



## **Restrictive Physical Intervention Policy**

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### **Policy Statement**

Play Inclusion Project is committed to ensuring and maintaining a safe working environment for all children, young people, staff, and volunteers. To fulfil this commitment, a Behaviour Management Policy is in place.

This Restrictive Physical Intervention Policy reflects the expectations of the Children Act 1989 and the Human Rights Act 1998, and is consistent with the guidance provided by the Department of Health (DoH) and the Department for Education and Skills (DfES).

It complements the Behaviour Policy, and the two should be read together.

The approved methods used by Play Inclusion Project staff are Team Teach and Safer Handling.

### **Principles**

- Children who lose control require help to regain control.
- The use of restrictive techniques is considered an act of care.
- Only staff trained in Team Teach or Safer Handling techniques may employ these methods.
- Wherever possible, techniques should be used in a manner that is sensitive to and respectful of cultural expectations and personal attitudes towards physical contact.
- Techniques should avoid contact that could be misinterpreted as sexual.
- Techniques must be designed to achieve outcomes that reflect the best interests of the child whose behaviour poses an immediate concern and of others who may be affected.
- Any use of a technique must be reasonable, proportionate, and necessary — applying the minimum force required for the shortest possible time to avert injury or damage.
- Restrictive interventions should always be a last resort, used only when primary and secondary strategies (e.g., de-escalation, distraction) have failed to de-escalate the situation.

- De-escalation techniques must continue throughout any intervention.

## **Scope**

Staff should only intervene when immediate action is necessary to prevent a child from:

- Significantly injuring themselves or others, or
- Causing serious damage to property.

“Injury” in this context refers to significant injury, including actual bodily harm, grievous bodily harm, or other behaviour posing serious risk to life or safety.

The law requires that force is used only when all other practical methods to de-escalate the situation have been exhausted.

Restrictive physical interventions may be used to:

- Break away or disengage from dangerous or harmful contact initiated by a child or young person.
- Separate a child from a trigger (e.g., removing one child who responds aggressively to another).
- Protect a child or young person from a dangerous situation (e.g., hazards near a busy road).

Interventions fall into two categories:

- Planned interventions: Pre-arranged and risk-assessed strategies recorded in care or behaviour support plans.
- Unplanned (emergency) interventions: Responses to unforeseen events requiring immediate action.

## **Prevention**

Play Inclusion Project promotes a stepped approach to prevention, beginning with establishing a positive ethos where good behaviour is expected, followed by early intervention strategies to manage rising tensions, and resorting to restrictive techniques only as a last measure.

The use of Team Teach or Safer Handling techniques should be minimised through primary and secondary preventative strategies.

Primary Prevention

Achieved by:

Ensuring adequate staffing levels and competence to match the needs of children and young people.

Avoiding situations known to provoke aggressive or violent behaviour.

Maintaining individual care and behaviour support plans informed by current risk assessments.

Providing opportunities for meaningful, engaging activities that encourage participation and choice.

Developing staff expertise in managing challenging behaviour.

Consulting with children, young people, families, and advocates on preferred management approaches when distress occurs (e.g., withdrawal to a quiet area instead of physical intervention).

### Secondary Prevention

Involves recognising the early signs of escalating behaviour and applying de-escalation and distraction techniques to prevent further escalation.

Restrictive physical interventions can be employed to achieve a number of different outcomes:

- to break away or disengage from dangerous or harmful physical contact initiated by a service user;
- to separate the person from a 'trigger', for example, removing one child who responds to another with physical aggression;
- to protect a child or young person from a dangerous situation – for example, the hazards of a busy road.

It is helpful to distinguish between:

- planned intervention, in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and are recorded in care plans/behaviour support plans
- emergency or unplanned use of force which occurs in response to unforeseen events

### **Prevention**

Play Inclusion Project promotes a stepped approach to prevention, beginning with establishing a positive ethos where good behaviour is expected, followed by early intervention strategies to manage rising tensions or prevent children from becoming dysregulated and resorting to restrictive techniques only as a last

The use of Safer Handling or Team Teach techniques should be minimised by the adoption of primary and secondary preventative strategies.

Primary prevention is achieved by:

- Ensuring adequate staffing levels and competence to match the needs of children and young people.
- Avoiding situations known to trigger individual children
- Maintaining individual care and behaviour support plans informed by current risk assessments.
- Providing opportunities for meaningful, engaging activities that encourage participation and choice.
- Developing staff expertise in managing behaviours that challenge.

Secondary Prevention:

Involves recognising the early signs of escalating behaviours and applying de-escalation and distraction techniques to prevent further escalation.

### **Partnership**

Play Inclusion Project recognises the vital role of parents, carers, schools, and staff in managing behaviours that challenge.

We are committed to working in partnership with all stakeholders to promote acceptable and positive behaviour in children and young people.

Area Managers, will wherever possible, talk to children, young people, their families and advocates about the way in which they prefer to be managed when they pose a significant risk to themselves or others. Some children or young people prefer withdrawal to a quiet area to an intervention which involves bodily contact.

### **Risk Assessment**

When the use of Safer Handling or Team Teach techniques is sanctioned, steps will be taken to minimise risks to both staff and children.

#### **Risks to Children and Young People**

- Unnecessary use of physical intervention when less intrusive methods would suffice.
- Potential for physical injury or psychological trauma.
- Techniques becoming routine rather than exceptional.
- Risk of misuse or abuse.
- Loss of dignity or humiliation.
- Damage to trust and relationships.

### Risks to Staff

- Physical injury while applying interventions.
- Psychological trauma or distress.
- Legal challenges regarding the justification of the intervention.
- Potential disciplinary action.

### Risks of Not Intervening

- Breach of duty of care.
- Injury to children, young people, or staff.
- Significant property damage.
- Legal action for failure to act appropriately.

### **Authorised Staff**

Only staff who have received formal training in Team Teach or Safer Handling techniques and have been authorised by the CEO and Recruitment Officer may use physical intervention.

Authorisations are reviewed regularly to ensure ongoing competence and compliance.

### **Recording and Monitoring**

All uses of restrictive physical intervention — whether planned or unplanned — must be recorded within 24 hours by those involved.

The written record must include:

- Names of staff and children/young people involved.
- The reason for using physical intervention (rather than another strategy).
- The type of intervention used.
- The date and duration of the intervention.
- Whether anyone experienced injury or distress, and what follow-up action was taken.
- Confirmation that parents/carers have been informed and have signed the relevant documentation.
- The views of the child or young person involved will also be recorded where appropriate.

All incidents will be reviewed regularly to identify patterns, training needs, and opportunities for prevention.

### **Post-Incident Management**

After an incident involving restrictive physical intervention:

- Staff must take time to regain composure before engaging in post-incident discussions.
- Both staff and children/young people will be given opportunities to reflect separately on the incident in a calm and safe environment.
- Post-incident discussions should aim to understand what happened and its impact, not to assign blame or impose punishment.
- If injury or distress is suspected, prompt medical attention must be sought.

Parents, carers, and advocates should be involved in planning, monitoring, and reviewing the use of restrictive interventions wherever possible.

### **Review**

Following any use of Team Teach or Safer Handling techniques, a review meeting will be held with to examine the circumstances leading to the intervention and explore strategies to prevent recurrence.

### **Complaints**

All complaints arising from the use of restrictive physical interventions will be taken seriously and investigated promptly by the CEO and Management Committee.

Under no circumstances should children, young people, or parents take direct action against staff.

