Hollywater School
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Restrictive Physical Intervention Policy

Policy Updated	Agreed by Governors	Policy Review Date
June 2026 Abi Appleton	July 2026	July 2027

This policy should be read in conjunction with key national and

local legislation, guidance and policies.

1 Background

This policy has been updated to align with the school's legal duties, including the Human Rights Act 1998 and the Equality Act 2010. It should be read alongside the Department for Education guidance Use of reasonable force and other restrictive interventions (2026), Hampshire County Council guidance, the school's Behaviour for Learning Policy, Safeguarding and Child Protection Policy, Equality Policy, Health and Safety Policy, Complaints Policy and separate Seclusion Policy.

The following definitions inform this policy:

• Restrictive physical intervention: a means of preventing, restricting movement of the body, or part of the body, of a pupil.

• Reasonable force: a legal term which includes restrictive physical intervention. Reasonable means using no more force than is necessary, for the least amount of time, taking account of the circumstances.

• Restraint: a non-disciplinary intervention which immobilises a pupil or limits their movement. It may or may not involve direct physical contact.

• Seclusion: a non-disciplinary intervention involving keeping a pupil confined away from others and preventing them from leaving through physical obstruction, blocking, locking, or causing them to believe they will be punished if they leave. Hollywater School has a separate Seclusion Policy, which must be followed whenever seclusion is considered or used .

We define restrictive physical intervention as follows:

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will.

All staff within this setting aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our behaviour for learning policy.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and PE)
- providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

This policy is consistent with our Child Protection, Safeguarding and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact (there is further guidance in our Child Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

2 Principles for the use of restrictive physical intervention

2.1 In the context of positive approaches

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour.

Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. We aim to do all we can in order to avoid using restrictive physical intervention. We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always a paramount concern and staff are trained to make dynamic risk assessment to quantify and act to reduce the likelihood of harm to others or themselves. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when a student joins our school.

2.2 Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don't* do as to what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along

with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

2.3 Reasonable force

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

3 When restrictive physical intervention be used

The use of restrictive physical intervention may be justified where a pupil is:

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. causing personal injury to, or damage to the property of, any person (including the pupil himself); or
3. prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

We are very cautious about using restrictive physical intervention where there are no immediate concerns about possible injury or exceptional damage to property.
Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example stopping a younger child leaving the school site.

The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty.

Staff will attempt to deescalate a crisis situation using non-physical methods. In some cases physical intervention may exacerbate a situation and they will try to use an alternative such as going to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care. Nevertheless, when absolutely necessary in order to exercise our duty of care, a physical intervention may still be used as a last resort.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or as a punishment.

4 Who can use restrictive physical intervention

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, trained through an accredited provider in the use of restrictive physical intervention. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of pupils, including:
   (a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors; and
   (b) people to whom the headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school-organised visits) but not prefects.

5 Planning around an individual and risk assessment

In most situations, our use of restrictive physical intervention is in context of a prior risk assessment which considers;

a) What the risks are
b) Who is at risk and how
c) What we can do to manage the risk (this may include the possible use of restrictive physical intervention)

We use this risk assessment to inform the Individual Behaviour Support Plan and Positive Handling Plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the

child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Support Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services). We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every term, or more frequently if there are any concerns about the nature of frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

Where an individual child has an Individual Positive Behaviour Management Plan or Positive Handling Plan which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

Where a child does have an existing individual positive behaviour management plan or risk assessment – i.e., in an emergency, staff do their best, using reasonable force within their duty of care.

6 What type of restrictive physical intervention can be used?

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above.

Staff should not act in ways that might reasonably be expected to cause injury.

Hollywater School has chosen PRICE training as its training model provider as in line with several other Special Schools within Hampshire, after discussion and agreement with the Children's Service Department leads for physical intervention in schools. PRICE training is Restraint Reduction Network accredited https://www.pricetraining.co.uk/rrn-certified-training/. Staff have received specific training in the use of restrictive physical intervention as well as crisis management and de-escalation. We ensure that staff have access to appropriate refresher training on a regular basis.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- those relating to legal issues policy and risk assessment
- understanding behaviour and planning for change.
- de-escalation techniques.

