

Restraint and Physical intervention Policy

Version History

Version	Date Approved	Approved by	Brief Description of Changes
Original	January 26	Board of Management	New Policy created
2026/1	September 26	Board of Management	Yearly review and updates

Policy Owner

Head of Children and Young People

Purpose and Scope

YMCA East Surrey is committed to safeguarding and promoting the welfare, dignity, and rights of every child and young person in our care, including those with a learning disability or autism. We recognise that in rare and exceptional circumstances, it may be necessary to use reasonable, proportionate, and lawful physical intervention to prevent harm. This policy sets out the circumstances under which restraint may be used, the legal framework, and the standards expected of staff.

Definitions

- ▶ MAPA - Management of Actual or Potential Aggression
- ▶ Physical restraint: Any direct physical contact intended to prevent, restrict, or subdue movement.
- ▶ Reasonable force: Force that is proportionate to the situation, used only when absolutely necessary to prevent harm.

Relevant Legislation or Governance Requirements

- ▶ Working together to Safeguard Children 2026
- ▶ Education Act 1996
- ▶ Children Act 1989 & 2004
- ▶ Children and Families Act 2014
- ▶ Early Years Statutory Framework 2025
- ▶ Department for Education - *Use of reasonable force Advice for headteachers, staff and governing bodies July 2013*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf
- ▶ Children's Homes (England) Regulations 2015
- ▶ Ofsted and/or CQC regulatory standards
- ▶ Positive and Proactive Care (DoHSC guidance)
- ▶ Charity Commission's Serious Incident Reporting framework

Related Policies and Procedures

- ▶ Safeguarding Children Policy
- ▶ Safeguarding Adult Policy

- ▶ Behaviour Support Policy
- ▶ Accident and incident policy
- ▶ Complex Health Needs Policy
- ▶ Health and Safety Policy

Policy Requirements

YMCA responsibilities

Overall and final responsibility for Restraint and Physical Intervention within YMCA East Surrey is that of the Chair of the Board.

However, during delivery of YMCAES CYP Services, staff must be aware of their individual responsibilities in managing behaviour which may be challenging. Furthermore, staff must recognize their own professional limits when dealing with challenging behaviour, and acknowledge when an alternative professional response (e.g., police) is required.

When Physical Intervention May Be Used

Staff may use physical intervention only as a last resort and where:

- A child is at imminent risk of harming themselves or others.
- There is a serious risk of property damage that could lead to harm.
- Other de-escalation strategies have been tried or are not viable in the situation.

Prohibited Practices

YMCA East Surrey strictly prohibits:

- Use of force as punishment or discipline.
- Restraint that causes pain, injury, humiliation, or psychological harm.
- Mechanical or chemical restraint (unless prescribed for medical reasons).
- Restraint that obstructs breathing or communication.
- Seclusion or prolonged isolation.

Staff Training and Competency

All staff working directly with children and young people who may require physical intervention, must:

- Complete Safer Intervention (SI) training (formerly MAPA), which includes de-escalation and diversion techniques and safe holding as a last resort. SI is a two-day course, including one day of practical exercises.
- Attend regular refresher training and updates on legal duties.
- Read each child's profile and be familiar with their agreed behaviour management strategies.
- Understand child development, trauma, and behavioural responses, especially in children with a learning disability or autism.

Guidance on Methods of Physical Intervention

Staff should:

- Use calming methods such as conversation, distraction, and persuasion to reduce escalation.
- Remove other children from the area to ensure safety.
- Remove objects that may cause harm.
- Alert a manager or colleague to the situation.
- Adopt the least restrictive intervention possible.
- Nominate a staff member to observe from a distance.
- Ensure only appropriately trained staff are involved if restraint is needed.
- Use minimal, direct contact with the least amount of force and for the shortest possible time. Breakaway techniques must be used where possible.
- Where appropriate, explain to the child what is happening.
- Seek first aid or medical help if anyone is injured.

Liaison with Parents, Carers, and Professionals

- Behaviour management strategies will be detailed in each child's profile, including de-escalation, diversion, and distraction approaches.
- During the referral process, parents, carers, and professionals will be informed about our policy.
- Where a child is at risk of behaviour that may require restraint, this will be discussed with parents and carers as part of the referral and assessment process.
- If restraint may be required, this will be documented in a Restraint Reduction Plan within the child's profile. This plan will identify triggers, how the behaviour presents, and calming strategies.
- Where there are ongoing concerns about an individual, all relevant people involved in their care will meet to agree an approach, recorded in a Behavioural Contract.

