**Navigation Primary School**

**POLICY and PROCEDURE ON PHYSICAL INTERVENTION**



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| **Approved by:** | FINANCE, PERSONNEL & FACILITIES COMMITTEE | **Date:** 27/01/21 |
| **Last reviewed on:** |  | |
| **Next review due by:** | SPRING 2024 | |

1. Introduction

Navigation Primary School recognises that it has a “duty of care” to the pupils at our school. This may involve all staff having to handle pupils to prevent them harming themselves, others or damaging property. This policy has been prepared for the support of all teaching and support staff who come into contact with pupils and for volunteers working within the school. The policy is intended to explain the school’s arrangements for physical intervention which we refer to as positive handling. Its contents are available to parents and pupils. The policy has been developed in response to The Education and Inspections Act 2006 section 93, which reinforces and replaces previous guidance and follows the Department for Education guidance ‘The Use of Reasonable Force “. The policy should be read in conjunction with other school policies and guidance relating to interaction between adults and pupils. The policy has been prepared for the support of all teaching and support staff, who come into contact with pupils and for volunteers working within the school to explain the school's arrangements for care and control. Its contents are available to parents and pupils. The School’s Behaviour Policy is made available to parents on the school website.

1. Objectives
   1. Good personal and professional relationships between staff and pupils are vital to ensure good order in school. It is recognised that the majority of pupils in Navigation School respond positively to the discipline and control practised by staff. This ensures the well-being and safety of all pupils and staff in school. It is also acknowledged that in exceptional circumstances, staff may need to take action in situations where the use of reasonable, proportionate and necessary force may be required. Navigation Primary School acknowledges that physical techniques are only a small part of a whole setting approach to behaviour management. Every effort will be made to ensure that all staff in this school:
2. Clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where use of force is necessary and
3. Are provided with appropriate training to deal with these difficult situations.

2.2 The Education and Inspections Act 2006 stipulates that reasonable force may be used to prevent a pupil from doing, or continuing to do any of the following:

• self – injuring

• causing injury to others

• committing a criminal offence

• engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether the behaviour occurs in a classroom during a teaching session or elsewhere within school (this includes authorised out-of-school activities).

2.3 The application of any form of physical control inevitably carries an attached risk of unintended harm and this places staff members and the school at risk of potential litigation. It can only be justified according to the circumstances described in this policy. Staff members, therefore, have a responsibility to follow this policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention. Staff must be aware that they are responsible for:

• assessing risks related to individual circumstances which may arise in the course of their day-to-day duties and

• making judgements about when the use of force is reasonable, necessary and the degree of force which may be regarded as necessary to manage a situation. Staff members need to be aware that they are required to justify their decisions in writing through the recording and reporting procedures outlined later in this document.

1. Underpinning Values

3.1 Everyone attending or working in this school has a right to:

• recognition of their unique identity;

• be treated with respect and dignity;

• learn and work in a safe environment;

• be protected from harm, violence, assault and acts of verbal abuse.

3.2 Pupils attending this school and their parents have a right to:

• individual consideration of pupil needs by the staff who have responsibility for their care and protection;

• expect staff to undertake their duties and responsibilities in accordance with the school's policies;

• be informed about school rules, relevant policies and the expected conduct of all pupils and staff working in school;

• expect Pupil Passports to be designed to achieve outcomes that reflect the best interests of the child whose behaviour is of immediate concern and others affected by the behaviour requiring intervention;

• be informed about the school's complaints procedure.

The school will ensure that pupils understand the need for and respond to clearly defined limits, which govern behaviour in the school.

Parents have committed themselves through the Home-School Agreement to ensure the good behaviour of their child and that he/she understands and follows the school’s Behaviour Policy.

