Supporting Behaviour in Schools Policy

Reference Number	SO-0030
Version Number	2.12
Latest Revision	September 2024
Policy Owner	Education Directorate
Policy Leads	Clinal Leads / Positive Behaviour Teams
Date Ratified	November 2024
Next Review	September 2025

Contents

Purpose

The purpose of this policy document is:

1. To state the National Autistic Society's philosophy towards behaviour support practice(s) within the relevant legal and regulatory framework.

2. To give clear guidance to staff about which forms of positive behaviour support practices are adopted and those which are never acceptable and the reasons for this.

3. To protect and advocate for the rights and dignity of children and young people who use National Autistic Society Schools, even when behaving in a physically challenging way.

This policy aims to ensure a common understanding across the National Autistic Society (NAS) schools regarding autistic individual's experience of the world around them, why people behave in the ways that they do, considering the impact of autism alongside an individual's own life events and experiences. The policy ensures that all aspects of positive behaviour support help to create a safe and fair living and learning environment. It aims to describe a range of factors that are important to consider in understanding behaviour that autistic people may present with. This in turn will inform proactive, and embedded strategies that can be effective in creating a safe and positive learning environment.

> **Policy Statement:** All staff, pupils, students and parents have a role in creating a safe and positive living and learning environment.

Scope

This policy applies to all National Autistic Society schools, and staff that provide support for autistic individuals where the National Autistic Society has a duty of care. This policy should be read in conjunction but not exclusively with other NAS policies including Safeguarding Children Policy SO-0189, Interim Addendum (latest revision 7.1.2021), the Use of Restrictive Practice Policy and Procedures in Schools SO-0039 and Anti-Bullying in Schools and Children and Young People SO-0193.

Introduction

Autistic pupils and students can see and experience the world in ways that are sometimes very different to those without autism. A consequence of this is that autistic people may behave in ways that are different to what some people might consider 'socially appropriate and socially acceptable'. Definition:

"...*culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities*"

> (Emerson, 2001, p. 7)

Our role is to support individuals to build skills necessary to access the community and to reach a good quality of life, using evidence-based and socially valid supports. This is done alongside, by raising awareness and as an organisation in changing attitudes towards autistic people whose behaviour may appear unusual or different. Our focus is on creating ways to support behaviour of concern safely, that help to reduce their occurrence, leading to skills acquisition and a broader range of positive strategies to enable the pupil to remain regulated.

Legal context

A variety of pieces of legislation, in England & Wales, Scotland, or Northern Ireland cover the care of children, young people and adults. All relevant legislation is found in the reference section at the end of the policy.

Home and School

Some pupils and students display similar behaviours at home and at school, while others can show very different behaviours in the different environments. For this reason, it is very important for staff to have regular contact with parents and carers to ensure that we are all working together to address these behaviours so that where possible there is a consistent approach to positive behaviour support between home and school. Pupils who engage in behaviours of concern will have a Positive Behaviour Support Plan (PBSP/IBSP/ISP) which will be formulated in collaboration with parents / carers and where possible, the pupil.

Approaches

Our approach is centred around improving the quality of life of autistic young people while they are in our settings and ensuring this quality of life continues into adulthood.

The values of **SPELL** are central to our ethos and ensure a low arousal, non- confrontational approach with empathy for, and understanding of, the young person.

Supporting Positive Behaviour offers an overarching framework aiming to reduce behaviours of concern by increasing Quality of Life (QoL), inclusion, participation. It offers a focus on understanding the function (or reason behind) the behaviour in order to create an appropriate evidence-based plan.

Supporting Positive Behaviour Procedures

The National Autistic Society follows an ethos of supporting positive behaviour as a whole school approach.

- It is a non-aversive approach meaning that the focus is on positive behaviours, strengths and skills of autistic individuals, and teaching functional equivalent new skills.
- It seeks to discover the function and/or communicative intent/sensory and communication differences behind distressed behaviours using good quality comprehensive functional assessments (Incident forms, observations, ABC charts, evidence-based tools etc.).
- The Transdisciplinary Team (TDT) can develop informed interventions that teach functionally equivalent alternatives to behaviours of concern. Alongside with teaching functional communication that is relevant and useful for the individual is paramount. For example, teaching a young person to request a break when the classroom becomes too overwhelming.
- Consideration should be made around the environment, including physical, and social aspects of it, and individual differences and preferences.
- There is a focus on determining 'antecedents' to the behaviour and then removing or minimizing their effects, hence supporting pupils and students to learn to cope and develop skills to respond appropriately.
- It emphasises enhanced community presence, choice, participation, skills building and a person-centred approach to behaviours rather than focusing on behavioural change.
- Promote a culture of reflective practice, and neuro-affirmity which fosters positive and proactive ways of staff support using autism informed strategies and positive, empowering learning environments**.**
- The use of sanctions is not permitted as it does not fall in line with the positive behaviour procedures, ethos and philosophy of the National Autistic Society and/or the school mission statements.

