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Positive Behaviour Support Policy

Purpose

This policy sets out the values, principles and practices on how to deliver good positive behaviour support to the people we support across Autism East Midlands services.

Outcome

To improve the quality of life of the people we support within Autism East Midlands by ensuring staff are confident following and implementing the Positive Behaviour Support framework.

Introduction

Autism East Midlands provides a wide range of care, support and educational services to meet the needs of autistic individuals of all ages. We recognise and value all the individuals we support whilst acknowledging the complexities associated with autism and learning disabilities may increase the likelihood of the occurrence of behaviour of concern.

Therefore, understanding behaviour is a priority at Autism East Midlands and it is essential that we respond to behaviour of concern in a respectful, positive and confident manner.

The approaches that are used within Autism East Midlands are person centred and least restrictive to ensure that the people we support are safe and their welfare is promoted.

Legislation

This policy will be led by relevant legislation and guidance published by:

- Department for Education
- Department of Health
- The Health and Safety Executive
- Health and Social Care Act 2012
- Care Act 2014
- CQC: Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

What is Positive Behaviour Support?

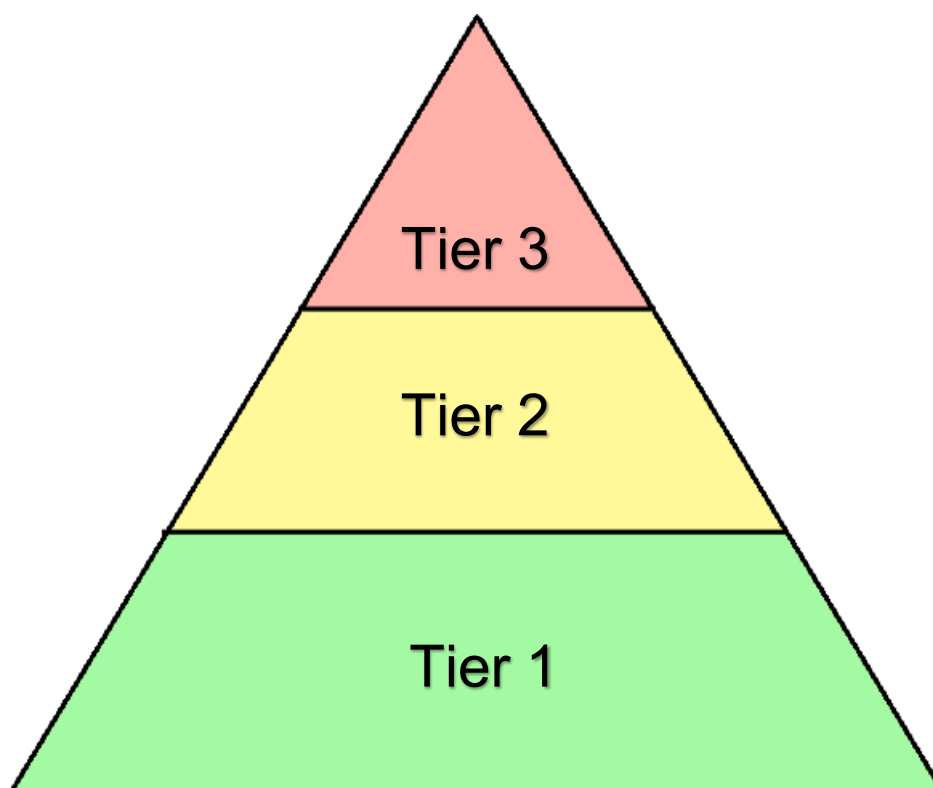
Positive Behaviour Support (PBS) is a multicomponent framework to support understanding

behaviours of concern. It is based on an assessment of the social and physical environment in which the behaviour happens, includes the views of the individual and everyone involved, and uses this understanding to develop support that improves the quality of life for the person and others who are involved with them (BILD, 2024).

Below is a table of the breakdown of the 10 key components of PBS written by Gore et al (2013).

