



Positive Support, De-escalation and Physical Intervention

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1. Purpose and scope

This policy sets out The Learning Sanctuary's approach to supporting service users when they are distressed, dysregulated, anxious or at risk of harm. It applies to all staff, volunteers and activities delivered by The Learning Sanctuary, including activities taking place away from the main service.

This policy should be read alongside The Learning Sanctuary Safeguarding Adults Policy and Procedure, Mental Capacity Act 2005 Policy and Procedure, Relational and Behaviour Policy, risk assessments, individual support plans and other relevant safeguarding procedures.

2. Fundamental principle – The Learning Sanctuary does not use force

The Learning Sanctuary's fundamental principle is that we do not use force as a method of managing behaviour. We will not use restraint to address absconding behaviour – please refer to our Absconding policy.

Our approach is based on relationships, communication, understanding the individual, early recognition of distress, choice, dignity, de-escalation and the least restrictive response. Staff should seek to understand what a person is communicating through their behaviour and respond in a calm, respectful and person-centred way.

Physical intervention is not a routine behaviour-management strategy at The Learning Sanctuary. In a genuine emergency, a member of staff may need to take immediate and proportionate action to protect a person from imminent harm. Any such action must be exceptional, for the shortest possible time, and no more restrictive than is necessary in the circumstances.

3. Mental Capacity Act 2005

The Learning Sanctuary will apply the principles of the Mental Capacity Act 2005 when supporting a person whose ability to make a particular decision may be in question.

- A person must be presumed to have capacity unless it is established that they lack capacity for the specific decision.
- A person must be given all practicable support to make their own decision before being treated as unable to do so.
- A person is not to be treated as lacking capacity simply because they make a decision that others consider unwise.
- Any act or decision made on behalf of a person who lacks capacity must be in that person's best interests.
- Before an act is carried out or a decision is made, consideration must be given to whether the intended outcome can be achieved in a way that is less restrictive of the person's rights and freedom of action.

Section 6 of the Mental Capacity Act is particularly relevant where an act may amount to restraint. Where a person lacks capacity in relation to the matter concerned, restraint can only fall within the Act's protection where the person taking the action reasonably believes it is necessary to prevent harm to that person and the restraint used is proportionate to the likelihood and seriousness of that harm.

A best-interests decision does not provide a general authority to use force. Staff must always consider the individual circumstances, the person's wishes and feelings, the seriousness and immediacy of the risk and whether a less restrictive alternative is available.

4. Prevention and de-escalation

Prevention is the primary approach at The Learning Sanctuary. Staff should use their knowledge of the service user, individual communication needs, support plans and known triggers to recognise changes at an early stage.

- Remain calm and use respectful, non-confrontational communication.
- Give the person time and space to process information and regulate.
- Reduce demands, noise, stimulation or the number of people present where appropriate.
- Offer meaningful choices and alternatives.
- Use familiar staff and positive relationships wherever possible.
- Listen to the person and seek to understand what they are communicating.
- Allow a person to move away from a situation where it is safe to do so.
- Avoid unnecessary confrontation, crowding, threats, ultimatums or power struggles.
- Seek additional staff support early where risk appears to be increasing.

5. Physical contact that is not restraint

Appropriate physical contact is different from force or restraint. There may be occasions when consensual or necessary physical contact is appropriate, for example when providing first aid, assisting with an agreed care or mobility need, supporting participation in an activity, or offering appropriate reassurance where this is welcomed by the service user.

Physical contact must respect the person's dignity, preferences, communication and consent. Where the person lacks capacity for the specific decision, staff must follow the Mental Capacity Act and the person's agreed support arrangements.

6. Emergency physical intervention

The Learning Sanctuary does not plan to use force as part of ordinary service delivery. However, an unforeseen emergency may arise where immediate action is necessary to prevent imminent harm.

In such circumstances staff should:

- Continue verbal and environmental de-escalation wherever possible.

