

Wargrave House School

Remarkable Autism.

Redefining what's Possible

Positive Behaviour Support Policy

December 2025

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Updated:	December 2025
Next Review:	December 2026
Committee:	Personal Development, Behaviour & Attitude Committee
Date Approved:	

This policy should be read in conjunction with the following policies:

1.	Remarkable Understanding Sexualise Behaviours in Education Policy
2.	WHS Medication, Medical and Illnesses
3.	WHS Child Protection and Safeguarding Children
4.	WHS Learner Mental Health and Wellbeing
5.	WHS low level safeguarding concern
6.	WHS suspension and exclusion policy

Change History Record

Current Version	Previous Version	Summary of changes made	Section Heading & Page Number
April 2025	N/A	New policy to replace Behaviour policy	Whole document

Introduction 4

Definitions..... 4

 Quality of Life..... 4

 Behaviours of concern 5

 Restrictive practice..... 5

 Positive Behaviour Support (PBS)..... 6

Purpose and Aims 6

PBS approach 7

 Tiered system 7

 PBS Plans 7

PROACT-SCIPr-UK® 8

 Training process..... 8

 Training Needs Analysis. 8

 Training Content..... 9

 Use of Physical Interventions..... 9

 Post Incident review and support 10

 Reset break..... 11

 Placement review..... 11

Roles and Responsibilities..... 11

 PBS Lead 11

 AEPs 11

 Safeguarding Lead..... 12

 Therapy Team..... 12

 Class staff: 12

 Family Liaison Officer: 13

 Learner: 13

 Families and Carers: 13

 Education/Senior Leadership Team: 13

Incident Recording..... 14

Legal Context..... 14

 Mental Capacity Act (2005)..... 14

 Stopping Over-Medication of People (STOMP) 15

 Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, 2013)
 15

Policy Impact 15

Introduction

Wargrave House School provides services for autistic individuals, many of whom also have learning disabilities and other complex needs, including medical needs. Many of our learners have difficulties with their:

understanding, thinking, social communication, flexibility of thought and expressive language. Due to their autism, learners can have sensory processing difficulties.

This policy has been designed to promote a Positive Behaviour Support (PBS) approach with a focus on improving quality of life. This is achieved through promoting skills development and supporting a reduction in behaviours of concern for our learners, whilst being respectful of their individual differences. This is necessary because the way in which our learners experience, interact with and make sense of the world differs from that of neurotypical members of the community. We underpin this by implementing Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention (**PROACT-SCIPr-UK®**) which is our accredited behaviour support model.

Our mission is to support and educate autistic people throughout their lives and redefine what is possible by providing innovative and transformative services.

Definitions

Quality of Life

Quality of life is defined by the World Health Organisation as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".

Standard quality of life domains are:

- Health – physical and mental
- Work
- Community
- Mindfulness
- Spirituality
- Environment
- Leisure
- Life events
- Money
- Relationships
- Self esteem
- Physical activity

Behaviours of concern

Behaviours that are pose a potential risk to the individual or other around them, interrupt theirs or others access to occupations and impacts on their access to community e.g. due to safety concerns.

High level	Low level
Physical intervention required Harm to self Harm to others Sever disruption to theirs and others access to occupations Sexualised behaviours outside of healthy sexual development.	Brief interruption to access to occupations not already identified as a regulation strategy Physical contact with staff or peers with no actual harm caused Sexualised behaviour within healthy sexual development

Restrictive practice

Restraint is making someone do something they don't want to do or stopping someone doing something they want to do. Restraint happens when a person feels they have no choice but to comply. Different types of restraint are collectively referred to as restrictive practices. Categories of restrictive practice include:

- Physical - Physical restraint is when a person or persons use their body to make someone do something they don't want to, or stopping them from doing something they do want to do.
- Mechanical - Mechanical restraint is using equipment to make someone do something they don't want to or stop them from doing something they do want to do.
- Chemical - Chemical restraint is when drugs are used to make someone do something they don't want to or stop them from doing something they do want to do.
- Cultural - Cultural restraint is using cultural norms to make a person do something they don't want to do or stop them from doing something they do want to do.
 - stopping a person from expressing their cultural views or preferred ways of being
 - stopping someone doing something that is important to them, their values, ethnicity and/or culture
 - making someone feel ashamed, inferior and/or humiliated because they are different to someone else
- Surveillance - Surveillance is when staff watch and/or listen to people, places, and property. This might include human surveillance where staff physically observe a person. It might also include cameras, microphones, or other technology such as GPS trackers.
- Blanket Rules - Blanket restrictions are rules or policies that restrict a person's liberty and other rights, without individual risk assessments to justify their application.
- Environmental - Environmental restraint is using the physical environment to make someone do something they don't want to or stop them from doing

something they do want to do. Numerous terms refer to environmental restraint – segregation, isolation, time-out, solitary confinement.