A record of such training is kept and monitored.

Withdrawal and Seclusion

This involves removing the person from a situation which causes anxiety or distress, to a location where they can be continuously observed and supported until they are ready to resume their usual activities.

Withdrawal can mean removing a young person from the class/group to allow them time to calm down or to prevent a situation from escalating. They may need time away from staff and pupils (either on their own or in another class/group) in order to break the cycle/pattern of their behaviour or to reduce their level of anxiety/distress. This "quiet time" could be time in the playground, a quiet area, or sitting in a designated area supervised by a member of staff.

We do not plan for and do not advise, except in emergency situations, staff to use seclusion. Seclusion refers to the supervised containment and isolation of a child or young person away from others in an area or room which they are prevented from leaving. It is designed to contain severely disruptive behaviour which is likely to cause harm to others. This is used when other forms of intervention have not been effective and there is an ongoing risk to others.

Examples could include:

- Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.

- Where a staff member has removed all the class members from a room and in order to prevent the pupil displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

For full details, please refer to our separate Seclusion Policy.

Time-out is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan. Time-out is used for a limited time in level with a child's developmental level.

If we need to seek further advice around the use of seclusion, other than in an isolated emergency situation, we would contact the lead Educational Psychologist as named in Appendix 6 for further advice and guidance.

We carefully consider the wider issues around long term segregation of children and young people (e.g., including the removal of outdoor spaces or educating children or young people away from their peers) and are clear about how these relate to Article 5 of the Human Rights Act (1998). The reasons for any courses of action should be clearly explained to the young person and their family.

7 Recording and reporting

We record any use of restrictive physical intervention using a bound and numbered incident book. We call this the Restrictive Physical Intervention (RPI) book. We record the strategies attempted

before the intervention, what we believe caused the behaviour, a summary of the situation, the intervention used, the level of force and degree of restriction required, who was in attendance, their role (whether physically involved, an observer and any PRICE or First aid training), how the pupil presented after the event and how a debrief was carried out for the pupil and staff member.

Non-restrictive interventions such as guides and escorts are recorded on CPOMS. We do this as soon as possible after an event, always within 24 hours. Where an incident causes injury to a member of staff, it is also recorded as per the corporate accident/incident reporting procedure using the online report form. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to parents and carers.

Levels of force: Low-level (light contact, minimal effort, no significant resistance); Medium level (deliberate and sustained contact, moderate effort, active resistance); High-level (significant and sustained contact, significant and sustained physical effort, significant and ongoing resistance).

These descriptors apply across all levels of the PRICE Training framework. Contact at every level sits within an approved and structured approach. A low or medium-level response is not an improvised reaction but a deliberate, trained, and proportionate one.

Degrees of restriction: Minimum (lightest limitation, significant freedom of movement retained); Moderate (more substantial containment, multiple contact points, movement significantly impaired but not fully controlled); Rigorous (high degree of containment, movement substantially or fully controlled, highest welfare risk, most rigorous review required).

After using restrictive physical intervention, we ensure that the Headteacher a member of the SLT is informed as soon as possible. We also inform parents by phone (by letter or note home with the child if this is not possible), usually before the child arrives home. Written confirmation by email is also shared with parents following any phone call, face to face conversation or communication on Teams or Home link book to provide a clear communication trail and to support parents to have an opportunity to reflect in their own time and respond with any further questions they may have.
A copy of the record form is also available for parents to read. Records are retained for 22 years after the date of birth of the child.

In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance *Screening, Searching and Confiscation – Advice for Schools* (2018) and Section 45 of the *Violent Crime Reduction Act 2006*.