1. Use of Physical Handling

4.1 No legal definition of reasonable force exists however for the purpose of this policy and the implementation of it in Navigation Primary School:

* Physical Handling uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property.
* The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled and the nature of the harm they might cause.
* Where they are in existence, staff would be expected to follow the pupil's Pupil Passport/ Risk Assessment /Physical handling plan in the first instance to manage an incident/challenging behaviour.
* If this was unsuccessful and the situation continues to escalate staff would then be expected to seek the help of other members of staff.
* Only if all of the above have been tried and are unsuccessful should staff even consider any other form of restraint. The overriding consideration should still be **the reasonableness and proportionality** of the force used.
* It is good practice to always have two members of staff present for all physical handling to ensure the safety and well-being of all parties.
  1. All the techniques used take account of a young person’s:

• age

• gender

• level of physical, emotional and intellectual development

• special needs

• social context.

They also provide a gradual, graded system of response. Where behavioural records and/or risk assessment identifies a need for a planned approach, plans (Pupil Passports) are written for individual children and where appropriate and possible, these will be designed through multi agency collaboration and, with parental consent, shared with other agencies/services supporting the child to facilitate consistency of approach so far as is possible.

1. Minimising the Need to Use Force

5.1 We constantly strive to create a calm environment that minimises the risk of incidents arising that might require the use of force. Navigation Primary School has a system of positive behaviour underpinned by clear rewards e.g. stickers, certificates, Golden Book certificate, golden star etc. and consequences e.g. an amber/red warning, playtime detention, after school detention etc.

5.2 In addition to this, pupils who present with persistent challenging behaviour will be supported by their class teacher working alongside the Special Educational Needs Co-ordinator (SENCO), following their Pupil Passport. Pupils who have conditions that may result in increased anxiety levels, and therefore an increase in the likelihood of challenging behaviour, may have individualised support or programmes to help them to manage this. Through the PSHE curriculum pupils learn about feelings and managing conflict, where this is appropriate to their level of development. This ethos further promotes independence, choice and inclusion; pupils are given maximum opportunity for personal growth and emotional wellbeing. Reasonable force will only be used when the risks involved in doing so, are outweighed by the risks involved in not using force.

5.3 Prevention of unsafe behaviour will be enabled through:

• The deployment of appropriate staffing numbers;

• The deployment of appropriately trained and competent staff;

• Where possible, avoiding situations and triggers known to provoke challenging behaviour;

• Creating opportunities for choice and achievement;

• Exploring pupils’ preferences relating to the way/s in which they are managed

• Staff members employ ‘defusion or de-escalation’ techniques to avert escalation of behaviour into violence or aggression.

1. Definitions of Positive Handling.

Positive Handling describes a broad spectrum of risk reduction strategies. Positive handling is a holistic approach involving policy, guidance, management of the environment and deployment of staff. It also involves personal behaviour, diversion, diffusion, and de-escalation. Risk assessment identifies positive prevention strategies and how a pupil may need to be supported in a crisis.

* 1. Physical Contact

Situations in which proper physical contact occur between staff and pupils, e.g. in the care of pupils and in order to support their access to a broad and balanced curriculum. It would seem reasonable that young children do require opportunities for close contact, as long as this is within public view, sensitively carried out and age/person-appropriate.

* 1. Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil by the arm or shoulder where the pupil is compliant. This technique cannot be emphasised enough and in the hands of a skilful practitioner, many pupils can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to “defuse” a situation by a timely intervention.

* 1. Physical Control / Restraint / Restrictive Physical Intervention

This will involve the use of reasonable force when there is an immediate risk to pupils, staff members or property. All such incidents must be recorded. If anyone is injured an accident/incident report must also be completed. Records of incidents must be given to the Head teacher as soon as possible, and by the end of the school day at the latest.

1. Types of Incident

The use of reasonable force to control and restrain pupils falls into three broad categories: -

• Where action is necessary in self-defence or because there is an imminent risk of injury.

• Where there is a developing risk of injury or significant damage to property.

• Where a pupil is behaving in a way that is compromising good order or discipline.