General Preventative and Proactive Strategies

A variety of autism specific strategies can be used that focus on the relative strengths, skills and preferences of autistic people and aim to reduce heightened levels of anxiety and distress. These should be adapted to meet individual needs and be detailed on the individual's positive behaviour support plans. For example, these can include:

- Clear visual supports
- Use of clear, simple language.
- Only using the words that are needed, e.g. instead of "Time to put your shoes on" we might say "Shoes on"
- Structuring the environment in a way that is visually clear and that makes sense to the individual
- Use of structure to help individuals understand what they are doing, how long they might be doing it for and what they will be doing next.
- Have consistent plans to support pupils with changes as they occur or teaching a way to cope with changes. For example, visual timetables, social stories, or use of a timetable to communicate change.
- Use planned transitions for all changes. This may include pictorial or written timetable, objects of reference or photographs, timers
- Low arousal environments.
- Supporting emotional self-regulation and co-regulation when highly dysregulated.
- Teaching new skills in a calm low arousal environment with these visual supports, before generalising to more 'real life' environments.
- Explaining clearly reasons for decision, boundaries and expectations.

Behavioural Assessment | Functional Assessment

'*Assessment needs to be able to adequately characterise the behaviour, its antecedents and its consequences, which may require a consideration of a person's developmental history, their mental and physical health, the social and physical quality of their environment, the nature of any care provided and the skills and capacities of those caring for them*'. (NICE, 2020).

These assessments are ongoing and implemented all the time.

The depth of the assessment process will depend on individual needs and will be established within the school Transdisciplinary Teams (TDT). Information gathered as part of the assessment should be brought together to create a joint understanding (known as the formulation) of the hypothesised factors influencing the behaviours of concern. This should then be used to guide the development of person-centred strategies.

Positive behaviour Support plans that include restrictive practices or are more complex in nature should not be completed by one person.

Considerations should be given to whether it is appropriate to consult and seek advice from the onsite clinical teams. This can be gained via a transdisciplinary team, multiagency support team or through individual clinical supervision. The purpose of clinical oversight is to ensure the plan is fit for purpose and ethically sound. In some cases, Principals will escalate to the Clinical Leads, the National Lead for Low Arousal Approaches and the CIM (Cross Ref. The Use of Restrictive Practices SO-0039). If needed this will be discussed at a High-Risk Panel.

Transdisciplinary Teams Responsibilities

Clinicians, therapists, teaching and care professionals form part of the Transdisciplinary teams in schools. They will ensure:

- Building and maintaining relationships with the individual and key stakeholders i.e. parents / carers, social workers, external clinicians, CLA advisory teachers etc.
- Ensure the individual themselves and/or people in their circle of support are involved in the assessment process.
- Consider all aspects (biological, physical, psychological, social, emotional, cognitive) that may be impacting behaviours and highlights health inequalities.
- Communicate with people we support, stakeholders and services in an effective, timely manner and complete tasks that they have committed to undertake.
- Document the assessment process and formulation in a clear comprehensive report using local agreed documentation.
- Explain the assessment results clearly and in a way that will be easily understood by the individual, where possible, and their stakeholders.
- Ensure the allocated practitioners have access to appropriate paperwork and regular opportunities to meet with key people in the individual's support network.

