

Cavendish View School

Behaviour Policy

Policy implemented: January 2024
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1. Contents

1. Contents.....	1
2. Introduction.....	2
3. Aims.....	3
4. Legal considerations.....	3
5. Our approach.....	3
6. Our principles.....	4
7. Our procedures.....	4
8. Support for parents and carers.....	5
9. Recording and managing challenging behaviour.....	5
10. Positive handling.....	6
11. Appendices.....	7

2. Introduction

On occasions, some children at Cavendish View, through the nature of their needs and difficulties, display some form of challenging behaviour. This behaviour can be translated as an individual's response to their environment, an experience, an unmet request, or to communicate their wants and needs effectively. This policy should be read in conjunction with Cavendish View's Safeguarding Policy.

EQUALITY AND DIVERSITY STATEMENT

The Salutem Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any such factors and all will be treated with dignity and respect.

3. Aims

- To promote a culture of Positive Behaviour Support throughout Cavendish View School.
- To provide a safe environment.
- To enable all children to develop to their full potential.
- To acknowledge that maintaining standards of safe behaviour are a shared responsibility across all staff.

4. Legal considerations

All staff have a duty of care towards the students at Cavendish View School. Having a duty of care means staff members have a legal obligation to ensure the safety and wellbeing of others in the workplace.

Cavendish View is committed to reflecting the United Nations Convention on the Rights of the Child in its policies and practice. The rights of the child considered to be especially relevant to this policy include:

Right 3: The best interest of the child must be a top priority in all areas that affect children.

Right 12: Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

Right 36: Children must be protected from all forms of bad treatment.

Right 37: No child shall be subjected to torture or cruel, inhumane or degrading treatment or punishment.

Other laws and legislation that are relevant to this policy include:

Reducing the Need for Restraint and Restrictive Intervention (2019)

Keeping Children Safe in Education (2025)

Searching, Screening and Confiscation (2022)

Behaviour in Schools (2022)

Restraint Reduction Network Training Standards (2019)

Children's Views on Restraint, OFSTED (2012)

Use of Reasonable Force in Schools (2015)

The Children Act (2004)

Working Together to Safeguard Children (2023)

5. Our approach

Cavendish View is committed to promoting Positive Behaviour Support (PBS).

PBS is a “values- led approach to improving quality of life which therefore naturally decreases the likelihood of behaviours that challenge”.

It focuses on:

- Person Centred Planning (PCP).
- Comprehensive functional assessment – why, when, and how behaviours occur.
- Emphasis on preventative strategies.
- Involvement of all stakeholders e.g. parents, teachers etc.
- Individualised intensive support for complex behaviours.
- Specific risk management.
- Comprehensive Behaviour Support Plans and Multi-Disciplinary Meetings (MDT)
- Detailed incident analysis.
- Specific staff training.
- In-depth individual therapy input.

6. Our principles

Cavendish View School base their principles around safety; safety of ourselves, safety of others and safety of property.

We have the assumption that when children feel safe, they are able to engage in their learning. This is in line with the principles of a trauma informed approach

7. Our procedures

PBS plans

Positive Behaviour Support Plans are written by the PBS lead in collaboration with the individual, where appropriate, the individuals’ staff team, the multi-disciplinary team and parents. The plan states how best to support an individual to stay safe, engaged and ready to learn.

These plans are reviewed yearly, unless there is a significant change in the individual’s behaviour where it will be reviewed when necessary.

All staff and parents must have read and signed to say they understand the PBS plans of the children they support. If parents do not consent within 4 weeks, we will assume consent to the child’s PBS plan. Individuals who do not display behaviours that challenge will have a Wellness Plan which informs staff on how to support the individual to be engaged and ready to learn.

Individuals who do display behaviours that challenge will either have a Complex Wellness Plan or a Positive Behaviour Support Plan. These are a more comprehensive document covering all areas about the individuals’ school life and if any physical interventions have been pre-scribed by the PBS Lead.

Primary strategies

Following the principles of Positive Behaviour Support, we focus on primary prevention strategies for pupils. These should be in place at all times to prevent behaviours that challenge.

PBS plans provide early warning signs of distress, redirection strategies, triggers and soothers on an individual basis. These are monitored by the staff team and should be used by staff to gain an understanding of each child in their class.