- Physiological - Psychological restraint is any kind of communication strategy that puts psychological pressure on people to do something they don't want to do or stop them from doing something they do.

Positive Behaviour Support (PBS)

This involves working in partnership with the person and those close to them. It aims to improve quality of life in a respectful and dignified way and put support in place so that the behaviours of concern are reduced or no longer needed by the individual. PBS is person centred and does not consider the behaviour in isolation – it is considered within the context of the life of the individual. We recognise that all behaviours serve a function and are a method of communication. We are committed to trying to understand the reasons behind the behaviour and reduce the use of restrictive practice. This is achieved by supporting the learner and those around them to identify strategies, learn new skills and make environmental changes so that the need to use this behaviour of concern is reduced.

Purpose and Aims

- Improve quality of life domains
- Provide a safe and secure environment
- Promote an environment where each learner feels valued and respected
- Work together as a team using a person-centred approach
- Recognise behaviours of concern as a method of communication and striving to understand the functions of behaviour
- Provide personalised strategies and support to empower individuals. This may include:
 - Promoting learning of new skills and increasing independence
 - Developing communication skills
 - Supporting sensory regulation
 - Addressing environmental factors
- Celebrate achievements, promoting self-esteem and positive relationships.
- Reduce or remove the use of restrictive practice where possible.
- Physical intervention to be used **only** when there is an immediate, significant risk of harm to the person or others around them and as a last resort.
- Reduce the use of restrictive practices

