



LEICESTER THERAPEUTIC SCHOOL

BUILDING FOUNDATIONS THROUGH NURTURE AND MINDSET

Physical Intervention Policy

Policy Owner	Leicester Therapeutic School
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Linked Policies	Safeguarding and Child Protection Policy Allegations against Staff & Low-Level Concerns Policy Staff Code of Conduct Positive Behaviour Policy Risk Assessment Policy
ISS Regulatory Requirements	Part 3. Welfare, health and safety of pupils - paragraphs 9, 16 and 16A Part 6. Provision of information - paragraph 32A Part 8. Quality of leadership in and management of schools

Safeguarding at Leicester Therapeutic School

At Leicester Therapeutic School, we are committed to providing an environment in which pupils feel safe and secure to access their education. All stakeholders are responsible for ensuring the safety and well-being of children. Safeguarding is everyone's responsibility, and all staff are encouraged to maintain an "it could happen here" attitude. We recognise our responsibility to safeguard all who access school and promote the welfare of all pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying. Leicester Therapeutic School is dedicated to creating a strong safeguarding culture, with the safety and well-being of children as a central thread through all aspects of the school. Any concern about practice, an incident, or the conduct of an adult must be reported promptly to the Designated Safeguarding Lead or Headteacher in accordance with Keeping Children Safe in Education 2026 and the school's safeguarding procedures.

Special Educational Needs & Disabilities (SEND) at Leicester Therapeutic School

At Leicester Therapeutic School, we are passionate about providing an inclusive education for pupils with special educational needs and disabilities (SEND). We recognise and celebrate individuality and use personalised, neurodiversity-affirming approaches so pupils feel supported throughout the school day. We adapt the environment, curriculum, communication and support to meet individual needs and place a strong focus on personal, social and emotional development. Because pupils with SEND can be disproportionately subject to restrictive intervention, staff must seek to understand underlying needs, triggers, pain, sensory overload, communication differences, anxiety and other vulnerabilities, and make reasonable adjustments wherever appropriate.

1. Physical Intervention Rationale

Restrictive interventions, including the use of reasonable force, may sometimes be necessary to keep a pupil or other people safe. They must never be a routine response to distressed behaviour and should be used only when necessary, proportionate and reasonable in the individual circumstances. Leicester Therapeutic School's primary approach is prevention, co-regulation and de-escalation. Where intervention is required, staff will use the least restrictive option, the least amount of force necessary and for the shortest possible time.

This policy applies to all school staff and should be read alongside the Positive Behaviour Policy, Safeguarding and Child Protection Policy, Staff Code of Conduct, Risk Assessment Policy and individual pupil plans. It reflects sections 93 and 93A of the Education and Inspections Act 2006; the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025; the Education (Independent School Standards) Regulations 2014 as amended, including standards 16A and 32A; the Equality Act 2010; the Human Rights Act 1998; the Health and Safety at Work etc. Act 1974; Keeping Children Safe in Education 2026; and the Department for Education guidance 'Restrictive interventions, including the use of reasonable force, in schools', effective from 1 April 2026.

Leicester Therapeutic School supports pupils with cognition and learning needs, social, emotional and mental health needs and autism. Some pupils may communicate distress through behaviour, particularly where there is pain, sensory overload, fear, anxiety, unfamiliarity or difficulty communicating verbally. Staff must not assume that distressed behaviour is deliberate. They should use their knowledge of the pupil, consultation with parents and professionals, and information in the pupil's plans to identify triggers and reduce foreseeable risks.

The school uses positive relationships, predictable routines, low-arousal environments, trauma-informed practice, communication support and co-regulation to reduce the likelihood that restrictive intervention will be required. Where there is a foreseeable risk, individual behaviour support and risk management plans will identify preventative strategies, reasonable adjustments, preferred communication methods and agreed responses. Plans will be developed with the pupil and parent/carer where appropriate and reviewed following significant incidents.

Any intervention must protect the pupil's dignity and welfare. Staff will communicate calmly and clearly, using verbal and/or non-verbal strategies appropriate to the pupil's communication needs, and give adequate processing time where circumstances allow. Staff will consider age, size, medical conditions, SEND, sensory needs, trauma, communication, protected characteristics and other vulnerabilities when deciding whether an intervention is necessary and proportionate.