Examples of situations which fall within one of the first two categories are:

• A pupil attacks a member of staff, or another pupil;

• Pupils are fighting;

• A pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property;

• A pupil is causing, or at risk of causing, injury or damage by accident, by rough play or by misuse of dangerous materials or objects;

• A pupil is running in a corridor or on a stairway in a way which he or she might have or cause an accident likely to injure him or herself or others;

• A pupil absconds from a class or tries to leave school (NB this will only apply if a pupil could be at risk if not kept in the classroom or at school).

Examples of situations which fall into the third category are:

• A pupil persistently refuses to obey an order to leave a classroom;

• A pupil is behaving in a way that is seriously disrupting a lesson.

1. Strategies: Time-Out / Withdrawal / Planned and Emergency Physical Interventions / Recovery
   1. Time out - this involves restricting the child’s access to positive reinforcements in a room or area which they may freely leave. It is a specific behaviour management technique and does not necessarily mean time spent out of the class/group, but rather refers to a withdrawal of attention and/or things they find rewarding. It could be as simple as turning away from a child who is attention-seeking, or positioning a child away from the class/group. This withdrawal of attention could also be achieved by sending a pupil to another class/group or a quiet area.
   2. Withdrawal - this involves removing the child from a situation that causes anxiety or distress to a calming down location where they can be observed and supported until they are ready to resume their usual activities. This can mean removing a child from the class/group, to allow them time to calm down or to prevent a situation 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. The arrangement of “quiet time” can be negotiated between the child and staff involved.
   3. Planned Physical Intervention – this is any such intervention as described/outlined in the pupil’s Pupil Passport/Personal Handling Plan/Risk Assessment. This should cover most interventions, as possible scenarios will be identified and planned for when the Pupil Passport is drawn up. Appendix 2 shows a model handling plan.
   4. Emergency Physical Intervention – this may be necessary if a situation arises that was not foreseen or is uncharacteristic of the pupil. Members of staff retain their duty of care to pupils and any response, even in an emergency, must be proportionate to the circumstances. Staff members should use the minimum force necessary to prevent injury and maintain safety, consistent with the training that they have received. Following any such incident, a risk assessment will be devised (or the existing one updated) to support effective responses to any such situations which may arise in the future. Wherever possible assistance will be sought from another member of staff.
   5. Positive Handling at Navigation Primary School (defined as the full range of strategies used to manage behaviour including where necessary physical intervention) is seen as a proactive response to meet individual pupil needs and any such measures will be most effective in the context of the overall ethos of the school, the way that staff members exercise their responsibilities and the range of behaviour management strategies used.
2. Unacceptable measures of physical intervention

The school is aware of acceptable and unacceptable measures of physical intervention and the DfE Use of reasonable force Advice for headteachers, staff and governing bodies published in July 2013. Examples of these are:

* Locking a child in a room. Seclusion of a child (forcing them to spend time alone against their wishes) in this way requires statutory powers other than in an emergency. (Seclusion is different from “Time Out” which is restricting positive reinforcement as part of a planned behaviour programme and requires an agreed written plan. This also needs to be timed and monitored. Often time out to an agreed safe place within the building is nominated by and agreed with the child in advance. Withdrawal is removing a pupil from a situation but they are observed and supported by a member of staff until they are ready to resume normal activities).
* Physical punishment including slapping, pushing and rough handling
* Deprivation food/ drink/ medical /sleep
* Making a pupil wear distinctive clothing
* Restriction to breathing/ circulation (see below)
* Pressure on joints
* Use of a mechanical or therapeutic device unless agreed as part of a physical intervention plan.

1. Recovery

Pupils who may be distressed by events can be offered the following support:

• Quiet time taking part in a calming activity

• Quiet time away from the incident/trigger

• Resuming their usual routine/previous activity as soon as possible, especially for pupils with special needs • Time with a member of staff to debrief the incident.

1. Injury to the Child

11.1 Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. We will always seek to avoid injury to the child, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the child remains safe. Any such injury will be recorded on CPOMs and reported to the Head teacher and parents / carer. Trained first aiders may be called upon to implement First Aid or seek further guidance in the event of an injury or physical distress arising as a result of a physical intervention.