Values	1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	2. Constructional approaches to intervention design build stakeholder skills and opportunities and eschew aversive and restrictive practices
	3. Stakeholder participation informs, implements and validates assessment and intervention practices
Theory and evidence base	4. An understanding that challenging behaviour develops to serve important functions for people
	5. The primary use of applied behaviour analysis to assess and support behaviour change
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessment to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring and evaluation of interventions over the long term

Positive Behaviour Support at Autism East Midlands is embedded across all services using a tiered approach depicted below:



This approach is based on the tier system referenced in the PBS framework (The Positive Behaviour Support Coalition UK, 2015). The Positive Behaviour Support Team use the following guidance to identify which tier of support is most appropriate for the individual:

- **Tier 1** – This is the *universal approach* as part of the offer for all people we support. It includes a positive, caring, compassionate and inclusive environment which fosters support and aspirations in its broadest sense. This is achieved by the implementation of good positive behaviour support, a trauma and attachment-informed approach, consideration for sensory preferences and meaningful environments and activities.
- **Tier 2** – This is a *targeted approach* involving additional short-term intervention for some people who require additional support to the universal offer. In addition to the universal offer, this includes increased monitoring from the Positive Behaviour Support team with more frequent Positive Behaviour Support Plan (PBSP) reviews. Interventions would be individualised and implemented by the team working directly with the person, seeking advice from external agencies when necessary.
- **Tier 3** – This is a specialist approach involving highly individualised or specialist support for people who need direct support from the Positive Behaviour Support team with an individualised intervention based on functional assessment. A bespoke package of support will be implemented and reviewed by the Positive Behaviour Support team and PBSPs will be reviewed on an ongoing basis.

What is ‘Behaviour of Concern’?

“Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion” (From RCP/BPS/RCSLT 2007 Challenging Behaviour – A Unified Approach).

Examples of behaviour of concern include but are not limited to, harm to self, harm to others or significant damage to property. At Autism East Midlands we recognise all examples of behaviour of concern as communication of an unmet want or need. There are five core functions of behaviour of concern; escape/avoidance, sensory, tangible, attention needing/connection seeking and biological.

We recognise that preferred terminology is updated/amended over time to reflect current thinking towards PBS. As such, behaviour of concern may also be referred to as challenging behaviour, distress presenting as challenging behaviour or behaviours that challenge. At Autism East Midlands we prefer to use the term behaviour of concern in line with current guidance from BILD at the time of writing this policy.

Proactive Support

Proactive support includes strategies that are used throughout the day as ongoing support in an attempt to prevent the likelihood of behaviour of concern occurring.

This can include:

- Changing the environment to meet the individual’s needs
- Teaching new skills
- Adopting a multi-disciplinary team approach to supporting the individual

- The creation of a person centred positive behaviour support plan
- Ongoing staff training and development
- Understanding the individual's communication and sensory needs
- Enabling positive relationships between colleagues and the individuals we support
- Encouraging the use of personal protective equipment to minimise risk of injury

All proactive strategies implemented should be meaningful and relevant to the individual being supported, they should link directly to the function of the potential behaviour of concern with the aim of reducing the likelihood of this occurring. The strategies should be documented with the PBS plan and implemented at all times.

For some people we support a reward being given as part of a routine, rather than because of a particular behaviour, so not receiving this reward could cause distress. Rewarding activities are often used as part of a regular routine that the individual will engage in when they have worked through the preceding activities in the routine. Social rewards such as smiles, positive touch and praise are used frequently as appropriate.

Autism East Midlands recognises that the use of sanctions can increase anxiety and damage relationships if cause and effect isn't fully understood by the person we support. For this reason, we **do not** use sanctions within our organisation. Autism East Midlands recognises that there may sometimes be natural consequences that occur as a result of behaviour of concern, however punitive measures **must not** be used.

Reactive Strategies

We recognise that despite implementing proactive support strategies, there are times where behaviours of concern still occur. Reactive strategies should be used in situations that have the potential to cause significant harm, to minimise the immediate risk. They do not aim to achieve long-term behaviour change. Reactive strategies can be non-restrictive or restrictive, including physical intervention and restraint.

Non-Restrictive Reactive Interventions – Are approaches designed to respond to behaviour of concern without using physical restraint or seclusion. These strategies aim to de-escalate situations and support positive behaviour without imposing restrictions on the individual's freedom of movement and without isolating them from their peers. Examples of non-restrictive reactive strategies include but are not limited to:

- Verbal De-Escalation – active listening, calm communication, clear instructions
- Distraction & Diversion – change of activity, use of humour
- Environmental Adjustment – calm space, reduce sensory demands
- Positive Reinforcement – praise and rewards, token/reward systems
- Problem-Solving Conversations – collaborative approach, conflict resolution skills

The appropriate non-restrictive techniques for each person we support are documented in their person-centred Positive Behaviour Support Plan which all staff working with that individual need to be aware of.

