

Physical Intervention and Restrictive Practice Policy

Academic year 2026–2027



LIMISHA

TRAINING ACADEMY

Hair • Beauty • SEND Provision

Contents

1. Purpose and policy statement 3

2. Scope 3

3. Definitions 3

4. Prohibited practice 3

5. When restrictive physical intervention may be used 3

6. Planning, prevention and training 3

7. Recording and reporting 4

8. Following an incident 4

9. Safeguarding, equality and SEND provision 4

10. Records, authorisation and review 6

11. Complaints and allegations 6

12. Monitoring and review 6

Physical Intervention and Restrictive Practice Policy

1. Purpose and policy statement

Limisha Training Academy is committed to a culture of prevention, positive relationships, trauma-informed practice and de-escalation. Restrictive physical intervention will only be used as a last resort where it is lawful, necessary, reasonable, proportionate and in the learner's best interests, and where the risks of not intervening are greater than the risks of intervening.

This policy is intended to reflect current national guidance for schools in England on restrictive interventions, reasonable force and safeguarding expectations.

2. Scope

This policy applies to all staff, volunteers, agency staff and adults working on behalf of the Academy. It applies during the school day, off-site learning, educational visits, transport arrangements arranged by the Academy and any activity where staff are responsible for learners.

3. Definitions

- **Restrictive physical intervention** means the intentional use of force to restrict a learner's movement against their will.
- **Reasonable force** means force that is no more than is necessary and proportionate in the circumstances.
- **Restrictive practice** includes any practice that limits a learner's freedom of movement, liberty or choice, including physical restraint, seclusion or other restrictions.
- **Seclusion** means supervised confinement and isolation away from others where the learner is prevented from leaving.

4. Prohibited practice

- Pain-compliance techniques.
- Intervention used as punishment, intimidation or to secure compliance where no immediate risk exists.
- Any restraint affecting breathing, circulation or the ability to communicate distress.
- Seclusion without lawful authority and robust safeguarding oversight.

5. When restrictive physical intervention may be used

Restrictive physical intervention may only be considered where there is an immediate or foreseeable risk of injury to the learner or others, serious damage to property, or serious disorder that cannot reasonably be managed through less restrictive means. Planned or non-emergency physical restraint must only be used by authorised senior staff who have received appropriate training and whose names are recorded on the Academy's authorisation list. Physical restraint must never be used routinely, for convenience, as punishment, or to secure compliance where no immediate safety risk exists. Staff must use the least restrictive option for the shortest possible time and must stop as soon as the risk has reduced.

6. Planning, prevention and training

Learners whose behaviour may present foreseeable risk will have an individual risk assessment and support plan. This will be developed, where appropriate, with the learner, parents/carers and relevant professionals.

Plans should identify known triggers, early warning signs, de-escalation strategies, communication needs, medical considerations, reasonable adjustments and any agreed physical intervention strategies.

Only authorised senior staff who have received appropriate training should use planned restrictive physical intervention techniques. Other staff must focus on prevention, de-escalation, summoning senior support and keeping pupils and others safe. In a genuine emergency only, where there is an immediate risk of harm and senior staff are not available in time, any member of staff may take the minimum reasonable action necessary to prevent immediate harm, provided the action is necessary, proportionate, time-limited and recorded afterwards.

7. Recording and reporting

Every significant incident involving restrictive physical intervention must be recorded before the end of the working day. Records should include the date, time, location, staff involved, learner voice where appropriate, antecedents, risks presented, de-escalation attempted, technique or action used, duration, injuries, witnesses, notifications made and follow-up actions.

Parents/carers will be informed promptly unless doing so would create a safeguarding risk. Safeguarding concerns, allegations or injuries must be escalated in line with the Academy safeguarding policy and local safeguarding procedures.

8. Following an incident

1. Check the learner and staff for injury and provide first aid.
2. Inform the DSL and senior leader immediately.
3. Record the incident before the end of the working day.
4. Inform parents/carers promptly.
5. Offer the learner and staff a debrief.
6. Review the risk plan, triggers, antecedents, proportionality and lessons learned.
7. Consider safeguarding, medical, LADO, police or RIDDOR referral where relevant.

9. Safeguarding, equality and SEND provision

The Academy will consider each learner's age, development, disability, SEND, communication and interaction needs, cognition and learning needs, social, emotional and mental health needs, sensory and/or physical needs, trauma history, culture, religion, medical needs and known safeguarding vulnerabilities. Restrictive physical intervention must never be used in a way that discriminates against a learner or fails to make reasonable adjustments.

Where a learner has SEND or an Education, Health and Care Plan, staff will ensure that any risk assessment, individual behaviour support plan or restrictive physical intervention plan is consistent with the learner's identified needs, agreed outcomes, provision, communication profile and reasonable adjustments. The learner, parents/carers and relevant professionals will be involved wherever appropriate.

Planning will follow a graduated approach: identify need, assess risk, plan support, implement agreed strategies and review impact. Reviews will consider whether provision remains suitable for the learner's age, ability, aptitude and SEND, and whether any change to provision, staffing, training, environment, curriculum access or external professional advice is required.

The Academy will maintain clear communication with parents/carers and relevant professionals, provide incident information promptly, contribute to review discussions and escalate concerns where the risk plan or SEND provision may no longer meet need safely.

10. Records, authorisation and review

The Academy will maintain an up-to-date list of staff authorised to use planned restrictive physical intervention and a record of relevant training, refresher dates and competence. Staff will read this policy and relevant local guidance before being authorised.

Incident records will be reviewed by the DSL and senior leader to identify safeguarding concerns, injuries, patterns, disproportionate impact on learners with SEND or protected characteristics, and actions needed to reduce future use of restrictive practice.

11. Complaints and allegations

Any concern, complaint or allegation about the use of restrictive physical intervention will be taken seriously and managed in line with the Academy complaints, safeguarding and allegations procedures. Where an allegation may meet the threshold for harm or risk of harm, the DSL or senior leader will consult the Local Authority Designated Officer.

12. Monitoring and review

The Director and DSL will review every incident and analyse termly patterns, including frequency, duration, learner characteristics, staff involved, injuries, locations, times of day, antecedents and the effectiveness of preventive actions. This policy will be reviewed annually, after any serious incident, and whenever relevant local or national guidance is updated.