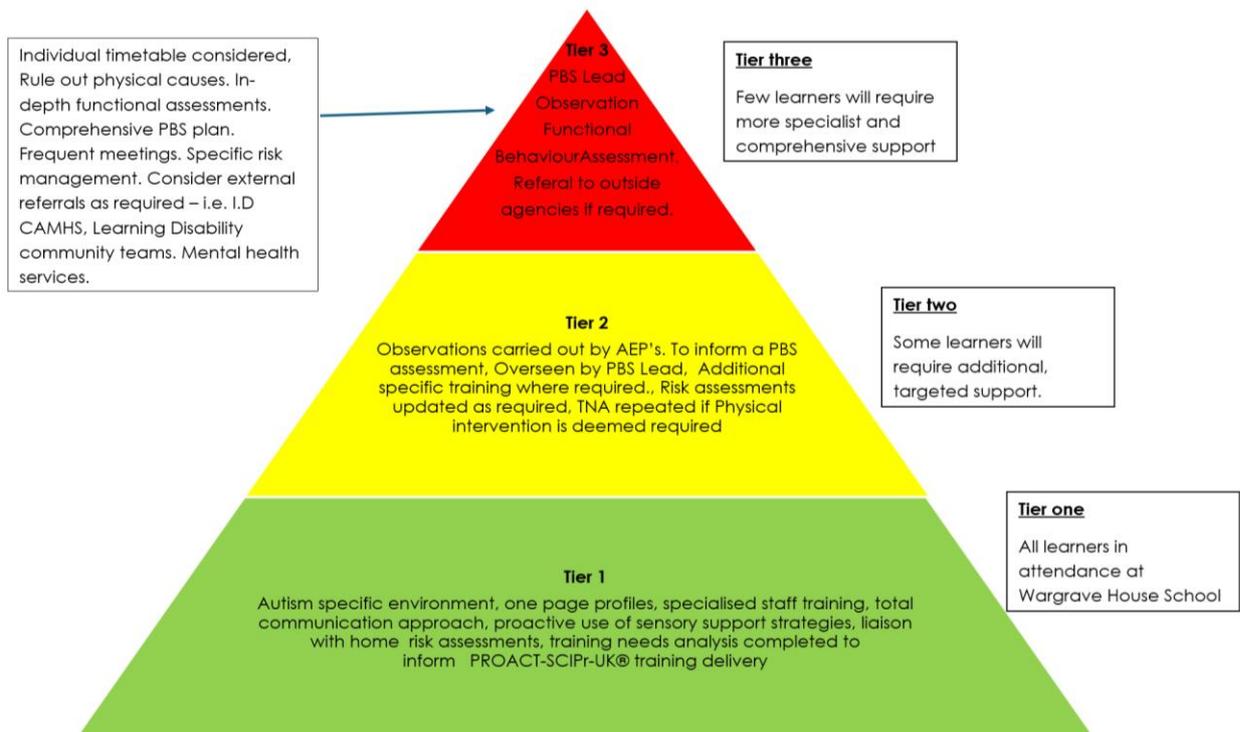
PBS approach



PBS should focus on getting to know people really well and building a strong relationship with them. Knowing someone's needs, preferences, hopes and wishes helps us to understand how to provide good support and to recognise when we're not getting things right. PBS must always be consented to, person centred and collaborative.

Tiered system

PBS uses a tiered system to supporting individuals:



PBS Plans

For those learners who require targeted support or above from the PBS service a PBS plan will be developed.

PBS plans are designed to support understanding of behaviours being engaged in and outline skills teaching to help reduce behaviours of concern. They are based on functional assessments of behaviour and contain tailored strategies to support the individual.

Plans will reflect PROACT-SCIPr-UK® requirements:

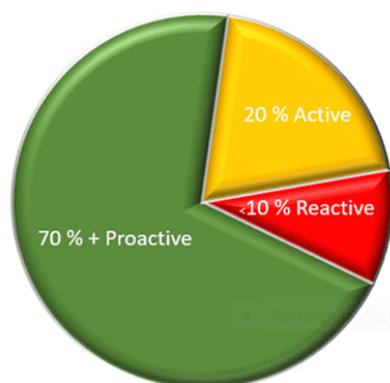


Figure 1 The PROACT-SCIPr-UK® Gradient

Proactive strategies are intended to make sure the person has what they need and want on a day-to-day basis and also includes ways to teach the person appropriate communication and life skills

Active Strategies are intended to address arising needs in the moment and support return to baseline where possible.

Reactive strategies are designed to keep the person and those around them safe from harm. They provide a way to gain safe, rapid and effective control in a situation where the person is distressed or anxious and displaying challenging behaviour.

PROACT-SCIPr-UK®

Mission statement:

It is the intent of PROACT-SCIPr-UK® to minimise the use of physical interventions and to emphasise sound behavioural support strategies based upon an individual's needs, characteristics and preferences.

Training process

Training Needs Analysis.

The purpose of a Training Needs Analysis (TNA) is to ensure that the PROACT-SCIPr-UK® Whole Approach Curriculum requirements are met and clearly identified to ensure that training is delivered in accordance with local and national policy and guidance.

A training needs analysis is carried out reflecting on the needs of all learners which informs the training plan for staff working in each area of the organisation. Where learners require a full PBS plans individual TNRs are completed to inform the writing of the plan and of any need for specific physical interventions outside of core PROACT-SCIPr-UK® training.

Training Content

As a minimum the following is covered with the training:

- The PROACT-SCIPr-UK® Philosophy
- Beliefs, Values and Attitudes
- "The Whole Approach"
- The Legal Context of PROACT-SCIPr-UK®
- Physical Interventions & The Law England
- Record Keeping
- Training Needs Analysis
- Health and Safety Regarding Audit-Based Interventions
- Understanding Behaviour
- Recording Behaviour
- Positive Behaviour Support (PBS)
- Communication Tools
- Environmental Changes Post-incident Support / Debriefing
- Debriefing
- Active Interventions
- Gateways – Proactive Management
- Health & Safety Regarding Audit-Based Interventions
- Reactive Interventions
- Non-Restrictive Reactive Strategies
- Risk Assessment

Training content in relation to physical intervention is informed by the TNA.

Breadth and depth of the content of training will be adjusted to match the role and responsibilities of those accessing the training.

Use of Physical Interventions

Members of staff have the legal right to use reasonable force to prevent learners from committing an offence, injuring themselves or others, or significantly damaging school property. Physical intervention will only be used as a last resort. Staff members will use their professional judgement of the incident to decide whether physical intervention is necessary.

Staff will recognise and consider the vulnerability of our learners when using physical intervention due to additional medical diagnoses.

Statement:

PROACT-SCIPr-UK® physical interventions are appropriate for use with children and adults with an autistic spectrum condition, pupils with special educational needs, children and young people with emotional and social difficulties as cited in the Restraint Reduction Network Training Standards.