Restrictive Interventions – Broadly this refers to making someone do something that they do not want to do or stopping someone doing something that they want to do. Whilst Autism East Midlands strives to minimise the use of restrictive interventions, we also recognise that there may be some scenarios where the level of risk posed means a restrictive intervention is necessary. Examples of restrictive interventions which may be used are:

Physical restraint – any direct physical contact where the intervener’s intention is to prevent, restrict or subdue movement of the body or part of the body of another person.

Use of mood-altering PRN (as and when needed) medication (this is sometimes referred to as chemical restraint) – the use of medication which is prescribed and administered for the purpose of controlling or subduing behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

It is the duty of staff to promote the best interests of the people we support, at all times. When behaviours of concern are displayed, staff must act in a measured way, keeping in mind their duty to try to keep the people we support, staff, the public and themselves safe. Autism East Midlands does not expect staff to put themselves at risk of significant harm. Staff must use their judgement when deciding the most appropriate level of intervention required. Typically, it is appropriate to start with lower-level responses, such as moving to a different location.

If there is immediate and significant danger, then staff may need to use restrictive intervention (physical or chemical restraint). Restrictive intervention should only be used if the following criteria is met:

- Is physical intervention a **last resort**?
- Is physical intervention **necessary** and the least restrictive option?
- Could physical intervention be deemed **reasonable**?
- Is physical intervention **proportionate** to the level of risk?
- Is physical intervention in the **best interest** of the person we support?
- Is it imposed for **no longer than necessary**?

The use of restraint as a form of punishment is illegal and is in breach of an individual’s human rights.

PRN (as and when) medication is sometimes prescribed by health professionals. This can relate to any medication and might be prescribed for someone in terms of pain relief or allergic reactions (e.g. Epi pen) or a common prescription such as an asthma inhaler.

We refer to this as chemical restraint when the prescription is for a medication that alters mood or a sedative used to calm or control behaviour. These might be to lower anxiety or in some cases anti-psychotic medication. If someone in our care has a prescription for such medication they will have a PRN protocol in place in their support file.

AEM staff should only administer such medication under the following circumstances:

- As with physical restraint, chemical restraint should be seen as an absolute **last resort** and in the best interests of the individual receiving medication.
- The medication must be a current prescription from the medical professional responsible for the care of the individual concerned.
- The administering staff member must have fully completed an in-date administration of medication course.
- The administering staff member must have been observed and authorised as being competent in the administration of medication.
- The relevant, in-date PRN protocol must be strictly adhered to.
- All use of PRN mood altering or sedative medication will be recorded as restraint and discussed by AEM leadership as part of the ‘Lessons Learned’ meeting.

All staff should make themselves aware of AEMs medication policy.

Reducing Restrictive Practices

Autism East Midlands are committed to reducing restrictive practices and encouraging positive and proactive support strategies based on the characteristics, wants and needs of each individual we support. Staff are trained to implement proactive and reactive strategies and the greatest emphasis should be placed on being proactive in our understanding of the individual we support, while promoting independence, health and wellbeing.

The use of physical intervention of any kind must be of a last resort, after all calming, distraction or other means of supporting an individual has failed and there must be substantial justification. Staff have been trained to use CALM (Crisis & Aggression Limitation & Management) and are expected to work within the framework provided by the theoretical and practical framework that CALM provides.

A number of core physical intervention techniques are taught to all members of staff during induction training and refreshed annually. The list of core techniques is reviewed annually via a training needs analysis to ensure the techniques that are being taught remain appropriate for the behaviours displayed. The techniques that are used to support individuals are listed in their Positive Behaviour Support Plan. Other techniques are taught as needed to members of staff working with individuals that present particular behaviours. These techniques are also listed as part of the Positive Behaviour Support Plan and in the case of students should be approved by Local Authority and Parents/Carers.

Occasions may arise when staff intervene using physical intervention, but are unable to use a specific technique from CALM. In such circumstances the ideas of **duty of care, reasonable, proportionate and necessary** must remain paramount.

Seclusion refers to a non-disciplinary intervention involving keeping an individual confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave (Department for Education, 2026).

The use of seclusion is not a therapeutic approach and is likely to cause psychological harm. As such, it is Autism East Midlands' stance that seclusion should not be used. In adults services, the only circumstances where seclusion could be used is when someone is detained under the Mental Health Act or when a Deprivation of Liberty Safeguard (DoLS) or Court of Protection DoLS is in place. Outside of these specific circumstances, seclusion should not be used.