Classes have termly meetings with the multi-disciplinary team (SaLT, play therapist and deputy headteacher) to look over set strategies and interventions for pupils.

Staff training is kept up to date, covering a range of topics to ensure staff feel confident supporting pupils at Cavendish View. This supports staff working in a trauma-informed approach.

SLT, SaLT and the PBS Lead monitor behaviour and classroom dynamics via drop-in sessions to monitor behaviour and classroom strategies.

8. Support for parents and carers

Close liaison takes place with parents and carers, covering all aspects of their child's development, including behaviour. This may be informally through the Class Dojo system, home-school link books, e-mails or phone calls. Alternatively, it can take place through more structured meetings such as EHCP reviews, Annual Reviews or at parents' evenings. Parents and carers are encouraged to share positive information about their child, but also to share problems or concerns.

Parents can get in touch with the PBS Lead or Safeguarding Lead if they wish to arrange a meeting to discuss their concern or worries.

9. Recording and managing challenging behaviour

Keeping a record of challenging behaviour and recording serious incidents is essential when trying to identify functions and patterns of behaviour.

Cavendish View School use an electronic platform called Nourish to record all incidents of challenging behaviour on. These are reviewed by the PBS lead on a weekly basis.

It is the responsibility of all staff to record these incidents within 24 hours of the event happening.

10. Positive handling

Staff at Cavendish View understand the importance of primary prevention strategies.

During an incident where behaviours that challenge are directed towards staff, it is acceptable to block, duck, step away or guide a limb away to avoid being hit, bitten or having their hair pulled. These techniques are called Breakaways and are taught in Positive Behaviour Management (PBM) training.

However, there are times when staff may need to use Restrictive Physical Intervention (RPI) to take rapid control of a significantly unsafe situation. RPI is defined as: when a member of staff uses appropriate force intentionally to restrict a child's movement against their will.

An RPI is a last resort option in the management of challenging behaviour. Staff aim to do all they can to avoid using RPI by using all primary and secondary prevention strategies known to work for the child. However, there may be occasional situations of such concern, where all other strategies have been unsuccessful, so an informed decision is made by the staff that an RPI is needed in order to ensure a situation is safe.

When staff need to use an RPI, it will be used within the principles of the Restraint Reduction Network which mean the RPI has to be deemed reasonable, proportionate and necessary. This means using an amount of force in proportion to the circumstances and risk of harm. Staff use as little force as necessary for the shortest amount of time to maintain safety for all.

RPIs are only performed by staff who are PBM trained. PBM is a licensed physical intervention package, accredited by BILD and the Restraint Reduction Network.

Parents will be informed the same day via a phone call if their child has been involved in an RPI. The use of RPI is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. **If a child or parent/carer has a concern about the way RPI has been used, they should detail their complaint in an email or letter to the Headteacher who will investigate the matter and respond within 48hours.**

11. Appendices

Appendix 1 - Parents Guide to PBS

Parents' guide to Positive Behaviour Support

Positive Behaviour Support (PBS) aims to understand and support the behaviour of an individual in an effective and ethical way. It is a person-centred approach that follows the principle that all behaviour is a form of communication.

PBS is based on an assessment of the social, physical and individual context in which the behaviour occurs and uses this information to develop interventions.

The overall goal of PBS is to improve the individual's quality of life and of those around them, naturally reducing the likelihood of challenging behaviour occurring in the first place.

Key points of PBS:

- People are valued and respected
- Supporting communication, health and well-being
- Involving everyone and working as a team
- Functional assessment (an assessment to understand why challenging behaviour is happening)
- Developing and using a Positive Behaviour Support Plan
- Teaching new skills
- Staff skills and support

Positive behaviour support plans:

A positive behaviour support plan sets out the support required to help someone achieve a good quality of life. These plans are personalised and unique for every individual as skills, needs and desires are different for everyone.

A team of people can contribute to an individual's Positive Behaviour Support Plan. These people include:

- Positive Behaviour Support Lead
- Class teacher
- Key worker
- Parents
- Speech and Language Therapist
- Play Therapist
- Occupational Therapist

There are 3 tiers of Positive Behaviour Support Plan:

Wellness plan – for children who display minimal challenging behaviours.



