# Appendix 1 – Guidance on completing Positive Behaviour Plan and a template for the plan

## How to complete a Positive Behaviour Plan (PBP)

The PBP should record, concisely but in sufficient detail to be practically useful, the agreed strategies for managing the behaviours which are causing concern.

The process of creating the PBP is intended to be collaborative between staff in the setting, the parents/carers, and if possible the young person.

The PBP will be used to inform all staff who work with the young person, and to help when planning for transitions.

The plan should be reviewed and updated regularly: at least annually, but more often if circumstances change or the plan is not being obviously successful in improving behaviour. When updating the plan, the previous versions should be kept for reference.

The PBP has three parts: Part 1 gives the young person’s details and a brief list of the behaviours causing concern. Part 2 is the heart of the plan: it involves assessing the risks associated with the behaviours, and planning strategies to reduce the unwanted behaviours and replace them with more positive ones. Part 3 is only used where the plan involves the use of Restrictive Physical Interventions, and gives details of when and how it is anticipated that these may be used.

**Part 1**

This is largely self-explanatory.

The date for review should be a maximum of one year from the date of plan.

The list of Behaviours of Concern: this is intended just to give the behaviours a name/title and a number, so that they can be described in more detail in Part 2.

**Part 2**

In order to complete this, the setting will need to collaborate with parents/carers and with the young person if appropriate. There should be a lead member of staff, who knows the young person and has experience with behaviour and emotional issues, who is responsible for pulling the plan together. Advice should be sought from external agencies as appropriate, and such agencies may well be involved in a meeting to formulate the plan.

There is helpful advice about selecting strategies for Part 2 in Section 4 of “Positive Behaviour Management Guidance for Schools and Settings (including Plans and the use of Physical Intervention)” this being Appendix 1 of that document. Section 4.3 is particularly useful in giving pointers towards strategies which may be useful.

In the (rare) instances where the plan includes the use of Restrictive Physical Intervention strategies, Part 2 should list those but not give details: these will be given in Part 3.

Please ensure that the Part 2 is signed by all involved, and that you do tick a box to indicate whether or not there is a Part 3 for the plan.

**Part 3**

This part is to be completed only when the Part 2 plan indicates that one or more strategies involving Restrictive Physical Intervention are planned.

This part of the plan must be completed in collaboration with a member of staff who is appropriately trained in the use of Restrictive Physical Intervention. It must be completed in enough detail to give guidance to staff about what techniques they may and may not use with the pupil, and in what circumstances. It should give guidance to staff who are not trained in the use of Restrictive Physical Intervention, about what they should do if the behaviour escalates beyond the level they can manage using the strategies in Part 2.

This part of the plan must be signed and dated, with a review date, in addition to Part 2.

After every incident where Restrictive Physical Intervention is used, the setting must record this (e.g. on the form shown in Appendix 3) and make sure that appropriate debriefing and follow-up actions (including possible review of the PBP) are carried out promptly.

**Blank copies of the Positive Behaviour Plan can be downloaded from the School Portal.**

**POSITIVE BEHAVIOUR PLAN**

**PART 1: The Student and the Behaviour**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student: |  | Name of School: |  |
| Date of Birth: |  | Class/year group: |  |
| Plan coordinator: |  | Class teacher/tutor: |  |
| Date of plan: |  | Date for review:  |  |

**Background Information:** (e.g. include current levels of and arrangements for support, relevant medical information, relevant family information, communication needs, learning skills/difficulties).

|  |
| --- |
| Please type here: |

**Strategies which usually prevent the negative behaviour from happening:** (e.g. particular activities or times when behaviour is reliably good, particular people with whom the student behaves well, classroom arrangements which usually prevent the behaviour….)

|  |
| --- |
| Please type here: |

**What are the behaviours to be addressed?** (Please give numbered list.)

|  |  |
| --- | --- |
|  | *Behaviour (brief phrase: details will be in part 2)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**POSITIVE BEHAVIOUR PLAN Name of Student:**

