

# Cairn Education

## Positive Behaviour Policy

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**This policy will be reviewed at least annually and/or following any updates to national and local guidance and procedures.**

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## Introduction and Ethos

Cairn Education specialises in supporting young people who have complex needs including:

- A diagnosis of Autism.
- Significant levels of social isolation.
- Moderate to severe anxiety.
- Sensory processing difficulties or differences which impact on their access to education and or wellbeing.
- Difficulties with social interaction and communication.
- Have been out of education for more than one month or recognition from professionals that mainstream education providers cannot meet need.

These difficulties significantly affect how a young person experiences and interacts with the world. Prior to placement many Cairn Education students experience very low self-esteem and often have co-morbid mental health conditions. This means that the young people at Cairn Education can have complex and multiple needs.

In order to express these needs the young people at Cairn Education can present with behaviours that pose a risk to themselves or others physically, emotionally or psychologically. Cairn Education uses the phrase 'behaviours of concern' to categorise these presentations.

Cairn Education understands that all behaviours serve a function and we are committed to understanding the young person and finding ways to support them to learn safe, alternative, functionally equivalent, effective and positive ways to meet their individual needs.

Cairn Education believe that all young people have the right to a safe and positive learning environment. Where staff demonstrate understanding, acceptance, kindness and compassion towards everyone in its community. Through building a sense of safety, trust and positivity Cairn Education supports all of their students to overcome challenges, build positive relationships and develop both self-regulation and co-regulation skills.

Central to all of our practice is the aim to improve our students quality of life. Cairn Education recognises that as an individuals quality of life improves there is a reduction in the frequency of behaviours of concern. Cairn Education facilitates improvements in quality of life through person-centred planning and the structure of our curriculum. In the areas of:

- Creativity and recreation
- Enquiry and Learning
- Identity and Engagement
- Health and Well-being

## Scope

This policy sets out the positive behaviour support policy and procedures for Cairn Education and is applicable to all services that Cairn Education offers.

## Aims

At Cairn Education we take a whole system approach to implementing effective Positive Behaviour Support this means that we consider PBS at an organisational, staff and individual level.

### Organisation

Provide a safe and secure environment that supports low levels of anxiety and promotes confidence and self-esteem for all our students.

Provide an environment where each young person feels valued and respected.

Provide staff with training, coaching, and mentoring on the implementation of PBS.

Review and constantly develop our PBS strategies to reduce the use of restraint.

We recognise that the young people we support are vulnerable to abuse and poor practice and aim to promote an open and honest culture.

### Staff

Ensure that young people feel safe and able to develop trusting relationships with staff.

Promote a culture of acceptance and positive regard.

Provide the educational resources and communication tools needed to support young people to understand relevant information and enable them to make their own decisions.

Use a multi-disciplinary evidence-based approach to understanding each individual's needs and the function of behaviours for the individual.

Promote an honest and open culture to ensure the right support for the young person is sought and provided.

Ensure consistent responses from staff teams when supporting behaviours of concern.

Provide good, clear records in line with confidentiality and data protection policies.

### Individual

Provide appropriate strategies and support to empower individuals to regulate their own emotions, be able to seek and use support from others, and communicate their needs and feel valued as a person.

Support all young people in community participation and facilitate meaningful connections and positive relationships with others.

Celebrate achievements and promote self-esteem.

Encourage and reinforce positive behaviour and always consider others.

## Policy

1. All Cairn Education staff are trained in PBS using the PROACT-SCIPr-UK® training programme at foundation level including ancillary and administration staff. Cairn Education's policy reflects an ethos and set of values that are consistent with those expressed by PROACT-SCIPr-UK®.
2. Cairn Education uses individualised targets for learning that aim to teach each young person to manage their own behaviour by using graded approaches to demand and challenge.
3. We help set clear targets and achievable outcomes to empower our students and aid their learning, promote independent skills, and improve their quality of life.
4. We provide structure, understanding, and adaptations to the environment, resources and the curriculum needed to reduce instances of behaviours occurring.
5. Specific Behaviour Risk Assessment and Positive Behaviour Support plans are written to address specific behaviours of concern. Strategies to support each individual with the specified behaviour of concern are clearly documented within these plans.
6. Our combined support plan and risk assessment detail the wider support strategies and risks associated with challenges, strengths and abilities that our students encounter in order to ensure that we provide the right level and type of support for each individual.
7. Within our support plans we highlight a range of pro-active interventions that support young people to maintain a calm and alert state for the majority of their time. If stress/ anxiety starts to escalate we use a range of individual person-specific non-restrictive (first resort) strategies which can be used to de-escalate behaviour and teach self-regulation and co-regulation skills.

