HOMEBROOK WOODS

Independent Special School

Ages 5–11 | Autism Spectrum Condition (ASC), Speech, Language and Communication Needs (SLCN) and Associated SEND

PHYSICAL INTERVENTION AND POSITIVE HANDLING POLICY

Education (Independent School Standards) Regulations 2014 (as amended)
Keeping Children Safe in Education (KCSIE) 2026

Document Control

Policy Title	Physical Intervention and Positive Handling Policy
School	Homebrook Woods
Policy Owner	Vonika Shelley
Role	Proprietor, Headteacher and Designated Safeguarding Lead
Approved by	Proprietor
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Related Policies

- Safeguarding and Child Protection Policy
- Behaviour Regulation and Positive Support Policy
- Health and Safety Policy
- First Aid Policy
- Missing and Absconding Pupil Policy
- Educational Visits Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Individual Risk Assessments
- Individual Positive Handling Plans

1. Purpose

Homebrook Woods is committed to creating a safe, nurturing and therapeutic learning environment in which every pupil is treated with dignity, compassion and respect.

As a specialist independent school for children aged 5–11 with Autism Spectrum Condition (ASC), Speech, Language and Communication Needs (SLCN) and associated SEND, we recognise that behaviour is a form of communication and that pupils may experience periods of distress, dysregulation or heightened anxiety.

Our approach is rooted in understanding, prevention and positive relationships. Physical intervention is never viewed as a behaviour management strategy or a form of punishment. Instead, it is regarded as a safeguarding measure that may be used only when absolutely necessary to prevent immediate harm.

The emphasis at Homebrook Woods is always on reducing the need for restrictive practices through:

- positive relationships;
- skilled communication;
- understanding individual needs;
- environmental adaptations;
- proactive planning;
- therapeutic support;
- personalised behaviour regulation strategies.

Physical intervention will only ever be used:

- as a last resort;
- for the shortest time necessary;
- using the least restrictive option available;
- by appropriately trained members of staff;
- where it is reasonable, proportionate and lawful.

Every incident will be reviewed carefully to identify opportunities for learning, reduce future risk and continually improve practice.

2. Statement of Principles

Homebrook Woods believes that:

- every child has the right to feel safe;
- every child deserves to be treated with dignity and respect;
- restrictive intervention should always be avoided wherever possible;
- behaviour should be understood rather than punished;
- prevention is more effective than intervention;
- pupils learn best when they feel emotionally and physically safe;
- positive relationships reduce the likelihood of crisis situations;
- staff should respond calmly, consistently and therapeutically;
- every restrictive intervention should be followed by reflection, learning and review.

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3. Legal Framework

This policy has been developed with reference to:

- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children (2023)
- Education and Inspections Act 2006
- Education (Independent School Standards) Regulations 2014 (as amended)
- Children Act 1989
- Children Act 2004
- Equality Act 2010
- Human Rights Act 1998
- Health and Safety at Work etc. Act 1974
- DfE *Behaviour in Schools* guidance
- DfE *Use of Reasonable Force* guidance
- UN Convention on the Rights of the Child

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4. Scope

This policy applies to:

- all pupils attending Homebrook Woods;
- all employees;
- volunteers;

- students on placement;
- contractors;
- agency staff;
- visitors where relevant.

Every adult working within Homebrook Woods shares responsibility for promoting pupil safety, reducing the need for restrictive intervention and responding appropriately to behaviour that presents a risk of harm.

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5. Homebrook Woods' Therapeutic Approach

Homebrook Woods adopts a relational, trauma-informed and autism-informed approach to behaviour.

We recognise that many pupils may experience:

- communication differences;
- sensory processing differences;
- anxiety;
- emotional dysregulation;
- difficulties with flexibility;
- executive functioning differences;
- social communication challenges;
- past adverse experiences.

Behaviour is understood within the context of each child's individual profile rather than viewed simply as non-compliance.

Staff seek first to understand:

- what the pupil may be communicating;
- what need is currently unmet;
- what environmental factors may be contributing;
- how anxiety or sensory differences may be affecting behaviour;
- what support the pupil requires to regain regulation.

Restrictive intervention is therefore considered part of safeguarding practice rather than behaviour management.

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6. Definitions

Positive Handling

Positive handling refers to the range of supportive strategies used by staff to help pupils remain safe, calm and regulated.

These include:

- positive relationships;
- verbal reassurance;
- redirection;
- environmental adjustments;
- distraction;
- offering choices;
- sensory regulation;
- planned withdrawal;
- co-regulation;
- increased supervision.

Positive handling does not necessarily involve physical contact.

Physical Intervention

Physical intervention refers to any physical contact by a member of staff intended to prevent injury or serious harm.

This may include:

- guiding;
- escorting;
- separating pupils;
- blocking movement where necessary;
- reasonable force in accordance with the law.