11.2 Positive handing will stop if the child has:

* difficulty in breathing
* vomits
* has a fit or seizure
* experiences swelling or change of hue of skin.

11.3 Wherever positive handling is used staff will keep talking to the pupil in a reassuring and positive manner unless risk assessment has indicated that this is likely to inflame the situation. Children will not be routinely taken to the ground. In circumstances where pupils take staff to the ground every attempt will be made to hold them in a seated position and not either prone or supine.

See appendix 1 for additional advice and guidance.

1. Staff: Authorised Staff / Health and Safety / Training / Support

12.1 All teachers, staff and the head teacher are authorised to have control or charge of pupils automatically, they have the statutory power to use reasonable force within the context of The Education and Inspections Act 2006 and the subsequent guidance ‘The Use of Reasonable Force to Control and Restrain Pupils’.

12.2 Supply staff must ensure that they are familiar with this school's policy.

12.3 Authorisation is not given to volunteers, students on placement, visitors or parents as they will not have control of pupils who may present with challenging behaviour, but will be supervised at all times.

1. Health and Safety of Staff

Under the Health and Safety at Work Act, employees have a responsibility to report any circumstances which give rise to an increased risk to their Health and Safety. Staff members who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out pupils’ plans have a duty to report these to the Head teacher immediately, as there may be an impact on their own safety and that of colleagues and/or pupils. This information will be shared with other members of staff as appropriate. Following the above guidelines, the risk of harm towards staff is reduced but it is possible for some injury to be received. All such occurrences should be treated and subsequently recorded on an Accident Form.

1. Staff Training

It is the responsibility of the Head teacher to ensure all staff members understand the methods outlined in this policy. Annual updates and reviews will be undertaken. Any new member of staff will be asked to demonstrate their understanding of the policy as part of their induction training. Keeping all staff up to date is important as they are expected to be able to actively support each other, and pupils, if an incident occurs and a child needs physical intervention to keep themselves and/or others safe. However, if staff members are unable to support physically they are expected to support with de-escalation.

1. Staff Support Following Incidents

Any member of staff or pupil at the school involved in or witnessing a serious incident involving the use of physical hold, may require additional support following the incident. Staff members should ensure that they are fully recovered from an incident before resuming their duties and colleagues are encouraged to seek and offer support where it is deemed necessary. We have a debrief procedure which should be utilised if staff need to debrief after an incident. Where staff members have been involved in an incident involving reasonable force, they should have access to support; this will be made available/supported through the Head teacher. Staff members who have been involved in difficult incidents will be offered the full support of the Head teacher and SLT in talking through the incident. In this follow up work senior managers and staff will look for “lessons to be learnt” and alter procedures or develop training as the result of these insights. Children who have been subject to physical intervention will be given the opportunity to discuss the incident with a member of staff at the first reasonable opportunity following the incident. Such discussions will offer pupils and school fresh opportunities to work together and to renew relationships that may be strained by the incident. Pupils will be informed of ways in which their behaviour could change in order to prevent a repetition of the incident.

Pupils who have witnessed an incident of Physical Intervention and who are distressed will be counselled by an appropriate member of staff, which may be someone from Trafford LA.

1. Recording and Monitoring Incidents

16.1 Recording

Where physical restraint/positive handling has been used, a record of the incident will be made on the school’s CPOMs system. This record should be completed as soon as possible after the incident, prior to staff going off duty and will be reviewed by the head teacher.

16.2 Monitoring

Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the head teacher to the needs of any pupil(s) whose behaviour may require the use of reasonable force. Monitoring of incidents will take place on a regular basis (at least fortnightly) and the results used to inform planning to meet individual pupil and school needs. The head teacher will present an annual summary of incidents that have involved the use of force to the Governing Body. The head teacher will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a pupil, this will be pursued through the appropriate procedure i.e. a review of a Pupil Passport.