Individual Positive Behaviour Support Plans (PBSP/IBSPs/ISP)

Pupils and students, we support will have, where appropriate, an **Individual Behaviour Support Plan (PBSP/IBSP)** to assist in the management and support of their anxiety, distress and dysregulated arousal levels. We use the term 'support' as we recognise behaviour results from either, but not solely, as a skill deficit or due to the environment in which it occurs. Therefore, we should focus on skill building and improving the environmental context, not solely on the behaviour causing concern. The intention and aims are for people to be increasingly more independent in the self-regulation of their own behaviour, learning and developing their wellbeing. All **PBSP/IBSP/ISP** should be written in line with the following principles:

- o PBSP/IBSPs/ISPs are drawn up by the staff who know the person well, with advice from other staff with responsibility for supporting positive behaviour. Drawing information from previous assessments, information from the previous placement and the

admissions meeting with parents/carers, other professionals, the pupil/student supported, and other stakeholders are also consulted and contribute to these plans. These need to be regularly monitored by the local school's senior leadership team and Transdisciplinary Teams for quality assurance.

o PBSP/IBSPs/ISPs should identify motivators (likes), causes/antecedents/cues/triggers/ dislikes and sensory and communication differences as relevant. The plan should list potential behaviour's that may occur (as detailed in paperwork and incident recording) as well as the specific strategies (primary and secondary proactive and reactive). They should be written alongside the Risk Assessment Management Plan (RAMPs) or equivalent. The PBSP/IBSPs/ISPs should be concise, clear and functional to ensure that consistent behaviour support is achievable across different settings and with different staff.

o Where appropriate, it would be best practice to include a young person or adult in compiling their **PBSP/IBSP**. This can assist with our overall aim of helping autistic people to manage their own behaviour. Where an individual supported has the capacity to do so, making contributions as they can (e.g. talking mats) and that staff would advocate for them, including their strengths and aspects that are important to them, they should have an input into their **PBSP/IBSP**s. Where they do not have capacity, the plan should be agreed as in their best interest and agreed by relevant people who are involved in that person's support (family / parent / carers / care manager / social worker / key support staff / stakeholders etc.)

o Each person's **PBSP/IBSP** is reviewed as and when required according to individual need. The relevance and effectiveness of each IBSP / PBSP will be assessed as a minimum annually and modifications made as necessary. In addition, in response to each incident of behaviour the class teams, and PBS teams, will also review local documentation as and when needed.

o Strategies and all support used will be evidence-based and data will be used to ascertain the effectiveness or otherwise of these.

o Within 48 hours of a placement starting an initial PBSP/IBSP/ISP should be put in place where required. These will be written from information collated throughout the assessment and previous reports. This should be reviewed regularly during the baseline period and a final PBSP/IBSP/ISP should be in place by 12 weeks after the placement starting. The longer-term support for that individual must include strategies for proactive intervention that will reduce and ideally eliminate the need for any restrictive practices.

o Where a person has a restrictive practice as part of the reactive strategy in their plan this must be agreed as in the best interest of the individual. The use of the restraint

must be reviewed on a regular basis, if circumstances change or in line with Annual Review cycles.

- o All staff have a responsibility to read key documentation including PBSP/IBSP/ ISPs before starting to work with pupils and students and the documentation ought to be used as a live document.

- o Where a pupil/student regularly requires the use of restrictive practices a restraint reduction plan should be written in collaboration with all stakeholders (See cf. to RPI Policy SO-0039).

Self-Injurious Behaviour (SIB)

On average in our schools between 40% and 60% of the children and young people may at some time exhibit **self-injurious behaviour** of varying degrees of intensity. Self-injurious behaviour can also be seen in adulthood.

All instances of self-injurious behaviour must be carefully recorded, understood, assessed and analysed and inform appropriate individualised positive strategies/interventions to minimise the risk of harm.

All incidents of self-injurious behaviour should be recorded including details of the severity of each self-injurious behaviour to help monitor changes over time. Care needs to be taken over the recording of self-injurious behaviour to ensure that persistent low intensity self-injurious behaviour, which could lead to long-term damage, does not go unrecorded. Parents and carers should be informed of any significant incidents involving self-injurious behaviour with the individual's knowledge, where appropriate and possible.

Self-injurious behaviour should be supported using the same analytical, positive and low arousal approaches as any other behaviour that gives rise to concern. The function of the behaviour should be ascertained if possible and the individual taught alternative ways to meet his or her needs.

The following points must be considered when devising an individual support plan for self-injurious behaviour:

- Physical health problems such as headaches, stomach-ache, tooth ache or generally feeling unwell can be a trigger for self-injurious behaviour. Appropriate clinical investigations should be sought whenever behaviour changes or intensifies, without there appearing to be a cause.