8. Interventions that may need to be used to reduce risk of harm to the young people, staff or wider community, will be used as a last resort option, as the least restrictive response and for the shortest time possible. These will be reviewed after each incident and annually as part of Cairn Educations Restraint Reduction audit.
9. Activities and tasks set out for our young people are targeted to individual need and are meaningful to them.
10. We believe that all behaviour has a purpose and may be a signal for support. We aim to use an evidence-based process to identify behaviour patterns, trends and functions to try to understand why behaviours may be occurring so we can respond to the person appropriately and sensitively.
11. We focus on proactive strategies and know that the main function of challenging behaviour is to get needs met. Cairn Education does not use sanctions or punishments as these are widely evidenced as being ineffective. We do however recognise that our students may need to understand that their behaviours have consequences in order for them to make sense of the world and how their actions can have an impact on others. Where possible we will work with our young people to help them identify alternative choices they could make to promote more positive behaviour.
12. We recognise that a range of factors can contribute to behaviour change such as pain, health, sleeping difficulties, sensory needs and a history of previous traumatic experiences. We work together with medical professionals, our in-house Occupational Therapist and Health Horizons MDT to identify all reasons for behaviour and support where possible with this, including providing regular health checks.
13. We use a person-centred approach to behaviour, involving our young people in making their own choices and decisions. Where our young people are unable to make a decision we follow the processes set out by the Mental Capacity Act to make decisions in that person's Best Interests, involving those with parental responsibility. We identify our duty of care to everyone to keep them as safe as possible.
14. We also recognise that sometimes due to the behaviours expressed by our students staff may need to use physical intervention as a last resort to safeguard themselves and others. This may involve breaking away from harmful contact or removing someone from an environment that is either dangerous or distressing

for the person. Where possible we try to ensure that any interventions used are the least restrictive options.

15. Where medication is involved we follow the STOMP (Stop Over-Medicating People with Learning Disabilities) guidance which was implemented in NHS services in 2016. This requires 3 to 6 monthly multi-disciplinary reviews of all children and young people at the school who may be taking medication to support their behaviour or emotional needs. This includes the use of emergency medication in response to challenging behaviour as a last resort.
16. All staff are required to follow this guidance and contribute to the data collection and review of the effectiveness of medication use, with the aim of setting long term goals in reducing and eliminating the use of medication for our children and young people.
17. We are committed to promoting Equality and Diversity for our staff and pupils and do not tolerate discrimination, harassment or bullying. We believe that everyone at Cairn Education has the same rights to a caring and nurturing environment that supports their individual need and promotes positive wellbeing. As such we believe in the importance of staff and pupils feeling listened to and supported and promote the use of reflective practice from all incidents.
18. We understand that behaviours of concern can be stressful for everyone and aim to work together to support teams to receive the right post incident support for them that will help promote their wellbeing and resilience.
19. We recognise that young people with disabilities and behaviours of concern are vulnerable to abuse (intentional or unintentional) and aim to provide an open and reflective culture in line with our Safeguarding and Whistleblowing policies.
20. Cairn Education uses a 'Reflective Practice' ethos that all staff should apply following an incident to identify lessons learned. Staff should be honest about the extent of their injuries, and not feel that anyone thinks that it was their fault that they were hurt.
21. When staff have been hurt, they should receive the treatment necessary for their injury. Following an incident of RPI or injury, staff will have the opportunity for any of the following:
  - a. Their class/residential team takes over so they can have a break to spend time on their own, go to the staff room to have a hot drink, and so on

