**

10.1.2. The welfare of vulnerable adults is paramount. Concerns relating to potential abuse of vulnerable adults must be discussed with the Charity Manager.

10.1.3. Confidentiality may not be maintained if the withholding of information will prejudice the welfare of the vulnerable adult.

## 11. **Contact information:**

Allegations of the alleged abuse which occurred when the person is over 18 years old falls under the Protection of Vulnerable Adults and needs to be reported to:

Chairty Manager – **Sammy Bates 07591 297801**

The Trustee responsible for Safeguarding – **Shirley Gelleburn 07584 307908**

If either of these are unavailable contact:

Oxfordshire County Council Adult Social Services:

Social & Health Care Team

Samuelson House

Tramway Road

Banbury

OX16 5AU

**Tel: 0845 050 7666**

**Out of hours emergency number: 0800 833408**

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## PHYSICAL INTERVENTION

### 12. **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 and other Young People around them
- b. Safeguard the welfare of staff and others working at the Let's Play Project who act in good faith

### 13. **Our Duty of Care**

Safeguarding is a critical responsibility for organisations that work with vulnerable populations, such as young people. It is essential to provide clear guidance and training to staff and volunteers to ensure that they have the knowledge and skills to recognize and respond to potential risks and safeguard the welfare of young people and other vulnerable individuals. However, it is also important to acknowledge that organisations may have limited resources and must prioritise their efforts accordingly. By aiming to provide clear guidance and appropriate training within the resources that can reasonably be made available, the Let's Play Project is demonstrating its commitment to safeguarding while also being mindful of practical considerations.

#### **Aims:**

13.1.1. 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.

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- b. Can be as independent as possible and are supported in doing 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.

13.1.2. 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)**

13.1.3. 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.



## **14. Definitions:**

14.1. There are three main types of physical intervention:

14.1.1. 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 holding a Young Person and guiding them to a place where they and others are safe

14.1.2. 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.

14.1.3. 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.

## **15. Procedures:**

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)

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.





It is important to recognize that incidents or crises can be stressful and overwhelming for young people and staff. Providing appropriate support and care after a crisis is essential to help individuals cope with the aftermath of the event. This may involve creating a safe and calming environment and using techniques such as active listening and distraction to help the young person feel more comfortable and relaxed. Additionally, it is important to support the play workers who were involved in the crisis by giving them time and space to decompress, and providing any necessary first aid if required. Overall, this post-crisis procedure prioritises the well-being of all individuals involved and aims to help them recover and return to a sense of normalcy.

In the circumstance that physical intervention is necessary, a full assessment will be carried out using a specific form (Appendix 2). Additionally, if physical intervention has been used in an activity or session, a physical intervention form (Appendix 3) must be completed as soon as possible after the intervention, signed by the staff member who carried out the intervention and a witness, and handed to the coordinator. The form will then be discussed with the Senior Coordinator before it is logged.

Physical intervention may be necessary in certain circumstances, such as when there is an imminent risk of harm to a young person or others. However, it is important to have clear policies and procedures in place to ensure that physical intervention is used only when necessary and that the safety and well-being of all individuals involved are prioritised. By requiring a full assessment and a specific form to be completed, the Let's Play Project is demonstrating its commitment to responsible and accountable use of physical intervention. Additionally, the requirement for the form to be signed by a witness and discussed with the Senior Coordinator helps to ensure transparency and accountability in the use of physical intervention.



## **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?

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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

- 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

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## **Appendix 2: Physical Intervention Assessment**

**Name** ..... **Date of Birth** ..... **Age** .....

**Names of others consulted**

.....  
.....

**What positive outcome is being sought through Physical Intervention?**

.....  
.....  
.....

**What is the likely outcome if no action is taken?**

.....  
.....  
.....

**What alternatives are there to Physical Intervention?**

.....  
.....  
.....

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

.....  
.....

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

- To the pupil
- To other pupils
- To adults
- To property

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1 - 5

Who might be harmed if it is not used?