Physical intervention will only be used where absolutely necessary.

Restrictive Practice

Restrictive practice refers to any intervention that limits a person's freedom of movement, liberty or ability to make choices.

Homebrook Woods is committed to reducing restrictive practice wherever possible.

Restrictive interventions will always be:

- necessary;
- proportionate;
- reasonable;
- time limited;
- individually justified.

Reasonable Force

Reasonable force means the minimum degree of force necessary to prevent immediate harm.

Whether force is reasonable depends upon:

- the circumstances;
- the level of risk;
- the age of the pupil;
- the size and physical presentation of the pupil;
- the pupil's individual needs;
- the seriousness of the situation.

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7. Preventative Practice

The most effective physical intervention is the one that never becomes necessary.

Homebrook Woods therefore places significant emphasis upon proactive planning and preventative practice.

Preventative strategies include:

- developing trusting relationships with pupils;
- understanding each pupil's communication profile;
- recognising early signs of distress;
- maintaining predictable routines;
- providing visual supports;
- offering sensory regulation opportunities;
- adapting the environment to reduce anxiety;

- individual risk assessments;
- personalised Positive Behaviour Support strategies;
- Individual Positive Handling Plans where appropriate;
- close partnership working with parents, carers and external professionals;
- regular staff training and reflective practice.

Staff are expected to intervene early using supportive and therapeutic strategies long before behaviour reaches crisis point.

The primary aim is always to help the pupil regain emotional regulation without the need for physical intervention.

8. Individual Positive Handling Plans

Some pupils may require an Individual Positive Handling Plan (IPHP) where there is an identified risk that physical intervention may become necessary.

Positive Handling Plans will be developed following a person-centred approach and, wherever possible, in partnership with:

- parents and carers;
- the pupil (where appropriate);
- the SENDCo (if appointed);
- health professionals;
- therapists;
- commissioners;
- other professionals involved with the pupil.

Each plan will be tailored to the individual pupil and will normally include:

- the pupil's strengths and interests;
- communication profile;
- sensory needs;
- known triggers;
- early indicators of anxiety or dysregulation;
- successful de-escalation strategies;
- preferred methods of communication;
- environmental adaptations;
- agreed calming strategies;
- any approved physical intervention techniques;
- post-incident support arrangements;
- review arrangements.

Positive Handling Plans will be reviewed regularly and whenever:

- an incident occurs;
- the pupil's needs change;
- new risks are identified;
- following an EHCP review;
- following advice from external professionals.

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9. Dynamic Risk Assessment

Staff are expected to continually assess risk throughout any incident.

Dynamic risk assessment involves considering:

- the immediate level of danger;
- the safety of the pupil;
- the safety of other pupils;
- the safety of staff;
- environmental hazards;
- the pupil's communication;
- the pupil's medical needs;
- the likely outcome of intervention versus non-intervention.

Staff should continually ask themselves:

- Can this situation be safely managed without physical intervention?
- Is there another option available?
- Is the pupil beginning to regulate?
- Has the level of risk reduced?
- Can support be increased instead?

If the answer is yes, physical intervention should not be used or should cease immediately.

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10. De-escalation

At Homebrook Woods, de-escalation is the primary strategy for supporting pupils during periods of anxiety or emotional dysregulation.

Staff will seek to reduce distress by:

- remaining calm;
- using a quiet tone of voice;
- reducing verbal demands;

- allowing processing time;
- offering reassurance;
- reducing sensory input;
- offering choices;
- providing movement or sensory breaks;
- redirecting attention;
- increasing personal space where safe;
- using familiar visual supports;
- supporting co-regulation.

Staff should avoid:

- confrontation;
- arguing;
- raising their voice;
- unnecessary physical contact;
- crowding the pupil;
- making threats;
- issuing repeated demands;
- power struggles.

Where de-escalation is successful, physical intervention should not be required.

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11. Circumstances Where Physical Intervention May Be Used

Physical intervention may only be used where it is reasonable, proportionate and necessary to prevent immediate harm.

Examples include preventing:

- injury to the pupil;
- injury to another pupil;
- injury to a member of staff;
- serious damage to property where this could lead to injury;
- a pupil running into immediate danger;
- serious disruption which places people at immediate risk.

The decision to use physical intervention will always consider:

- whether less restrictive strategies have been attempted;
- whether the intervention is proportionate;

- whether the anticipated benefits outweigh the risks;
- whether the intervention is in the best interests of the pupil and others.

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12. Circumstances Where Physical Intervention Must NOT Be Used

Physical intervention must never be used:

- as punishment;
- because a pupil refuses an instruction;
- to force compliance;
- because a pupil is verbally abusive;
- because a pupil is swearing;
- to intimidate;
- to humiliate;
- to demonstrate authority;
- as retaliation;
- because staff are frustrated or angry.