- b. There is support from Senior Leadership Team so that staff feel they can talk about the incident without any judgement, and confidentially.
  - c. A debrief session with their team or on a one to one basis, with a person of their choosing, can take place up to 72 hours following the incident
  - d. There will be a follow-up review of any Placement Plan and Positive Behaviour Support Plans or Risk Assessments that are in place to see if they are adequate
  - e. Cairn Education works in consultancy with Health Horizons who would offer additional support to staff following an incident where it is identified that they are suffering psychological distress.
22. Students receive debriefing after an incident.
23. Incident books evidence debriefing for staff and students within 24 hours of an incident and at an agreed interval for review.
24. Incident statistics will be discussed and reviewed with the Local Advisory Board
25. All staff will be able to demonstrate knowledge and understanding in line with their roles and responsibilities.
26. Policy and practice will reflect current legislation and Positive Response Training Requirements. Related Documents and References

## Positive Behaviour Support Policy Roles and Responsibilities

### Responsibilities of all Employees

- 27. To follow and implement this policy.

### Responsibilities of Governors

- 28. Ensure the school remains focussed on meeting the needs of the pupils by managing resources, mitigating risk and checking we are operating within our financial limits. Responsibilities of the Local Advisory Board
- 29. Ratify the policy
- 30. Ensure policies are implemented throughout the school.

31. Ensure policies are regularly reviewed and conform with legislation and statutory guidance.

## Responsibilities of Directors

32. To ensure that the school's policy on positive behaviour support reflects Cairn Education Ethos and values.
33. Review and analyse data and reports and plan actions in response to these.

## Responsibilities of Directors, Head of Education, Head of Therapy

34. To lead, plan and co-ordinate the implementation of PBS in the provision.
35. To oversee and monitor the implementation of the policy within the provision, ensuring all students have the relevant plans and learning targets in place.
36. To ensure that there are relevant assessments and intervention plans in place for those that need them and assessments before and after transitions are thorough.
37. To ensure that those working with medium to high impact behaviours have access to the relevant support networks.
38. To ensure PBS is on the agenda for meetings and make recommendations for improvement or changes to policy where needed and communicate this with wider teams and the school's director.
39. Ensure all staff have been provided with appropriate training, supervision and appraisals in line with Cairn Educations policies.
40. To review the impact of PBS on an annual basis and ensure wellbeing is on the agenda in all supervisions.

## Responsibilities of the Health and Therapy Team

41. To be involved in transition processes of new pupils.
42. To assess individual needs in the areas of communication, health, occupational therapy
43. To work as a part of the 'team around the young person' to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.
44. To work as part of a multi-professional team to ensure the best interests of the pupils are taken into account.
45. To train, support and role model best practice to all staff.

46. To implement, monitor, review and evaluate strategies and resources used to support students.

47. To use data driven practice to evidence area of need and success criteria.

## Responsibilities of PBS Leads

48. To support and quality assure the implementation of PBS through delivery, observations, audits, reflections and clinical supervisions.

49. To support the delivery of the PBS policy and drive a supportive and positive culture.

50. To carry out functional assessments and plans and ensure these are appropriate to the needs of the young person.

51. To deliver training on PBS, Human Rights and Physical Intervention to a high standard.

52. To authorise the use of restrictive interventions where these are the least restrictive options.

53. To support the facilitation of mental capacity assessments and best interests decisions around behaviours of concern.

54. To contribute to annual audits of the effectiveness of PBS Responsibilities of team members.

55. To follow and implement policy and procedures, ensuring their teams have the understanding of their roles and responsibilities.

56. To ensure all new staff are inducted into the PBS policy.

57. To role model, coach and mentor staff in the implementation of PBS.

58. To work as a part of the 'team around the young person' to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.

59. To ensure risk assessments are carried out, where necessary, and are adhered to.

60. To ensure all documentation and resources in place for individuals are in date, followed and reviewed on a regular basis and the content of these are outstanding quality.

61. To liaise with the Health and Therapy team and Senior Leadership Team should concerns arise about students' behaviours.