.....

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 .....

.....

What risks remain? (e.g. Litigation)

.....

What future action might be needed?

.....

.....

.....

Date of assessment .....

Completed by .....

Signature

Signature

Signature of Coordinator .....

Review Date.....



### Appendix 3: Physical Intervention Form

#### THE INCIDENT

<b>Location</b>	<b>Time and duration of incident</b>
<b>Activity</b>	
<b>Triggers -</b> Changes to routine/ staff? Arousal level? Environmental factors? Personal Factors?	
<b>De-escalation strategies used</b>	

#### BEHAVIOURS SEEN (please tick)

<b>LEVEL ONE</b>	
Non compliance / refusal	Dropping to floor
Screaming / shouting	Throwing objects
Banging furniture / objects	Defiant posturing / attitude
Invasion of personal space	Swearing

<b>LEVEL TWO</b>	
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)	

<b>LEVEL THREE</b>	
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)

<b>LEVEL FOUR</b>	
Fighting (with a pupil)	Head butts to staff or pupils
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 to staff or pupils	Continuous level three behaviours (more than 5)

<b>LEVEL FIVE</b>	
Use of weapon / sharps	Sexual assault of staff or pupils (includes touch)
Continuous level four behaviours (more than 5)	

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<b>What happened?</b>    	<b>Staff response</b>    
---------------------------------------	---------------------------------------

**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?** .....

.....  
 .....

**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:**.....



## PLAY POLICY & PROCEDURES

### 16. **General Statement:**

The Let's Play Project recognises Young People's right to play as contained in Article 31 of the UN Convention on the Rights of the Child 1991.

The Let's Play Project advocates Playing as integral to Young People's enjoyment of their lives, their health and their development. Young People – whatever their age, culture, ethnicity, physical or mental health, or social and economic background, need and want to play, indoors and out, in whatever way they can. Through play, Young People are creating their own culture, developing their abilities, exploring their creativity and learning about themselves, other people and the world around them. (Play England)

### 17. **Policy:**

#### 17.1. **The Let's Play Project operates in accordance with the Play Work Principles:**

17.1.1. All Young People need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well-being of individuals and communities.

17.1.2. Play is a process that is freely chosen, personally directed and intrinsically motivated. That is Young People determine and control the content and intent of their play, by following their own instincts, ideas and interests, in their own way for their own reasons.





17.1.3. The prime focus and essence of Play Work is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.

17.1.4. For Playworkers, the play process takes precedence and Playworkers act as advocates for play when engaging with adult led agendas.

17.1.5. The role of the Playworker is to support all Young People in the creation of space in which they can play.

17.1.6. The Playworkers response to Young People playing is based on a sound up to date knowledge of play process and reflective practice.

17.1.7. Playworkers recognise their own impact on the play space and also the impact of Young People's play on the Playworker.

17.1.8. Playworkers choose an intervention style that enables Young People to extend their play. All Playworker intervention must balance risk with the developmental benefit and well-being of children.

## 18. The Play Cycle

18.1.1. Staff at the Let's Play Project recognise the importance of free play where the Young People choose what they want to play with and a Playworker's role is to facilitate their play and the Play Cycle:

### 18.2. **The Play Cycle:**

- **Play Drive:** The idea to play starts inside the Young Person's mind, and they might then do an action or send out a signal (a Play Cue) to start the play.
- **Play Cue:** a signal sent out by the Young Person (to another Young Person, Young People, adult, animal or even an inanimate object) inviting the other to join in with the play. For example, a Young Person might

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throw another young person a ball to catch, or they may say, “Shall we play?”