Health and Safety is monitored throughout with reference to BBANC (Breathing, Body

Alignment, Ability to Move, Noise and Circulation), and the compromising of breathing. Physical interventions are designed not to impede on the process of breathing nor inflict pain or panic on the individual being supported. As standard PROACT-SCIPr UK ® does not teach seated or floor holds.

All physical interventions are independently reviewed at least two yearly externally.

There are no physical interventions where the individual's neck or sexual areas are compromised. In the case of Choke Releases there is obviously contact around the neck area. Training highlights the importance of post incident support and monitoring in all cases where such incidents occur.

Physical interventions rely on the holding of 'long bones' and avoiding joints e.g. wrists and elbows and the body positioned with attention to good body alignment thus avoiding hyperextension or hyperflexion.

All physical interventions are carried out by staff trained in PROACT-SCIPr UK ®.

If Restrictive Person Specific interventions are used 24 hour monitoring is put in place. (This is carried out by school staff. Parents are to be informed and monitoring to be carried on at home).

Post Incident review and support

After any behaviour of concern staff will record this online via Child Protection Online Monitoring System (CPOMS). Behaviours of concern are recorded in the following format. Setting Events, Trigger, Behaviour, Outcomes and Witnesses (STBOW) to support assessment of function of the behaviour and identifying patterns. Staff are provided additional training and a guidance sheet to support completion.

Following an incident involving physical intervention parents/carers will be informed as soon as possible by class staff.

When a pre-planned physical intervention or low level behaviour of concern has occurred staff will carry out a debrief. This will be carried out within their staff team and if further support needed this will be provided by a member of the PBS team. Where appropriate, learners will be involved in a post incident debrief at a time that is best for them.

If a learner displays a behaviour of concern not previously seen or there has been an unplanned physical intervention used, then a member of the PBS team will lead the debrief. Following this debrief a TNA will be carried out, risk assessments will be updated to reflect need, and a Positive Behaviour Support (PBS) Plan will be updated or put in place if required.

When a significant behaviour of concern has occurred which may or may not have involved a physical intervention and could potentially lead to suspension or exclusion for the learner, staff will take part in a debrief lead by PBS lead. All staff involved in the incident will be including. This will involve obtaining accounts of the incident by all staff involved to inform MDT decision making with regards to outcomes. Following the debrief risk assessments will be updated, PBS plan put in place or updated. Additional to this a further TNA will be carried out to ensure that the correct proactive, reactive and active strategies are in place to ensure staff, learner safety is maintained.

Reset break

In line with WHS's Suspension and Exclusions policy the organisation recognises that in certain circumstances autistic learners, SEMH or SEN need may need a period of time away from school to regulate following an incident or where there is a recognised risk. This follows managing autistic children best practice. In all instances this will be discussed with head teacher, PBS Lead and Class teacher and informed by an MDT discussion to include class staff and therapists working with the learner and then agreed with parents, and the child will return to school as soon as their well-being is assured. These instances will not be treated or recorded as suspensions.

Placement review

Where discussion with the MDT identified that use of a break period is not sufficient to support the learner and/or to address the concerns regarding the presenting behaviour the suspension and exclusion policy will be followed to determine if a formal period of suspension or exclusion is required.

Roles and Responsibilities

PBS Lead

- Lead on and analysis of audits.
- Monitoring and training on the reporting and recording of incidents.
- Liaison with parents re: PBS plans and process.
- Ensuring that physical intervention is kept to a minimum and escalate to safeguarding lead if this isn't the case.
- Leads on functional behaviour assessment.
- PBS awareness training.
- Restraint Reduction plan.
- Assess sexualised behaviour of concerns to determine if these sit within or outside of healthy sexualised development levels.

AEPs

- Contribute to audit data collation.
- Coaching staff on the implementation of PBS
- Lead on debriefs as directed by PBS lead

- Complete observations to inform functional behavioural assessments completed by PBS lead
- Actively engaging in functional behaviour assessments, including completion of observation record or CPOMS entries

Safeguarding Lead

- To authorise the use of restrictive interventions when these are the least restrictive options in line with risk assessments and the mental capacity act.
- Liaise with Positive Behaviour Team regarding any safeguarding concerns in relations to behaviour.
- Ensure communication between school and social care for learners on CIN and Child Protection around any behaviours of concern and PBS plans.