- Pain relief should be considered in the presence of new self-injurious behaviours but always agreed as part of a multidisciplinary intervention

- Ritualistic, rigid behaviours are often connected with self-injurious behaviour. Physically intervening to stop self-injurious behaviour that is part of a routine can be counterproductive as the person being supported will try to complete the routine later, often when they are in a heightened state of anxiety resulting from the previous prevention.

- The use of head gear such as wearing a helmet can lead to seeking more sensory input, increasing the risk of injury when not wearing the head gear. This is considered as a mechanical restraint. These should only be used where there is no other strategy and only following a multi-disciplinary/transdisciplinary agreement.

- Self-injurious behaviour can be a coping mechanism that an individual engages in to help them cope in difficult situations. At times allowing a small amount of a behaviour can de-escalate the situation, compared to stepping in immediately (unless there is an immediate risk of serious harm). PBSP/IBSPs/ISPs should set out graded responses dependant on the severity of the SIB and the most likely outcome of the behaviour for the individual i.e. further escalation or de-escalation. Some people who display self-injurious behaviour also have a history of behaviour which harms, sometimes resulting in serious injury. Any direct staff intervention, including the use of a planned Restrictive Physical Intervention (RPI), must be carefully assessed in these cases and the risk of greater injury to the person concerned or to staff associated with intervening balanced against the risk of not directly intervening

- People who display self-injurious behaviour often have lower levels of functional communication (Dimian & Symons, 2022). Teaching functional communication skills at the appropriate level is a key strategy in trying to reduce self-injurious behaviour.

- The NAS recognises that staff supporting people who show self-injurious behaviour are in a potentially vulnerable position. Services must ensure that staff are appropriately trained, supported and prepared to deal with challenging situations and at the very least must make sure they are aware of and understand the PBSP/IBSP of each person for whom they have responsibility. Please cf. to Studio III training.

- The Senior Leadership Team needs to ensure that the staff supporting people who exhibit more intense self-injurious behaviour have sufficient competence in their ability to fulfil their role.

- In an emergency, staff can only fall back on their professional experience and judgement of the situation, their training, their common-sense, the 'best interest' principle and their over-riding duty of care to wherever possible prevent harm to a vulnerable person. Provided staff act reasonably, proportionately and in the best interest of the person, their actions will be supported. Any such emergency action must be carefully recorded on an incident form / child protection online monitoring system (CPOMS).

- Providing treatment, support and care for people who exhibit self-injurious behaviour is emotionally demanding. Not all staff are equally confident in managing self-injurious behaviour and some find it more distressing to observe than others. Staff teams should recognise these differences and support their colleagues by providing timely debrief opportunities.

Bullying, Cyberbullying, Sexual Harassment and Violence

Please refer to the Anti-bullying in Schools and Children and Young People's Services Policy (SO-0193).

NAS schools will ensure that universal and systematic child protection mechanisms are in place that oblige all those working with pupils and students to identify, respond and report incidents of abuse and harm that occur both face to face and online. All incidents of interaction difficulties / bullying should be recorded using the school's reporting system (CPOMS) which enable monitoring of interactions over time.

Following an incident occurring, a thorough process of debriefing, incident analysis, support and learning ought to take place with all involved in ensuring positive outcomes and skills are taught and acquired in support of the individual(s) involved.

Schools will commit to develop Internet safety messages and materials, which reflect local cultural norms and laws and ensure that these are efficiently distributed and appropriately presented to all key target audiences.

Sexual violence and sexual abuse can happen anywhere, and all staff working with pupils and students are advised to maintain an attitude of '**it could happen here'**. NAS schools and colleges should be aware of, and respond appropriately to all reports and concerns, including those outside our schools or colleges, and or online.

Additional barriers can sometimes exist when recognising abuse in autistic pupils. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the pupil's disability without further exploration;
- the potential for autistic pupils being disproportionately impacted by
- behaviours such as bullying and harassment, without outwardly showing any signs; and communication barriers and difficulties overcoming these barriers.

Any reports of abuse involving autistic pupils and with SEND will therefore require close liaison with the designated safeguarding lead DSL (or deputy) and the special educational needs co-ordinators (SENCOs) or the named person with oversight for SEN. (Sexual violence and sexual harassment between children in schools and colleges (from September DfE, 2021)

In some cases of sexual harassment, for example, one-off incidents, the school or college may take the view that the pupils concerned are not in need of early help or statutory intervention

and that it would be appropriate to handle the incident internally, and by providing pastoral support (COP, 2020). If circumstances require and when an identified allocated Social Worker is available, they would be informed.

