



## Positive Behaviour Policy

### Policy Statement

Our positive behaviour policy is aimed at promoting inclusion and engagement for all our children. The aim of this policy is to ensure consistency in beliefs, actions and responses of all staff.

### Introduction

This policy reflects the values and ethos of TRACKS autism as an Early Years Centre for young children with difficulties in social interaction, communication, play and sensory processing.

The vast majority of our children will have difficulties with:

- Communication; including basic needs such as hunger, thirst, pain and discomfort.
- Understanding spoken language
- Sharing attention and focus
- Turn taking and sharing
- Following adult direction
- Rigidity in behaviour and routines
- Emotional regulation
- Sensory regulation
- Making and maintaining effective relationships with others
- Understanding the effect their actions might have upon others May experience high levels of anxiety

All of our children have some degree of developmental delay and the majority have associated learning difficulties.

At TRACKS autism, every member of staff shares a responsibility to support pupils to demonstrate behaviours that enable fulfilling relationships and participation in learning activities. This policy explains the philosophy and practices of TRACKS autism in meeting the needs of our learners. It is the duty of all staff to follow all policies, guidelines, reporting procedures, as well as specific individual behaviour support plans relating to promoting positive behaviour.



## **Key Elements in Planning**

When planning and supporting our children, it is important to consider that there is always a reason or purpose behind any behaviour. It is the responsibility of all adults working to support the young child to try to understand the reason behind the behaviour and what the child is communicating.

Herts Steps provided guidance in assessment and planning which must be followed in planning for individual children. It is the responsibility of every member of staff to seek to understand the behaviour of the child. The key elements to inform such understanding are:

- Think
- Plan
- Respond

## **Ways of teaching positive behaviors**

At TRACKS autism we teach positive behaviours through:

- Relationships
- Role modelling
- Consistency
- Scripts and routines
- Positive phrasing
- Planning
- Reward and positive reinforcement
- Comfort and forgiveness

## **A Therapeutic Approach**

At TRACKS autism we recognise that negative experiences create negative feelings and that negative feelings create negative behaviour; whilst positive experiences create positive feelings and positive feelings create positive behaviour. The Herts Steps programme provides an assessment/planning tool called 'roots and fruits' to assist staff in this area.

## **Supporting behaviour through engagement**

### **Transitions**

All transitions must be supported by the use of:

- Visual supports ie. Photographs/symbols
- Objects of reference ie. bucket for look, book for story time
- Clear simple verbal instructions combined with signing; which name the activity ie. “time for look”
- Extra processing time i.e. allowing children to physically see or hear the next activity ie. Door open from sensory room to the main classroom whilst music begins to play for dance
- Sand timers to indicate when child’s activity of choice is finished Now and Next boards
- A finished box for children to place the toy/object in themselves before moving on to another activity

Every child must be referred to the whole class visual timeline or presented with individual symbols/photographs before transitioning to every activity.

Objects of reference must be used with children who do not have an understanding of photographs.

### **Adult directed tasks**

All adult directed tasks must be:

- Presented visually with all resources required readily available
- Supported with visual symbols
- Modelling appropriate use of equipment using the hand over hand method, of placing the adults hand over the child’s hand to model the activity. Where met with resistance, the adult must remove their hand. x Differentiated of both activity and outcome

It is the responsibility of key workers to differentiate for their key children, taking into account their interests and ability.

### **Group, shared attention activity**

Children are guided to be seated for this activity by being offered a hand to hold or an adult will provide physical assistance to seat them in the chair. If resistance is met, do not force the child to remain seated. Wait until the activity has commenced and allow the child time to process and engage.

The aim of this activity is to engage in shared attention, not to sit on a chair. Whilst children are encouraged to sit on a chair for the duration of the activity, some children may only be able to manage a short period seated. These children will require being able to watch from a distance and their own physical space. Do not attempt to physically hold a child when met with resistance.

Some children may sit on an adult's lap during this activity. If met with resistance, allow the child to move away.

Some children may need the constant movement of bouncing gently on the gym ball. The child may either be placed on the adult's lap and the adult bounces the child or the child is supported on the gym ball as they bounce themselves. Again, if met with resistance allow the child to move away. The opportunity is then offered again, a short time later with the adult taking the ball to the child as opposed to the child being brought to the ball.

A weighted blanket may be placed on a child's lap whilst they are seated.

A body sock/lycra may be recommended for use for individual children by the Occupational Therapist. Two adults are required to assist the child into the body sock and onto a bucket chair.

### **Dance and Movement**

The blankets must be placed on the floor to the side of the room, prior to transitioning the child to the activity.

The children must be shown the orange bucket prior to providing assistance to remove their shoes. It may also be necessary to assist children onto the blanket or a lap before encouraging them to remove their shoes. Adults will encourage the children to wait on the blanket until the music begins to play. Once the music has started, the blankets are removed from the floor by an adult and stored safely out of reach.