All members of school staff have a legal power to use reasonable force in limited circumstances to prevent or stop a pupil causing injury to themselves or others, committing a criminal offence, damaging property, or causing disorder among pupils. Force must never be used as punishment or simply to secure compliance where there is no lawful justification. Staff must never use any method that deliberately affects a pupil's airway, breathing or circulation, including covering the mouth or nose or applying pressure to the neck or abdomen. Ground restraint is not a planned strategy at Leicester Therapeutic School; if a pupil is unintentionally held on the ground, staff must release or reposition to a safer alternative or standing position as quickly as possible.

2. Physical Intervention Intent & Implementation

Intent	Implementation
Senior leaders will aim: • To ensure staff understand the legal framework, their duty of care and the thresholds for using restrictive intervention. • To minimise the need for restrictive intervention through prevention, de-escalation, reasonable adjustments, training, recording, analysis and continuous improvement.	This will be achieved through: • Regular CPD on safeguarding, positive behaviour and restrictive intervention • Team Teach training appropriate to staff roles and the needs of the school • Training in communication, co-regulation, de-escalation, SEND and dynamic risk assessment • Individual behaviour support plans and risk assessments where foreseeable risks are identified • Written recording of relevant incidents as soon as practicable, normally the same day • Written information to parents/carers as soon as practicable after a reportable incident, with the school aiming to do so the same day • Post-incident support, reflection and review for pupils and staff • Regular analysis of incident data, patterns and disproportionality, with oversight by senior leaders, the DSL, proprietor and governors
Staff will aim: • To provide a safe, inclusive and positive learning environment for all pupils • To prevent escalation and use the least restrictive response available • To understand individual needs, communication, triggers and early signs of distress • To make reasonable adjustments and protect pupils' dignity and welfare • To promote self-regulation, co-regulation, positive relationships and independence • To involve pupils and families in planning and reviewing support where appropriate • To follow recording, reporting and safeguarding procedures after every relevant incident	This will be achieved by: • Maintaining a calm, low-arousal, trauma-informed and neurodiversity-affirming environment • Using pupil profiles, communication information and individual support plans consistently • Recognising behaviour as communication and responding to underlying need • Using early co-regulation and de-escalation strategies • Using dynamic risk assessment and seeking additional support where practicable • Using only trained and authorised physical intervention techniques when required • Providing pupils with appropriate post-incident support, voice and relationship repair Staff will continually consider whether their response is necessary, proportionate and likely to reduce risk. If an intervention is escalating distress or creating greater risk, staff should change approach or stop as soon as it is safe to do so.

3. Positive Physical Interventions

Team Teach

Team Teach is Leicester Therapeutic School's chosen framework for positive behaviour support, de-escalation and physical intervention training. Staff who are likely to need to use restrictive interventions will receive training appropriate to their role and the school's assessed needs. Staff must only use physical techniques for which they are currently trained and competent, except where an unforeseen emergency requires reasonable action to prevent immediate harm. Training will be refreshed and re-accredited in line with provider requirements and school risk assessment.

Why do we use physical interventions?

Restrictive intervention is an umbrella term for actions that prevent, restrict or subdue a pupil's movement. Reasonable force includes physical restrictive intervention and must be no more force than necessary for the least amount of time. Restraint is a non-disciplinary intervention that immobilises a pupil or limits movement and may occur with or without direct physical contact. Seclusion means keeping one pupil apart from others and preventing them from leaving, otherwise than as a disciplinary penalty. Leicester Therapeutic School does not use seclusion as a planned behaviour strategy. A pupil choosing a calm or regulation space and remaining free to leave is not seclusion. If an incident nevertheless meets the statutory definition of seclusion or restraint, the school will record and report it as required.

Individual Positive Behaviour Plans

Where there is an identified increased likelihood that restrictive intervention may be required, the school will have an individual risk assessment and an appropriate positive behaviour support plan or pupil profile. Plans will set out known triggers, early indicators of distress, communication needs, reasonable adjustments, proactive support, de-escalation strategies and any circumstances in which increased physical contact may be considered. They will be co-produced with the pupil and parent/carer where appropriate and informed by relevant professionals. A plan does not provide automatic permission to use force: staff must still assess the individual circumstances each time.

