



Autism Early Support

Supporting emotional regulation for learning policy

For internal use only

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1. Update from previous version

This policy was previously titled Behaviour Management Policy. The title has been changed and elements of the policy have been rewritten to reflect our continued movement towards a neurodiversity affirming approach and child-led practice. Instead of referring to the management of children’s behaviour the emphasis is now focussed on the value of, and methodologies AES apply to support children’s emotional regulation.

2. Purpose

The purpose of this policy is to provide guidance to all AES employees and families accessing our support, on supporting emotional regulation and promoting engagement for learning for the children under our care.

AES recognises and respects that all children present with unique profiles. Autistic children present with differences that can make their environment feel overwhelming, unpredictable and unsafe. This significantly impacts on being able to engage, interact and learn and as a result this can lead to emotional responses that can be emotionally and physically harmful to themselves and others around them. It is paramount that we support children to reduce barriers to learning and that we promote their well-being.

We are committed to ensuring we support children with their emotional regulation. We ensure that we use strategies and approaches that are respectful and meaningful to the child. We continually improve our knowledge and understanding of all areas of emotional regulation and how it can impact a child learning, interaction and development.

The aims of this policy are to ensure:

- The physical, emotional and mental well-being needs of all children and families supported by AES.
- That everyone understands that there are underlying reasons for a child experiencing dysregulation and that these require exploration and understanding.
- Measures are put in place to ensure all staff and families can implement strategies to support emotional regulation while minimising the risk of emotional and physical harm to themselves or others.
- Measures are put in place to support children to advocate for their own needs to support emotional regulation.
- We have adequate knowledge and resource to support children’s emotional regulation effectively and safely.
- We are compliant with legislation and regulations at a local and national level.

3. Scope

This Policy applies directly to all AES Employees, volunteers and families accessing support, both through the nursery and outreach services.

4. Terms and definitions

In this Policy, the following capitalised words and expressions shall have the meaning ascribed below:

“AES” means Autism Early Support Trust Limited.

“AES Employees” means individuals (paid and unpaid) who have employment with AES, board members of AES, and, to the extent applicable, consultants and employees hired via staffing companies working for AES.

5. Rationale

Autistic children present with differences related to cognitive processing, sensory processing, communication and interaction. They may also present with other co-occurring presentations that may impact their physical presentation (e.g. differences with praxis and hypermobility) and daily living skills (e.g. Avoidant Restrictive Food Intake Disorder – ARFID, Ehlers-Danlos). These can result in the child having differences in emotional regulation. The following are possible causes:

- Communicative bids are misunderstood and misinterpreted.
- Communicative preferences are not respected.
- Demands may outstrip a child’s abilities (e.g. sensory, communicative, social and cognitive demands).
- Physical needs are not readily identified (e.g. they may be experiencing pain but unable to interpret the internal signals).
- Social interaction differences and preferences are not being understood.
- People, activities, and expectations are not predictable to the child.
- The child finds transitions challenging.
- The environment is not supportive of their unique sensory differences.
- The child feels insecure and/or unsafe in the environment.
- The child’s thinking style is not understood (e.g. being unable to shift attention and being made to move on too quickly and too soon before their body and brain is ready).

All these demands can lead to a child presenting with a stress response that can present in several ways such as:

- Fight (e.g. pushing, biting, hitting, meltdown)
- Flight (e.g. run away, hide, climb to get away)
- Freeze (e.g. unable to move, shut down)
- Fawn (e.g. overly compliant and withdrawn)

These stress responses or episodes of dysregulation occur because of a mismatch in expectation or because of an underlying need in the child that has not been recognised or met.

Autistic children whose underlying needs and differences are not understood, face a higher risk of burnout and a greater chance of this resulting in a long-term negative impact on their emotional and mental well-being. All children will use self-regulatory strategies (e.g. stimming, use of key words or phrases). These should be honoured and encouraged. All partners working alongside the child aim to understand these strategies and offer activities that may also be beneficial in meeting these needs (e.g. if a child likes to chew to support emotional regulation, they will be given opportunities to use chewies or crunchy snacks to support this).

6. Aim

AES recognises that emotional regulation is a foundation for children to feel safe, be able to engage and connect with the environment and people around them. AES aims to enable supporting adults and carers to explore and better understand each child's unique profile so that they can advocate for their emotional regulation needs.

AES aims to ensure that this is communicated and shared with all relevant people and settings working with the child so that that effective strategies and approaches are implemented and embedding across all aspects of the child's life.

