

Replenish Learning



Physical Intervention Policy

Policy Version:	1.0
Date of Issue:	September 2026
Review Date:	September 2027
Approved by:	AK (Director)

Statement of intent

Replenish Learning aims to provide a safe, secure and supportive environment in which pupils can participate and develop. Behaviour may communicate distress, discomfort or unmet needs. Staff prioritise prevention, positive relationships, reasonable adjustments and de-escalation to reduce the need for restrictive intervention.

This policy covers appropriate supportive physical contact and emergency protective intervention during provision sessions, outreach, community activities, visits and provision organised transport. It must be read with the Behaviour Policy and individual support and risk assessment arrangements.

Restrictive intervention is a last resort protective response, not a way to punish, obtain compliance or manage ordinary disruption. Any intervention must have a lawful basis, be necessary and proportionate to the immediate risk and use the least restrictive safe response for the shortest necessary time.

1 Legal framework

Replenish Learning is a provision and does not assume that statutory powers given specifically to school staff apply to its staff. This policy does not confer those powers. Emergency protective action must have a lawful basis under the circumstances, for example reasonable action in defence of oneself or another person. Parental agreement, staff training or an individual plan does not make an otherwise unlawful intervention lawful.

Relevant legislation includes the Children Act 1989, Children Act 2004, Equality Act 2010, Health and Safety at Work etc. Act 1974, Data Protection Act 2018 and UK GDPR. Relevant guidance used as a good practice reference, with regard to its scope and the provision's status, includes:

- DfE Restrictive interventions including the use of reasonable force in schools, effective from 1 April 2026
- Working Together to Safeguard Children
- The current version of Keeping children safe in education
- Department of Health and Social Care and DfE Reducing the need for restraint and restrictive intervention

This policy operates alongside the Behaviour Policy, SEND arrangements, Child Protection and Safeguarding Policy, Staff Code of Conduct, complaints procedures, allegations against staff and low-level concerns procedures, first aid and medical arrangements, and data protection and records management arrangements.

2 Roles and responsibilities

Business Manager

- Oversees implementation, staffing, resources and access to appropriate training.
- Checks that procedures reflect the provision's status and applicable duties.
- Reviews incidents and trends with the Headteacher and DSL and oversees annual policy review.
- Ensures complaints or allegations about senior leaders have an appropriate alternative reporting route.

Headteacher

- Leads day-to-day implementation and ensures staff understand prevention, safe contact and prohibited practices.
- Coordinates individual risk assessments and support plans with pupils, parents and relevant professionals.
- Checks training needs, competence and refresher arrangements and maintains training records.
- Ensures incidents are recorded promptly, parents are contacted and pupils and staff receive follow-up support.
- Reviews every restrictive intervention and evaluates patterns at least termly with the Business Manager and DSL.
- Coordinates liaison with commissioners where further support or a placement review is necessary.

DSL and Deputy DSL

- Assess safeguarding concerns arising before, during or after an incident.
- Coordinate referrals and consultation with children's social care, the police or the local authority designated officer where required.
- Advise on any exceptional safeguarding reason for delaying parental contact and record the decision and action taken.
- Support policy reviews and ensure safeguarding concerns are not dealt with solely as behaviour matters.

Staff and volunteers

- Know pupils' support plans, communication needs, triggers and relevant medical risks.
- Use preventive and de-escalation strategies and seek assistance early.
- Work within their role, competence and training, and avoid restrictive intervention wherever possible.
- Assess necessity, proportionality and risks continuously during any emergency protective action.
- Report and record interventions, injuries, concerns and near misses promptly.
- Raise concerns about unsafe practice immediately, including concerns about a colleague or senior leader.

The Headteacher coordinates SEND-related responsibilities with staff who know each pupil, parents and relevant professionals. This policy does not presume a separate SENCO or specialist restraint trainer is employed. The DSL is not automatically responsible for delivering physical intervention training; specialist training must be delivered by appropriately qualified providers.

3 Definitions

Supportive physical contact means appropriate, non-restrictive contact for care, reassurance, first aid or an agreed activity, with regard to the pupil's wishes and needs. It is distinct from restricting movement.

Restrictive intervention means an action that prevents, limits or controls movement of a pupil's body or part of it. It may involve direct contact or non-contact measures, such as blocking an exit or removing a mobility aid.

