

## Behaviour Policy

### 1. Purpose:

Our specialist schools and colleges are autistic specific. We know that for many of our pupils/learners their communication difficulties, sensory impairment, sensory processing difficulties and mental health issues can lead to some form of behaviours of distress at some point during a typical school /college day, week, month, or year. For some autistic pupils/learners a lack of social imagination can also lead to peer misunderstanding that can quickly escalate into behaviour of distress or behaviour that might cause distress to others.

This policy seeks to provide staff and other key stakeholders with clear guidelines as to how behaviour is understood and how behaviours of distress are managed in our schools and colleges. A shared understanding and a consistent approach amongst all staff are essential to upholding our values, ensuring our pupils/learners feel safe and providing the best possible support for them. The attitudes, perceptions and values of the staff working with our pupils/learners will have a significant effect on the incidence of behaviours of distress and the effectiveness of how they are managed.

Our Ambitious Approach underpins all our thinking and practice. It is an approach to education created by Ambitious about Autism to support autistic children and young people. It has been developed to provide high-quality education whilst affording dignity, respect, and compassion, in all aspects of our provision, including the consideration of mental health and wellbeing. The Ambitious Approach is based upon a person's indisputable rights to be:

- Treated with dignity and compassion
- Valued
- Listened to
- Supported to have the best quality of life possible
- Empowered to make choices and decide on how they want to live their life.

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

- Physical Intervention policy
- Serious Incident Reporting policy
- Anti -bullying policy
- Adult at Risk Safeguarding and Protection policy and procedure
- Child Protection and Safeguarding policy and procedure
- Risk Assessment policy
- Exclusion policy
- Debriefing policy
- Whistleblowing policy

This policy takes account of [guidance](#) published by Department of Education in September 2022.

### 2. Scope:

Whilst all staff have a responsibility to meet need and understand behaviours of distress, there are senior leaders in each of our settings who have a specific remit in this area. They

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are the Head of the setting and an Assistant Head who normally is responsible for Behaviour and Attitudes.

### 3. What is meant by 'behaviours of distress'?:

Within our schools and college 'behaviours of distress' typically fall within the following categories:

- Self-harm (e.g. head banging, biting)
- Harm to others (e.g. hitting, pushing, punching, scratching, biting, throwing)
- Damage to property (e.g. smashing equipment, ripping displays, forceful opening of doors)
- Vocalisation (e.g. swearing, screaming, shouting)
- Sexualised behaviour (e.g. masturbation or inappropriate touching)
- Pica (e.g. eating non-edible items)

These behaviours are considered to signal distress when they are of an intensity, frequency or duration as to impact on the quality of life and/or the physical safety of the young person or those around them.

### 4. Causes of behaviours of distress:

Behaviours of distress can often be perceived as a 'problem' to be treated or stopped. This is not the case in our settings. Behaviours of distress in our settings are nearly always a response to adverse environmental circumstances and serve a function.

Behaviours of distress are **not** likely to occur when a young person:

- Understands what is happening and is understood by those around them;
- Is doing things that they have chosen to do or with people that they have chosen to be with;
- Is healthy and not in pain or discomfort;
- Is with others with whom they have positive relationships;
- Feels comfortable and safe in the environment; and
- Is meaningfully engaged.

Therefore, when behaviours of distress arise, young people are not to be blamed or punished for their behaviour, instead, we must consider:

- How the behaviour is serving a function for the individual; and
- What the behaviour is communicating.

We do this through utilising Positive Behaviour Support (PBS).

It is important to note that we only seek to address the development of behaviours that support quality of life and we do not teach behaviours for the purpose of 'normalising'. For example, self-stimulatory behaviour ('stimming') would not become a focus of intervention unless this severely impacted on quality of life for an individual.

### 5. Positive Behaviour Support:

PBS is an intervention framework for supporting people with behaviours of distress. The framework enables support to be offered that focusses on:

- Enhancing the quality of life for the individual and others involved in their life;
- Developing an understanding of the behaviour based on an assessment of their social and physical environment;

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- The full inclusion and involvement of the individual being supported, their family members and/or their advocate; and
- Developing, implementing and evaluating the effectiveness of a personalised system of support.

PBS involves provision of a tiered system of support to facilitate a focus on prevention as well as response. The level of provision a learner accesses is determined by the team of professionals supporting them in our settings. We call this team the Transdisciplinary Team (TDT).

## **6. Tier 1/ Universal Support:**

Most of our time and energy needs to go into preventing behaviours of distress from happening through a universal level of support. This involves putting into place a range of proactive curriculum and environmental supports that are known to assist pupils/ learners in staying regulated (e.g. low arousal classroom environments, augmentative communication, minimal noise, structured teaching, visual supports, predictable routines meaningful tasks with appropriate level of challenge). This also involves being aware of things that can cause a young person to become dysregulated and could act as a trigger for behaviours of distress. In addition, we need to ensure that the curriculum that learners access covers the core/basic skills needed to prevent behaviours of distress.