Complex wellness plan – for children who need support to stay calm, happy and regulated when in school.

Positive Behaviour Support plan – for children who need complex interventions and support to stay calm, happy and regulated when in school.

Sections of a Positive Behaviour Support plan:

- Key information about the individual e.g. picture of the child, name, date of birth, likes/dislikes, strengths, 'about me' paragraph, any medical needs etc.
- **Primary prevention strategies:** information on best ways to support the individual to have a good quality of life. This is the most important parts of the plan and make up roughly 70% of the plan. This part of the plan looks at: communication, structure and routine, staff support, environment, transitions and sensory needs.
- **Secondary prevention strategies:** information on how to spot the early warning signs that an individual is becoming distressed (dysregulated). This section makes up about 20% of the plan. It looks at: signs an individual is becoming distressed, looks at triggers (lack of sleep, being told 'no' or waiting) and how staff should support the individual when becoming distressed.
- **Reactive strategies:** information on how to support an individual when they enter 'crisis' (extremely distressed). This makes up 10% of the plan. This section looks at what behaviours you will see when a child is in crisis and how staff should support an individual when in this stage. This section will include any physical interventions that may be required if there is a risk to an individual's safety or the safety of others around them. If these are used, it will be as a last resort for the least amount of time.
- **Post incident support:** how to support an individual after having been in crisis to make sure they are regulated before rejoining their peers.

In the event where primary and secondary prevention strategies are unsuccessful and the environment becomes significantly unsafe to either the individual or those around them, staff may need to use PRICE approved restrictive interventions to ensure the situation is safe for everyone involved. PRICE is a licensed physical intervention package which is accredited by BILD and the Restraint Reduction Network Standard.

PRICE places significant emphasis on the importance of primary, secondary prevention strategies and non-physical reactive strategies. PRICE also train staff in Breakaways which are non-restrictive self-defence techniques for staff to use when challenging behaviour is being directed towards them. However, PRICE also recognises that physical interventions are sometimes required to protect the individual, staff and others around them.

It will be stated in an individual's Positive Behaviour Support Plan if it is deemed necessary for them to have prescribed physical interventions to be used in specific situations. These are used as a last resort and used for the minimum amount of time.

Appendix 2 - Exemplar Wellness Plan

Wellness Plan – x

photo



Things That Keep X Happy and Ready to Learn

WHAT WILL YOU SEE WHEN X IS RELAXED AND READY TO LEARN

HOW DO YOU NEED TO SUPPORT X AT THIS TIME

Please refer to EHCP for more information about the student.

Things That make X Becoming Dysregulated

WHAT WILL YOU SEE/SIGNS OF X BECOMING DYSREGULATED

Slow triggers	Fast triggers

Private & Confidential
PBS Team Wellness Plan

1

THINGS YOU CAN DO TO SUPPORT HER/HIM AT THIS TIME

Recognising early warning signs and supporting X effectively at this time can prevent further escalation. Early intervention is the key.

Communication

Diffusion/Distraction/Coping Strategies

Environment

Things That Make X Distressed

WHAT WILL YOU SEE WHEN X IS DISTRESSED

When X is distressed, they will:

WHAT CAN YOU DO TO HELP X AT THIS TIME

Communication

Private & Confidential
PBS Team Wellness Plan

2

Environment and proximity

Post Incident Support

POST INCIDENT SUPPORT FOR X

POST INCIDENT SUPPORT FOR STAFF

Staff should be offered any first aid/medical treatment if required.

A PBS Practitioner or member of SLT should complete a wellness check soon after the incident.

Staff should be offered a de-brief a few days after the incident to discuss wider issues and how to respond to similar incidents in the future if required.

Staff should be given the opportunity to have time out for a period of time if required.

Keeping the Plan up to date / Evaluation

To enable us to judge the effectiveness of agreed interventions during the following documents must be completed in the first instance:

- > ABC Forms
- > Behavioural Event Forms
- > Accident forms to record any injuries.

Please contact PBS Practitioner in the setting should you wish to discuss any strategies that may help support this student. This plan will be reviewed regularly to ensure it meets X needs.