AES achieves this through:

- Assessment carried out by knowledgeable staff alongside carers and the children themselves.
- The development of a programme or recommendation and strategies that are meaningful and relevant to the child.
- Responding to subtle signs of dysregulation and strategies are used proactively to reduce risk of children becoming dysregulated.
- Being respectful of the child's unique profile and needs (e.g. if a child is sensitive to touch, this is communicated to all supporting adults who are expected to always honour the child's preferences. For example, particular thought and sensitivity would be given to procedures such as intimate care).
- Excellent communication and open dialogues between all of the with relevant people working alongside the child (e.g. within their setting, primary care givers).
- Well informed, research-based training and Information for staff and carers. Wherever possible our guidance is informed by autistic people.

The following approaches will NEVER be used:

- Behavioural approaches and those that focus on child compliance and have long term impact on mental health and well-being. This includes reward-based systems such as sticker charts and behaviour expectations charts (e.g. traffic light system).
- Penalties or punishments of any kind (physical or emotional).
- Threats including raising voices or threats of taking something away if a child does not comply to something.
- Techniques that single out or humiliate children.

7. At Circle Centre Nursery

The Environment:

The environment at Circle Centre is a caring, nurturing and enjoyable space where adaptations are made to meet the needs of individual children. This enables children to feel secure and build connections and trust with their supporting adults. This provides the foundation to enable them to engage in and access learning opportunities available to them across the setting.

Each child's unique profile of strengths and needs are respected and valued. They have individualised targets and support plans that aim to foster emotional regulation, communication, autonomy and independence.

Arousal levels are monitored and adjusted. This includes the sensory environment, types of activities and staff energy levels and responses.

Activities are planned and modified to meet the needs of the cohort of children that attend each session. Movement and sensory supports are implemented to support children's abilities to adjust their own energy levels according to the activity. Strategies and supports are embedded across the day to support executive functioning, sensory, communication and interaction differences (e.g. AAC, transitional supports such as objects of reference and use of symbols, simplifying verbal language use).

To reduce social demands, there are no more than 8 children per session. There is a minimum staffing ratio of 2 children to 1 adult to ensure that children's signs of dysregulation are responded to promptly support strategies are implemented and embedded before-hand, whenever possible to minimise risk of dysregulation.

Curriculum

At Circle Centre, the curriculum, as described in the curriculum policy, is applied to ensure it meets the unique strengths and needs of the children who attend. The prime areas of the Early Years Foundation Stage Framework alongside the Social Communication Emotional Regulation Transactional Supports (SCERTS) model are the foundations for the curriculum. This enables focus on emotional regulation, building connections, communication and interaction to be the focus to support children's foundations for learning, engagement and interaction across all aspects of their lives.

Children's passions and interests are incorporated in their individualised plans to their experiences to foster intrinsic motivation. Adults model alongside and follow the child's lead in their preferences for learning and emotional regulation.

The curriculum is implemented through a multi-disciplinary approach of educational and therapeutic expertise from highly skilled and knowledgeable team of learning support assistants, specialist lead teachers, occupational therapist and speech and language therapist.

Staff roles and responsibilities

AES staff maintain high professional standards to provide a calm and safe environment that caters to autistic children.

Staff will use consistent strategies and supports to promote regulation and engage with each child as described in their termly targets, therapeutic programs of support and regulation support plans.

Moments of dysregulation are reported to the staff member leading the session. These are noted and monitored and, if required, a regulation support plan will be implemented.

Staff understand that any times of dysregulation that resulted in injury or physical intervention (e.g. picking up a child to move them to a safer space) to ensure safety, incident, accident and physical intervention procedures are adhered to. Physical intervention is always an absolute last resort.

Therapists and teachers will monitor and provide guidance and support to learning support assistants through modelling and coaching.

The Head of Children’s Services is responsible for ensuring the highest standards of education and support are always maintained.

Regulation support plans

Circle Centre use regulation support plans that involve observation by the team to recognise factors contributing to dysregulation for a child. These aim to establish this through the child’s perspective. A collaborative approach involving carers and key staff involved is carried to contribute to a plan that is overseen by the therapies team. Each plan includes:

- Individualised signs and signals used to indicate different energy levels.
- Individualised causes and factors that influence energy state.
- Individualised strategies that are personalised and meaningful to the child (e.g. access to chewies, movement to a quieter space, reduced demands).

Regulation support plans are reviewed termly. These are shared with other professionals and settings as required.

Individual risk assessments

When needed, an individual risk assessment will be carried out by the lead teacher. This will aim to identify the level of risk and likely frequency, impact and management strategies required to minimise risk. This will be shared with carers and key members of staff to ensure consistency in management approaches.

8. Outreach services

Individual support

Our individual support services are delivered in a way that ensures a child’s needs are being met and the risk of dysregulation is minimised. Advice to parents is communicated both verbally and via written reports which are also shared with the relevant people working alongside the child. Recommendations are always practical and meaningful to the child and their unique situation.

Guidance and training to parents, carers and professionals

Our training and consultation services (outreach services) are child-led. This includes the delivery of support through our Parent’s Portal, our work in schools and our parent support services. All of these areas are underpinned by the promotion & importance of understanding the underlying reasons and support strategies that can be implemented to support children’s emotional regulation.