62. To attend meetings to address any wider concerns and implement changes with regard to the behavioural needs of students.
63. To ensure all staff have regular supervisions and appraisals and are provided with debriefing when required.
64. To ensure that teams have weekly/monthly meetings to cascade information, re-view targets and guidelines in place and assess what is and is not working for each individual
65. To ensure teams have up to date training and that all people who work within the service (inclusive of agency staff) support people in line with Cairn Educations polices and standards of practice.
66. To follow policy and procedures and report if there are concerns or they feel that plans need amending.
67. To read, sign and follow guidance and support strategies in place for each pupil.
68. To work as a part of the 'team around the child' to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.
69. To record, monitor and review support plans and learning targets in place for students.
70. To attend training on best practice and evidenced based approaches to PBS, provide feedback and put this into practice.
71. To attend and contribute to supervisions, appraisals and team meetings.
72. To help the pupils of the school understand as much as possible about the policies in place around them and their rights and responsibilities.

#### Responsibilities of students.

73. To share their views and preferences about their support, where possible to do so.
74. To follow the rules of Cairn Education and treat others with respect.
75. To contribute to their own learning and not disrupt that of others.

## Responsibilities of Parents / guardians

76. To keep the school informed of concerns, ideas, problems and changes to family circumstances that may affect their young person's behaviour or well-being.
77. To attend reviews and meetings about their young persons, and contribute to plans and decisions made about their young person.
78. Where appropriate to work with the school to implement behaviour support plans

## Responsibilities of visitors, volunteers or students on placement.

79. To follow guidance given and raise concerns to managers or safeguarding officers.
80. To request support and advice where needed.
81. To provide feedback and contribute to plan for future development and improvement.

## Appendix 1 Positive Behaviour Support Policy Definitions

### Behaviour of concern

Throughout this policy we have used the term behaviour of concern to describe behaviours which have a negative impact on a person's quality of life. The terms challenging behaviour, behaviour that challenges, or harmful behaviour are also frequently used. The term behaviour of concern has been chosen to make it clear that this includes behaviours that impact quality of life but may not pose such an obvious challenge to others, and to support staff to develop empathy for the person as opposed to viewing them as a challenge.

We support young people who exhibit a wide range of behaviours of concern and recognise each person as an individual. In practice our support is always person-centred and not restricted by any clinical diagnosis or 'level'. However, following the example of others, we have used a three level system in our documentation to differentiate between expectations for children and young people whose behaviours of concern impact their quality of life to different extents. We also recognise that people's needs change over time and our support must change as a result. (Adapted from work by BILD and the definition of challenging behaviour found in 'Challenging Behaviour - A unified approach' RCPsych, BPS, RCSLT (2007)).

**High Impact on Quality of Life** – Children and adults who display high risk behaviours of such intensity, frequency or duration as to seriously threaten the quality of life and/or the physical safety of the individual or others. Includes anyone whose plans include last resort strategies that are restrictive or may result in exclusion or limit their access to ordinary community facilities.

**Medium Impact on Quality of Life** – Children and adults who have some behaviour support needs that are likely to impact on their or others' quality of life.

**Low Impact on Quality of Life** - Children and adults who are not formally considered to have 'challenging behaviour', but, because of the challenges they face may, at times, use behaviours which limit their participation or independence in meaningful activities or that elicit a negative reaction from others.

### Positive Behaviour Support (PBS)

For support to be Positive Behaviour Support it must include all of these elements:

- An understanding of the reasons for the specific behaviours of concern based on an appropriate level of functional assessment.

- A specific values base where people are treated with respect and the voice of the person is heard and valued.
- A focus on long-term quality of life outcomes for the person
- A commitment to change from everyone involved in supporting the person and at an organisational level.

## Functional assessment

A process for understanding the purpose a behaviour of concern is serving for the person, or why it is happening. A functional assessment process avoids assumptions and uses the best evidence available. This is likely to include a mixture of interviews, observations and data.

## Proactive strategies

Strategies used as part of everyday support which aim to improve quality of life and reduce the likelihood of behaviours of concern occurring.