Therapy Team

- Communication assessment, advice and support.
- Sensory assessment, advice and support.
- Advise and set programmes to support development of functional skills.
- Implementation of universal approach and tier 1 support.
- Actively engaging in functional behaviour assessments, including completion of observation record or CPOMS entries
- Attending behaviour support training.
- Attending behaviour support meetings.
- Work in collaboration to create, monitor and update PBS plans.
- Familiarity with PBS plans and carrying out recommended strategies as everyday practice.
- Data recording including incident reporting.
- Familiarity with behaviour policy.

Class staff:

- Make referrals in line with PROACT-SCIPr UK ® Gradients.
- Implementation of universal approach and tier 1 support.
- Actively engaging in functional behaviour assessments, including completion of observation record or CPOMS entries
- Attending behaviour support training.
- Attending behaviour support meetings.
- Work in collaboration to create, monitor and update PBS plans.
- Familiarity with PBS plans and carrying out recommendations strategies as everyday practice.
- Data recording including incident reporting.
- Familiarity with PBS policy.
- Embedding PBS principles in everyday practice, including appropriate use of language.

Family Liaison Officer:

- Liaison with parents and information sharing between parents and relevant staff.
- Implementation of universal approach and tier 1 support when interacting with learners
- Record incidents as required in line with policy
- Attend behaviour support training
- Support information gathering from family to inform PBS plans
- Embedding PBS principles in everyday practice, including appropriate use of language.

Learner:

- Where possible, inputting into plans and identifying strategies.
- Where possible, to share their thoughts and opinions on the behaviour support they receive.

Families and Carers:

- Communication with school or college and sharing relevant information from home.
- Work in collaboration to create, monitor and update PBS plans.

Education/Senior Leadership Team:

- The day-to-day implementation of this policy.
- Handling complaints regarding this policy, as outlined on the Complaints Procedures Policy.
- Ensuring that staff have the time and resources to implement this policy.
- Ensuring staff are appropriately trained including induction training and any refresher training and are given appropriate ongoing supervision.
- To ensure that those working with behaviours of concern have access to relevant support networks and opportunities to debrief following incidents.
- To ensure that recommendations from the Behaviour Support Team following observations, debriefs or assessments are implemented.

Incident Recording.

The school uses the Child Protection Online Monitoring System (CPOMS) to record both behaviours of concern and low-level behaviour. All behaviour incidents are recorded using the following headings and staff are provided additional training and a guidance sheet to support completion.

- Setting events
- Triggers
- Behaviour
- Outcomes
- Witnesses

Legal Context

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Restraint Reduction Network Training Standards
- Education Act 1996
- Education Act 2002
- Equality Act 2010
- Education and Inspections Act 2006
- Health Act 2006
- Voyeurism (Offences) Act 2019
- The School Information (England) Regulations 2008
- DfE (2016) 'Behaviour and discipline in schools'
- [Updated] DfE (2022) 'Keeping children safe in education 2022'
- [Updated] DfE (2021) 'Sexual violence and sexual harassment between children in schools and colleges'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0 to 25 years
- DfE (2013) 'Use of reasonable force'
- DfE (2018) 'Searching, screening and confiscation'

Mental Capacity Act (2005)

- The Mental Capacity Act 2005 is a law that protects vulnerable people over the age of 16 around decision-making. This includes people with learning disabilities.
- Capacity means being able to understand, retain, weigh up and communicate a decision.
- Every adult, whatever their disability, has the right to make their own decisions wherever possible.
- Capacity is decision specific.
- Where best interest decisions are made, these must be least restrictive option.

Ref: Mental Capacity Act (2005)

Stopping Over-Medication of People (STOMP)

- STOMP is a health campaign that stands for Stopping Over-Medication of People with a Learning Disability, Autism or Both.
- STOMP aims to reduce and stop the use of inappropriate drugs, to reduce adverse side effects and potential drug interactions.

Ref: NHS England (2017)

Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, 2013)

- Approximately 38% of people with a learning disability die from an avoidable cause, compared to 9% of the general population.
- These statistics highlight the need to rule out physical health causes for changes in behaviour.
- Diagnostic overshadowing is when it is assumed a person's behaviour is part of their disability or condition without exploring other factors.

Policy Impact

We have a rolling programme for reviewing our Company policies. We regularly review the impact of our policies on the needs, entitlements and outcomes for learners, service users, staff and parents.