DRHL Positive Behaviour Strategy and Policy

1. Policy Statement and Ethos

DRHL is committed to providing a **safe, nurturing, and therapeutic learning environment** where every neurodivergent young person (aged 5-18) is understood, valued, and supported to develop their full potential. Our approach to behaviour is **holistic, relational, and neurodiversity-affirming**. We view behaviour as a form of communication and a direct expression of a young person's unmet needs, internal state, sensory profile, or developmental stage.

This policy prioritises **proactive strategies, skill-building, and co-regulation** over reactive punitive measures. Our goal is to teach, support, and repair, leading to a positive sense of self, strong self-regulation, and effective social-emotional skills.

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2. Core Principles

This strategy is underpinned by the following non-negotiable principles:

- **Behaviour is Communication:** Challenging behaviour is always interpreted as a signal that the young person is in distress, overwhelmed, or has an unmet need (e.g., sensory, emotional, relational, or environmental).
- **Neurodiversity Affirming:** We recognise and respect all forms of neurodivergence (e.g., Autism, ADHD, Dyslexia) as **natural variations of the human brain**. We will never seek to "extinguish" or pathologise natural neurodivergent traits (e.g., stimming, special interests, or unique communication styles) unless they pose a significant and immediate risk to safety.
- **Safety and Regulation First:** The priority in any situation involving distress or dysregulation is the **physical and emotional safety** of all individuals and restoring the young person's sense of **regulation** and felt safety.
- **Relational Approach:** Positive behaviour change is facilitated through **trusting, consistent, and warm relationships** with key staff members.
- **Presumption of Competence:** We believe all young people *want* to do well and have the potential to learn and self-regulate when provided with the correct skills and environment.

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3. Proactive and Preventative Strategies (The Therapeutic Environment)

Preventing distress and dysregulation is the most effective form of behaviour support. DRHL staff will focus on:

3.1 Environmental Adaptations

- **Sensory Profiling:** Each young person will have a detailed **Sensory Profile** (developed with the young person, family, and Occupational Therapy input where available). The environment will be continuously adapted to meet these needs (e.g., lighting, noise levels, access to movement/fidget tools, designated 'safe/calm' spaces).
- **Predictability and Structure:** Providing clear, visual, and consistent **schedules and transitions** to reduce anxiety and increase autonomy.
- **Quiet/Calm Spaces:** Ensuring access to readily available, non-punitive, and comfortable **safe spaces** where young people can self-regulate, decompress, or de-escalate.

3.2 Curriculum and Communication

- **Interest-Led Learning:** Utilising special interests to drive engagement, motivation, and positive self-esteem.
- **Differentiated Communication:** Staff will use **clear, literal language**, provide processing time, and use visual supports (e.g., Social Stories, visual timers, choice boards) tailored to the young person's communication style.
- **Skills-Based Teaching:** Explicitly teaching social-emotional skills, problem-solving, emotional literacy, and self-advocacy using therapeutic and evidence-based frameworks (e.g., Zones of Regulation, Collaborative & Proactive Solutions (CPS), or trauma-informed approaches).

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4. Response to Distress and Dysregulation

When a young person displays behaviour that is challenging, the response must be **therapeutic, non-judgmental, and focused on de-escalation and repair**.

4.1 The 'Assess, Support, Teach' Model

1. **Assess (The 'Why'):** Quickly and calmly assess the potential cause of the distress.
    - *Is it sensory overload?*
    - *Is it a communication breakdown?*
    - *Is it anxiety/fear?*
    - *Is it hunger, fatigue, or illness?*
2. **Support (Co-Regulation):** Provide immediate support to help the young person regain regulation.
    - Use a **calm, low tone of voice** and a non-confrontational posture.
    - Offer **choices** for sensory input or removal from the setting (e.g., "Would you like to go to the calm room or have your headphones on?").
    - **Prioritise connection** over compliance. *Wait* to address the 'what happened' until the young person is regulated.

3. **Teach (Repair and Reflect):** Once *all* individuals are calm and regulated, engage in a restorative conversation.
    - **Focus on the feeling/need**, not the behaviour (e.g., "I noticed you were really frustrated when the task was too hard.").
    - **Co-problem-solve** to develop a strategy for future similar situations (e.g., "What could you ask for next time you feel that way?").
    - **Repair any harm** to relationships or property in a meaningful, non-shaming way.

4.2 The Use of Physical Interventions

DRHL operates a **Low Arousal, Low Intervention** policy. Physical interventions will **only** be used as a last resort when there is an immediate and significant risk of **serious harm** to the young person or others.

- Any staff member using restrictive physical intervention must be fully trained in a recognised, accredited, and neurodiversity-sensitive technique (e.g., Team Teach or equivalent).
- All incidents must be documented fully, reviewed, and debriefed with the young person, team members, and PB Lead.

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5. Staff Training and Accountability

- **Mandatory Training:** All team members will receive regular and mandatory training in: **Neurodiversity Affirming Practice, Trauma-Informed Care, Sensory Processing, De-escalation Techniques, and Therapeutic Communication.**
- **Supervision and Clinical Review:** Team members will have access to regular, reflective supervision and therapeutic case reviews to explore incidents and ensure the consistent application of this policy.
- **Consistency:** Keyworkers and PBS Team will work collaboratively to ensure a unified and consistent approach across the setting for each young person.

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6. Monitoring and Review

This policy will be reviewed annually by the Head of Provision and PBS Lead to ensure it remains aligned with best practice, current legislation (including safeguarding duties), and the evolving needs of the young people at DRHL.

Therapeutic Foundation	Trauma-Informed Practice (TIP)	TPC Therapy, Anna Freud, Local Authority Specialist Teams
Relational Skills	Attachment-Awareness & Co-regulation	**PACE** training (NSM Training, Attachment-focused consultants)
Neurodiversity	Sensory Needs, Autism, ADHD, PDA	Neuroteachers, North East Autism Society, Specialist Educational Psychologists
Safety & Crisis	De-escalation & Physical Intervention	**Team Teach** (Level 2 for Alternative Provision)
Skill Building	Non-Punitive Problem Solving	**Collaborative & Proactive Solutions (CPS)** training