- **Play Return:** this is a signal returned in response to a Play Cue showing that they would like to join in the play. For example, a Young Person might catch a ball thrown to them, and throw it back.
- **Play Flow:** When a Young Person is absorbed in their play, they are in the Play Flow, which can last for minutes, hours or sometimes days at a time.
- **Play Frame:** The imaginary or real boundary around the Young Person/Young People’s play, which can be altered by changing the space, people, things, etc. in it to maintain and extend the Play Flow.
- **Annihilation:** When a Young Person/Young People decides to end the play (or when they are forced to end their play, or their play is interrupted by an adult) the Play Frame ‘pops’ and is extinguished, and the cycle of play ends.
- **The Play Cycle:** All the above elements together constitute the Play Cycle, starting with the Play Drive and ending with annihilation of the play.
- This comes from the ground-breaking Colorado Paper by Perry Else and Gordon Sturrock.

## 19. Procedures

- 19.1. The Let’s Play Project aims to create a varied and interesting environment that stimulates social, physical, creative, emotional and intellectual play.
- 19.2. Session Leaders set up the play space for After School Clubs and Holiday Sessions with planned activities such as cooking, arts and crafts, sensory play, shop and kitchen or cars for example but the Young People are always encouraged to lead their own play and may choose what they’d like to play with.

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- 19.3. The setting includes a provision of open space inside and outside, music, lighting and range of objects and materials (loose parts) the Young People can select to develop their own play.
- 19.4. The Let's Play Project will plan activities and provide resources that are based on the Young People interests and supports specific requirements to ensure all Young People enjoy themselves.
- 19.5. The Let's Play Project recognises and allows Young People to engage in the 15 types of play taken from Bob Hughes Taxonomy of Play types.
- 19.6. By following the 7 best play objectives the Let's Play Project aims to:
  - 19.7. Extend the choice and control that children and Young People have over their play, the freedom they enjoy and the satisfaction they gain from it.
  - 19.8. Recognise the Young Person's need to test boundaries and respond positively to that need.
  - 19.9. Manage the balance between the need to offer risk and the need to keep young people safe from harm.
  - 19.10. Maximise the range of play opportunities.
  - 19.11. Foster independence and self-esteem.
  - 19.12. Foster Young People's respect for others and offer opportunities for social interaction.
  - 19.13. Foster the Young Person's well-being, healthy growth and development, knowledge and understanding, creativity and capacity to learn.
- 19.14. The Let's Play Project supports staff to undertake Play Work training annually where possible and to keep up to date with developments in Play Work.



19.15. The Let's Play Project will consult with Young People and parents about the provision in a variety of ways on a regular basis. Consultation methods include discussions, suggestion box and observations of Young People.

19.16. The Let's Play Project will regularly evaluate practice and resources and will keep an inventory which is updated when required.

## INTIMATE CARE

### **1. General Statement:**

Intimate Care is defined as: Care given to an individual that requires the removal of clothing or the exposing of any part of the body not usually exposed in a normal social situation:

- a. Whilst showering or bathing
- b. Assisting using the toilet, changing sanitary wear or incontinence products
- c. Caring for a gastrostomy tube
- d. Giving enemas or suppositories
- e. Intermittent catheterisation

### **2. Policy:**

2.1. The Young People who access the Let's Play Project may have specific requirements which in turn may mean they could need assistance with some of their intimate care. All staff undertaking intimate care should have undertaken relevant up to date Safeguarding training (online Introduction to Safeguarding or Generalist Safeguarding) and be aware of the Let's Play Project's Safeguarding policy **PP12**.

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2.2. Staff will work in partnership with parents/carers to provide continuity of care and will be supported to adapt their practice in relation to the needs of the individual they are caring for.

### 2.3. Principles of Intimate Care:

- 2.3.1. Every Young Person has the right to be safe.
- 2.3.2. Every Young Person has the right to personal privacy.
- 2.3.3. Every Young Person has the right to be valued as an individual.
- 2.3.4. Every Young Person has the right to be treated with dignity and respect.
- 2.3.5. Every Young Person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- 2.3.6. Every Young Person has the right to express their views on their own intimate care and to have such views taken into account.
- 2.3.7. Every Young Person has the right to have levels of intimate care that are as consistent as possible.