8 Supporting and reviewing

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this[1]. Where it is appropriate,

[1] We use the guidance in the Hampshire document *Planning and recording physical intervention in schools* (updated 2019*)* – we support the child to help them record their views.

we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has regulated enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

9 Monitoring

We monitor the use of restrictive physical intervention in our school. The headteacher and a nominated governor are responsible for reviewing the records on an annual basis or more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

10 Concerns and complaints

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the headteacher is immediately informed. We would also follow our child protection procedures. In the absence of the headteacher, in relation to restrictive physical intervention, we ensure that the deputy headteacher

is informed. If the concern, complaint or allegation concerns the headteacher, we ensure that the Chair of Governors is informed.

Our staff will always seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally. This is not to be seen as necessarily a failure of professional technique but a regrettable and infrequent side effect of making sure the service user remain safe.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

The results and procedures used in dealing with complaints are monitored by the governing body.

11 Reviewing this policy

We adopted this policy in September 2022. It is next due for review by July 2027 or earlier if necessary.

Appendix One:

Summary guidance for staff on the use of physical intervention

Introduction

This guidance for staff is a summary of our school's detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy.

This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as "when a member of staff uses force intentionally to restrict a child's movement against his or her will". Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection policy.

Who can restrain? Under what circumstances can restraint be used?

Everyone has the right to use reasonable force to prevent actual or potential injury to people or damage to property (Common law power). Injury to people can include situations where a child's behaviour is putting him or herself at risk. In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse.

Teachers and other authorised staff (see full policy for more details about this) may also use reasonable force where a child's behaviour is prejudicial to the maintenance of good order. Staff should be very cautious about using restrictive physical intervention under such circumstances, as it would only be appropriate in exceptional circumstances.

Statutory power - Section 93 of the *Education and Inspections Act* (2006) enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a pupil from doing or continuing to do any of the following:

- committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)

- causing personal injury to, or damage to the property of, any person (including the pupil himself) and

- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise).

Restraint should never be used as a substitute for good behaviour management, nor should it be employed in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that a individual pupil's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

What type of restraint can be used?

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

Before physical contact:

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer, or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any uninvited interference with a student's property may be interpreted by them as an invasion of their personal space.) Staff should either stay well away, or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked.

Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

Where physical contact is necessary:

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the sideby-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

Beware in particular of head positioning, to avoid clashes of heads with the child.
Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder.

Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.

Do all that they can to avoid lifting children.

Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.

Don't expect the child to apologise or show remorse in the heat of the moment.

Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

After an incident

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

Where appropriate, we also encourage staff to contact the Employee Support Line (ESL), a free and confidential counselling/support line on 023 8062 6606 or Teacher Support Line on 08000 562 561.

Staff should inform the headteacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record sheet should be completed as soon as possible and in any event within 24 hours of the incident. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

Appendix Two: Authorised staff

Teachers and those whose contracts give them control and charge of pupils are authorised by statute to use reasonable force if necessary in order to prevent a pupil from doing, or continuing to do any of the following:

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil).

2. causing personal injury to, or damage to the property (including the pupil himself).

3. prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

However, we are cautious about the use of restrictive physical intervention under the "prejudicial to the maintenance of good order and discipline" clause and would only do this in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention.

The headteacher may wish to specifically authorise other individuals to have control and charge of pupils for a specific period of time, e.g. for the duration of a school trip. The headteacher should ensure that these people, and everyone automatically authorised by contract, are aware of what the authorisation means. The headteacher should also ensure that those not authorised have been told what steps to take in the case of an emergency.

