

Policy for

Positive Management of Behaviour

Cambian Spring Hill School

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1. Monitoring & Review

The Policy Author will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later one year from the date of approval shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:



Samantha Price

Principal

September 2025

2. Purpose – Aims & Objectives

- To provide guidance to teachers, learning support assistants, parents/carers, governors and other stakeholders on how support our learners to self-regulate, manager their behaviour and feel safe so they are ready to learn
- To provide a framework for our collective beliefs, understanding and insight into human behaviour as it relates to learners with complex learning needs at Spring Hill School
- To provide a holistic and inclusive model for our understanding of self-regulation and behaviour needs.
- To underpin our beliefs with clinical informed practice.

3. Key Beliefs

Supporting self-regulation and positive behaviour:

- The quality of our relationships
- The quality of our provision
- The relevance of the curriculum and its' impact on learners

Organising the classroom for effective communication and behaviour:

- Class rules – negotiated with students
- Routines
- Communication and social interaction difficulties
- Sensory processing needs
- Understanding self-injurious behaviour

- The language of choice
- Rewards and consequences
- Reparation
- Descriptive praise
- Children and young people with exceptional behavioural needs
- Bullying
- Discriminatory language/incidents
- Restraint
- Restricting Liberties
- Corporal Punishment
- Contingent Touch
- Holding
- Monitoring
- Exclusions

All learners who attend Spring Hill School have an EHCP with a diagnosis of Autistic Spectrum Disorder or have significantly prolific ASD traits. Additionally, some children and young people (CYP) have identified associated Multiple Learning Difficulties, Moderate Learning Difficulties, Communication Disorders, Sensory Needs, Physical Needs, and/or Social, Emotional Mental Health Needs which may be attachment/trauma related. At Spring Hill School, we want our Positive Behaviour Policy to reflect our insight and understanding of the multiple needs of our students and how this contributes to their ability to self-regulate and manage their behaviour in a positive manner so they can be ready to engage with their learning. We incorporate a holistic approach to ensure we are reflecting and planning for the needs of all our learners with complex layered needs; structured professional's meetings focus on individual need and consider input from teaching, support staff, parents/carers and the child/young person.

We consider that behaviours which challenge always happen for a reason and might be the only way a learner can communicate - these can arise for varied reasons which are personal to the individual. Learners who display, or are at risk of displaying behaviours which challenge, will require support which may include some form of restrictive practice or intervention. Any restrictive intervention applied at Spring Hill is legally and ethically justified, is only implemented when absolutely necessary to prevent serious harm and be the least restrictive option. Currently, Spring Hill School uses Crisis Prevention Institute Safety Intervention.

At Spring Hill School, we believe that:

- Our learners want to behave well
- Behaviour is a means of communication - we must ensure that all learners are supported to communicate their needs safely and appropriately using their preferred communication systems/style
- With the right support and intervention, learners can learn to self-regulate and manage their own behaviour
- Mistakes are part of the learning process and we recognise that all of our learners are at different stages of the developmental process which may not match chronological age
- All of our learners have learning difficulties and/or other multiple needs which impact on how they learn to regulate and manage their behaviour
- Teachers and class teams are supported to learn, understand and have insight into why our learners become dysregulated, and reflect on how/why it impacts on their behaviour through reflective conversations, supervision and CPDL opportunities
- We must work collectively with our learners, their parents/carers (to include our on-site residential team) and other professionals to formulate strategies as part of a child's **My Support Plan** to encourage self-regulation and manage behaviours managed consistently and as agreed

Support staff help our children and young people by:

- Being mindful and reflecting on the quality of our relationships with each other
- Reflecting and being committed to continuously improve on the quality of our provision
- Engaging in self-reflection and debrief sessions to develop practice and adopt a 'lesson learned' approach
- Reflecting and planning the scaffolding/modelling we put in place to support them to learn self-regulation skills
- Observing, gathering and sharing data on behaviour - to ensure our interventions are personalised, well informed and planned according to the needs of each individual within the context of their class or within particular lessons on- and off-site
- Working in close partnership with our learners, their parents and carers and other professionals working with them e.g. occupational therapy, speech and language therapy, CAMHS etc.
- Investing time, and allowing safe spaces and opportunities for learners to practise these skills and anticipate mistakes from which they can learn, develop and grow.