- Use physical intervention only where there is no safe and practicable less restrictive alternative at that moment.
- Use the minimum intervention necessary to address the immediate danger.
- Stop the intervention as soon as the immediate risk has reduced.
- Never use physical intervention to punish, intimidate, humiliate, cause pain, demonstrate authority or secure compliance.
- Take account of known health, disability, communication, trauma, mobility and other individual factors.
- Seek emergency assistance where the level of risk cannot be safely managed by staff.

7. Safeguarding

The inappropriate, unnecessary, excessive or punitive use of physical intervention may constitute abuse and must be treated as a potential safeguarding concern. Any allegation, disclosure, injury or concern about the actions of a member of staff must be reported immediately to the Director / Designated Safeguarding Lead and managed in accordance with The Learning Sanctuary Safeguarding Adults Policy and Procedure.

Staff must not investigate a safeguarding allegation themselves beyond taking the immediate steps necessary to protect the person, listen to what is being said, preserve relevant information and report the concern through the safeguarding process.

8. Individual planning and known risks

Where a service user is known to experience significant distress, dysregulation or behaviours that may place themselves or others at risk, this should be reflected in an individual risk assessment and support plan. The plan should identify known triggers, communication needs, early warning signs, preferred calming strategies and steps staff should take to reduce risk. Where service users are on the DSR (Dynamic support register) The Learning Sanctuary must have a copy and must be well informed prior to the service user starting, and individually specific risk assessments will take place through the directors and the DSR working together to minimize risk.

Plans should be developed with the service user as far as possible and, where appropriate, with people involved in their care and support. Where the person lacks capacity for a relevant decision, any decision made on their behalf must follow the Mental Capacity Act 2005 and The Learning Sanctuary Mental Capacity Act Policy.

9. Recording and reporting

Any incident involving emergency physical intervention must be reported to the Director as soon as possible and recorded accurately. The record should include what happened before the incident, the risks identified, de-escalation attempted, why physical intervention was considered necessary,

what action was taken, how long it lasted, the outcome, any injury or first aid, and the service user's views where these can be obtained.

Relevant representatives, commissioners, safeguarding bodies or other professionals should be informed where required by the person's support arrangements, safeguarding procedures, contractual requirements or law.

10. After an incident

Following a significant incident, the priority is the wellbeing of the service user and others involved. The service user should be given an opportunity, in a way appropriate to their communication needs, to express their views and feelings about what happened.

The incident should be reviewed to identify learning and whether changes are required to the person's support plan, risk assessment, environment, staffing arrangements or de-escalation strategies. The purpose of review is to reduce the likelihood of recurrence and increase the use of preventative and least restrictive approaches.

11. Staff responsibilities and training

All staff are expected to understand this policy and The Learning Sanctuary's commitment to non-forceful, relational and least restrictive support. Staff must work within their competence and training and seek support where they believe a service user's risks cannot be safely managed within the service's normal approach.

Where an individual's assessed needs indicate that specialist physical intervention planning or training may be required, the Director will review whether The Learning Sanctuary can safely meet those needs and what additional professional advice, training or arrangements are necessary.

12. Conclusion

The Learning Sanctuary seeks to create an environment in which service users feel safe, respected, listened to and valued. We rely on positive relationships, high levels of staff engagement, early identification of distress, communication and de-escalation rather than force.

Our starting point will always be to work with the person, not against them. Any emergency intervention must remain an exceptional response to immediate risk, be the least restrictive option available and be consistent with the Mental Capacity Act 2005, safeguarding responsibilities and the person's dignity and human rights.

13. Related policies and legislation

- The Learning Sanctuary Safeguarding Adults Policy and Procedure.
- The Learning Sanctuary Mental Capacity Act 2005 Policy and Procedure.

- The Learning Sanctuary Relational and Behaviour Policy.
- The Learning Sanctuary Absconding Policy
- Mental Capacity Act 2005, including sections 1, 4, 5 and 6.
- Mental Capacity Act 2005 Code of Practice.
- Care Act 2014 and relevant adult safeguarding guidance.
- Human Rights Act 1998.
- Equality Act 2010.