If/when Tier 1 intervention provides insufficient support, more targeted (tier 2) or specialist (tier 3) intervention should be provided. In such instances, assessment and support strategies should be person-centred and grounded directly in information/ data that has been gathered about the person and their environment. This process, known as a 'functional assessment', begins with a systematic review of when, where, how and why a young person displays behaviours of distress.

## **7. Tier 2/ Targeted Support:**

Tier 2 support is provided to reduce the frequency and intensity of behaviours of distress by providing focused, intensive, group-orientated intervention in situations where the behaviours occur. This usually involves a process of systematic data collection to enable the effective intervention programmes to be developed and reviewed.

## **8. Tier 3/ Specialist Support:**

Tier 3 support is provided when the behaviours of distress are unlikely to be addressed at the first two tiers. Tier 3 involves provision of highly individualised behaviour support plans and includes specific protocols for responding to behaviours of distress. Tier 3 provision will often warrant large environmental adaptations such a 2:1 staffing support or the requirement of a quiet space when in crisis.

It is important to note that the tiering system is not static, and the levels of provision needed will fluctuate. Half termly reviews of tiering support are undertaken by the behaviour analyst team in each setting.

## **9. Positive Behaviour Support Plans:**

When a pupil/learner joins the school/college, a Risk Assessment for Behaviours of Distress is undertaken. Where this highlights a risk(s) that needs mitigating, a Positive Behaviour Support plan (PBS plan) is developed and implemented. PBS plans define a behaviour of distress and highlight what the causes/triggers are believed to be. Proactive intervention strategies are laid out alongside the skills that should be taught to enable non harmful behaviour and behaviour that will support quality of life. The plans also include strategies for managing/reacting to the behaviour of distress when it occurs. In every plan, the strategies to prevent the behaviour from occurring outweigh the strategies for reacting to the it. As

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outlined in our Restrictive Physical Intervention Policy, the use of physical intervention will only be incorporated into behaviour support plans in instances where behaviours of distress present an immediate and clear risk to keeping everyone safe.

All PBS plans are reviewed “as and when” needed, but at least 6 monthly. The responsibility for the creation and review of PBS plans sits with PBS specialists. Risk assessments of behaviours of distress, and corresponding PBS plans, are also undertaken and developed immediately following any incidents that cause or had the potential to cause injury or distress.

Whilst not all pupils/learners have PBS plans in place, all have personalised support plans, such as Communication, Regulation and Wellbeing Passports, to help staff meet individual needs and support quality of life. This reflects our primary approach to preventing behaviours of distress.

#### **10. Training and supporting staff:**

All new staff in our settings follow a structured induction programme, focused on The Ambitious Approach. This includes a competency framework that provides a basis for development, evaluation and feedback.

All staff receive regular training and support to ensure that they have the skills, knowledge and understanding to work effectively with all pupils and learners. Staff engage in a three-step process before working “one-to-one” with learners. Firstly, training with specific learners and their individualised support plans takes place through a day of shadowing with another team member. The second training opportunity allows for new staff to start to build a rapport with the young person that are supporting, alongside a fully trained and competent team member, taking a lead with the full support of a second staff member. The final stage of training allows the new staff member to take the lead for a full day with the support of an experienced staff member on hand but taking a step back. Staff are also regularly supervised and supported by their line managers and, where appropriate, through clinical supervision meetings.

Regular inset days and weekly twilight trainings should be used to ensure that staff members remain up to date and fully supported to engage in best practice.

#### **11. Challenges with meeting needs:**

This policy highlights how failing to meet the physical and psychological needs of autistic young people with and without learning disabilities can result in behaviours of distress. It is important that staff are able to understand and meet these needs within the school/college environment and are able to address behaviours of distress as a result, and where this results in being unable to keep a young person or those around them safe, we will involve external agencies around that young person, usually this means holding a multi-disciplinary team (MDT) meeting. The purpose of an MDT meeting is to ensure that all stake holders are aware of the circumstance(s) leading to the meeting being held and to fully explore every avenue of support that can be provided for the young person. In rare cases, we might recommend alternative provision is sought where the young person’s needs can be met. Decisions such as these are reached following Tier 3 intervention delivered over time and in collaboration with staff, parents/carers and, where possible, the young person. Decisions made about the setting’s ability to meet an individual’s needs will ultimately be decided at an annual review or emergency annual review where decisions about alternative provision can also be explored. This differs to decisions made to permanently exclude a young person as outlined in our settings’ exclusion policies.

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