The resources, interventions and learning consist of:

- A variety of individualised and accessible modes of communication e.g. visual timetables, social stories, Zones of Regulation
- Agreed and personalised expectations
- Rules and boundaries, which are consistently applied
- Routines, with any changes planned in advance and explained clearly
- The language of choice
- Rewards and consequences
- Reparation wherever possible and appropriate
- Descriptive praise which is proportionately applied
- Fair and predictable responses to both negative and positive behaviour

We believe that:

Our students want to behave well and believe that they are happy when their needs are understood and met, allowing them to self-regulate and therefore make good choices. We aspire to support all CYP to manage themselves and their positive behaviour should be recognised and acknowledged by adults and their peers. During the iSTART assessment period, and throughout their placement at Spring Hill, we consider individual communication styles, social interaction skills, sensory and emotional needs as well as the role we play in supporting them to develop these skills. Learners are better able to behave well when their needs are well met in school, at home and in the community. We appreciate that communication styles may change over time and therefore we adapt our approach to support such changes accordingly.

How learners behave gives us important information about how they are feeling. Our cohort have a wide range of different communication styles. Due to their physical and emotional needs, some of our CYP struggle to verbalise their wishes and needs; some require support in this regard. Supporting learners to effectively communicate is essential to enable them to self-regulate and behave in a positive manner which helps them to access a range of learning activities that support them to achieve to their true potential.

All of our learners have a personalised approach to support them to manage their behaviour and consideration is always given to sensory and emotional needs, pain thresholds, what self-injurious behaviour could be communicating, levels of stimulation and engagement. Each learner has strategies documents in their **'My Support Plan'** which they have been involved in compiling.

We know that our CYP can learn to modify their behaviour, however some learners at Spring Hill School find the learning process challenging; learning new behaviours takes time, just like learning to read or write.

As adults, we must consider the unique learning approaches and needs of our children and young people; we must also have realistic expectations about the rate of progress a

learner will make when adapting to or developing new behaviours. Most of our learners' progress in small, incremental steps over a very long period of time and we track rates of progress using formal, informal and standardised methods.

Mistakes are part of the learning process. We don't make a definitive conclusion about it - instead we support our learners to get it right.

All adults can learn strategies to support children to improve their behaviour. Most adults have evolved ways of responding to learners' behaviour based on a combination of personal and professional experiences and training and experiential learning. Staff network across the disciplines to ensure they approach the management of individuals' need in a consistent and supportive way. We encourage class teams and support staff to reflect on what may be the underlying issues that drive or trigger behaviour in our CYP and to think about ways of responding to behaviour that challenge in a non-judgemental and supportive way. In order to do this consistently we follow the Positive Behaviour Support Framework.

In order to appropriately manage, class teams are supported to develop their own emotional resilience through targeted debriefs and professional clinical support. This may be peer-to-peer, group or individual support where we can draw on a range of expertise within school and beyond including onsite Occupational Therapy, Speech and Language support, THRIVE™ etc...

We expect that all adults who work at Spring Hill School to be committed to developing their practice and sharing their skills and experiences. This is a commitment to on-going professional development and learning; reflective practice and peer support us to improve practice, professional competence and responsibility.

4. Supporting Self-Regulation and Positive Behaviour

The Quality of our Relationships

- a) We uphold our values and ethos through **#SpringHillSPIRIT** and **#SpringHillPRIDE**
- b) Our relationships with each other are supported and developed by our Staff Code of Conduct. They provide a framework to help us to provide good models of behaviour at all times for our learners and each other
- c) High quality relationships with our CYP are crucial. To foster successful, enabling relationships we aim to:
 - Actively build trust and rapport - which has to be earned, not a given
 - Have high expectations for all CYP because when we demonstrate our belief in them, it supports them to succeed
 - Treat learners with dignity and respect at all times by communicating carefully, clearly and consistently in a way that is accessible to them and their current level of need
 - Listen respectfully to the child/young person and make a judgement about how/when to respond
 - Invest in our relationships with our young people and have fun together

- Consider what might be behind the behaviour: why the individual is behaving in this way. There will always be a reason: the behaviour is a symptom of something that we need to identify and understand
- See things through consistently e.g. consequences in place as a response to particular behaviours, both desirable and undesirable
- Keep our word - and if, for some reason, we are unable to honour a commitment to a young person, to communicate clearly and honestly about why this has happened
- Recognise the strengths of the individual - identify these with them where possible, without being patronising, and build on them at a pace that does not make them feel overwhelmed. If a young person is not able to do this, advocate for them within the team or professional group
- Apologise if we make a mistake - we are modelling this for the young person and this will support us to build trust and respect
- Manage our own emotional reactions to behaviour i.e. demonstrate emotionally intelligent behaviour at all times. Seek help if we are finding it difficult to manage our feelings about a young person
- Resolve difficult feelings about learners' behaviour - it is unhelpful to revisit history but focus upon getting it right in the future
- Quietly, but firmly, hold appropriate boundaries for the learners and challenge unacceptable behaviours as per agreed protocol
- Seek support from wider professionals' networks to problem-solve behaviours that cause concerns despite consistently applied boundaries
- Show respect to and about our youngsters; we do not talk about them, over them or about them in front of others
- Be non-judgemental about each individual's life experiences and use qualitative and quantitative data to form our planning to help meet their unique needs