Recording Physical Interventions

Leicester Therapeutic School records incidents on CPOMS. From 1 April 2026, the proprietor must ensure procedures are in place to record every significant incident in which a member of staff uses force on a pupil, and every incident of seclusion or restraint, including restraint without direct physical contact. Records must be made in writing as soon as practicable after the event; staff should complete them the same day and the school's internal expectation is within 4 hours where reasonably practicable. As a minimum, the record will identify the pupil and staff involved; relevant SEND or other needs; date, time, location and approximate duration; what happened and any known triggers; preventative and de-escalation strategies used; the type and degree of force or intervention; why it was considered necessary; any injury or adverse impact; and post-incident support. Pupil and witness accounts and follow-up actions will be added where appropriate. Parents/carers must be provided with written information about reportable incidents as soon as practicable, with the school aiming to do so no later than the same day. This applies even where restrictive intervention is anticipated in a

behaviour support plan. If reporting to a parent would be likely to result in significant harm to the pupil, the statutory alternative reporting route will be followed. Where a restraint incident is also a significant use-of-force incident, it does not need to be reported twice. Senior leaders and the DSL will review incidents, safeguarding concerns and patterns to improve practice.

4. Team Teach Core Thinking

Team Teach & De-escalation, Safe Holding, Guiding and Restraint methods

To understand de-escalation, it is important to understand the common causes of escalation as listed below:

Common causes of escalation	De-escalation – typical approaches
Anxiety Changes in routine Boredom Feeling unwell Hungry Thirsty Task avoidance Sensory overload Tiredness New faces Environment – noise, heat, people, layout Peer pressure	Validation Attune Containment Co-regulation strategies Planned Ignoring Humour Reminded of Boundaries Good Choice/Not safe Choice Reminded of Consequences Change of Face Clear Direction Active Listening Removal of Audience Diversion Friendly Escort Reassurance Help Hug Remove Trigger Negotiation Identified need met

The principles of Safe Holding, Guiding and Restraint methods: The use of physical restraint may be summarised as follows:

Staff must have a lawful reason to intervene and must assess that action is necessary to reduce an identified risk.

Where time and circumstances allow, staff should use prevention, communication, diversion, co-regulation and de-escalation before restrictive intervention.

- Use the least restrictive intervention and the least amount of force necessary for the shortest possible time.
- Consider the pupil's age, size, medical needs, SEND, sensory profile, communication, trauma, other vulnerabilities and relevant Equality Act duties.
- Never use a method that deliberately restricts airway, breathing or circulation, or applies pressure to the mouth, nose, neck or abdomen.
- Restrictive intervention must never be used as punishment or simply to force compliance.

- Continuously monitor the pupil's welfare and reduce or stop the intervention as soon as the immediate risk has reduced; seek medical assessment where appropriate.
- Where practicable, summon another trained member of staff to support or witness the incident, but the absence of a second adult must not prevent necessary action to protect a pupil or others from harm.

5. Safe Support methods

Safe Holding, Guiding and Restraint methods

1. Only Team Teach techniques for which staff have current training and competence may be used as planned physical interventions.
2. The school does not plan or train staff to use ground restraint. Staff should seek to keep interventions standing and as non-restrictive as possible.
3. Restrictive intervention should not be undertaken on stairs or in other hazardous locations except where immediate action is necessary to prevent a greater risk to life or serious injury.
4. No technique may be used with the intention of causing pain, punishment or humiliation, or in a way that compromises breathing, circulation or the pupil's dignity.

Where more than one member of staff is involved, one person should coordinate the intervention and communication where practicable. Leadership of the intervention is based on the circumstances, competence and effectiveness of the staff present rather than hierarchy, and may transfer if needed for safety.

If a pupil goes to the floor unintentionally, if the intervention becomes ineffective, or if there are signs of breathing difficulty, injury, significant distress or other increased risk, staff must release or reposition to a safer alternative as quickly as possible. First aid or medical assessment will be obtained where appropriate.

Staff will use agreed Team Teach communication and help scripts to request support and coordinate safely. Throughout an intervention, staff should communicate calmly with the pupil, explain what is happening where possible and respond to signs that the intervention should be reduced or stopped.

6. Post incident review

Post Physical Intervention: support, report, review and plan:

Immediate action

- Reassure and support the pupil, other pupils and staff involved. Check immediately for injury, breathing difficulty, pain or other adverse impact and provide first aid or medical assessment where required. Use language that maintains the pupil's dignity, belonging and emotional safety.
- Decide what level of observation or support is needed following the incident. Staff should monitor the pupil's physical and emotional wellbeing and offer appropriate support to any pupil who witnessed the incident and became distressed.
- Follow the school's Engage, Disengage and Re-engage approach, allowing sufficient time and space before expecting reflection or discussion.