Review Date	Review and description of any changes made	Name of person reviewing	Changes agreed / communicated with

Appendix 3 - Exemplar Complex Wellness Plan



Wellness Plan

For

XXXX

Name		DOB	
Date Plan completed		Address	-
		Plan completed by	

Review Date	Review and description of any changes made	Name of person reviewing	Changes agreed / communicated with

About me	
<p>Likes:</p> <p>Dislikes:</p> <p>Strengths:</p>	

Proactive Strategies / Primary Prevention
What does XXXX look like when he is happy and ready to learn?

Page 1 of 8



What should you do to support XXXX to have a positive day and engage in education?
Communication
Structure and Routine
Staff Support
'Choose Time' Activities
Environment
Transitions
Sensory Needs

Page 2 of 8

ADD ANY OTHER TITLES (Tech/Community etc/Trauma Informed Support)

Early Warning Signs / Secondary Prevention
How do you notice a change in mood What you will see / signs that XXXX is becoming dysregulated
Slow Triggers
Fast Triggers
What should you do?
Communication –
Diffusion/ Distraction / Diversion –
Coping Strategies –
Environment –
General Strategies

Reactive Strategies
Things that make XXXX distressed
Fast triggers –
What you will see when XXXX is distressed
What should you do
Communication –
Environment –
Proximity –
General Strategies

Post Incident Support
Post Incident support for XXXX

Post Incident support for staff

A PBS Practitioner or member of SLT should complete a wellness check soon after the incident.

Keeping the Plan up to date / Evaluation

To enable us to judge the effectiveness of agreed interventions during the following documents must be completed in the first instance:

- ABC Forms
- Behaviour Event Forms
- Accident forms to record any injuries.

Please contact PBS Practitioner in the setting should you wish to discuss any strategies that may help support this student. This plan will be reviewed regularly to ensure it meets X needs.



BEHAVIOUR SUPPORT PLAN EDUCATION

For xxxx

SECTION 1. Overview
SECTION 2. Who I am / Pen Portrait / Likes and Dislikes
SECTION 3. Risk Issues / Health Needs / Behaviours and Formulation
SECTION 4. Primary Prevention
SECTION 5. Secondary Prevention
SECTION 6. Reactive Strategies
SECTION 7. Post Incident Support
SECTION 8. Keeping the plan up to date / Evaluation

Section 1 Overview

Name		DOB	
		Address	
Date Plan completed		Plan completed by	

Review Date	Review and description of any changes made	Name of person reviewing	Changes agreed / communicated with

THE AIMS OF THE BEHAVIOURAL SUPPORT PLAN:

- To provide staff with detailed guidelines for working with Xxxx, that will enhance their quality of life and reduce the likelihood of distress.
- To promote a consistent approach from the staff team when supporting Xxxx, by providing a clear statement of procedures that staff should follow, thereby reducing the number of situations in which staff will be required to make individual judgements about appropriate courses of action.
- For Xxxx and staff to recognize early signs of anxiety and escalation and use secondary prevention techniques to support the person to manage their worry or irritation without distress.
- To minimise the risks to Xxxx and others.
- To give clear guidelines on how to support Xxxx in periods of crisis.

PRACTICE STANDARDS:

- > Person centered: This plan will be individualised to meet the needs of the person
- > Evidence Driven: Data regarding Intensity Frequency and Duration of distress will be collected and reviewed to identify the unique needs of the person
- > Reviewed regularly: it will be regularly reviewed to make sure it remains necessary, effective and complete
- > Inclusive: The person and/ or their advocates will be included in developing and reviewing the plan

Section 2 Who I Am / Pen Portrait / History / Likes and Dislikes

Pen Portrait /History

What xxxx wants people to know about them -

'I am....'

'I enjoy...'

'I struggle with...'

Some of Xxxx Likes	Some of Xxxx Dislikes
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SECTION 3 Risk Issues, Health Needs, Behaviours and Formulation

Risk Issues

Physical Health

Mental Health

Other Diagnosis

Other Risk Factors

Brief PBS Plan
Private and Confidential

Behaviours

Xxxx displays behaviours that may be viewed as challenging. This section explains behaviours they might display. This section also includes triggers to behaviours and what things make it likely that Xxxx might engage in these behaviours again.