The Quality of our Relationships with Parents, Carers and External Professionals

It is important to reflect and plan in partnership with parents/carers and other professionals to ensure consistency in approaches between home and school. Relevant plans are shared, where appropriate, and reviewed regularly and always following an incident of unique behaviour. If any form of restraint has been implemented, to keep a learner or other's safe, this is always shared with parents/carers, Social Workers and the EDT team accordingly.

The Quality of our Relationships with other Professionals

It is essential that we work collaboratively with other therapists and CAMHS to ensure all practice is clinically informed. It is also a holistic responsibility of the team at Spring Hill to share any information or productive strategies that support children/young people to

succeed in self-regulating and managing their behaviour through the MDT meetings (See Appendix 1)

5. The Quality of Our Provision

If we are able to meet each individual need, it is more likely that behaviour that is challenging will decrease or stop. To do this we:

- Have communication systems in place and readily available when the child or young person is dysregulated. This is their 'voice' and should be accessible at all times, especially during times of dysregulation or distress when it is often difficult to make use of other communication tools
- Understand their sensory processing difficulties and have appropriate strategies and resources available to support each individual to a sensory diet to support them to de-escalate and return them to a better state of regulation
- Accurately assess and understand individual need by referencing their EHCP, minutes from the Annual Reviews, PEP and LAC meetings etc...
- Plan to meet individual's range of needs specific to the plans drawn up by their professional group e.g. specialist equipment, staffing, sensory needs and diets
- Support each individual to develop their levels of resilience and set high expectations for children and young people
- Work closely with each individual to develop their self-esteem so that they can be the best they can be
- Administer appropriate levels of positive reinforcement when things are going well and minimal feedback for low level, undesirable behaviours
- Personalise learning experiences to ensure that we meet the needs of each learner at their point of development and cognition
- Involve the child/young person in the target-setting and evaluation processes to measure progress
- Provide appropriate feedback on progress in a supportive way that makes sense to the individual, focusing upon their achievements and what they need to do make further progress
- Actively teach and model children and young people positive behaviours for learning.

6. Organising the Classroom for Effective Communication and Behaviour

The following guidance is offered to class teams to reflect on the support our learners need to learn how to self-regulate and manage their own behaviour successfully:

Class Rules

Rules to support positive behaviour should be:

- Few in number

- Where developmentally appropriate, agreed with learners
- Communicated in a way that the learners can understand, which may include visual cues, objects of reference, social stories etc.
- Stated in the positive - things we are going to do
- Appropriately referenced by all and consistently applied
- Pertinent to the activities undertaken in the learning space and developmental range of the learners

Routines

Consistent class/lesson/activity routines support our learners to understand expectations, manage anxiety and mentally and physically prepare themselves for the day. In turn, this supports the development of self-regulation, develops greater engagement in learning activities and helps individuals to manage their behaviours more successfully. At Spring Hill, we never assume individuals automatically know how to manage their behaviour and emotions effectively; such behaviours must be explicitly taught as must routines for all activities. The more consistency there is regarding routines, the more reassuring it is for our learners; routine supports behaviour for learning.

Communication and Social interaction Difficulties

Most children and young people at Spring Hill School require additional support in developing their communication, social interaction and social imagination skills (to cope with changes to familiar routines) to develop effective self-regulation skills which are required to support them to manage their behaviour throughout the school day. Behaviour that challenges is often as a result of a breakdown in communication and misunderstanding. To support a learner that has become dysregulated or distressed we aim to understand the function of the behaviour e.g. what has caused the young person to become distressed. By understanding **'My Support Plans'**, staff are able to effectively implement tailored care to the student. Staff should consider the following and how it can impact on the young person's ability to self-regulate and manage their behaviour positively:

- Communication tools and strategies should work both ways: to give instructions but to allow learners to have a voice, make choices and express their needs
- That our children and young people need time to process information
- Some of our cohort have difficulty with verbal and non-verbal communication (body language), difficulties in understanding facial expression and tone of voice (intonation) and difficulty with understanding, or consistently remembering, social rules, norms and conventions
- That understanding other people's emotions may be difficult for the learner
- Difficulties predicting what could/will happen next which can raise anxiety
- Lack of awareness of danger when heightened

- Difficulties with transitions and/or change and high anxiety with new or unfamiliar situations
- Difficulty with managing social expectations and/or interactions with peers including friendships and peers.