Restraint means immobilising a pupil or restricting their movement. Staff must recognise restraint by its effect, rather than by the label given to it.

Reasonable force describes force that is lawful, necessary and proportionate in the circumstances. A school-specific definition or statutory power must not be assumed to apply to provision staff.

Seclusion means confining a pupil away from others while restricting their freedom to leave, including through a locked door, physical obstruction or a threat that makes them believe they cannot leave.

Supported time out means a supervised, supportive break to regulate, without confinement or a punitive restriction on leaving. Working in another space with a member of staff is an adjustment, not automatically restraint or seclusion.

All restrictive interventions must be reported and recorded under this policy, including brief interventions, non-contact restrictions and any intervention described in an individual plan. Routine consensual supportive contact does not require a restraint record, but unusual contact, injury, distress or a safeguarding concern must be recorded and reported.

4 Avoiding physical intervention and reducing risk

Prevention and de-escalation

Staff plan around pupils' SEND, communication, sensory and medical needs and recognise early signs of distress. They use predictable routines, accessible tasks, preparation for transitions, movement breaks, reduced demands, familiar adults and calm spaces where appropriate.

Staff give calm reminders, explore the underlying cause of behaviour and offer supported time out before considering any star loss under the Behaviour Policy. Where a pupil cannot work in the classroom, staff support work in another space with a member of staff. Neither star loss nor moving a pupil to another space justifies restraint.

- Use a calm voice, brief language and accessible communication.
- Validate feelings while maintaining a clear safety boundary.
- Allow processing time and offer manageable choices.
- Reduce noise, audiences and other distressing stimuli.
- Avoid confrontation, threats, public criticism and shame.
- Seek help early and move others away from danger where safe.

Assessing any emergency protective intervention

Staff must assess whether there is an immediate risk, whether action has a lawful basis and whether a less restrictive safe response is available. They consider whether intervention could increase distress or create greater harm, taking account of age, size, disability, trauma, medical needs and the environment.

Urgent action may be necessary to protect a pupil from an immediate danger, such as entering moving traffic, or to protect someone from an immediate assault. Staff do not have to delay a necessary protective response while completing a reminder sequence. Each incident is assessed on its own facts; these examples do not authorise routine restraint.

Refusing work, swearing, ordinary disruption, declining time out, refusing to hand over a phone or declining to move rooms does not itself justify force. Property damage or suspected offending must not be treated as an automatic authority to restrain; staff prioritise safety and seek senior or police assistance where appropriate.

During any intervention, staff seek assistance, communicate calmly where possible and continuously reassess risk. Restriction must reduce or stop as soon as it is no longer necessary. Release must not depend on an apology, promise, star loss or completion of work. Staff monitor breathing, colour, responsiveness, pain and distress and seek urgent medical help if concerned.

Training and prohibited practices

The Headteacher and Business Manager arrange risk appropriate training in prevention, de-escalation, SEND and emergency response. Where a foreseeable risk requires specialist physical skills, appropriate professional assessment and training must be arranged before relying on those skills as a planned response. Training does not create legal authority to use force. Volunteers must seek trained staff assistance and are not allocated a planned restraint role.

Staff must not improvise restraint techniques or treat this policy as a practical handling guide. In an unforeseen emergency, staff must not delay essential help solely because no trained colleague is immediately available; any protective action must remain lawful, necessary, proportionate and within what they can safely do.

The provision prohibits corporal punishment, pain compliance, punitive restraint, threats of restraint, mechanical restraint for behaviour control, and medication used for behaviour control outside a lawful clinical prescription. Prescribed medication and clinically indicated positioning or mobility equipment are managed through separate medical arrangements.

Staff must not use techniques that obstruct breathing or circulation or apply pressure to the neck, chest or abdomen. Planned floor restraint, prone or supine restraint, dragging pupils, or lifting or carrying them to compel compliance is not authorised under this policy. An accidental fall or unintended position during an incident must be managed as an immediate safety concern and fully recorded.

Appropriate touch

Supportive touch must have a clear care, safety or activity purpose, respect dignity and account for the pupil's wishes, sensory profile, cultural background and experiences. Explain and seek agreement where practicable, stop if the pupil withdraws agreement unless immediate protective action is lawfully necessary, and avoid secretive or unnecessary contact.