1. Whistle Blowing

It is acknowledged that under some circumstances, physical intervention can be misapplied. Staff members are reminded that part of their duty of care to pupils includes the requirement to report any such matters which cause them concern in relation to pupil management and welfare. Any such concerns should be raised with the Head teacher or with the Chair of Governors in order to allow concerns to be addressed and practice improved.

The following documents will be taken into consideration:

• The Safeguarding & Child Protection Procedure (this may involve investigations by Police and/or Social Services)

• Staff or Pupil Disciplinary Procedure

• School Behaviour Policy

• Exclusions Procedure.

The member of staff will be kept informed of any action taken. In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

1. Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Where the nature of any complaint made by a pupil, parent or other person in relation to the use of physical hold within the school indicates that an allegation of mishandling by a member staff is warranted, the school’s complaints policy will be followed. In such circumstances the investigation of the complaint/allegation and any resulting action in respect of child protection, disciplinary or other procedures will be carried out in accordance with the guidance received.

1. Equal opportunities

This policy will abide by equalities legislation to ensure that no child or adult is discriminated against by virtue of their race, gender, ethnicity or creed.

**Appendix 1**

**ADVICE SHEET PHYSICAL INTERVENTIONS – POSITIONAL ASPHYXIA**

**Deaths in and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff members are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.**

**BACKGROUND**

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual’s body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small bloodspots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation. When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation. A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

**RISK FACTORS FOR POSITIONAL ASPHYXIA**

Any factors that increase the body’s oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below: • Restriction of or pressure to the neck, chest and abdominal

• Prolonged restraint after physical struggle causing fatigue

• Restraint of an individual of small stature

• Any underlying respiratory disease (e.g. asthma)

• Obesity

• Alcohol or drug intoxication (alcohol and several other drugs can affect the brain’s control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing) • Unrecognised organic disease

• Psychotic states

• Recent head injury

• Presence of an ‘excited delirium state’, a state of extreme arousal often secondary to mania schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESRICTION IN A SEATED, KNEELING OR LEANING FORWARDS POSITION IS PARTICULARLY DANGEROUS.

ANY SEATED HOLDS THAT CAUSE SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.

IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE

SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET

|  |  |
| --- | --- |
| IMPORTANT WARNING SIGNS | ACTIONS |
| * An individual struggling to breathe * An individual complaining of being unable to breathe * Evidence or report of individual feeling sick/vomiting * Swelling, redness or blood spots to face or neck * Marked expansion of the veins in the neck * Subject becoming limp or unresponsive * Change in behaviour (BOTH ESCALATIVE AND DESCALATIVE) * loss of or reduced levels of consciousness, * Respiratory or cardiac arrest | • Immediately release or modify the restraint as far as possible to effect the immediate reduction in body wall restriction   * Immediately summon medical attention and provide appropriate first aid in line with unit policy * Not breathing - administer rescue breaths * No pulse? - Start CPR * Complete report * Attend post incident de-briefing |

NB: Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify the restraint to reduce the amount of body wall restriction.

**Appendix 2**

**Example Positive Handling Plan**

Name: JOE BLOGGS Class: RSC

**Trigger Behaviours**: (Describe common behaviours / situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?)

* Change of structure to day
* Being asked to complete a task he doesn’t like (or understand) particularly writing, team working activities
* Refusal to settle to class work when he feels an injustice has been done or he is not reaady (it’s not fair!/ shouts no/ accuses adults of being unfair, mean, hating him)
* Being over-tired or poorly
* Traffic lights or any form of discipline being used.