Recording and Reporting

Every restraint incident must be:

- Recorded within 24 hours on My Concern
- YMCA Accident and Incident Policy must be followed
- Reviewed by a senior manager within 48 hours.
- Reported to the Safeguarding Trustee
- Shared with parents/carers and relevant professionals where appropriate.
- Logged on the child's Client Monitoring Form.
- Reported to the Charity Commission and/or regulator if serious.

Post-Incident Support

Following any incident of restraint:

- The child must be offered emotional support and the chance to share their views.
- Staff involved must receive a debrief and access to support.
- A reflective review will take place to identify learning and prevent recurrence.
- Regular risk assessments will be carried out to monitor the likelihood of behaviours requiring intervention.
- Risk assessments will also consider staff wellbeing and welfare.

Complaints and Whistleblowing

Concerns about restraint practices can be raised through:

- The Complaints Procedure
- The Whistleblowing Policy
- Direct reporting to Ofsted, CQC, or the Charity Commission

Trained to Deliver Training on Restraint and physical intervention are:
Jackie Sanders (Disability Services Manager) and Melissa Anders (Disability Team Manager)

YMCA East Surrey's Behaviour Support Co-ordinators are below:

The appropriate Senior CYP Manager

- Disability Services Manager for Short Breaks (Yippee and Yip4Youth) and Lifeworks Learning Hub
- Childcare and Children's Activity Manager for Preschools, Creche, Y-Kids After School and Holiday clubs as well as Sports and Recreation
- Emotional Wellbeing and Mental Health Manager for Heads together counselling, community wellbeing team, Evidence based therapies, Family wellbeing service, Waves and Step Forward.
- Family and Youth Work Manager for Family Centres and Youth work

Roles and Responsibilities

Monitor:	Head of Children & Young People Services
Approve:	Board of Management
Endorse:	Children & Young People Advisory Group
Propose:	CEO
Draft and review:	CYP Disability Manager

Implementation and review

This Policy is reviewed annually and disseminated to staff on HealthboxHR and SharePoint. Restraint practices will be reviewed by Trustees and DSLs as part of safeguarding responsibilities. Regular audits and case reviews will ensure transparency and accountability.

Appendix 1

Behaviour Procedure

How do we manage behaviour at YMCA CYP settings?

We promote positive behaviour using positive reinforcement. This is done by using a mixture of positive language and encouragement, communication with parents and rewards.

At some settings, we use a 'star sheet' to monitor and track positive behaviour. Examples include:

- Being kind to their friends
- Being helpful
- Sitting nicely on the bus
- Being polite
- Sharing the toys

Staff are encouraged to reward what is positive behaviour for the individual child / young person. For example, a child / young person who may sometime get angry but has tried really hard not to on that day would be rewarded. Some settings also have our 'star of the day'. There is a star of the day in each group. The star of the day receives a certificate and a star on their sheet.

What do you do for the children and young people who struggle to show positive behaviour?

At some settings we use support plans that are personally tailored to the child / young person. We use the feedback of staff, parents and the child / young person themselves to create these. We focus on their hobbies, interests and passions to create a unique plan for the individual child / young person. The plans also highlight potential behaviour triggers and how these can be avoided. We ask our parents to sign off on their child / young person's plan, ensuring we are all working together for the best interest of the child / young person.

Dealing with Behaviour deemed as Level 2 or Level 3

With all behaviour that is categorised as being Level 2 or Level 3 a MyConcern record is filled in by the member of staff who witnessed or dealt with this. This is then viewed and signed by the child's parents / carers and the Scheme coordinator. If the incident is deemed serious enough or the number of MyConcern entries is deemed to the level that the coordinator/ manager feels is not acceptable, a meeting will then be arranged with parents to discuss further steps and how we can work together to ensure that the child's time in the setting is positive. This will include ensuring that there is a behaviour support plan in place, and this is relevant and appropriate. If despite this meeting and the actions being carried out incidents are still occurring, there will be further discussion as to next steps and the best thing for the child or young person as well others within the setting. This may include supporting the parent to access other YMCA services or suitable external provision.