Within this section the Description, intensity and duration of behaviours has been taken from the event form data over the 6-month period prior to the document being update

Description of Challenging Behaviour	Frequency and Duration	Intensity and Impact
*Physical Aggression		
* Self Injurious Behaviour		
Other		

Intensity Scale

Low	Medium	High
No or Minor harm or distress to self, others or property	Moderate harm or distress to self, others or property	Substantial or Extreme harm or distress to self, others or property

Why are behaviours presented?	What is maintaining the behaviour?
Examples (slow / fast triggers)	ESCAPE ATTENTION SENSORY

Brief PBS Plan
Private and Confidential

	TANGIBLE
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Add any formulation documents here

Section 4 Primary Prevention

Primary prevention involves managing aspects of the persons living, working and recreational environments to reduce the possibility of challenging behaviour occurring.

Things I Like to do during my day
What will you see when I am Happy and Ready to Learn
Areas I need help with:
Starting my day at school
Communication
Sensory
Self-Care
Daily Structure and Routines
Environment
Staff support and interaction
'Chose Time' Activities

Brief PBS Plan
Private and Confidential

Food and Drink
Trauma Informed Support
Community Access

Section 5 Secondary Prevention

Secondary Prevention involves strategies that are helpful once a person starts to become anxious or irritated about something. The aim of secondary prevention is to reduce the likelihood of distress by providing additional support as early as possible.

Times where Xxx is known to leave their normal level of presentation and become dysregulated.

SLOW TRIGGERS

Reliable signs that Xxx is moving away from his normal state of arousal and is becoming dysregulated.

Escalation Phase	What will you see?
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Escalation Phase	What do you need to do?
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Brief PBS Plan
Private and Confidential

Section 7 Reactive Strategies

If Xxx continues to escalate to crisis staff should follow the guidelines in this section.

Reactive strategies provide supporting staff with clear instructions as to how to respond safely and efficiently to distress that cannot be prevented.

Crisis Phase	Fast Triggers
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Crisis Phase	What will you see?
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Crisis Phase	What do you need to do?
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Brief PBS Plan
Private and Confidential
7

Section 8 Post Incident Support

What will you see?

What will you do?

POST INCIDENT SUPPORT FOR STAFF

Staff should be offered any medical treatment required immediately.

Staff should be aware that adrenaline levels are still high and there may be a risk of repeated incidents.

Staff should be aware that they are going through the same cycle as the student and may suffer from side effects after the incident has finished.

A PBS Practitioner or member of SLT should complete a wellness check soon after the incident.

Staff should be offered a de-brief within a few days to discuss wider issues and how to respond to similar incidents in the future if required.

Staff should be given the opportunity to have time out for a period if required.

Section 9 Keeping the Plan up to date / Evaluation

To enable us to judge the effectiveness of agreed interventions during the following documents must be completed in the first instance:

- ABC Forms
- Behavioural Event Forms
- Accident forms to record any injuries.

Please contact PBS Practitioner in the setting should you wish to discuss any strategies that may help support this student. This plan will be reviewed regularly to ensure it meets X needs.

Brief PBS Plan
Private and Confidential
8

Policy written using guidance from:

Reducing the Need for Restraint and Restrictive Intervention (2019) - [Reducing the need for restraint and restrictive intervention](#)

Keeping Children Safe in Education (2022) - [Keeping children safe in education 2025](#)

Searching, Screening and Confiscation (2022) - [Searching, Screening and Confiscation](#)

Behaviour in Schools (2022) - [Behaviour in schools - GOV.UK](#)

Restraint Reduction Network Training Standards (2019) - [Training Standards – Restraint Reduction Network](#)

Children's Views on Restraint, OFSTED (2012) - [Children tell us: train staff so they don't need to use restraint - GOV.UK](#)

Use of Reasonable Force in Schools (2015) - [Use of reasonable force in schools - GOV.UK](#)

The Children Act (2004) - [Children Act 2004](#)

Working Together to Safeguard Children (2018) - [Working together to safeguard children - GOV.UK](#)

BILD - [Positive Behaviour Support \(PBS\) | bild](#)