Where a child is suffering, or is likely to suffer from significant harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

Offsite behaviours

Schools will commit to ensuring support, monitoring, safety and appropriate and proportionate responses are taken to behaviours that take place outside the school day and beyond the immediate grounds of schools' gates. Offsite behaviours such as peer on peer abuse or cyberbullying will likely impact on wellbeing and the pupil's ability to feel safe and concentrate in school which will follow their respective Safeguarding Policies and actions taken by the school could include:

- deciding if the pupils involved are likely to come into contact (same class / assemblies etc) and may feel threatened or unsafe
- support and debriefs for pupil(s)
- planning, preparation, transition support of all parties involved
- additional programmes of learning and training
- clear open and transparent communication with staff involved as to what has happened by following schools' protocols and procedures for reporting and recording
- clear, open and transparent communication with parents
- reporting to external agencies where appropriate for example social care

Searching, screening and confiscation

If the school has reasonable grounds for suspecting that a pupil is in possession of a prohibited item, which can potentially result in immediate harm to the pupil or others, schools' staff can make a search for any banned item, if the pupil agrees. Consent will be sourced depending on pupil's age and other factors. The member of staff must be the same sex as the pupil and another member of staff should act as a witness. However, a search can be carried out by a member of staff who is of the opposite sex to the pupil and without a witness where the staff member reasonably believes that there is a risk of serious harm to a person if such a search is not carried out immediately and it is not reasonably practicable to call another member of staff. In such cases, staff should consider the increased expectation of privacy for older pupils.

Searches without consent can only be carried out on the school premises or, if elsewhere, where the member of staff has lawful control of the pupil e.g. on school trips in England or in training settings.

Section 91 Education and Inspections Act 2006 gives schools power to discipline pupils which enables a member of staff to confiscate, keep or dispose of pupil's property as a disciplinary

measure where it is reasonable to do so. Staff have a defence to any complaint provided they act within their legal powers. The law protects members of staff from liability for any loss of or damage to any confiscated item, if they have acted lawfully.

Principals and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item.

Prohibited items are:

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco, e-cigarette and cigarette papers
- fireworks
- pornographic images
- any article that the member of staff reasonably suspects has been, or is likely to be, used:
- to commit an offence, or
- to cause personal injury to, or damage to the property of, any person (including the pupil).

Schools are not required to have formal written consent from the pupil for this sort of search – it is enough for the teacher to ask the pupil to turn out his or her pockets or if the teacher can look in the pupil's bag or locker and for the pupil to agree.

Training (Restraint Reduction Network | Key Strategy 1-5)

All training which includes the use of Physical Interventions and Restrictive Practices should be assessed by the school and individual needs. The process will be managed through the use of a Tiered Service/School approach and Individual Risk Management Planning and Training needs assessments. (RRN Key Strategy 3, 4 & 5).

Most staff will receive the Studio III 'Managing Signs of Stress' course, when they begin working in schools. They will receive an additional 6 hours training supporting their understanding of autism including communication, sensory differences and Positive Behaviour Support training as part of their induction. Managing Signs of Stress will be refreshed on an annual basis, with the fourth year being a repeat of the full course.

Staff will complete Ask Autism Modules on-line training as part of their induction.

Staff will receive appropriate training either delivered internally by the Transdisciplinary Teams including Positive Behaviour Support/Practitioners/Coordinators, Psychology, Speech and

Language and/or Occupational Therapy teams and/or other professionals with relevant experience in autism and positive behaviour support within the school; additional specialised training will be sourced externally when the need arises.

Reporting recording and monitoring (RRN Key Strategy 6)

- Behaviour of concern will be recorded using incident recording systems, currently CPOMS or other data gathering methods to assist in monitoring behaviours, functional assessment, and to ascertain the effectiveness or otherwise of behavioural interventions.

- Where behaviours are recorded routinely, data should be monitored regularly to ascertain trends and patterns.

- Unexplained or sudden changes or increases in concerning behaviours should always be investigated.

- Regular reports on the incident data for services should be made to the SMT |SLT and CIMM.

- In line with our Duty of Candour, results from behaviour recording or behavioural interventions should be shared with parents and carers, and external agencies such as funding authorities where appropriate. Parents / carers should be informed of all incidents where restrictive practices have been used.