Any member of staff that uses any physical intervention that is not a prescribed CALM technique or any form of seclusion should report this to their line manager as soon as practically possible. This should then be reported to the Head of Practice & Operations (adults services) and the Director of Children's Services, who will ensure this is properly reviewed and debriefed.

After the use of any physical intervention there must be a full debrief to establish whether restraint could have been avoided, whether the restraint worked safely and whether further training is required. Any physical intervention used is also discussed during a monthly 'Lessons Learned' meeting attended by the Senior Leadership Team and PBS Team Leader to identify any wider organisational learning.

Post Incident Support

Immediately after an incident where behaviour of concern has been displayed, the main priority should be to ensure everyone's safety and take necessary to action avoid re-triggering the

incident. The environment should be restored, and staff should refer to the individual's Positive Behaviour Support Plan for specific techniques to promote ongoing regulation. Immediate follow-up actions, such as administering first aid, should also be prioritised.

For some people we support, discussing and debriefing an incident is an important part of moving forward. For these people, it is important that staff provide a suitable environment and safe place for them to discuss how this made them feel, as well as attempt to identify key triggers that led to the behaviour of concern, strategies that were used and didn't work or strategies that weren't used but could have been effective. It's important to remember that not everyone we support will want to engage in this process and some may find having further conversations quite distressing. In these cases, staff should support them to return to their normal activities and not insist on engaging in a debriefing session.

Autism East Midlands recognises the significant impact that exposure to behaviour of concern can have on staff. As such, all staff should be provided the opportunity to discuss the incident, raise any concerns, seek additional support and regulate their own emotions. This process is referred to as a 'hot debrief' and essentially ensures the staff member is able to move forward positively following an incident.

All incidents, once reported on iPlanit, should be reviewed by the manager/teacher in a timely manner to determine whether a formal 'cold debrief' is required. Typically, a formal 'cold debrief' would be completed following a significant incident, this includes but is not limited to incidents where physical or chemical restraint have been used, when serious injury has occurred or where the frequency and/or severity of the behaviour has increased. During this process, staff are encouraged to engage in reflective practice to build a clear picture of events and to identify any key triggers, strategies that weren't used but could have been effective and areas for learning.

Recording & Monitoring

All incidents of behaviours of concern should be recorded using iPlanit. Particular care should be taken to ensure all appropriate information is included when completing forms for incidents that include restraint. Staff should record all forms of breakaway and/or physical intervention within 24 hours to ensure the information provided is a true reflection of events. Staff should refer to guidance on incident reporting for further information. Managers and class teachers should aim to review and sign these off in a timely manner.

The data stored on iPlanit is rigorously monitored and evaluated to identify patterns and develop strategies to reduce the use of restrictive practices.

Incidents taken from iPlanit also support the Positive Behaviour Support Plan (PBSP) review process that is completed by the PBS team. The PBSP should be reviewed and if necessary, amended by an agreed date following the PBS tier system that has been put in place. In doing so consideration should be given to:

- the effectiveness of the plan for the person we support
- any safety issues
- any changes to the plan (e.g., in triggers, supporting strategies or behaviours of concern presented).

Positive Behaviour Support Plans

A Positive Behaviour Support Plan (PBSP) is a person-centred document detailing support

strategies that help the individual, including how to support the individual to regulate and calm and reduce the risk of behaviours of concern escalating. It should describe actions aimed at distracting or de-escalating, as well as clearly outlining when a restraint should be used, how and why.

Within Autism East Midlands, all individuals have a PBSP, and these are written by the Positive Behaviour Support Team in conjunction with staff members, family, friends and external agencies who know this individual well. This is also informed by behaviour monitoring data from iPlanit. This collaborative approach is essential to ensure consistent support which is in line with the best interests of the individual.

The PBSP identifies all areas of support and encourages engagement, with a focus on proactive strategies and how to respond in circumstances where behaviour may escalate. Regular reviews of the PBSPs are scheduled to ensure they are reflective and accurate. PBSPs are working documents and should be amended as and when required, however it is important to ensure that the most up to date document is accessible on iPlanit.