Restrictive intervention must never replace skilled behaviour support or therapeutic practice.

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13. Prohibited Practices

The following practices are prohibited at Homebrook Woods unless there is an exceptional and immediate life-threatening emergency where no safer alternative exists:

- any technique restricting breathing;
- prone restraint (face down);
- seated restraint restricting the chest;
- neck holds;
- choke holds;
- pressure to the head or neck;
- pain compliance techniques;
- twisting joints;
- deliberate infliction of pain;
- striking or hitting;
- slapping;
- shaking;

- dragging a pupil across the floor;
- using restraint as punishment;
- any degrading or humiliating intervention.

Staff must never use any intervention for which they have not received appropriate training.

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14. Approved Physical Intervention

Where physical intervention is necessary, Homebrook Woods will only use techniques that:

- are taught through an approved positive handling training provider;
- prioritise the safety and dignity of the pupil;
- minimise restriction;
- minimise distress;
- allow communication throughout;
- are regularly refreshed through staff training.

The intervention should cease immediately once the risk of harm has reduced.

Throughout any intervention staff should continue to:

- communicate calmly;
- reassure the pupil;
- monitor breathing;
- monitor distress;
- continually reassess risk.

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15. Medical Considerations

Before any physical intervention, staff should consider known medical conditions including:

- epilepsy;
- asthma;
- heart conditions;
- respiratory conditions;
- brittle bones;
- recent injuries;
- mobility difficulties;

- obesity;
- medication that may affect physical presentation.

Individual Healthcare Plans and Positive Handling Plans should always be considered wherever possible before intervention takes place.

Following any significant physical intervention, consideration will be given to whether the pupil requires medical assessment.

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16. Staff Training

Only staff who have received appropriate training should undertake planned physical intervention techniques.

Training will include:

- positive behaviour support;
- autism-informed practice;
- communication strategies;
- de-escalation;
- dynamic risk assessment;
- lawful use of reasonable force;
- safeguarding responsibilities;
- safe physical intervention techniques;
- recording procedures;
- post-incident support.

Training will be refreshed in accordance with the recommendations of the approved training provider and whenever changes in guidance or school practice require.

Staff who have not received physical intervention training remain responsible for:

- safeguarding pupils;
- seeking assistance immediately;
- supporting de-escalation where appropriate;
- summoning trained colleagues.

They should only use reasonable force in an unforeseen emergency where immediate action is necessary to prevent serious harm and no trained member of staff is immediately available.

17. Recording and Reporting

Every incident involving physical intervention must be recorded promptly, accurately and objectively.

A written record will normally be completed before the end of the working day and, wherever possible, within 24 hours of the incident.

The record should include:

- date and time of the incident;
- location;
- names of pupils and staff involved;
- other witnesses;
- events leading up to the incident;
- known triggers;
- de-escalation strategies attempted;
- reason physical intervention became necessary;
- type of intervention used;
- duration of the intervention;
- injuries sustained (if any);
- medical treatment provided;
- emotional presentation of the pupil following the incident;
- communication with parents or carers;
- follow-up actions;
- review recommendations.

Where an incident also raises safeguarding concerns, it will be recorded in accordance with the **Safeguarding and Child Protection Policy**.

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18. Informing Parents and Carers

Homebrook Woods believes that open, honest and timely communication with parents and carers is essential.

Parents or carers will normally be informed on the same day whenever physical intervention has been used.

Communication will include:

- why the intervention was necessary;
- the strategies used before physical intervention;
- reassurance regarding the pupil's welfare;

- any injuries sustained;
- actions taken following the incident;
- proposed review arrangements where appropriate.

Where appropriate, parents and carers will be invited to contribute to any review of the pupil's Positive Handling Plan, Behaviour Support Plan or Individual Risk Assessment.

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19. Post-Incident Support

Following every incident, priority will be given to restoring relationships, supporting emotional wellbeing and reducing the likelihood of future incidents.

Support for the pupil may include:

- reassurance;
- time for emotional regulation;
- access to a trusted adult;
- sensory regulation activities;
- restorative conversations where appropriate;
- communication support;
- review of environmental factors;
- review of behaviour support strategies.

The purpose of post-incident support is not to apportion blame, but to understand the circumstances leading to the incident and identify ways to better support the pupil in the future.

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20. Staff Debrief

Physical intervention can be emotionally demanding for staff.

Following significant incidents, staff will be offered an opportunity to participate in a professional debrief.

This may include:

- reviewing the incident;
- discussing what worked well;
- identifying lessons learned;
- considering alternative strategies;

- reviewing Positive Handling Plans;
- identifying additional training needs;
- emotional support where required.