- Every use of a restrictive physical intervention (RPI) arising from a behavioural incident must be recorded in accordance with the Restrictive Practices Policy and Procedures and reported to Senior Management Team, as required.

- Injuries or accidents arising from behavioural incidents must be recorded in accordance with the relevant policies and monitored at local Safety Action Group (SAG) meetings and CIMM.

- In some cases, an individual may display behaviours that staff are not able to manage with the skills they have been taught or within the environment the person is being educated or living. Staff should gain additional support to help them support the person who is engaging in behaviours of concern.

- Staff should follow internal systems to gain additional support / input, review and modify PBSP / IBSP / ISPs and access further training. If the situation does not improve it is essential that an emergency annual review /care review meeting is called with representation from the family, local authority and the NAS to review the support package and agree on future interventions.

- Self-injurious behaviour that is likely to result in serious permanent tissue damage should, in addition to taking the appropriate emergency action, supervisory channels of support, be discussed at a full case conference and involvement from the Managing Director of Education for Schools.

- Serious or persistent violence and extreme anti-social behaviour – e.g. a behaviour incident leading to a serious injury or damage such as arson - should, in addition to contacting the police or other relevant agencies, be discussed at a full case conference, through local school procedures and with an agreed recommendation for further action passed to the Director of Education - Schools.

Working with Families

All families will be given a copy and/or signposted to the school's NAS Supporting Behaviour in Schools Policy and procedures and Restrictive Practice policy prior to admission to the school. This helps pupils/students and their families to know how we work together to create a safe and positive living and learning environment according to the NAS Ethos and Philosophy.

The success of this policy requires a positive collaboration between staff and families. To help this we provide information about behaviour in a variety of formats and at regular intervals. Regular communication between teaching teams, care teams, positive behaviour support teams, keyworkers and families is critical in helping pupils and students learn how to positively develop their coping strategies, ensure they acquire alternative skill set, and self-regulate.

To work collaboratively with the schools so that the pupils and students being supported receive consistent messages about appropriate behaviours. To take part in a supportive dialogue with the service about the individual's behaviour, each informing the other promptly if there are causes for concern or celebration.

Families will be familiar with and support the strategies in the individual's behaviour support plan, contributing to its development if possible, through the ongoing consultation process.

Families and where possible, the individual should be involved in designing and reviewing the Individual Educational Plans Targets, the personal learning outcomes (PLOs) / individual education plans or any other forms of local educational plans, which teach the individual different skills to address the areas of concern across their home and school life.

If parents or carers have concerns over the school's management, to raise the matter with the School, in the first instance. If the concerns remain and/or the issues cannot be resolved the complaints procedure can be used.

Debriefing

- It is essential that all schools make good use of the systems in place for staff debriefing and support where they are working with autistic people who show behaviours of concern, including self-injurious behaviours All staff working with people who show high levels of self-injurious behaviour and/or self-harm should have regular reflective practice supervision in which the emotional impact upon them can be discussed and understood.

- As debriefing is not professional counselling, all staff should be made aware of the 'Health Assured Employee Assistance Programme (EAP)' the employee assistance scheme l 0800 072 072 www.axabesupported.co.uk (Please liaise with HR Hub to gain log in details).

- It is important for staff to recognise when they need more specialist clinical support in managing self-injurious behaviour, and how to access this. The commissioning authority should always be involved where there are serious incidents of self-injurious behaviour which need further clinical input, and decisions should be made within the context of a transdisciplinary/multidisciplinary/meeting including families wherever possible. Where appropriate, referrals should be made to other relevant services for additional support.

- Staff should also ensure the people we support have a meaningful debrief at their level of understanding after being part of or witnessing incidents. This will be individual to the person, and the focus should be around returning to a positive state. Staff must monitor those in their care for the need to debrief and offer it in the most appropriate manner. Reference should be made in PBSP/IBSP for the individual's needs.

- Debriefing ought to always be offered and facilitated, however staff will not be made to attend a debriefing if they chose not to.

- Debriefing will always take into consideration confidentiality (except for safeguarding concerns), respect and safety of the debriefed.

- Please refer to cf. NAS Debrief Guidance (V2.0)

Responsibilities

The School Governance Group (SGG) has overall responsibility for:

- The monitoring and implementation of this policy and of the behaviour procedures at the school. This includes the policy's effectiveness in addressing and understanding any Autism - related drivers of behaviours of concern.