The PBSPs are currently documented on iPlanit and contain the following sections:

- My Wellbeing Zone
- My Alert and Engaged Zone
- My Trigger Zone
- My Incident Zone
- My Post Incident Strategies

Risk management is an important factor when working with people who may present behaviours of concern. It is vitally important that:

- risk assessments are completed and reviewed on an ongoing basis for any identified risks linked to behaviour of concern
- incidents are recorded where there is any chance of injury or mishap to the service users or others.
- following an emergency situation, that the incident is reported in full verbally and in writing and that appropriate action is taken and recorded.

For more information, please refer to the Risk Assessment section in the Health & Safety Policy

Roles & Responsibilities

All staff are responsible for:

- Reading and consistently working in line with Autism East Midlands' Positive Behaviour support policy
- Implementing Positive Behaviour Support consistently, in line with the individual's Positive Behaviour Support Plan
- Attending initial induction training and regular refresher training
- Recording all incidents on iPlanit in a clear and factual manner, avoiding emotive language and opinions
- Contributing to the review and update of Positive Behaviour Support Plans
- Providing suitable environments which meet the specific needs of the individual
- Discussing PBS-related concerns with their line manager
- Providing person centred support
- Communicating with the families of people we support where necessary

As well as the above, managers/teachers are responsible for:

- Reading and signing off incidents on iPlanit ensuring these are of good quality
- Referring any new or significant concerns to the PBS team
- Following relevant governing body/local authority guidance to reporting behaviour-related safeguarding concerns
- Monitoring patterns in behaviour
- Ensuring relevant training has been completed
- Facilitating and attending multi-disciplinary meetings
- Facilitating effective debriefs
- Sharing relevant information with review meetings
- Ensuring PBSPs are updated accordingly when there has been any changes in need or as a result of learning from debriefs or incident reviews

As well as the above, senior leadership are responsible for:

- Quality assurance all of the above
- Facilitating organisational learning
- Bespoke support for specific services
- Action planning
- Policy review and implementation
- Report writing
- Managing complaints

Governors (school only) are responsible for:

- Reading and understanding termly behavioural reports
- Providing guidance where necessary

Please note: this is not an exhaustive list.

Liaising with external agencies

The partnership between all those involved in the lives of the people we support is crucial for effective promotion of positive outcomes. Our services will communicate regularly with families, carers and people who have important roles in the lives of the people we support.

We encourage all stakeholders to contact the relevant service immediately if there is a concern so that we can work together to resolve it.

In school, families will be involved in the development of the positive behaviour support plan and will agree its contents before it is implemented. In adult services, families will be involved in the development, where appropriate and necessary. Any amendments requested by families will be carefully considered.

As far as is practically possible the people we support should be involved in determining their support, education and care needs alongside other people in their lives, such as family, advocates or close friends. They should be able participate in decision making processes and this should include taking part in the planning and reviews of their behaviour support plans. Consideration should be given to presenting plans in a way that is understandable to the individual concerned wherever possible and appropriate.

References

Gore, N.J., McGill, P., Toogood, S., Allen, D., Hughes, C., Baker, P., Hastings, R.P., Noone S., & Denne, L. (2013). Definition and Scope for Positive Behaviour Support. *International Journal of Positive Behavioural Support* 3 (2) 14-23.

The Positive Behaviour Support Coalition UK (2015). *Positive Behavioural Support: A Competence Framework*.