**Type of Behaviour**: (Describe what the behaviour looks / sounds like?)

* Refusal to complete requested task
* Shouting out/ making noises/ stamping feet/ running around classroom / throwing objects/ throwing head back/ sitting or lying down and refusing to move
* Screaming, blowing raspberries
* Accusations of unfair treatment/ verbal abuse
* Threats of physical violence
* Failure to engage in conversation/ crying
* Refusing to leave an area when asked to
* Can become aggressive – throwing objects, kicking feet, possible head butting and thrashing
* Shoes being removed (and thrown)
* Physical danger to self (banging head, feet against walls, running, throwing herself on floor, falling over)

**Preferred Supportive & Intervention Strategies**.

Describe strategies that, where and when possible, should be attempted before positive handling techniques are used. Please tick all those that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal advice and support | / | Stance | / |
| Distraction (Known Key words, objects, etc. |  | Time Out -Requires a written plan |  |
| Reassurance | / | Negotiation |  |
| talking | / | Withdrawal -Requires Staff/Carer Observation |  |
| Choices |  | Cool Off |  |
| Timer |  | reward chart |  |
| Consequences |  | Transfer Adult | / |
| Planned Ignoring | / | Success Reminder/ praise | / |
|  |  |  |  |

**Praise points/strengths:** (Areas that can be developed and built upon) Please state at least three bridge builders. E.g.

1: Joe responds to being helpful / being given specific adult initiated tasks. This can be effective when given for following given instruction prior to discussing original concern.

2: Joe enjoys reading so can be encouraged to share a book when he has completed the set task/followed the instruction.

3: Joe can be praised for turning behaviour around once he has followed his instruction with further praise. May respond to a sticker at this point but not consistently.

**Medical Conditions that should be taken into account before physically intervening**.

* Family bereavement
* Speech and language

**Preferred Handling Strategies**: (Describe the preferred holds: standing, sitting, ground, stating numbers of staff, what “get outs” that can be used when holding, etc)

* Guide assertively – support walking using ‘Caring C’s’, reassuring orally all the time.
* Preferably support Joe’s walking with two adults.
* Constantly offer option to lower intervention – if you can show me you are ready then I am happy to walk alongside you.

**Recording and notifications required:**

* Positive Handling record sheet to be completed and handed to Head teacher for any handling incident.
* Head teacher and Parent to be informed.

**Other Factors to Consider:**

* Social skills - Lack of social awareness – boundaries with adults and children:
* Joe is often unaware of others personal space and boundaries.
* Lots of screaming and outbursts (often for no reason).
* Unaware of space for other children – constantly invades.
* Demanding of own needs.
* Fickle with other children – takes and ‘all or nothing’ approach.
* Can display a very affectionate side when others are hurt/ need help.
* Can be invasive towards adults of their space- touching, hugging, trying to lift clothing.
* Focus times on carpets – Joe can be easily distracted and distracting to the whole group
* Transition times (tidy up time in particular)
* Following and listening to instructions in all areas - Joe wants to do things on his terms.
* Physical abuse / anger / frustration when Joe does not get his own way.
* Likes colouring in activities and sustains concentration well (on own terms)
* Loves sensory activities – sand, water, playdoh.
* Enjoys number activities.
* Joe is very proud and keen to tell adults that she has kept her name on green or the golden star.
* Joe is given warning in advance of changes to routines.
* Incidents logged for Joe daily on SIMS.
* Joe has a spot for the carpet time. He has responded well to this but can use this as a form of disruption again.
* Joe’s mum has been attending sessions with the school nurse. (doesn’t always turn up)
* Longford park are keen for mum to attend parenting classes.

Next steps:

\*Behaviour diary log to start for school use.

\*Traffic lights to make that can be taken around school.

Plan established \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed ………………………………………………………………. [class teacher]

Signed ………………………………………………………………. [head teacher]

Signed ………………………………………………………………. [parent/carer]

Changes

Pg 1Para 1 – reference to The Use of Reasonable Force – Guidance for Headteachers – updated

Para 4.1 bullet 3 added “Where one exists…”

Para 5.1 deleted reference to Well Behaved certificate

Para 5.2 deleted reference to mentor and added “supported by class teacher and SENCO

Para 5.3 bullet point 3 added where possible such injury

Para 11 added “any such injury will be recorded on CPOMs and …

Para 16 updated to reflect the use of CPOMs rather than paper records

Deletion of appendix 1 – example paper record