Appendix 2

Staff Behaviour Support Plan

What are the child's or young person's potential triggers?	What is the behaviour that may be shown?	How can we prevent the behaviour occurring?	What behaviour would we like to see instead for the child / young person?	What can we do if the behaviour is shown?

Appendix 3

Use of MAPA (Management of Actual or Potential Aggression)

If physical intervention is required to manage behaviour, staff will ensure that the use of any restrictive physical intervention is used as an act of care and control, and never punishment. Restrictive physical interventions will not be used purely to force a child or young person to do what they have been told and when there is no immediate risk to people or property.

Throughout the use of physical intervention, a dialogue will be maintained with the child at all times, so that the member of staff can explain what they are doing and why they are doing it. Staff will make every effort to avoid the use of physical interventions if they are alone with the child.

The force of the restrictive physical intervention will be always appropriate to the age, size and strength of the child or children involved. As soon as it is safe, the restrictive physical intervention should be gradually relaxed to allow the child or children to regain self-control.

If a member of staff is not confident about their ability to contain a particular situation or type of behaviour, consideration will be given to calling the Manager or, in extreme cases, the police.

When physical intervention has been used

Where a member of staff has had to intervene with any use of restrictive physical intervention to restrain a child or young person, the Manager will be notified, and the incident recorded on MyConcern within 24 hours. Then a countersignature will be required by a member of staff who was present when the intervention took place. The incident will be discussed with the parent/guardian at the earliest possible opportunity and a copy of the MyConcern given to the parent/guardian if requested.

Staff should be encouraged to complete a reflective exercise with their line manager and should be given support when required.

Information recorded should be used to review the child's Behaviour Management Plan and associated risk assessment, so the risk of needing to use restrictive physical intervention is reduced.

This appendix must be read in conjunction with Surrey County Council Guidelines on Behaviour Management and Touch, and the use of restrictive physical interventions, section 550A of the Education Act 1996 and YMCA East Surrey's Safeguarding children policy, see also: Department for Education - *Use of reasonable force Advice for headteachers, staff and governing bodies July 2013*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf

Appendix 4

Understanding the risks of physical restraints

Risks of Restraint: Warning signs and correction actions

	Warning Signs	Corrective Actions
A	- Shouts and swears at staff to 'Let go.' - Attempts to struggle free and/or injure self or others. - Is hostile and aggressive to self or others.	Treat as IMPORTANT. Manage the prevailing risk and follow the <i>Opt-Out Sequence</i>SM. Consider letting go as soon as possible, or reduce the level of restriction and/or change the position of the person.
B	- Complains of difficulty breathing. - Complains of feeling sick and/or vomits. - Voids bladder and/or bowels. - Complains of pain or discomfort. - Limbs positioned awkwardly; not moving within normal range of motion; and/or sounds of crepitus. - Becomes distressed and/or cries. - Continually struggles; becomes increasingly hot/flushed/sweaty.	Treat as URGENT. Immediately assess level of restriction and check to ensure you are not impeding or restricting breathing. Check movement of limbs and signs of fracture/dislocation. Follow the <i>Opt-Out Sequence</i>SM and consider letting go as soon as possible; reduce the level of restriction; and/or change the position of the person so they are seated upright, reclined (recumbent), or in a position that is not impeding or restricting breathing. Encourage person to relax and to take sips of a cold drink—assess hydration needs. Call for help—an independent person not involved in the physical restraint is often best to assess what is happening and what action needs to be taken. Refer person to medical practitioner as soon as possible for further assessment.
C	- Unresponsive to requests or instructions. - Loss of or reduced consciousness. - Abruptly/unexpectedly stops struggling or suddenly calms down. - Sudden change in breathing pattern. - Has a seizure of epileptic or non-epileptic origin. - Blueness of lips/fingernails/ear lobes (cyanosis). - Tiny pinpoint red dots/bruises (called petechia) on the skin, particularly on the upper chest, neck, face, and around the eyes.	Treat as a MEDICAL EMERGENCY. The term Medical Emergency¹ should be used as a verbal prompt for staff to stop the restraint immediately and: - Call for emergency medical assistance. - Follow the basic life support (BLS) algorithm as outlined in national and international resuscitation guidelines.

¹At any time, if any staff member is concerned about the individual's welfare and safety, they should clearly state 'medical emergency'. The term 'medical emergency' is an instruction for everyone involved in the restraint to immediately let go of the individual and begin the necessary emergency aid.