## 3. Procedures (The Let's Play Project's approach to best practice):

- 3.1. Treat every Young Person with dignity and respect and ensure privacy appropriate to their age:
  - 3.1.1. In accordance with the advice in the Shared Care Protocols, intimate care should be carried out by one member of staff alone with one Young Person when appropriate for that situation and as appropriate to their level of independence.
  - 3.1.2. This privacy is actively supported unless the task requires 2 people for greater comfort for the Young Person or for their safety e.g. When hoisting a Young Person from their wheelchair to the changing bed or onto the floor this must always be done by at least 2 members of staff, hoisting should not be done by 1 member of staff alone.

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3.1.3. When changing a Young Person's clothing or pad/nappy always respect their dignity and never leave them completely unclothed.

### 3.2. Encourage the Young People to have a positive image of their own body:

- 3.2.1. Confident, self-assured Young People who feel their body belongs to them are less vulnerable to sexual abuse.
- 3.2.2. The approach taken to intimate care can convey lots of messages to a Young Person about their body worth.
- 3.2.3. The attitude to a Young Person's intimate care is important. Keeping in mind the Young Person's age, routine care can be relaxed, enjoyable and fun.

### 3.3. Following Individual Procedures:

- 3.3.1. It will state in each Young Person profile their intimate care needs whether they are for toileting or feeding via a gastrostomy or any other intimate care need.
- 3.3.2. The procedures must be followed at all times.
- 3.3.3. The feeding schedule and details of who is permitted to feed each Young Person via their gastrostomy can be found in the feeding folder which is located in the kitchen.
- 3.3.4. Only members of staff who have attended the feeding awareness training delivered by the NHS Community Nurse at Let's play and have been signed off as competent by the NHS Community Nurse may feed a Young Person unsupervised.
- 3.3.5. Staff members who have attended the Feeding Awareness training delivered by the NHS Community Nurse at the Let's Play Project but not yet signed off may feed a Young Person under the supervision of another staff member who is signed off as competent.

### 3.4. Involve the Young Person as far as possible in his/her own intimate care:

- 3.4.1. The Young Person will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

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3.4.2. Staff will encourage the Young Person to do as much as they can for themselves during toileting and when a Young Person is fully dependent on you, talk with him or her about what you are about to do and give choices where possible.

3.4.3. The Activities Team will liaise with parents to learn the level of independence at home and this will also be stated on the Young Person's profile so all staff working with that Young Person are aware.

3.5. Be responsive to a Young Person's reactions:

3.5.1. Check that the Young Person is comfortable with what you are doing. If a Young Person expresses a dislike of a certain person carrying out their personal care try to find out why by asking open ended questions - let the Session Leader know.

3.6. Make sure practice in intimate care is as consistent as possible:

3.6.1. As a Young Person will be with different Playworkers throughout their time at Let's Play a consistent approach to care is essential. Effective communication between parents / carers /staff ensures practice is consistent.

3.7. Never do something unless you know how to do it:

3.7.1. If you are unsure how to do something ask another Playworker or the Session Leader for help. If you need to be shown more than once that's fine, ask again. No Playworker should be put in a position where they feel uncomfortable or do not feel as though they are equipped enough to deal with the situation.



### 3.8. Observation:

- 3.8.1. If you observe any unusual markings, discolorations or swelling including the genital area, report it to the Session Leader.
- 3.8.2. If during the intimate care of a Young Person you accidentally hurt them or they misunderstand or misinterpret something, reassure the Young Person, ensure their safety and report the incident to the Session Leader.
- 3.8.3. Report and record also any unusual emotional or behavioural response by the Young Person. A written record of concerns must be made on the same day and will be passed onto the Project Manager and will be locked in the Safeguarding file.

**Please note this policy is a combined version of the following policies:**

PP10 Uncollected Young person

PP11 Missing Young Person

PP17 Behaviour

PP19 Medication

PP20 Vulnerable Adults

PP23 Physical Intervention

PP25 Play Policy

PP26 Intimate Care

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