Offer an explanation and restorative conversation when the pupil is ready and able to engage; this should not be forced immediately after a crisis.

- Give the pupil an accessible opportunity to explain what happened, express feelings and contribute to what could help in future. Communication support should be used where required.
- Make the environment safe, including removing broken items or other hazards.
- Return the environment and routine to normal as soon as this can be done safely.
- Assess and treat injuries and record them through the appropriate first aid/accident reporting system.
- Provide parents/carers with the required written information as soon as practicable after a reportable incident, aiming for the same day, and offer a follow-up discussion where appropriate.
- Complete the CPOMS record as soon as practicable and normally the same day; the school's internal target is within 4 hours where reasonably practicable.

Post Incident Review

Ensure the incident is reviewed to support safeguarding, learning and continuous improvement:

- Identify likely triggers, unmet needs or functions of behaviour, while avoiding assumptions.
- Review openly how the incident was managed and identify learning for future support:
 - Was intervention necessary and was the least restrictive option used?
 - Was it used for the least amount of time necessary?
 - Was there any physical or psychological harm, injury or distress requiring further support?
 - Could an alternative prevention, communication or de-escalation strategy have reduced the risk?
 - What can be learned from the pupil's, staff members', witnesses' and parents' perspectives?
 - Do reasonable adjustments, the environment, support plan or risk assessment need to change?
- Update positive behaviour support plans, pupil profiles and risk management strategies where required.
- Ensure staff receive appropriate debrief, welfare support and supervision, ideally including reflection with someone who was not directly involved in the incident where practicable.

7. Safeguarding

How does the SLT monitor and safeguard following incidents?	• Staff complete the CPOMS/RPI record as soon as practicable and normally the same day • The school's internal target is within 4 hours where reasonably practicable • SLT reviews significant incidents and follow-up information, normally within 24 hours • Parents/carers receive the required written information as soon as practicable, with the school aiming for the same day • The DSL considers safeguarding concerns, staff conduct, allegations or low-level concerns arising from incidents • SLT analyses frequency, duration, pupil groups, SEND, injuries and patterns; the proprietor/governors receive appropriate oversight information
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How do staff improve pupil support and safeguarding following incidents?	• Staff analyse antecedents, triggers, communication and unmet needs • Pupil voice and, where appropriate, parent/carer views are considered • SLT reviews reasonable adjustments, environment and de-escalation strategies • Dynamic risk information is incorporated into pupil profiles and formal risk assessments • Positive behaviour support plans are updated where needed • Relevant changes are shared with staff and, where appropriate, involved professionals
How does the SLT monitor risk assessments?	• Individual risk assessments are used where there is a foreseeable increased likelihood of restrictive intervention • Plans are informed by staff who know the pupil and, where appropriate, co-produced with the pupil, parents/carers and professionals • Relevant staff are made aware of current risk assessments and control measures • Risk assessments are reviewed at least half termly and after significant incidents or material changes, whichever is sooner • SLT monitors patterns and whether controls are reducing the need for restrictive intervention
How are pupils safeguarded?	• Staff likely to use restrictive intervention have current training appropriate to their role • Pupils are communicated with throughout an intervention using methods they can understand • Pupils are offered post-incident support and an opportunity to give their account • Parents/carers are provided with written information about reportable incidents as soon as practicable, aiming for the same day • Additional staff support is summoned where practicable; necessary action is not delayed where immediate safety is at risk • Only trained and authorised Team Teach techniques are used as planned interventions • Reportable incidents are recorded as soon as practicable and normally the same day • Leicester Therapeutic School does not use seclusion as a planned strategy; any incident meeting the statutory definition will be recorded and reported • Force is never used as punishment or solely to secure compliance • Ground restraint is not a planned strategy • Dignity, SEND, communication, medical needs, trauma and reasonable adjustments are considered throughout

How are staff safeguarded?

- Staff receive appropriate Team Teach, safeguarding and de-escalation CPD
- Additional trained support is requested where practicable
- Post-incident debrief and welfare support are available
- The school does not use planned ground restraint
- Restrictive intervention on stairs or other hazardous locations is avoided except where immediate action is necessary to prevent a greater danger
- Any staff injury is assessed and recorded through the school's accident reporting arrangements
- Incidents are reviewed for learning, staff safety, training needs and improvements to risk management