Positive Handling Plan and Risk Assessment

NB: This plan aims to draw upon previous incidents in order to support the child to find a better way to manage their behaviour

**Name: Date of Plan: \_\_ / \_/ \_\_ Review Date of plan**: \_\_ / \_\_ /\_\_

**School**

|  |
| --- |
| Relevant Background Info that contributes to the individuals stress (e.g. Family history, learning needs etc) |

|  |  |
| --- | --- |
| **Likes/interests and Strengths** | **Stressors/Triggers (times of day, people, activities, needs not met)** |

|  |
| --- |
| Medical Conditions (if applicable) consider which of these will alter the child’s presentation and appropriateness of the hold  |

|  |
| --- |
| **Nature of RISK (circle all that apply)**Harm to self Harm to others Serious Disruption Significant Damage to property  |
|  **What precisely is the risk ? (behaviours noted)** |

|  |
| --- |
| Key Adults:  |
| De-escalation and Diversion strategies that can be used  |

**Identify what does the behaviour look like? – Opportunities for staff to reduce risk…..**

|  |  |
| --- | --- |
| Stage 1 Anxiety Behaviours | Stage 2 Defensive Behaviours |
| ChildAdult Response: | ChildAdult Response: |

**Crisis Behaviours - this may or may not require the use of a physical intervention**

|  |  |
| --- | --- |
| Stage 3 Crisis  |  |
| **Child’s Behaviours:****Continued De-escalation ideas:****Adult Response:**Scripts: e.g. I’m here to help, there’s no need to worry, you’re not in trouble, lets go to your calm area | **Non restrictive**: guide away, big gestures, escorts**Restrictive Physical interventions** Techniquese.g. single elbow, Helpful hug, inside elbow, **Shortest amount of time:** how will you let go? Where will you let go? What next? Safe space? |

**Recovery – continue to reduce risk, support the child to calm, ensure everyone is safe, do not re-escalate the situation**

|  |  |
| --- | --- |
| **Stage 4 Recovery**  | **Stage 5 Depression** |
| What will they do?Where will they go?Who will they go with? | The child may seem calm but are they?Can they follow a simple instruction?Are they willing and ready to engage?Or are they resistant and reluctant?Try a small directed task with them before going back to class.Please state support arrangements: |

**Repair and Rebuild – continue to reduce risk by teaching a better way**

|  |
| --- |
| Stage 6: Debrief with child* consider a safe place for this to occur, with a safe adult, this should be suitably differentiated to meet the needs of the child:
* What happened? Before, during and after the critical incident?
* What they were thinking and feeling?
* Taking responsibility: How can they put this right? (repair the harm they have caused: this may include physical environment, and accepting consequences but critically it includes repairing relationships)
* Who will support them and check that this has happened?
 |
| Please state how the above will be facilitated for this child: |

**Supportive Structures around the child**

|  |
| --- |
| **Teach a better way – how can we support the child to manage their emotions and crisis behaviours?** e.g. My Positive Handling Plan Social Story, My Positive Handling plan visual Strip1:1 Interventions e.g. Theraplay activities, Zones of Regulation, SEAL, Body mapping, access to counsellor, etc Group work e.g. emotional literacy sessions  |
| Advice and Support from external agencies (e.g. SEMH, EP, Family Support, Paediatrician)Please state who is involved and nature of current involvement (eg awaiting appointment, monitoring, awaiting assessment etc) |
| Support arrangements (e.g. ISP, PSP, School Contract, Element 3, Request for Statutory Assessment) |

Parents/Carers: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Young Person Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recording and Monitoring**

Record on the Electronic PI Form

Report to SLT – ASAP

Report to Parents (within 24 hours max)

|  |
| --- |
| **Review Plan**(annotate the positive handling plan, what was the stressor/ trigger? what worked well? what could be tried differently next time? Physical intervention required: Yes or No Write in a different colour each time and date and sign this)**Review the entire plan (re-type!) every 12 weeks (government guidance!)** |