|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Key staff member/s:** | | | | | | |
| **Information that should be taken into account before physically intervening** (includingparticular wishes, vulnerabilities, learning disability, medical condition or impairments, and their interaction with the environment in which they are taught and cared for)**:** | | | | | | |
| **Topography:**  **What does the behaviour sounds/looks like?** | **Stage 1** | **Stage 2** | **Stage 3** | **Stage 4** | **Stage 5** | **Stage 6** |
| ***Anxiety/trigger*** | ***Defensive/Escalation*** | ***Crisis*** | ***Recovery*** | ***Depression*** | ***Restoration*** |
|  |  |  |  |  |  |
| **Supportive Strategies: Suggest ways of calming such behaviours to pre-empt the need for physical intervention** | ***Need for diversion, support and reassurance*** | ***Need for diversion, support and reassurance***  ***and clear limits, boundaries and choices*** | ***Possible need for Restrictive Physical Intervention appropriate for the service user*** | ***Need for coordinated letting go. Support, reassurance*** | ***Need for observation, support and monitoring - recovery and repair*** | ***Reflect Repair Reconnect*** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Handling Strategy: (please tick/number as necessary)** | | | | | | | | | | | |
|  | **Technique** | | **Standing** | | | **Sitting** | | **Kneeling** | **Ground** | |
| 1-person | Cradle Hold | |  | | |  | |  |  | |
| *Help hug* | |  | | |  | |  |  | |
| *Double Elbow* | |  | | |  | |  |  | |
| 2-person | Single Elbow | |  | | |  | |  |  | |
| *Double Elbow* | |  | | |  | |  |  | |
| *1 person/2 person* | *Other (specify/describe)* | |  | | |  | |  |  | |
| **Handling Notes - *Including how this is in the best interests of this child:*** | | | | | | | | | | | |
| **Debrief *- What after care is provided to support the young person?*** | | | | | | | | | | |
| **Recording and Notifications Required:** | | | | | | | | | | |
| Incident Form | | Phone Call Home | | | Letter Home | | Social Services | | | LA |
| **Notes / Expansion:**  ***(Who should make the otifications and when?)*** | | | |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Individuals involved in the development of this plan** | | |
|  | **Please Print** | **Please Sign** |
| Pupil:  Parent/Guardians (s):  Staff Members:  Headteacher/SENCO |  |  |

**Please note:**

1. Our emphasis at XXXXX School is related primarily to risk and restraint reduction rather than reactive measures. Wherever possible we look to identify positive behavioural supports that reduce the need for restraint. We aim to eliminate unnecessary and inappropriate use of restraint and minimise the need for its use over time in line with current guidance, including HM Government guidance document ‘**Reducing the Need for Restraint and Restrictive Intervention, June 2019.**

2. A risk assessment identifies the hazard, who could be hurt and how, what current risk control measures were in place, and what else we could do to reduce risk in the future. We take every opportunity to learn from experience and inform future practice as a result.

3. Reasonable use of force involves considering what would have happened if force had not been used and balancing that with risks of using force. We endeavour to use reasonable force as a last resort, it is important, that when reasonable force has been used that we explain why it was necessary, what alternatives were considered and rejected and why.