Cairn Education uses the principles as Adapted by Andy Fenwick and Loddon Training & Consultancy – PROACT-SCIPr-UK<sup>®</sup> from Allen et al (2013), 'Implementing positive behavioural support: Changing social and organisational contexts', International Journal of Positive Behavioural Support, Vol.3, no.2, pp.32-41

## **Positive Social Interactions**

If a person receives regular positive social interactions with no strings attached they are less likely to use challenging behaviour to get your attention. Most people want to receive positive social interaction from those around them. Giving the person enough of this and developing good relationships will make less desirable interactions or requests (e.g. personal care or house chores) easier to accept.

## **Supporting Communication Preferences**

Challenging behaviour is less likely to happen if you communicate with a person in a way that makes sense to them and if you are able to understand what they want and need. Most people want to communicate with those around them, especially those they know well.

## **Supporting Meaningful Activity**

Challenging behaviour is less likely to happen if a person has adequate meaningful activities that they enjoy, find interesting, increase the time they spend in ordinary places and their sense of feeling valued by others. This may need to start small and develop over time and

be introduced at a pace and level that does not provoke challenging behaviour. Most people like to be busy and person-centred active support can help to achieve this.

### **Provide Consistent & Predictable Environments which Honour Personalised Routines**

Most people like to know what they are doing throughout the day and some may want to know quite frequently what is happening at any given moment. They also like their experience to be similar no matter who is providing the support. Using a range of communication approaches (e.g. visual timetables, now and next, regular routines) will help the person understand as much as possible about what is happening and what is about to happen.

### **Support to Establish and/or Maintain Relationships with Family and Friends**

Challenging behaviour is less likely to happen if a person can be supported to establish and maintain relationships with others who have significant, lifelong importance to them not just those who are paid to spend time with them (e.g. support staff or college tutors). People are actively supported with relationships while being aware of the risks that sometimes arise in close or intimate relationships.

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### **Provide Opportunities for Choice**

Challenging behaviour is less likely to happen if a person has opportunities to make choices about what happens in their life. This can range from what breakfast cereal to eat and/or what activities they want to do. People want to be as involved as possible in their choices.

### **Becoming More Independent**

People like to be independent, this can include skills for personal care, communication, tying your own shoe laces or having greater self-control of behaviour. Teaching people skills means that they no longer need to rely on challenging behaviour to get what they want or avoid what they don't want.

### **Enjoying Good Health and Wellbeing**

Challenging behaviour is less likely to happen if a person is healthy and free of pain, discomfort and stress. Good health and wellbeing is highly important to most people, some people might need a health action plan and support to stay healthy.

## **Provision of Acceptable Physical Environments**

Most people want to live, learn, work and play in environments that are safe, comfortable, supportive and functional for their specific needs and preferences. Adjusting the physical, interpersonal and programmatic environments may make for a smoother fit for a person.

## **Skilled Carers and Support Staff who are Consistently Mindful of a Person's Needs and Preferences**

Challenging behaviour is less likely to happen when staff and carers understand the general and person-specific causes and as a result do not take it as personally directed at them. They can reflect on, and adjust, their support and quickly identify circumstances that may provoke challenging behaviour. Most people who need support want their carers to attend to and know what they are doing.

## Reactive strategies

Any person-centred strategy used to de-escalate a situation when it is identified that an individual's arousal/ anxiety level is starting to increase.

## Non-restrictive reactive strategies

These will always be considered first before using any form of restrictive intervention.

Cairn Education uses Gateways to Proactive Management - 10 things to consider before using a physical intervention' © Marion Cornick – The Loddon School - 1995

## **Communication**

Offering an opportunity for the individual to communicate using objectives, signs, symbols, or speech and responding positively.

## **Choice**

Offering another activity and encouraging the individual to choose.

## **Environment**

Offering a change of location or setting e.g. a smaller space, a low distraction area and adapting the environment to support the individual.

## **Physical Needs**

Ensuring that we consider hunger, thirst, pain, heat, cold, tiredness, activity, or need for the toilet etc.

### **Interaction**

Offering a change of staff member and responding to the need for attention.

