Restrictive Physical Intervention and Restraint Policy

Policy Owner: Lets Make Change
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1.0	19/08/26	Alex Fitzpatrick	Initial policy created	Joseph Fitzpatrick	Sept 2027

Let’s Make Change (LMC)

Restrictive Physical Intervention and Restraint Policy

1. Policy Statement

Let’s Make Change (LMC) is committed to maintaining safe, respectful and trauma-informed educational environments.

LMC's primary approach to behaviour is prevention, positive relationships, communication and de-escalation.

Restrictive physical intervention must never be used routinely or as a punishment.

Any physical intervention must be lawful, necessary, proportionate to the immediate risk and used for the shortest period necessary.

The safety, dignity and welfare of the learner must remain central to all decisions.

2. Purpose

This policy provides a framework for:

- Preventing situations requiring physical intervention;
- De-escalation;
- Determining when physical intervention may be necessary;
- Protecting learners and staff;
- Recording interventions;
- Informing parents/carers;
- Reviewing incidents;
- Safeguarding;
- Staff training.

3. Scope

This policy applies to all LMC employees, tutors and other authorised personnel working with learners.

It applies during:

- Tutoring;

- Community activities;
- Transport;
- Educational visits;
- Sports;
- Group activities;
- Other authorised LMC provision.

4. Core Principles

LMC will seek to:

- Prevent escalation;
- Understand individual learner needs;
- Use positive behaviour support;
- Use de-escalation;
- Make reasonable adjustments;
- Use the least restrictive response;
- Protect dignity;
- Avoid unnecessary physical contact;
- Learn from incidents.

Restrictive intervention must never become a substitute for appropriate staffing, planning or support.

5. Definitions

Physical Intervention

Physical contact used to guide, support, protect or prevent immediate harm.

Restrictive Physical Intervention

Physical action that restricts a person's movement or liberty.

Restraint

Use of physical force to restrict movement where necessary and lawful to prevent harm or manage an immediate serious risk.

6. Prevention

Before physical intervention becomes necessary, staff should where practicable use:

- Calm communication;
- Redirection;
- Offering choices;
- Removing triggers;
- Allowing processing time;
- Changing environment;
- Reducing demands;
- Distraction;
- Giving appropriate personal space;
- Seeking assistance.

7. Individual Planning

Where a learner is known to present behaviours that may create a foreseeable risk, LMC should consider an individual behaviour/risk-management plan.

This may identify:

- Known triggers;
- Early warning signs;
- Effective de-escalation techniques;
- Communication needs;
- SEND considerations;
- Medical conditions;
- Trauma-related factors;
- Actions staff should avoid;
- Emergency procedures.

Learners and parents/carers should be involved where appropriate.

8. When Physical Intervention May Be Considered

Physical intervention may only be considered where it is necessary and lawful to address an immediate situation such as preventing:

- Injury to the learner;
- Injury to another person;
- Serious immediate danger.

The precise legal basis and circumstances must always be considered.

Staff should use the least restrictive safe response available.

9. Prohibited Practice

Physical intervention must never be used:

- As punishment;
- To humiliate;
- To intimidate;
- In anger;
- In retaliation;
- To deliberately cause pain;
- Simply because a learner refuses an instruction where there is no immediate safety justification.

LMC does not permit techniques that intentionally interfere with breathing.

Any action involving the neck, throat, chest or airway presents serious risk and must not be used as a routine behaviour-management technique.

10. Proportionality

Any intervention must be proportionate to:

- Immediate risk;
- Learner's age;
- Size and vulnerability;
- SEND;
- Medical conditions;
- Known trauma;
- Environment;
- Behaviour occurring;
- Potential harm.

Intervention must stop as soon as it is safe to do so.

11. Emergency Situations

Where an unexpected emergency arises, staff must use reasonable professional judgement focused on immediate safety.

Where possible:

- Seek assistance;
- Remove others from danger;
- Use verbal de-escalation;
- Contact emergency services where necessary.

Staff must not attempt physical intervention beyond their competence where another safe option exists.

12. Staff Training and Competence

Staff expected to use planned restrictive physical intervention must receive appropriate training.

Training should cover:

- Prevention;
- De-escalation;
- Legal and policy framework;
- Risk assessment;
- Safe intervention;
- Medical risks;
- SEND;
- Trauma-informed practice;
- Recording;
- Post-incident review.

Training must be refreshed according to organisational and provider requirements.

13. Learner-Specific Risk

Where restrictive intervention is foreseeable, management should determine whether:

- Current provision remains appropriate;
- Additional staffing is needed;
- Specialist advice is required;
- Additional staff training is needed;
- Commissioner involvement is required;
- The risk assessment needs updating.

14. Following an Intervention

Immediately following physical intervention:

1. Check the learner's welfare.
2. Check staff and others for injury.
3. Obtain first aid/medical assistance where required.
4. Inform management.
5. Inform the DSL where appropriate.
6. Inform parents/carers.
7. Inform the commissioner where required.

8. Record the intervention.
9. Preserve relevant evidence.
10. Arrange review/debrief.

15. Medical Assessment

Medical assistance must be obtained where:

- Injury is suspected;
- Breathing has been affected;
- The learner reports significant pain;
- The learner loses consciousness;
- There is a head injury;
- There are concerning physical symptoms;
- The nature of the intervention creates medical concern.

Emergency services must be contacted where required.

16. Recording

Every restrictive physical intervention must be formally recorded.

The record should include:

- Learner;
- Date/time;
- Location;
- Staff involved;
- Events leading to intervention;
- De-escalation attempted;
- Immediate risk;
- Type and duration of intervention;
- Learner response;
- Injuries;
- First aid;
- Witnesses;
- Parent/carer notification;
- Commissioner notification;
- Safeguarding action;
- Follow-up.

17. Learner Voice and Post-Incident Support

Where appropriate, the learner should have an opportunity to:

- Explain what happened;
- Express how they felt;
- Identify triggers;
- Discuss what might help in future;
- Raise concerns about how they were treated.

Communication should be adapted to the learner's age and needs.

18. Staff Debrief

Staff involved should be offered an appropriate debrief.

The purpose is to:

- Check welfare;
- Establish factual information;
- Identify learning;
- Review risk controls;
- Identify additional support or training.

19. Safeguarding

Any concern that physical intervention:

- Was unnecessary;
- Was excessive;
- Caused deliberate harm;
- Was punitive;
- Was inappropriate;
- May constitute abuse;

must be referred immediately through safeguarding procedures.

Where the concern relates to an adult working with children, the appropriate allegation/low-level concern procedure must be considered.

20. Complaints

Learners and parents/carers may raise concerns about physical intervention under the LMC Complaints Policy.

A complaint must not prevent or delay safeguarding action.

21. Monitoring

Management should monitor:

- Number of interventions;
- Learners involved;
- Staff involved;
- Injuries;
- Locations;
- Duration;
- Recurring triggers;
- Training needs;
- Patterns of disproportionate use.

Repeated intervention involving the same learner must trigger review of the learner's support and risk-management arrangements.

22. Related Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy;
- Behaviour, Relationships and Anti-Bullying Policy;
- Employee Code of Conduct;
- Health and Safety Policy;
- Accidents, Incidents and Near Misses Policy;
- Equality, Diversity and Inclusion Policy;
- Complaints Policy;
- Disciplinary Policy;
- Absconding Policy.

23. Monitoring and Review

This policy will be reviewed annually, following a serious physical intervention incident, changes to relevant guidance or where monitoring identifies concerns.