Appendix Three:

Individual Positive Behaviour Management Plan (IPBMP)

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Pupil name:	Class:	Date:
Strengths and interests		
Strong Responses		
How I communicate with you:		
How you can best communicate with me:		
Behaviours of Concern that may be displayed:		
Communicative function of these behaviours		
Behaviours of Concern and their Responsive strategies		
Responsive strategies that are used by all staff and whole class strategies to meet need.		
New skills/Target behaviour	**Zones of Regulation: Tool Box and Rewards**	

NEW IPBMP

Pupil name:	Class:	Date:
Written By (Print name)	Signature	Date
(Class Teacher)		
Shared with Pupil		
Parent/Carer (Print Name)	Signature	Date
Sarah Kitching (Deputy Head Teacher)		

TERM 1

REVIEW AND RETURN – Monday 12th January 2026		
AMENDMENTS (To be completed in RED)		
Written By (Print name)	Signature	Date
(Class Teacher)		
Shared with Pupil		
Parent/Carer (Print Name)	Signature	Date
Sarah Kitching (Head Teacher)		

TERM 2

REVIEW AND RETURN – Monday 27th April 2026		
AMENDMENTS (To be completed in BLUE)		
Written By (Print name)	Signature	Date
(Class Teacher)		
Shared with Pupil		
Parent/(Print Name)	Signature	Date
Sarah Kitching (Head Teacher)		

TERM 3

FINAL REVIEW - Monday 22nd June 2026		
AMENDMENTS (To be completed in GREEN)		
Pupil Name:	Class: Pink	Date:
Written By (Print name)	Signature	Date
(Class Teacher)		
Sarah Kitching (Head Teacher)		

Positive Handling Plan (PHP)

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Positive Handling Plan

Name:		Class	
Date:			
How I communicate with you:			
How you can communicate best with me:			
Triggers:			
Behaviour of concern and Supportive/ Intervention Strategies to be used:			
Medical/Physical Conditions that should be taken account of before physical intervention:			
Risk Assessment: PRICE Physical Interventions			
Debrief:			
NEW PHP Plan written by:	Signature	Date	
Class Teacher PRICE trainer			
PHP Plan agreed by:			
Parent/Carer (Print Name)	Signature	Date	
(Head Teacher)			

Pupil Name:	Class:	
REVIEW AND RETURN: Monday 13TH January 2026		
AMENDMENTS: (To be completed in RED)		
Written By (Print name)	Signature	Date
Class Teacher PRICE trainer		
Shared with pupil		
Parent / Carer (Print Name)	Signature	Date
Head Teacher		

REVIEW AND RETURN: Monday 28th April 2026		
AMENDMENTS: (To be completed in BLUE)		
Written By (Print name)		
Class Teacher PRICE trainer		
Shared with pupil		
Parent/ Carer (Print Name)		Date
Head Teacher		

FINAL REVIEW: Monday 23rd June 2026		
AMENDMENTS: (To be completed in GREEN)		
Pupil Name:	Class :	Date :
Written By (Print name) Class Teacher PRICE trainer	Signature	Date
Shared with pupil		
Parent/ Carer (Print Name)	Signature	Date
Head Teacher		

Appendix Four: Related local and national guidance

This policy has been written in the light of more specific guidance that is available to schools. The main national guidance refers to the Education and Inspections Act (2006) and is:

Department for Education and the Department for Health and Social Care (2019) Reducing the Need for Restraint and Restrictive Physical Intervention

Department for Education (2020) *Keeping Children Safe in Education:for schools and colleges*

Department for Education (2018) *Screening, Searching and Confiscation – Advice for Schools*

Department for Education (2016) Behaviour and Discipline in Schools. Guidance for headteachers and staff

Department for Education (2013) *The Use of Reasonable Force*

Our school policy is based on guidance from Hampshire County Council:

Hampshire County Council (2019) *Planning and recording physical interventions in schools*

Appendix Five: Key Children's Services Department Personnel

Lead person for Physical Intervention (Education) on behalf of the Physical Intervention Steering Group:

Helen Carlow, Educational Psychologist Clarendon House.
Tel: 01962 876217:
Email: helen.carlow@hants.gov.uk

Appendix Six: Signatures of staff who have read the Local Authority Restrictive Physical Intervention Policy, Guidance and School

Restrictive Physical Intervention Policy

Name and job title	Signature	Date signed