Sensory Processing Needs

Sensory processing difficulties can impact on our learners' ability to regulate and manage their behaviour. Sensory processing is the ability to register, discriminate, adapt and respond appropriately (both physically and appropriately) to sensory input from the environment. Staff are therefore expected to:

- Organise the environment clearly with visual cues and signposts (written information, symbols, objects of reference etc...) as required
- Speak clearly, slowly and calmly allowing time for individuals process information and respond
- Ensure learners' sensory needs are supported through embedding sensory diets and movement breaks into their daily routine with support via sensory equipment such as: chewy's, fidget toys, adapted seating, weighted vests etc...
- Teach learners to recognise when they are becoming dysregulated (label emotions and feelings) so that they are able to learn to ask for a break or other appropriate self-regulatory strategy to support them in regulating better
- Monitor the physical and emotional well-being of students and recognise signals of being distressed, unwell, in pain or upset
- Enable access to environments through making reasonable adjustments
- Consistently apply agreed approaches and strategies

Understanding Self-Injurious Behaviour

Self-injurious behaviour is when a child or young person physically harms themselves; it is sometimes referred to as self-harm. Presentation comes in many forms to include: head-banging on walls and floors or other surfaces, hand or arm biting, hair-pulling, eye gouging, face or head slapping, skin picking or scratching or pinching, forceful head-shaking, tooth pulling etc. The child or young person may have no other way of telling us of their wishes and feelings. Such behaviour could be a way of sharing their frustration or telling us that they want an object or activity they like; conversely, it could be a way of getting us to stop asking them to do something. Hand biting could be a coping strategy to help manage excitement or anxiety whilst picking or scratching could be a strategy to relieve boredom. Ear slapping or head banging might be a way of coping with discomfort or saying that something hurts. Such behaviour can be distressing and needs to be carefully and consistently managed and follow advice in the child's 'My Support Plan'. When it happens, staff must work collaboratively with the young person, their parents/carers and other professionals to try and find ways to prevent or replace such behaviour. Staff must:

- Respond quickly and consistently when a learner self-injures. Even if staff feel that this is an extreme form of attention-seeking, it is never appropriate to ignore such behaviour
- Keep responses low key: limit verbal communications, facial expressions and other displays of emotion. Try to speak calmly and clearly in a neutral and steady tone of voice
- Reduce demands: The individual may be finding a task too difficult or overwhelming
- Remove physical and sensory discomforts and consider their sensory profile, processing difficulties and diets
- Redirect: Tell them what they need to do instead of the self-injurious behaviour e.g. "David, hands down". If necessary, consider the use of visual cues
- Provide light physical guidance as per RPI training advice and use in conjunction with distraction strategies
- Use barriers: place a soft barrier between the individual in crisis and the object that is causing harm. For head slapping, place a cushion between the head and hand. For hand/arm biting, provide another object to bite down on such as a chewy
- Consider carefully whether physical intervention is required – restraints do not address the cause of the behaviour, so they must never be used in isolation without teaching the learner new skills which address the reason for their behaviour

The Language of Choice

Staff offer appropriate levels of praise when they see the youngsters making good choices and conversely link consequences to choices to help them to understand the notion of cause and effect.

Such interaction:

- Increases learners' sense of responsibility
- Helps individuals to understand that mistakes are part of the learning process
- Develops individual levels of resilience and tolerance
- Gives choices to the young people in order that they can better manage their responses in a more appropriate and measured way