### **Therapeutic Alternatives**

Offering time out to listen to music, massage etc?

### **Relaxation**

Facilitating relaxation activities such as a visual game, deep breathing, slow breathing etc.

### **Calming Techniques**

Verbal and non-verbal calming, redirection, reassurance.

### **Listening Techniques**

Making sure we have listened, read the signs, picked up cues, and given prompts rather than hurrying to give advice.

### **Sensitivity**

Helping to restore the individuals' confidence and dignity by sensitivity rather than being confrontational and offered a constructive functional activity.

## Restrictive reactive strategies

These will always be used as a last resort where there is an identified need to keep an individual safe and reduce the risk of harm to self or others.

We work with families and local authorities to ensure that the care provided to our pupils is within their best interests.

When restrictive reactive strategies are the only way to keep a person or others safe. Cairn Education use PROACT-SCIPr-UK<sup>®</sup> protocol for audit-based interventions that are individually tailored for each young person. These can include any of the following PROACT-SCIPr-UK<sup>®</sup> audit based interventions:

- Front Approach Prevention
- Front Arm Catch

- One Arm Release
- One Arm Release Variation
- Front Hair Pull Stabilisation/
- Release with Assistance
- Back Hair Pull Stabilisation/
- Release with Assistance
- Front Choke Release
- Front Choke Windmill Release
- Back Choke Release
- One Person Escort – A Moving Intervention
- The Hug

## Self-injury

Frequently repeated self-inflicted behaviour such as people hitting their head or biting themselves, which can lead to tissue damage. This behaviour is usually shown by people with a severe learning disability. It may indicate pain or distress, or it may have another purpose, such as the person using it to communicate.

## Self-harm

A wide range of things people do to themselves in a deliberate and usually hidden way which are damaging (Hidden Pain project).

## Deprivation of Liberty

A person is defined as being deprived of their liberty if the number, duration and intensity of the restrictions placed upon them mean that the person is under the constant control and supervision of staff, and is not free to leave. It is illegal to deprive a person who lacks the capacity to consent to these restrictions unless the deprivation has been legally authorised (in care homes and hospitals, through the Deprivation of Liberty Safeguards; in other settings, through an order of the Court of Protection).

## Clinically qualified professional

In this context the clinically qualified professional must have training in, or be able to evidence good knowledge of, PBS. Professionals who are likely to be able to evidence this are: psychologists, behaviour

analysts and LD nurses. It should not be assumed that one of these qualifications in themselves equates to an ability to advise on PBS and there may be other professionals who could be considered to have this expertise.

## Duty of Care

A moral or legal obligation to ensure reasonable steps are taken to ensure the safety or wellbeing of others. \*These definitions are adapted from NICE clinical guideline: Challenging behaviour and learning disabilities. \*\*These definitions are adapted from 'Reducing the Need for Restraint and Restrictive Intervention Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties' Dept of Health and Dept for Education 2017.

## Appendix 2- References

This policy is drawn up with reference to advice located in:

- Department of Health Guidance on the Use of Restrictive Physical Intervention; How to provide safe services for people with learning disabilities and Autistic Spectrum Disorder, July 2002.
- Guidance on the use of Restrictive Physical Intervention for Pupils with Severe Behavioural Difficulties (DfES, 2003)
- Section 93 of the Education and Inspections Act 2006
- The use of force, including restraint and the restriction of liberty, in educational settings. OFSTED, 2013
- Guidance on permissible forms of control in children's residential care (Department of Health, 1993)
- Behaviour and discipline in schools, DFE, 2014
- BILD Code of Practice, for minimising the use of restrictive physical interventions: planning, developing and delivering training, fourth edition.
- Positive and Proactive Care: reducing the need for restrictive interventions. (DOH, 2014)
- The 10 components of Positive Behaviour Support, (Gore, N J et al, 2013)
- 'What does good Positive Behaviour Support look like?', BILD January 2015 This policy should be read in conjunction with the school's Health and Safety, Safeguarding, Anti Bullying and Sickness Policies and MacIntyre's corporate 'Positive Behaviour Support Policy, 2018.