Where repeated incidents occur, the Headteacher will ensure that wider support, supervision or professional advice is considered.

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21. Safeguarding Considerations

Physical intervention is recognised as a safeguarding issue.

The use of physical intervention should always prompt consideration of:

- unmet needs;
- communication difficulties;
- sensory factors;
- emotional wellbeing;
- safeguarding concerns;
- environmental triggers;
- changes within the home environment;
- bullying;
- abuse;
- neglect;
- exploitation.

Repeated use of physical intervention with any pupil will trigger a review of:

- Individual Risk Assessments;
- Positive Handling Plans;
- Behaviour Regulation and Positive Support Plans;
- Individual Healthcare Plans where appropriate;
- EHCP outcomes where relevant;
- safeguarding records.

Where concerns indicate that a pupil may be at risk of significant harm, the Designated Safeguarding Lead (DSL) will consider whether referrals to Children's Social Care or other agencies are required in accordance with the **Safeguarding and Child Protection Policy**.

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22. Monitoring and Quality Assurance

The Headteacher will monitor:

- frequency of incidents;
- patterns and trends;
- staff involved;
- pupils involved;
- locations;
- times of day;
- injuries;
- effectiveness of preventative strategies;
- compliance with recording procedures.

The Proprietor will receive regular reports regarding the use of physical intervention to ensure that restrictive practices remain proportionate, lawful and in keeping with the ethos of Homebrook Woods.

The Homebrook Woods Advisory Board will receive oversight reports as part of its responsibility for safeguarding, pupil welfare and governance.

The school is committed to reducing restrictive practice over time through continuous improvement, reflective practice and staff development.

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23. Equality, Diversity and Human Rights

Homebrook Woods recognises that every pupil has the right to be treated with dignity, compassion and respect.

In implementing this policy the school will have due regard to:

- the Equality Act 2010;
- the Human Rights Act 1998;
- the United Nations Convention on the Rights of the Child.

Reasonable adjustments will always be made to reflect:

- communication needs;
- sensory differences;
- disabilities;
- medical needs;
- cultural considerations;

- developmental stage.

Restrictive intervention will never be used in a discriminatory manner.

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24. Complaints

Any concerns regarding the use of physical intervention should be raised as soon as possible with the Headteacher.

Concerns will be investigated fairly, objectively and promptly in accordance with the **Homebrook Woods Complaints Policy**.

Where safeguarding concerns arise, they will be managed in accordance with the **Safeguarding and Child Protection Policy**.

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25. Monitoring and Review

This policy will be reviewed:

- annually;
- following significant incidents;
- following changes to legislation or statutory guidance;
- following recommendations arising from safeguarding reviews;
- where changes to school practice require.

Lessons learned from incidents, audits, staff feedback and safeguarding reviews will be used to strengthen practice and further reduce the need for restrictive intervention.

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26. Physical Intervention Decision-Making Flowchart

Pupil begins to show signs of anxiety, distress or dysregulation

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Recognise early warning signs and begin de-escalation

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Use preventative strategies:

- Calm communication
- Reduce demands
- Offer choices
- Sensory regulation
- Increase personal space
- Support from trusted adult

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Has the level of risk reduced?

YES

↓

Continue support, monitor and review

NO

↓

Complete dynamic risk assessment

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Is there an immediate risk of injury or serious harm?

NO

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Continue de-escalation
Review support strategies

YES

↓

Use the least restrictive reasonable intervention

↓ ↓

Risk reduced?

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YES

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Immediately end physical intervention

↓

Check welfare of everyone involved

↓

Offer emotional support and co-regulation

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Inform parents/carers

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Complete physical intervention record

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Review:

- Positive Handling Plan
- Behaviour Support Plan
- Risk Assessment
- Safeguarding needs
- Staff learning

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Consider whether additional support, training or multi-agency involvement is required

27. Linked Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy
- Behaviour Regulation and Positive Support Policy
- Health and Safety Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy
- Missing and Absconding Pupil Policy
- Educational Visits Policy
- Staff Code of Conduct
- Complaints Policy
- Individual Risk Assessments
- Individual Positive Handling Plans

APPENDIX A

Individual Positive Handling Plan (IPHP)

Guidance: This plan should be completed for any pupil where there is an identified risk that physical intervention may become necessary. It should be developed in partnership with parents/carers and reviewed regularly.

Homebrook_Woods_Physical_Intervention_Appendix_A_IPHP.docx

APPENDIX B

Physical Intervention Record

This form must be completed following every incident involving physical intervention.

Homebrook_Woods_Physical_Intervention_Appendix_B_PIR.docx

APPENDIX C

Post-Incident Debrief Record

The purpose of this record is to promote reflection, learning and the reduction of future restrictive interventions.

Homebrook_Woods_Physical_Intervention_Appendix_C_PIDR.docx