Rewards

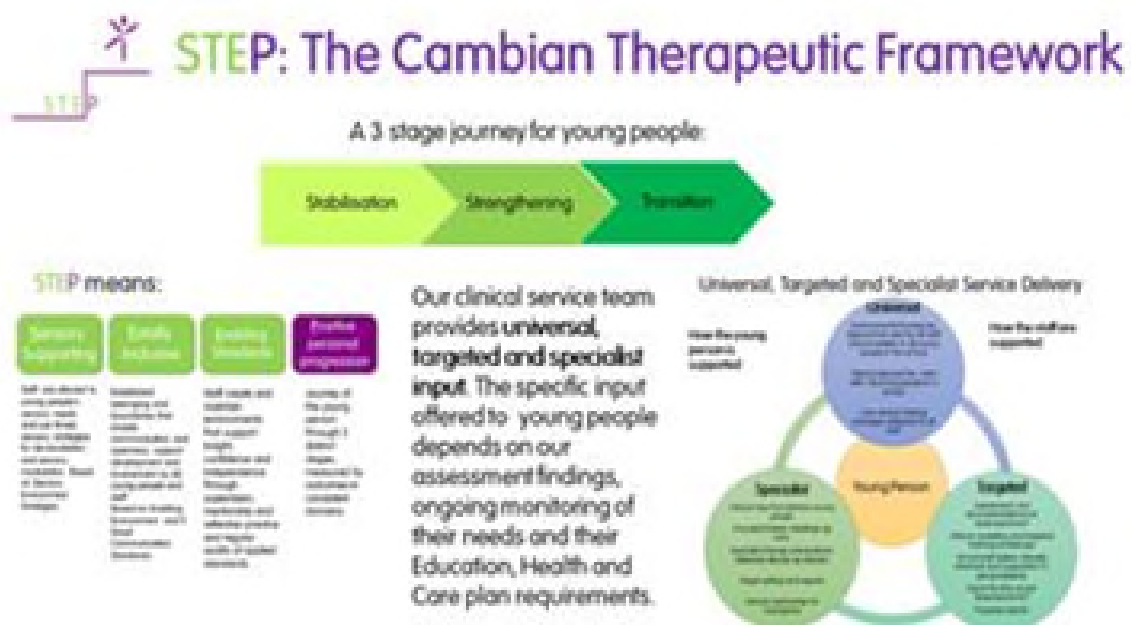
- Purposeful and appropriate praise without over-praising so that it become disingenuous
- A robust and transparent rewards system where young people influence some of their targets, by negotiation, with their form tutor

- Communication with parents/carers to inform them of the behaviour or achievement which is conveyed at least weekly
- Golden Time and rewards trips above and beyond scheduled daily activities

Consequences

It is important for our children and young people to clearly link a specific behaviour with its' consequence. Any such consequence needs to be appropriate in order to support the learners understanding of both positive and negative consequences. Staff will undertake a debrief following significant incidents or repeat behaviours that cause concern to ascertain whether anything g could have been done differently to support the individual.

The majority of our learners at the school will respond positively when class teams and support staff work within these guidelines but some of our young people need additional support to learn to self-regulate and manage their behaviour in a positive manner. For more significant concerns, a STEPUP meeting is usually convened where professionals can undertake formulation and establish a bespoke plan to intensively support individual need.



7. Clinical Services Roles

Occupational Therapy (OT)

Our OT helps our young people to improve their ability to perform tasks independently in their daily living and school environments; she supports students to access their education through the development of fine and gross motor skills, sensory processing and self-regulation skills.

Speech and Language Therapy (SaLT)

Our Highly Specialised Speech and Language Therapist helps people develop communication, language and interaction skills. In addition, our SaLT provides assessment, advice, recommendations and direct support for eating and drinking skills.

THRIVE Practitioner

Our qualified THRIVE™ practitioner works closely with children who require this proven therapeutic intervention to help support children with their social and emotional development. The THRIVE™ approach also promotes children's learning at school alongside helping them to manage their feelings.

8. Appendix 1 - Tiers of Clinical Service

CLINICAL SERVICES

Spring Hill School (SHS): Tiers of service

Individualised support (tier 3)

Individualised support involves clinician input to create a plan of therapeutic intervention with the student. This may include a combination of input across all tiers alongside direct therapy and/ or assessment. At SHS this is often recorded in the form of an intervention/ formulation/ action plan which outlines the aim of intervention, baseline of needs, goals of the student, how these will be achieved and by when.

Targeted support (tier 2)

Targeted interventions are for students who need support to develop skills and reach their personal and academic potential. They don't always involve direct input from a clinician and students who benefit from them don't have to be referred to clinical services. They are often delivered in partnership with parents or another professional. For example, a clinician may/ may not help set up a group which is continued by school staff or provide training for parents or professionals. Examples of targeted interventions include the alert program, rebound therapy, group typing program, zones of regulation, the speed up handwriting program.

Universal clinical based input (tier 1)

The Universal Tier has a focus on prevention and is available to all. It empowers parents and staff to facilitate support for all students. This may include: Provision of advice, signposting and training to parents/ settings to increase awareness and understanding of the individuals needs; The delivery of local and nationally accredited training for the wider workforce; Provision of indirect support for all students to access the curriculum through information, advice and training given; Promotion of communication friendly and sensory smart environments with positive promotion of mental health and wellbeing for all students. At SHS this also includes weekly monitoring of any risk behaviours/ incidents(through weekly spotlight forms and multidisciplinary risk meeting), input into termly student progress reviews and initial assessment for all new starters.

MORE INFORMATION

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9. Appendix 2: Clinical Therapy Service Pathway



Spring Hill Clinical Therapy Service Pathway

