Behaviour Policy

(including Positive Behaviour Support, restrictive intervention and alternative provision)

ABA Pathways

This policy is reviewed at least annually and sooner where there are statutory, regulatory, commissioning or operational changes.

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1. Aims and statement of intent

ABA Pathways considers the emotional, physical and social wellbeing, dignity and safety of every child, young person and member of staff to be a priority. We understand behaviour in context and seek to identify what a person may be communicating, what environmental or skill-based barriers are present, and what support will improve quality of life, participation, learning and independence.

• Promote safe, respectful, predictable and inclusive environments in which children and young people can thrive.

• Use person-centred, strengths-based and evidence-informed approaches, including Applied Behaviour Analysis (ABA) and Positive Behaviour Support (PBS) where appropriate to the individual.

• Prioritise prevention, communication, choice, assent, reasonable adjustments and skill development over reactive or restrictive responses.

• Recognise that behaviour may communicate pain, distress, sensory need, fear, uncertainty, a wish to stop, lack of understanding, limited communication access or another unmet need.

• Use the least restrictive response necessary and work actively to reduce reliance on restrictive practices.

• Ensure safeguarding, equality, SEND, health, commissioning and behaviour support responsibilities are considered together.

2. Scope and legal framework

This policy applies across relevant ABA Pathways education, alternative provision, early years, respite, community support, direct placement, consultancy and behaviour support services. The exact statutory powers and responsibilities available in a particular setting depend on the nature of the provision and commissioning arrangement.

This policy has regard, where applicable, to the current framework in England, including:

• Education and Inspections Act 2006, including the school power to use reasonable force and the recording/reporting requirements in force from April 2026

• Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025

• Department for Education guidance Restrictive interventions, including the use of reasonable force, in schools (effective from 1 April 2026)

• Behaviour in schools: advice for headteachers and school staff

• Reducing the need for restraint and restrictive intervention (DfE/DHSC)

• Keeping Children Safe in Education 2026

• Working Together to Safeguard Children 2026

• Children and Families Act 2014 and SEND Code of Practice: 0 to 25 years

• Equality Act 2010, including the duty to make reasonable adjustments

• Human Rights Act 1998 and UK data protection legislation

Where ABA Pathways is not acting as a school, a statutory school power is not assumed to apply automatically. Staff must act within the legal basis, policies, training, care/education plans and commissioning arrangements relevant to that service.

3. Our approach to behaviour

ABA Pathways does not view behaviour of concern as a diagnosis or as a characteristic to be suppressed in isolation. Support focuses on understanding the person and the context, increasing access to meaningful communication and activity, reducing environmental mismatch, developing skills and improving quality of life.

• Presumption of competence and respect for neurodiversity.

• Functional and meaningful outcomes rather than compliance for its own sake.

• Assent, choice, self-advocacy and opportunities to say “no”, “stop”, “finished”, “break” or “space” wherever it is safe and practicable.

• Positive relationships, predictable routines and reinforcement of useful, socially significant skills.

• Generalisation and maintenance across people, settings and routines.

• Ongoing review of whether support remains necessary, proportionate and beneficial.

4. Roles and responsibilities

4.1 Directors

• Ensure this policy is implemented and reviewed at least annually.

• Ensure sufficient staffing, training, supervision, resources and governance arrangements.

• Review serious incidents, restrictive intervention, safeguarding themes, complaints and outcome data and ensure learning leads to action.

• Ensure restrictive practices are monitored with a clear focus on prevention and reduction.

4.2 Consultants / programme supervisors

• Lead or oversee assessment and BSP development within their professional competence.

• Ensure plans are individualised, based on current information and data, and reviewed with the child/young person, family and wider team where appropriate.

• Train, coach and supervise staff and monitor implementation fidelity.

• Escalate medical, safeguarding, environmental or commissioning concerns that cannot be safely addressed within the current plan.

4.3 Tutors, practitioners and support staff

• Know the individual's communication methods, BSP, risk assessment, reasonable adjustments and emergency arrangements before providing support.

• Implement agreed proactive and reactive strategies consistently and respectfully.

• Respond to distress, refusal and changes in presentation with professional curiosity.

• Record incidents and data accurately and report safeguarding or safety concerns without delay.