First aid, personal care and activity-specific assistance follow relevant plans and procedures. A pupil initiating contact does not remove staff responsibility for professional boundaries. Any contact that becomes restrictive must be assessed, reported and recorded as such.

5 Seclusion and supported spaces

Replenish Learning does not use planned seclusion as a behaviour management or therapeutic strategy. Staff must not lock pupils in a room, block exits or threaten consequences for leaving a regulation space as a routine response to distress or refusal.

Supported time out and work in another space remain supervised, supportive and non-punitive. Food, drink, toilet access, medical care and necessary SEND support remain available. Staff plan safe supervision and return according to the pupil's readiness and individual needs.

If an unforeseen emergency leads to a restriction on movement to prevent immediate harm, it must meet the same lawful necessity and proportionality requirements as any other restrictive intervention. It must end as soon as safe, be reported immediately and be recorded and reviewed, including whether it amounted to seclusion. This exception does not authorise planned confinement.

Removing mobility or communication aids to control behaviour is prohibited. Any unavoidable emergency restriction affecting such aids must be justified, restored as soon as safely possible and recorded for senior and safeguarding review.

6 Pupils with SEND

Staff recognise that distress, pain, sensory overload, anxiety and difficulty communicating may lead to behaviours that create risk. Responses must be individual; a strategy effective for one pupil may be unsuitable for another.

The Headteacher ensures reasonable adjustments and non-discriminatory practice, drawing on EHCP information and advice from families and professionals. Staff must not assume that all pupils with SEND require restraint, or that restraint is inevitable because it has happened before.

Individual support and risk assessment arrangements identify:

- Strengths, preferred communication and early signs of distress.
- Known triggers and preventive adjustments.
- Medical and physical vulnerabilities, including breathing difficulties, seizures, injuries or mobility needs where relevant.
- Effective de-escalation strategies, supervision and help arrangements.
- The pupil's wishes about supportive contact and methods for expressing discomfort.
- Recovery, reporting and review arrangements.

Plans are developed with pupils and parents in accessible ways and shared with relevant staff on a need-to-know basis. Any foreseeable risk requiring specialist advice must be referred appropriately. A plan cannot pre-authorise restraint irrespective of the circumstances. Parents' agreement does not replace the need for a lawful basis or remove recording requirements.

Plans are reviewed periodically and after every restrictive intervention or significant change in need. The provision monitors whether pupils with particular needs experience disproportionate restrictions and adjusts support accordingly.

7 Post incident support

Immediate care comes first. Staff check pupils, staff and witnesses for injury and distress, arrange first aid or medical assessment and call 999 where required. Breathing difficulties, loss of consciousness or other signs of serious deterioration require emergency help. Staff do not rely solely on the absence of visible injury.

The pupil is supported by a trusted adult in a calm environment and offered reassurance and appropriate regulation support. No apology or detailed account is demanded while they remain distressed. The response must not add a behaviour consequence simply because restraint occurred.

As soon as practicable, the Headteacher arranges separate, supportive discussions with the pupil and staff involved, ideally facilitated by someone not involved in the incident. The pupil can use their preferred communication or have a trusted supporter present. Accounts are recorded objectively and differences between them retained.

The review considers what led to the incident, whether the plan and adjustments were followed, why intervention was judged necessary, its impact and what could prevent recurrence. Pupils, staff and witnesses receive further support where required. Repeated intervention triggers an urgent review with parents, relevant professionals and commissioners, rather than acceptance as routine practice.

8 Recording and reporting incidents

Staff inform the Headteacher and DSL or Deputy DSL promptly after any restrictive intervention. Records are completed as soon as practicable, normally the same day. If completion is delayed by an emergency, the reason and time of completion are recorded. Staff involved provide their own factual accounts and witnesses provide separate accounts where possible.

The record includes:

- Pupil and staff names, witnesses and relevant needs or medical risks.
- Date, location, start and end times and approximate duration.
- Events beforehand, possible triggers and early warning signs.
- Prevention, adjustments and de-escalation attempted, or why urgent action prevented them.
- The immediate risk, the basis for protective action and why less restrictive responses were insufficient.
- A precise description of contact or restriction, body position, staff actions and the degree of force used, without vague labels alone.
- Monitoring, pupil responses and how and when restriction reduced or ended.
- Injuries, distress, first aid, medical assessment and treatment, including where none was identified.
- Pupil and witness accounts, parent contact, safeguarding notifications and commissioner contact where relevant.
- Post incident support, review findings and changes to plans or practice.

