

## Behaviour and Physical Intervention Policy

*A specialist provision for young people with autism, where they can develop their skills in an environment that values them for who they are, with no limits on their aspirations.*

Approved by	Rachel Thompson	Date: February 2023
Policy reviewed	June 2025	
Date for next review	June 2027	

### 1. Aims

This policy aims to:

- Provide an executive summary of procedures to deal with dysregulation (behaviour)
- Outline professional values and practice for all staff at Queensmill College, part of the Queensmill Trust
- Outline our implementation of Emotional Regulation Support Plans and Individual Student Risk Assessments
- Outline how we deal with incidents of bullying

### 2. Legislation and statutory requirements

This policy is based on advice from the Department for Education (DfE) on:

- [Behaviour and discipline in schools](#)
- [Searching, screening and confiscation at school](#)
- [The Equality Act 2010](#)
- [Keeping Children Safe in Education](#)
- [Use of reasonable force in schools](#)
- [Supporting pupils with medical conditions at school](#)
- It is also based on the [special educational needs and disability \(SEND\) code of practice](#).

In addition, this policy is based on:

- Schedule 1 of the [Education \(Independent School Standards\) Regulations 2014](#); paragraph 7 outlines a College's duty to safeguard and promote the welfare of children, paragraph 9 requires the College to have a written behaviour policy and paragraph 10 requires the College to have an anti-bullying strategy

- [DfE guidance](#) explaining that academies should publish their behaviour policy and anti-bullying strategy online

This policy complies with our funding agreement and articles of association.

### **3. Definitions**

Each child and young person (CYP) at Queensmill College is a young individual with a personality and likes and dislikes of their own. The College recognizes that autistic young people have difficulties with communication, social understanding, and self-regulation. Our aim is for our (CYP) is to learn how to understand their autism and manage the anxiety and challenges associated with it by providing structure, routine, modelling, and understanding.

### **4. Executive Summary of Procedures to deal with dysregulation (behaviour)**

- High professional standards from all staff provide a calm environment that caters to the needs to autistic children and young people
- Staff use preventive strategies that work to calm and engage each CYP, as described on their Pen Portrait, Personal Learning Plan (PLP) and Emotional Regulation Support Plan (ERSP).
- Moments of dysregulation are brought to the attention of the staff team, are noted and monitored, and then a behaviour plan (ERSP) is drawn up.
- Significant moments of dysregulation, including all incidents where physical intervention is used, or the CYP's liberty has been temporarily restricted, are brought to the attention of the staff team and Senior Management Team, are noted and monitored, and then followed up by a debrief meeting which includes a member from the senior management team, a TEAM TEACH trainer, therapists where relevant, and all staff members involved in the incident. The ERSP will be updated where and as needed following debriefs.
- Physical intervention is always an absolute last resort and only used when there is no alternative in order to avoid harm to the CYP or to other CYP and staff, as learned in our TEAM TEACH training.
- Any use of physical intervention and/ or temporary restriction of liberty must be written up on the same day in the Significant Incident Log and the TEAM TEACH log book in the Deputy Head's office. Parents/carers must be informed, also on the same day. Where appropriate, injuries must be recorded on Medical Tracker.
- Any incidents of bullying, or of CYP being anxious or afraid of the behaviours of others must be reported to the class teacher.

### **5. Preventive strategies to support regulation**

The following strategies are regularly put in place to support the regulation by staff at Queensmill College to support the regulation of our CYP.

- Adequate staff members to support CYP
- High standard of recording and assessment to demonstrate academic, social communication and emotional regulation progression
- Regular reviews of Emotional Regulation Support Plans, Pen Portraits, PLPs, and other assessment documents, and individual risk assessments where necessary

- The use of Zone of Regulation and Interoception to support CYP's self-awareness and emotional literacy
- High quality training for all staff and volunteers, including induction training
- Always applying a total communication approach and respecting student voice and preferences
- Working collaboratively with parents and carers to ensure consistency across settings
- Dealing with incidents of bullying, whether intentional or not
- Flexible and differentiated life-skills curriculum to promote independence
- Working with external agencies to provide additional support when needed
- Promoting positive interactions and outcomes using:
  - Reward charts and targets
  - 'I am working for' boards
  - Inclusion opportunities with mainstream CYP to provide strong modelling of positive social interaction and behaviour
  - Use of the curriculum areas like the Creative Arts to promote positive self-expression; self-esteem and well-being
  - Modelling of positive, effective social interactions and behaviour and expectations by trained staff in high pupil to staff ratios.

## 6. Restrictive Physical Intervention

### Underpinning principles

- The use of Physical Intervention (PI) should, wherever possible, be avoided
- There are occasions when the use of PI is necessary. When PI is necessary, it must be used in ways that maintain the safety and dignity of all concerned and must be in the best interest of the CYP.
- Queensmill College uses Team Teach which emphasises the need to look for the underlying reason for the significant dysregulation (e.g. challenging behaviour) and for staff to take a proactive approach to managing it. It presumes that all dysregulation (behaviour) is an attempt to have a need met
- Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the service user remains safe.