• Use restrictive intervention only when lawful, necessary, proportionate and within training and the relevant plan, except where an unforeseen emergency requires immediate reasonable action to prevent harm.

5. Understanding behaviour and assessment

Assessment is proportionate to need and may include direct observation, ABC (antecedent-behaviour-consequence) information, interviews, record review, communication and sensory information, ecological/environmental assessment, skill assessment, health information and risk assessment. ABC data may contribute to a functional assessment but will not be treated as sufficient on its own where a more comprehensive assessment is required.

Changes in behaviour will not automatically be attributed to autism, learning disability or an existing behavioural function. Staff must consider pain, illness, medication effects, sleep, hunger, continence, trauma, safeguarding concerns, changes in routine, communication breakdown, sensory factors and other contextual variables.

Where a functional analysis or other experimental assessment is considered, it must be clinically justified, designed and overseen by a suitably competent professional, supported by a specific risk assessment and safeguards, and only undertaken where the likely benefit outweighs the risk. Less intrusive assessment methods should be considered first.

6. Behaviour Support Plans (BSPs)

Where behaviour presents a significant barrier to learning, participation, wellbeing or safety, an individualised BSP may be developed. The plan will be overseen by an appropriately qualified/competent consultant and implemented by staff who have been trained in the relevant strategies.

• A clear, observable description of behaviours and relevant strengths and skills.

• The person's communication profile, preferences, sensory needs, known triggers, early indicators and what matters to them.

• A functional hypothesis based on assessment, expressed with appropriate caution and reviewed as evidence develops.

• Proactive and preventative strategies, including environmental adaptations and capable-environment features.

• Teaching plans for functional communication, coping, independence and other replacement skills.

• Reactive/de-escalation strategies that protect dignity and avoid escalation.

• Any agreed restrictive intervention, with legal basis, risks, safeguards, authorised circumstances and reduction plan.

• Data to be collected, responsibilities, review frequency and criteria for changing, fading or discontinuing strategies.

• Post-incident support for the child/young person and staff.

7. Proactive support and capable environments

Proactive support is the foundation of behaviour support. ABA Pathways will seek to create capable environments that reduce the likelihood of distress and increase communication, choice, predictability, meaningful engagement and positive relationships.

• Ensure communication systems are available and honoured consistently.

• Adapt demands, pace, sensory load, transitions, staffing and physical environments to assessed need.

• Provide meaningful choice, access to preferred activities and regular opportunities for autonomy and control.

• Use reinforcement ethically to strengthen useful skills and participation; access to basic needs, dignity, relationships and communication will never be made contingent on compliance.

• Prepare for changes and transitions using individualised supports.

• Review staffing, routines and environmental factors following incidents rather than locating the problem solely within the child or young person.

8. Teaching communication, regulation and replacement skills

Where appropriate, programmes will teach skills that serve the same or a more useful function than behaviour of concern. This may include functional communication, requesting help or a break, tolerating unavoidable delay or change, emotional or sensory regulation strategies, safety skills, leisure, independence and self-advocacy.

Prompting will be planned and faded systematically. Staff will avoid unnecessary prompt dependence and will plan for generalisation and maintenance. Refusal and withdrawal of assent will be responded to meaningfully, with safety and essential-care considerations documented where they limit choice.

9. Responding to behaviour of concern

Reactive strategies aim to keep everyone safe, reduce distress and support recovery. They must never be punitive, humiliating, retaliatory or designed to deliberately cause pain. Responses will be individualised and based on the likely function and context of behaviour, while recognising that the function may not always be known in the moment.

• Remain calm, reduce language and demands where appropriate, and allow processing time and space.

• Offer accessible communication, choices and agreed regulation supports.

• Remove avoidable triggers and bystanders where this can be done safely.

• Use environmental safety measures and non-restrictive blocking or guidance where appropriate and trained.

• Seek medical or safeguarding advice where presentation suggests pain, injury, illness, abuse or another unmet need.

• After the incident, prioritise recovery and reconnection before debrief or teaching.

10. Restrictive interventions and reasonable force

Restrictive intervention is a safety measure of last resort, not a teaching method, behaviour-management shortcut or punishment. ABA Pathways is committed to minimising its use through prevention, de-escalation, skilled assessment, capable environments and individual planning.