- Ensuring that this policy, as written, does not discriminate on any grounds, including, but not limited to, age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

- Promoting a whole-school culture where calm, dignity and structure encompass every space and activity.

- Handling complaints regarding this policy, as outlined in the school's Complaints policy

- Ratification and review of the policy on the management of positive behaviour in NAS Schools.

- Reviewing reports from the Safeguarding Lead and the High-Risk Panel as needed

Managing Director of Education Responsibilities

Monitoring of implementation of this policy:

- Ensuring the allocation of internal and external resources, including clinical and counselling, to address the needs of children/young people, and staff regarding the implications of more serious or prolonged behavioural challenges.

Principals & Service Managers Responsibilities

- Ensuring and supporting in the implementation of this policy in their service.

- Ensuring that a comprehensive recording and reporting process relating to behaviour support is in place and is regularly reviewed.

- Ensuring that the behavioural support systems in place in the service are used competently through regular monitoring and training of staff.

- Ensuring that support teams develop individual risk assessments, Risk Assessment Management Plans (RAMPs) and individual behaviour support plans which detail behavioural support strategies.

- Ensuring plans are shared with the individual, using the method of communication most appropriate to them, parents/advocates, purchasers and other interested agencies, recognising the importance of consent in terms of the fundamental issues of respect and dignity and mental capacity.

- Ensuring that individual behaviour support plans are regularly reviewed and updated in the light of people's development and progress.

- Ensuring that staff have access to advice and support from specialists in behaviour support where necessary. This can be from within services, such as PBS Teams, psychology staff and positive behaviour coordinators, transdisciplinary teams, and/or through using external consultants.

- Ensuring that parents and carers are kept regularly consulted on their child's response to his or her positive behaviour support plan and that any significant events are communicated promptly. Parents and carers should be made aware of serious behavioural matters without delay.

- Ensuring that training in the management of the behaviour of people we support is provided for staff. Where specific training needs to help particular staff support people's behaviour have been identified, ensuring that those staff have access to the advice, training and development opportunities appropriate to their needs.

- Providing regular information to their Managing Director - Schools.

- Managers will be familiar with the concept of appropriate learning and educational environments, which refers to the physical and social environment around them. It is recognised that it is important to put measures in place to ensure our environment is appropriate, in a reasonably practicable way. E.g. monitoring, training where possible.

Responsibilities for all School Staff

- To treat all pupils and students who use our services fairly, with respect and understanding while having regard for their rights and responsibilities.

- To assist the pupils/students we support to achieve, ensuring access to strategies that help them to manage and remain regulated as a part of their daily lives.

- To thoroughly familiarise themselves with the current behaviour and person-centred support plans for the pupils/students they support and consistently apply the strategies described.

- To satisfy themselves that they are clear on what they may and may not do in terms of behaviour support, and to seek clarification as necessary;

- To record and report behavioural incidents as required, using the organisations systems currently CPOMS.

- To contribute to the development of positive behaviour support plans (PBSP/IBSP/ISPs) and where applicable, advocating for the voice of the individual and their family where they may not be able to.

- To listen to and advocate on behalf of other individuals within the school / environment who may be adversely affected by the pupil's behaviours of concern and help develop support plans to reduce the impact of those behaviours.

- To report any changes, they notice in the individual's response to their PBSP / IBSP / ISPs to the team supporting them and update relevant documentation as needed.

- To use staff review, regular reflective practice and where applicable professional supervision sessions to confirm their understanding of this policy and to seek further explanation or personal development as necessary.

- To take part in training and implement in their practice, for example "Managing Signs of Stress".

- Use Practice Leadership, reflective practice and supervisions to support other staff in the team and demonstrate confidence in each other's skills and abilities to support pupils and students.

- To provide appropriate models of behaviour for pupils and students they support at all times.

- Personal likes and dislikes and values with regard to culture, age, sex, religion, must not influence staff's approaches.

- To dress appropriately whilst at work and to adhere to service dress codes when asked (cf. Dress Code Policy SO-0281).

- To wear clothing to help protect them when working with individuals in crisis as specified on individual Risk Assessments. This will be decided on a case by case basis, having regard to the dignity of the individual and the safety of the staff. Protective clothing shall be as neutral and non-stigmatizing as possible e.g. caps for tying hair back, discreet arm guards and shin guards etc.