Roles and responsibilities of outreach service staff

All are responsible for prioritising children’s well-being and for supporting their emotional regulation.

The team are highly knowledgeable within their areas of expertise (e.g. Speech and Language Therapists will have knowledge related to communication and interaction differences, and Occupational Therapists will have knowledge related to sensory and physical difference that impact on emotional regulation). They recognise their professional boundaries and when to seek support from other services (e.g., psychology, education

professionals within school) or colleagues within the team (e.g. Parent Support Coordinator, Designated Safeguarding Lead).

The Head of Children's is responsible for ensuring high standards are always met and the highest quality of support is implemented.

9. Physical contact

Definition:

Physical contact with a child within an educational setting like out nursery, refers to any form of non-coercive, non-invasive, and consensual contact between a staff member and a child. Typically, this physical contact is supportive and nurturing, or it may be part of a routine educational interaction. It may be necessary for providing comfort and towards supporting a child's development (e.g. supporting their independence to dress themselves) and it must always be respectful of the child and appropriate to the situation.

Physical contact must always be carried out in line with safeguarding policies and legislation (Early Years Foundation Framework (EYFS), Children's Act 1989 and Working Together to Safeguard Children 2023)

It must always respect a child's personal space and boundaries. Physical contact should always gentle, supportive, and based on the child's needs, ensuring they feel safe and secure always.

Typically personal contact includes:

- Providing comfort (e.g. to soothe)
- Supporting with personal care (e.g. dressing and toileting)
- Ensuring safety (e.g. to prevent a fall)

Physical contact should always be informed by the following principles:

Child centred – All physical contact should be guided by the child's needs, preferences, and comfort levels. Practitioners should always be attuned to verbal and non-verbal cues from children and respect their boundaries.

Consent and transparency– all parents and guardians at Circle Centre are asked to consent and share preference for activities that involve physical contact such as applying sun cream and toileting. Where possible, child consent should be obtained before physical contact. This includes being responsive a child's gestural and body cues, seeking permission in a way that is meaningful to their communication preferences and differences and being respectful to a child's refusal.

Respectful of differences – this includes all adults need to be understanding and aware of differences that are unique to the child (e.g. unique sensory profile) and made adaptations and adjustments to meet the child's individual needs.

Non-intrusive – this may include holding a hand for reassurance or offering gentle pressure to support emotional regulation.

Safeguarding and professionalism – all staff and visitors adhere to safeguarding policies and maintain professionalism in line with legislative guidance (EYFS and Health Care Professions Council) and AES code of conduct.

Refer to acceptable and unacceptable physical contact document for guidance.

10. Physical intervention

Definition:

In the context of an education setting, this intervention refers to any method of using physical force or contact to control, restrain, or guide a child's movement to ensure their safety.

This is used as a last resort when the child faces a significant risk and there are no other possible options available.

This includes the following:

- Blocking, guiding or restricting movement through using an object or your own body (running into a car park).
- Restraint where there is direct physical contact such as lifting, pushing, pulling, or holding.
- Seclusion which involves isolating a person and preventing them from leaving.

Legislation:

The Children's Act, 1989, 2004, 2006 stipulates that schools consider the child's needs as a priority in all their dealings. The needs of the child must always be paramount and in all cases, their safety and dignity must be maintained.

The law recognises certain justifications for physical intervention. These are to prevent a child:

- Harming themselves
- Injuring others

Staff responsibilities

The use of physical intervention must only be used in the case of emergencies and when there is an immediate risk that cannot be resolved by any other means. Preventative measures should always be prioritised. The intervention must be proportionate to the level of risk and used for the shortest time necessary (e.g. pick up and move a child to a safe space).

Staff should seek help and advice and work as a team to support each other. Two members of staff should be present when dealing with critical incidents that require physical interventions.

AES physical intervention and incident procedures must be adhered to and reported to the Head of Children's Services.

11. Staff Training

Training and development opportunities are prioritised internally on an ongoing basis, including through staff meetings, PDM's and 1:1's. Staff are coached by referencing regulation support plans, the SCERTS principles and our curriculum.

Safeguarding training is mandatory for all staff and where relevant external training is offered.

12. Further Reading

Policies:

Safeguarding policy [See Folder](#)
Curriculum policy [See Folder](#)
Intimate Care policy

Procedures: [See Folder](#)

Acceptable & Unacceptable Physical contact
Incident management procedure
Physical intervention procedure

Other Reference information:

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
[Speech and language therapists | \(hcpc-uk.org\)](http://hcpc-uk.org), [Occupational therapists | \(hcpc-uk.org\)](http://hcpc-uk.org).
[Keeping children safe in education - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
[Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
[Children Act 1989 \(legislation.gov.uk\)](http://legislation.gov.uk)