Where school legislation applies, reasonable force may be used only in circumstances permitted by law and must be necessary, proportionate and no more force than is reasonably required. The current Department for Education guidance effective from 1 April 2026 must be followed by applicable school settings, including the statutory requirements to record and report significant incidents of force and seclusion.

• Any planned restrictive intervention must be clearly described in the BSP/risk assessment, with the circumstances in which it may be used, known risks, monitoring and a reduction strategy.

• Only staff trained and assessed as competent in the relevant approach should use planned restrictive techniques.

• Emergency action outside a written plan may sometimes be necessary to prevent imminent harm; it must still be lawful, reasonable, proportionate, recorded, reported and reviewed.

• Restrictive intervention must stop as soon as it is no longer necessary.

• Seclusion, where it meets the relevant definition, must never be used as punishment or for staff convenience and must be subject to the legal recording/reporting requirements that apply to the setting.

• Any intervention involving an elevated risk, breathing restriction, pain, prone positioning or other significant restriction requires particular scrutiny and must not be used unless lawful,

specifically trained, risk-assessed and demonstrably necessary; safer alternatives must be prioritised.

• A child or young person's SEND, communication, trauma history, medical needs, size, age and other individual factors must inform decision-making and reasonable adjustments.

11. Recording, reporting and post-incident review

Behaviour and incident records will be factual, respectful and sufficient to support safeguarding, learning and quality assurance. Where a restrictive intervention occurs, records will meet the requirements applicable to the setting and commissioning arrangement.

• Record what happened before, during and after the incident, including de-escalation attempted, the intervention used, duration where relevant, injuries/first aid and the outcome.

• Notify parents/carers and commissioners as required, subject to any lawful safeguarding exception.

• For school settings, comply with the statutory recording and parent-reporting duties for significant use of force and seclusion effective from April 2026.

• Offer appropriate post-incident support to the child/young person and staff, and seek the child/young person's perspective using their preferred communication method.

• Review whether the BSP, risk assessment, staffing, environment, training, medical input or safeguarding response needs to change.

• Monitor patterns and trends in incidents and restrictive practice, including frequency, duration, location, antecedents and any inequalities or disproportionate impact.

12. Safeguarding, bullying and child-on-child abuse

Behaviour support does not replace safeguarding. Staff must follow the Safeguarding and Child Protection Policy and Keeping Children Safe in Education 2026 where applicable. Behaviour changes, distress, sexualised behaviour, aggression, withdrawal, avoidance of a person/place, unexplained injury or changes in communication may be safeguarding indicators.

Bullying, discriminatory behaviour, sexual harassment, sexual violence and other child-on-child abuse will not be dismissed as "behaviour issues". Concerns will be responded to through safeguarding procedures, with appropriate support and reasonable adjustments for all children involved.

13. SEND, equality and reasonable adjustments

ABA Pathways will consider whether behaviour is linked to SEND, disability, communication need or another protected characteristic and will make reasonable adjustments in accordance with the Equality Act 2010. Expectations and responses will be adapted where necessary to avoid disability-related disadvantage while maintaining safety and dignity.

A sanction-led model is not the primary approach within ABA Pathways specialist provision. Where a commissioning school retains responsibility for formal sanctions, suspension or exclusion, ABA Pathways will share relevant information and contribute to planning but will not apply school statutory powers that it does not hold.

14. Alternative provision, off-site and community support

Behaviour expectations and support arrangements apply during ABA Pathways provision, community activities, transport where provided, visits and other off-site activity. Risk assessments and BSPs will identify context-specific arrangements. Commissioners will be informed promptly of significant incidents, safeguarding concerns, material changes in need or concerns that a placement is no longer safe or suitable.

15. Working with parents, carers and professionals

Parents/carers, children and young people are partners in behaviour support. ABA Pathways will seek their views when identifying priorities, developing BSPs and reviewing progress. Information will be shared in accessible language and technical terms will be explained.

With appropriate consent and information-sharing safeguards, ABA Pathways will work with schools, local authorities, social care, speech and language therapy, occupational therapy, psychology, medical services, CAMHS and other professionals. Conflicting recommendations will be discussed openly and resolved through risk assessment, evidence and professional dialogue rather than silently disregarded.