**PART 2: Strategies and Control Measures**

**Planned strategies to manage the behaviour:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Strategies to overcome the behaviour:** include personnel & resources  |
|  | Behaviour: concise description | What is the likely trigger? | Who or what is target/likely to be harmed? | RiskSeverity (1 - 5)\*Likelihood (1 – 5)\*Overall Risk (L/M/H) | Proactive: to prevent it from starting: | Strategies to distract/defuse early stages of the behaviour: | Strategies to use with more severe instances of the behaviour.***Where Restrictive Physical Intervention is listed, you MUST also fill in Part 3.***  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* NB Severity - 1 is least severe, 5 is most severe. Likelihood - 1 is least likely, 5 is most likely. See Appendix 4 for calculation and significance of overall risk.

**POSITIVE BEHAVIOUR PLAN (Part 2 cont’d) Name of Student:**

**Additional control measures required:** (Include here any additional control measure to be considered in order to reduce or eliminate the risk of injury or distress: e.g. staff training, additional staffing, changes to staff roles or routines, gates/barriers/locks or other adaptations to the environment.)

|  |
| --- |
| Please type here: |

**What we will do after an incident:** (Include the care to be provided to the student and to others involved, the process for recording each incident, how parents will be notified. NB all injuries must be recorded on the CCC Accident Incident form, details of which are in Appendix 2. All incidents of Restrictive Physical Intervention must be recorded, as described in Section 6 above.)

|  |
| --- |
| Please type here:  |

**Agreement & review date:**

Pupil comments:

|  |
| --- |
| Please type here: |

Parental comments:

|  |
| --- |
| Please type here: |

Plan agreed by:

|  |  |  |
| --- | --- | --- |
| *Role & name* | *Signature* | *date* |
| Parents/carers |  |  |
| Pupil (where appropriate) |  |  |
| Head Teacher |  |  |
| Other school staff(please state role): |  |  |
| External advisers, e.g. LA staff |  |  |

Date Plan Completed : Date plan to be reviewed:

If there is a Part 3 for this plan, please type Y in this box:

If there is no Part 3 for this plan, please type N in this box:

**POSITIVE BEHAVIOUR PLAN Name of Student:**

**CONFIDENTIAL**

**PART 3: Plan for possible use of Restrictive Physical Intervention**

**Planned use of Restrictive Physical Intervention:**

Restrictive Physical Intervention will only be used as an option of last resort, when the risk assessment in the Positive Behaviour Plan shows it is a reasonable course of action. The following behaviours are those where the use of restrictive Physical Intervention could be considered, after a range of other de-escalation options (as in Part 2 above) have been tried, or have been considered and have been thought to be unsafe:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Restrictive Physical Intervention will **NOT** be used as a response to the following behaviours:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The following physical interventions have been agreed for use with this student in appropriate circumstances within the context of Team Teach practice. (The minimum appropriate force will always be used, and applied for the shortest possible period of time. Each instance of the use of Restrictive Physical Intervention will be recorded in the system which the school keeps for that purpose.)

|  |
| --- |
| Please type here: |

**Emergency use of Restrictive Physical Intervention:**

Emergency use of physical intervention may be required when a student behaves in a way that has not been foreseen by risk assessment. Ideally the use of physical interventions in this situation will be agreed by two members of staff.

**Contra-indications to the use of Restrictive Physical Intervention:** (Note here any particular issues which must be borne in mind when using physical intervention with this student: e.g. physical vulnerabilities of the student, or sensitivities about where & how they are touched.)

|  |
| --- |
| Please type here: |

**Part 3 agreed by:**

|  |  |  |
| --- | --- | --- |
| *Role & name* | *signature* | *date* |
| Parents/carers |  |  |
| Pupil (where appropriate) |  |  |
| Head Teacher |  |  |
| Other school staff(please state role): |  |  |
| External advisers, e.g. LA staff |  |  |

|  |  |
| --- | --- |
| Date plan completed: |  |

|  |  |
| --- | --- |
| Date plan to be reviewed: |  |