Recording applies to all restraint, seclusion and non-contact restrictions, whether anticipated in a plan or not. A single complete record may cover overlapping categories, but must identify all restrictions used. Near misses and concerns about inappropriate contact are also reported.

Parents and carers are informed as soon as practicable, normally the same day, about what happened, why intervention was considered necessary, its type and duration, injuries or distress and support provided. A follow-up discussion is offered and contact attempts are recorded.

Where informing a parent may expose the pupil to serious harm, the DSL makes and records a safeguarding decision, consults or refers to children's social care and arranges appropriate information sharing. Staff must not withhold notification merely to avoid a difficult conversation.

The Headteacher reviews every incident promptly. Where there is an allegation or safeguarding concern, the DSL follows safeguarding and allegations procedures and obtains external advice before any internal investigation that could prejudice those processes. The Business Manager and Headteacher review patterns at least termly, including frequency, duration, injury, affected pupils, staff practice and training needs.

Records are stored securely, shared appropriately with safeguarding partners and commissioners and retained under records management and data protection arrangements. Annual evaluation informs the policy review and actions to reduce restrictive intervention.

9 Complaints and allegations

Pupils and parents can raise concerns through the provision's complaints procedure. Pupils are supported to express concerns in an accessible way and must not experience adverse treatment for doing so.

Any allegation of inappropriate force or restriction is reported immediately through safeguarding and allegations against staff procedures. The DSL or appropriate senior manager consults the local authority

designated officer where the harm threshold may be met. Lower-level concerns are also recorded and addressed through the appropriate safeguarding procedure.

An allegation concerning the Headteacher is referred to the Business Manager; an allegation concerning the Business Manager is referred to the Headteacher, with direct external safeguarding advice where required. Concerns involving both leaders or a conflict of interest must be referred directly to the local authority designated officer or children's social care, and to police where immediate danger or suspected crime requires this.

Suspension of a staff member is not automatic. Decisions about interim safeguards and employment action follow applicable procedures and external advice. Records and evidence are preserved, and internal enquiries must not undermine a statutory safeguarding or police investigation.

10 Monitoring and review

The Business Manager and Headteacher, with the DSL, review this policy annually and sooner following serious incidents, relevant guidance changes or changes to the provision's status. Reviews consider pupil and parent views, incident trends, reasonable adjustments, staffing, training and practical actions to reduce restriction.

Staff are informed of changes and receive appropriate briefing or training. Policy owners are the Business Manager and Headteacher.

Appendix A: Physical Intervention Report Form

We believe that reasonable force should only be used when absolutely necessary. With this in mind, this form has been created to ensure that all incidents of this type are recorded. Incidents must also be documented in the Physical Intervention Log.

Name of staff member(s)	
Name of pupil(s)	
Date	
Time	
Location	
Name(s) of staff member(s) who witnessed the incident	
Informed parties (parents, social workers, police, etc.)	
Circumstances prior to the incident	
Brief account of the incident	
Details of any negative impact on other pupils	

Reason(s) for physical intervention (please tick)	
To prevent a pupil from causing injury to themselves or others.	☐
To prevent a pupil from committing a criminal offence.	☐
To prevent a pupil from damaging property.	☐
To prevent a pupil from causing disorder among pupils at the school, whether during a teaching session or otherwise.	☐
Was it a planned intervention, e.g. in line with approved strategies for the behaviour of specific pupils? (Please circle)	Yes/No
Brief account of why the use of force was assessed as necessary	
Any post-incident support required	
Injuries (if any) to staff members, the pupil concerned or other pupils	
Damage (if any) to property	

Recommendation(s) to avoid future incidents	
Headteacher's signature:	Date:
Signature of staff member concerned:	Date:

Appendix B: Physical Intervention Log

We believe that reasonable force must only be used when absolutely necessary. Reasonable force will always to be used in accordance with the Physical Intervention Policy. All incidents of this nature must be recorded in this log. Details of the individual incident will be recorded using the Physical Intervention Report Form.

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