16. Staff training, supervision and wellbeing

All staff will receive induction and ongoing training proportionate to their role. This may include autism and neurodiversity, communication/AAC, PBS, functional assessment, de-escalation, safeguarding, trauma-informed practice, data collection, first aid and restrictive intervention.

Where staff may be required to use restrictive intervention, training must be appropriate to the setting and population, competency-based and refreshed as required. Training does not by itself justify an intervention; staff must still apply the individual plan, law, proportionality and professional judgement.

ABA Pathways recognises the emotional and physical impact that serious incidents can have on staff. Supervision, debrief, first aid/medical support, incident review and wellbeing support will be offered as appropriate. Debrief will focus on learning and support, not blame.

17. Data, confidentiality and information sharing

Data collection will be proportionate to the purpose of the BSP and may include frequency, duration, intensity, latency, skill acquisition, contextual variables and restrictive intervention

data. Data will be reviewed alongside qualitative information, child/family feedback and professional judgement.

Records will be stored and shared in accordance with UK data protection law, safeguarding duties and ABA Pathways confidentiality procedures. Information may be shared without consent where this is necessary and lawful to safeguard a child or another person.

18. Quality assurance and monitoring

ABA Pathways will maintain systems to monitor implementation of this policy and whether behaviour support remains safe, respectful, effective and proportionate.

- Programme and case supervision.
- Observation of practice and competency checks.
- Review of BSPs, risk assessments and data.
- Review of restrictive interventions, injuries, safeguarding themes and post-incident learning.
- Feedback from children, young people, families, staff, commissioners and professionals.
- Audits of records, training and policy compliance.
- Action plans where weaknesses, disproportionate practice or repeated incidents are identified.

The directors will ensure identified weaknesses are addressed promptly. This policy will be reviewed at least annually and sooner following significant changes in law or statutory guidance, a serious incident, emerging patterns in restrictive practice or material changes to ABA Pathways services.

19. Complaints and concerns

Children, young people, parents/carers, staff, commissioners and professionals are encouraged to raise concerns about behaviour support or restrictive practice. Concerns will be considered under the Complaints Policy unless they constitute a safeguarding allegation or concern, in which case safeguarding procedures take precedence. No person will be disadvantaged for raising a concern in good faith.

20. Links with other policies

- Safeguarding and Child Protection Policy
- SEND Policy
- Restrictive Physical Intervention / Restraint Policy
- Equality Policy
- Complaints Policy
- Health and Safety Policy
- First Aid and Medication procedures

• Risk Assessment procedures
• Data Protection / Confidentiality procedures
• Staff Code of Conduct
• Safer Recruitment procedures
• Attendance procedures

Appendix 1: ABA Pathways behaviour support cycle

• 1. Understand: Listen to the child/young person and family; gather information about strengths, communication, health, environment, behaviour, preferences and risks.
• 2. Assess: Identify patterns, barriers and possible functions using the least intrusive assessment methods that are sufficient.
• 3. Plan: Agree meaningful quality-of-life and skill outcomes; design proactive, teaching and reactive supports; identify risks and how progress will be measured.
• 4. Implement: Deliver support consistently with appropriate supervision, dignity, choice, assent and reasonable adjustments.
• 5. Review: Examine progress, wellbeing, incidents, restrictive practice, generalisation and stakeholder feedback.
• 6. Adapt and reduce restriction: Continue what is effective; modify, fade or stop what is not; strengthen prevention and escalate wider medical, safeguarding or commissioning needs.

Appendix 2: Restrictive intervention principles

• Prevention first: design environments and support to reduce foreseeable distress and risk.
• Last resort: use restriction only when non-restrictive options are insufficient in the circumstances.
• Lawful and necessary: there must be a lawful basis and a genuine need to act.
• Proportionate: use the minimum restriction and force necessary for the shortest time.
• Individualised: consider communication, SEND, health, trauma, sensory and physical factors.
• Dignity and safety: never use restriction to punish, humiliate, cause pain or secure compliance for convenience.
• Record and report: meet statutory, safeguarding, commissioning and organisational requirements.
• Learn and reduce: review every significant incident and use data to reduce future reliance on restrictive practice.