### The use of PI should only be used to prevent

- Self-harming
- Injury to others
- Severe damage to property that is likely to cause harm to the pupil or others
- Only a minimum amount of physical support must be used – that is the minimum amount needed to avert danger – and this should be applied for the shortest period of time. The risks of using the physical intervention should be lower than the risks of not doing so. Physical intervention is an exceptional rather than a routine method of management.

- The Head of College, Governors and Trustees expect all staff are employed by the Trust to act as responsible adults and act to keep CYP safe whether they have already received PI training or not; the Trust will provide regular training in the use of PI from Team Teach.

## **7. Restriction of Liberty**

The CYP's liberty is only to be temporarily restricted to a safe place if there is prolonged physically violence directed towards CYP or staff, when all other de-escalation strategies have failed with the aim of preventing harm. Temporality restricting liberty must always be in the best interest of the CYP and it should not ever be used as a consequence of past incidents. Staff must be supervising and monitoring the student at all times while in the safe place, keeping note of the duration, checking in with the CYP as appropriate, and ending the restriction of liberty the moment the CYP is no longer physically violent towards others. This temporary restriction of liberty will be recorded as a significant incident, logged in the TEAM TEACH log book and parents/carers will be contacted. A debrief will follow.

## **8. Emotional Regulation Support Plans and Individual Risk Assessments**

The Trust recognises the links between dysregulation, behaviour and communication. We use our knowledge of the SCERTS methodology to evaluate, direct, and refine our knowledge of each CYP's social communication and emotional regulation. Behaviour is communication and it is our goal to honour our CYP voices while ensuring they develop the skills needed to communicate in the most fitting way. Each student has an Emotional Regulation Support Plan (ERSP) created with input from the class team, families, Occupational Therapist, Speech and Language Therapist, and member of the senior team. An individual risk assessment will also be written for this CYP if required.

ERSPs include the following:

- Definition of the dysregulation (behaviour)
- Its functions, risk factors (triggers), context, conditions, and needs
- The methods used by the staff team to promote regulation (mutual/ self) and therefore reduce instances of dysregulation.

ERSPs are regularly reviewed by the class team and other relevant professionals particularly following significant incidents.

## **9. Procedures after an incident**

Any significant moments of dysregulation, including all incidents where physical intervention is used, or the CYP's liberty has been temporary restricted, are brought to the attention of the Senior Management Team, are noted and monitored, and then followed up by a debrief meeting which includes a member of the senior management team, a Team Teach trainer, therapists where relevant, and all staff members involved in the incident. The incident report and debrief notes will then be logged in the Significant Incident Log – located in the deputies' office.

Any incident of restrictive physical intervention must be logged in the incident log which is kept in the deputies' office. Pages in the log are numbered. The incident must be described in handwriting, in a bound book, preferably on the same day as the incident, but certainly within 24 hours. The description will include the date and time of the incident, type of hold, duration of the hold, staff members and CYP involved, and any injuries. There will be a reference to the Significant Incident Form which will contain more details of the incident.

Any injuries must be recorded on Medical Tracker.

Following debrief, the significant incident form is uploaded to Safeguard.

- Appendix 1 – Significant Incident Form
- Appendix 2 – Significant Incident Protocol

### **10. Dealing with any incidents of bullying**

The Trust does not tolerate bullying. Bullying is defined as deliberately hurtful behaviour (including verbal, indirect and physical). This behaviour can relate to specific incidents or can be build-up of repeated incidents. Bullying can be in person or via phones, computers and social media (cyberbullying). The Trust takes special care in understanding that as our student are autistic, by definition they face social communication challenges and limited or complex understanding of social routines and norms. The CYP's autism is always considered when looking at incidents where bullying may have happened. Incidents of bullying are immediately dealt with by staff and bespoke strategies are put into place to support all parties involved. Whilst we encourage the CYP's special interests, if that special interest is a fixation on another student, we discourage it. We involve parents/carers in all incidents of bullying.

### **11. Monitoring arrangements**

This behaviour policy will be reviewed by the head and governors annually. At each review, the policy will be approved by the head.

### **12. Links with other policies**

This behaviour policy is linked to the following policies:

- Child protection and safeguarding policy

## Incident Form

Name of child/young person (CYP)		
Date of incident		
Time of incident		
What led up to the incident?		
What happened during the incident?		
Was physical intervention needed?	Yes	No
	If yes, how was the CYP restrained?	
	By whom? (please indicate if Team Teach trained)	
	For how long?	
What helped the CYP to calm?		
How long did it take to calm?		
Were there any injuries to CYP, and how were they treated? (please log on medical tracker)		
Any injuries to adults, and how were they treated? (please log on medical tracker)		
Who told parents/carers and how?		
Signature of staff member filling in this log		
Signature of SMT member		

Details of Debrief	
<b>Staff attending</b>	
<b>Check-in</b>	
<b>Reflections/ideas</b>	
<b>Action points</b>	
<b>Restorative practice</b>	

## Appendix 2 – Significant Dysregulation Recording Protocol