- To make judgments in the light of this policy and to act within the school's procedures on managing behaviours of concern. However, as no policy or procedure can cover every eventuality, staff are expected to use their professional judgment and experience when supporting individuals. Staff will be supported when acting in good faith following from such judgments. The following judgments can reasonably be expected of staff:

  o Deciding on the best course of action to keep the people they are supporting, and staff, including themselves, safe.

  o When deciding on the need for action, however rapidly, considering the risk of immediate danger to persons or property.

o Deciding on the appropriateness of intervention in keeping with the behavioural incident that gives rise to it.

o Considering the age and competence of the individual in deciding on the type of support strategy and intervention necessary.

o Whether to intervene in an incident even if the member of staff has not signalled they need assistance.

- Senior staff are responsible for ensuring staff support systems are in place and are being used. This will include ensuring that post incident debriefing is offered to the staff involved.

- Debriefing should be sought and offered on the day of the incident, the recipient can express a choice of who debriefs and the information will be kept confidential (unless it raises a safeguarding concern).

- Senior staff have a responsibility to demonstrate trust and confidence in the staff's ability to manage the pupils/students they are supporting. If shortcomings in such management are identified, senior staff have a responsibility to address these through reflective practice, support and supervision and appraisals.

Staff are expected to implement the approaches and strategies they have been taught in training when supporting an individual who is displaying behaviour of concern.

Complaints

Individuals using National Autistic Society services, their parents, friends or family have the right to offer comments and refer to the Complaints Procedure in the case of any disagreement in the management of behaviour. Please refer to the Compliments, Comments and Complaints Policy QS-0009 for further information.

Whistleblowing

Employees have a duty to voice any concerns over care practice. Please refer to the Policy on Whistleblowing (HR-002) for further information. The National Autistic Society is committed to support staff who engage in whistleblowing in good faith, see also NSPCC whistleblowing poster.

References

- Keeping Children Safe in Education (2022; 2023; 2024) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999348/Keeping_children_safe_in_education_2021.pdf
- DfE (2021) Sexual violence and sexual harassment between children in schools and colleges (from September 2021) Guidance Here
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- Dimian, A.F. & Symons, F.J. (2022) A systematic review of risk for the development and persistence of self-injurious behavior in intellectual and developmental disabilities, Clinical Psychology Review, Vol. 94, https://doi.org/10.1016/j.cpr.2022.102158
- Use of Restrictive Practices Policy (RPI) SO-0039
- Safeguarding Children (Child Protection) Policy – SO-0189
- Whistleblowing Policy HR-0002
- Dress Code Policy SO-0281
- Compliments, Comments and Complaints Policy QS-0009
- Section 21 of the Education Act 2002 as amended by section 38 of the Education and Inspections Act 2006. www.legislation.gov.uk
- Sections 89 and 93 of the Education and Inspections Act 2006
- Section 550A of the Education Act 1996
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) 2015
- Our Health, Our Care, Our Say, Department of Health 2006
- Use of Reasonable Force – Guide for Head Teachers, Staff and Governing Bodies, 2012, Department for Education
- 'National Minimum Standards for Residential Special Schools' DoH 2002
- Rights, Risks and Limits to Freedom, Mental Welfare Commission for Scotland, 2006
- Anti-Bullying In schools and children and young people service policy SO-0193
- NICE Guidelines (2020). Assessing behaviour that challenges shown by
- people with learning disabilities.
- NICE Guidelines (NG93) (2018) Learning Disabilities and behaviour that challenges: service design and delivery. https://www.nice.org.uk/guidance/ng93
- NICE Guidelines (NG11) (2015) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. https://www.nice.org.uk/guidance/ng11

Legal Context References

The relevant statutory legislation in <u>England and Wales related to **adults**</u> (aged 18 years or above) are:

- The Care Standards Act 2000 (with the associated regulations and national minimum standards)
- The Mental Capacity Act 2005 (applies to those over 16 years)
- The Human Rights Act, 1998
- The Care Act 2014
- The Restraint Reduction Network (RRN) Training Standards

The relevant statutory legislation in <u>England and Wales regarding **children**</u> and young people includes:

- The Children Act 1996, 2002, 2011
- The Education and Inspections Act 2006
- The Care Standards Act 2000 (with the associated regulations and national minimum standards),
- The Mental Capacity Act 2005,
- The Human Rights Act, 1998.