If children remain seated, they must be given time to join the group in the running activity. A hand may be offered for the child to hold on to, or a guiding arm round the child's shoulder to encourage movement once they are standing.

Adults should respect those children who are at the stage of observing the activity prior to joining in. Care should be taken when holding a child's hand, to ensure you are moving with the child and not



pulling them. If a child drops to the floor, immediately let go of the child's hand and carry on modelling the activity.

There are occasions when adults must ignore inappropriate behaviour, giving no response and walking away from a child. Refer to the child's key worker for advice.

Sherborne Development movement is based on the principles of normal development movement experiences. This is delivered at TRACKS through movement with an adult on a 1:1 basis.

Adults will sit themselves on the floor as a prompt, offering the opportunity for a child to sit on their lap. If the prompt for the activity beginning is not enough, an adult may sit beside the child and join in in parallel. If resistance is met, allow the child their own space to retreat and the adult to be ready for their return.

An adult provides physical support to encourage children to sit upright. If a child places themselves in a different position, the adult should aim to accommodate this in their movement.

### **Sensory Circuits**

Adults must provide children with opportunities to explore and safely use the equipment provided. Our Occupational Therapist provides guidance on different ways to use the equipment to meet the individual needs of the child. Physical support and modelling may be required to use the equipment safely.

A guiding arm around the child's shoulder is used to guide the child towards the equipment to encourage participation.

### **Relaxation**

The lights are turned off, mats are placed on the floor and the music is placed on as a prompt. Differentiated equipment is made available to provide deep pressure i.e. weighted blankets, gym balls to roll over the children's back, lycra to wrap the children in. Children may choose to sit on an adult's lap and may seek to gain physical comfort. Offer the child the opportunity to be held under the knees whilst being supported and rocked backwards and forwards.

## **Risk Assessment**

The need for Restrictive Physical Intervention is rare and will only be used:

- To prevent a child from injuring self or others
- To prevent or stop a child from causing serious damage to property
- To remove a child from danger

## **When faced with challenging behaviour**

It is the responsibility of staff at TRACKS to follow the guidance provided at the Herts Steps training to support a child whose behaviour is presenting a challenge. This can be achieved through one or a combination of the following:

- Positive phrasing in the form of short concrete instructions supported by
- symbols/photographs e.g. “Stop” “Waiting” “Finished” etc
- Distraction techniques
- Offering an appropriate alternative
- Offering the child a different space e.g opening a door Remove the potentially dangerous object
- Disempowering the behaviour e.g “tell me” “I’m listening” Limited choice e.g “put the pen on the table or in the box” Use of a de-escalation script where necessary

## **Reflect, repair and restore - consequences**

Punishment is not to be used as a sanction at TRACKS autism.

Procedures are in place for supporting and debriefing the child after an incident of challenging behaviour through the use of Social Stories, revisiting the experience, offering an alternative ending and a changed set of feelings.

The purpose of reflect, repair and restore is to revisit the experience for the child who is now calm, relaxed and reflective.



## **Use of Restrictive Physical Interventions (RPI)**

Restrictive physical interventions will be used when all other strategies have been used and considered and therefore only as a last resort.

There are situations when RPI may be necessary for example of clear danger and extreme urgency. Staff will take steps in advance to avoid the need for RPI, through dialogue and diversion. Only the minimum force necessary will be used and all parents/carers are made aware of the procedures followed at Tracks. Following a case where PVI has been used staff will be able to show that the intervention was a reasonable response to the incident. All cases of Physical intervention will be recorded using the incident form provided (see below.)

Policy adopted by:      TRACKS autism  
Date:                        May 2021  
Signed by:-  
Name:                        Mervyn Terrett  
Position:                    Chairman

<b>Pupil Name:</b>		<b>Location of Incident:</b>	
<b>Reporting Member of Staff:</b>		<b>Time and Date Of Incident:</b>	

<b>Justification for Physical Intervention</b>		<b>Predicted harm prevented by physical intervention</b> (e.g. bruising to peers, destruction of toys)
To prevent harm to self		
To prevent harm to other children		
To prevent harm to adults		
To prevent damage to property		

<b>Medical Treatment/Injuries</b>	<b>Name(s) of additional staff witness:</b>

<b>Triggers:</b>



Additional factors:

Management:	Comments:
How was the incident resolved?	
What were the protective consequences?	
Has staff de-brief taken place? Y/N	

Primary de-escalation techniques used (please state which order they were used)			
Verbal advice and support		Offering services or other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction/warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	
Number	Description of how technique was employed		
<b>1</b>			

<b>2</b>	
<b>3</b>	
<b>4</b>	

<b>Incident reported to Principle by:</b>		<b>Verification of account of Incident (signature):</b>
<b>Parent/Carer informed by:</b>		
<b>Incident form completed by:</b>		

Reporting Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principle Signature: \_\_\_\_\_