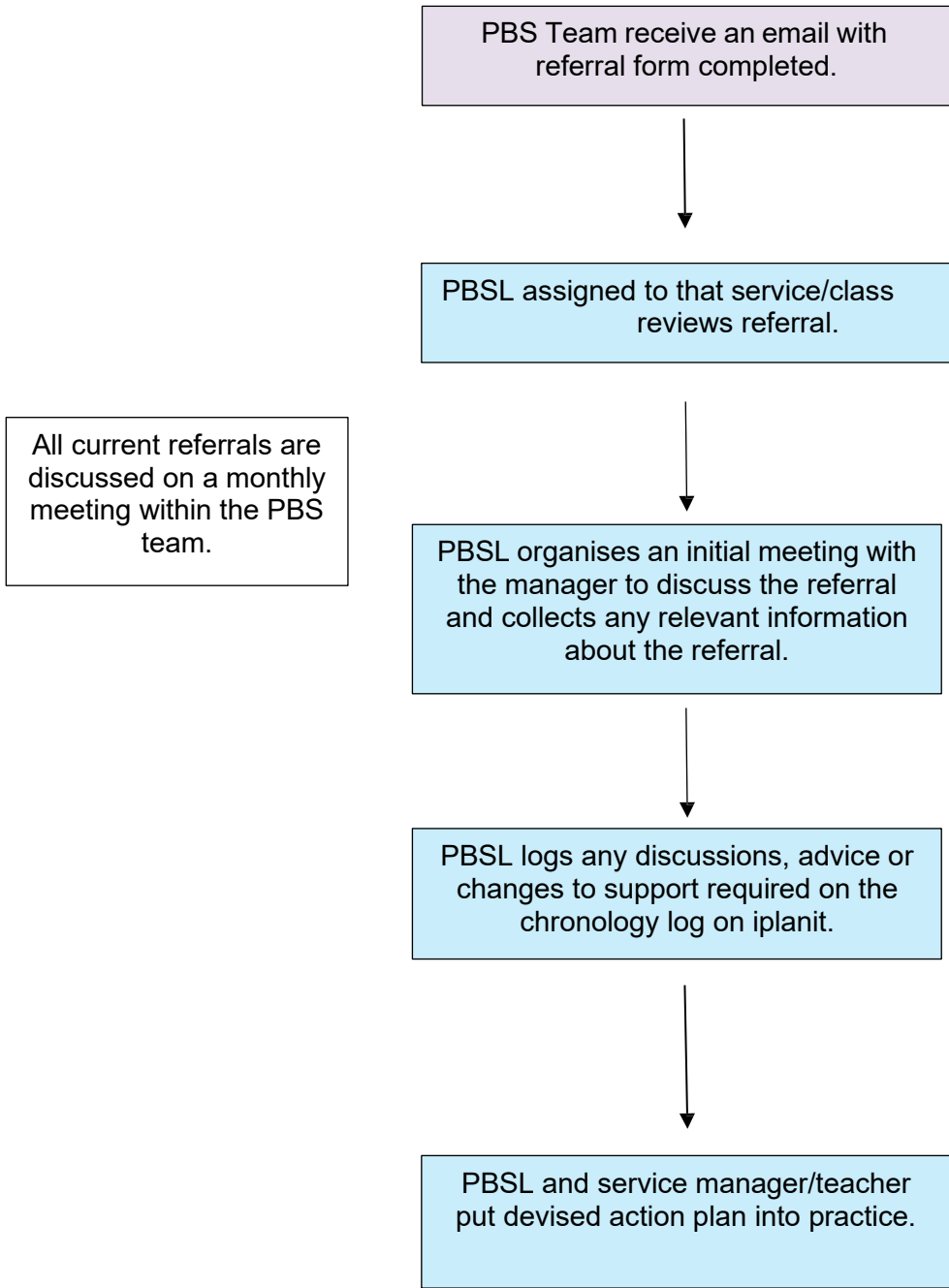
Department for Education (2026). *Restrictive interventions, including use of reasonable force, in schools*.

Royal College of Psychiatrists, B.P.S.R.C.O.F.S.L.T., 2007. *Challenging behaviour: a unified approach. Clinical and Service Guidelines for Supporting People with Learning Disabilities Who Are at Risk of Receiving Abusive or Restrictive Practices*.

BILD, 2015. *The use of seclusion, isolation and time out*.

Appendix 1

PBS Referral Process



Appendix 2 –

PBSP Review Process

Review frequency will typically increase as the tier of support increases. This will be determined on an individual basis and outlined on iplanit. Review frequency may also decrease as the tier of support decreases. This is discussed and agreed with the relevant people to that individual's support.

PBSP Tracker highlights that there is an upcoming review.



PBS Team conduct an incident analysis review regarding the contents of the PBSP including the risk ratings accuracy based on incidents since the last review took place



PBS Team schedule a meeting with the manager of the service, key workers and the individual the PBSP is for



The meeting includes going through the PBSP, ensuring it's an accurate reflection of what the person wants and needs in their PBSP

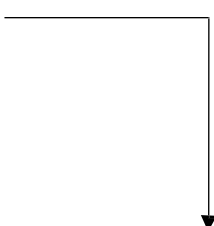


As a result of this meeting, are there any amendments needed to the PBSP?

YES



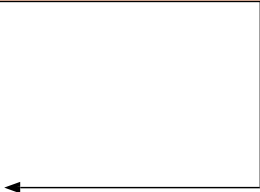
NO



PBS Team change PBSP to reflect any changes discussed in meeting that reflect the support the individual needs or wants.

PBS Team electronically log that a review of the PBSP has taken place.

The PBSP tracker is updated.



Appendix 3 –

