Ysgol Tŷ Monmouth Policy

Therapeutic Approach (Behaviour)

POLICY STATEMENT

- Phoenix's Education services are underpinned by an evidence-based and integrative therapeutic approach.
- The fundamental aims of Phoenix in our Education settings are to empower our Employees to nurture Pupils in order that they flourish and grow.
- Professionals and Team Members in our Education settings are trained in a consistent approach which is based on a focus on inclusion of Pupils, a set of values and beliefs about understanding behaviour, open communication, a commitment to diversion and de-escalation, risk reduction planning, reparation, reflection, and restoration.
- As part of our therapeutic approach, the Education teams work closely with the Integrated Therapies Team (ITT) who support, through consistent joint working, the delivery and training of this policy.

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1. Introduction

1.1 Scope

1.1.1 This policy does not and is not intended to supply guidance on the management of a Pupil's behaviours. This policy is concerned with the provision of appropriate support for behaviour generally. Specific support strategies will be listed within a Pupil's risk assessments and behaviour support plans.

1.1.2 The application of this policy is mandatory for all Phoenix Learning and Care Team Members, Volunteers, Agency/Bank support and other Phoenix representatives working within our schools.

1.1.3 Support will be provided through training and supervision to ensure that those supporting our Pupils understand and deliver this policy.

1.1.4 Phoenix Learning and Care Group have access to in-house specialists in the fields of psychology, creative arts, occupational therapy and speech and language and external associates specialising in educational psychology.

1.1.5 Many of the Pupils we support have experienced varying levels of trauma and neglect and as such may present with difficult attachment histories. This may significantly impact how they behave in relationships to others and how they seek to get their needs met. Often this will be displayed in their behaviours, which can present as concerning at times.

1.1.6 Additionally, many of the Pupils we support will have Additional Learning Needs (ALN), Special Educational Needs and Disabilities (SEND) and/or Social, Emotional and Mental Health (SEMH) which includes Autism and profound and multiple complex needs.

1.1.7 Some of the Pupils we support would have experienced developmental trauma whereby the source of the trauma is the relationship with their attachment figures. They will therefore understandably find it extremely difficult to build relationships and trust others. Children who have experienced developmental trauma will develop both expressed needs and hidden needs. We will often see the expressed needs in the form of behaviours of concern. The hidden needs will be the emotion that they are experiencing but may not be/feel able or safe enough to express. If we only focus on the behaviours of concern (expressed needs), then we risk not meeting their emotional needs (hidden needs). We need to get to know the child and be curious as to what their hidden needs may be. We need to focus on what is going on behind the behaviour and what they are trying to communicate to us.

1.1.8 Bruce Perry (2013) states that developmental trauma can be repaired but the treatment, parenting and schooling must be organised in the order in which the brain injury needs to heal. As a child's brain develops from birth to adolescence, it grows in three stages:

1. Motor and sensory input (brain stem/mid brain),
2. Attachment, emotions, and behaviour (limbic brain),
3. Thinking, planning, inhibiting & learning (cortical brain).

1.1.9 Children's brains develop from the bottom up and we need to follow this process to repair the developmental trauma. Some of the Pupils we support get stuck in their brainstem, which is the part that keeps us safe. This is the part of the brain responsible for our fight, flight or freeze response, which is helpful for a child living in a dangerous environment. Sometimes then when they move into a safe environment (for example, school/college), their brain stem does not switch off, so they are consistently stuck in survival mode. When they are stuck here, very little information can be passed up to the higher parts of the brain and they will be unable to learn, explore, play, build relationships and manage their emotions.

1.1.10 The attachment system is a biological system that all humans are born with, the purpose of which is to keep the infant safe by signalling to the parent when they need them to come close to them and address one of their needs. The attachment system drives attachment behaviours, which are behavioural signals that an infant's attachment system is activated. In very young children these attachment behaviours may be crying, reaching out, or crawling to the carer. When the child's needs are met consistently with sensitive, responsive caring the child will develop a secure attachment system.

1.1.11 For some Pupils we support, they have often not received such sensitive, responsive care; rather their care has been inconsistent, frightening, or chaotic. This leads to them developing an insecure attachment system. Our attachment system informs our behaviour and the way we are in relation to others; either positively or negatively.

1.1.12 Autism is a lifelong developmental condition that affects how people communicate, interact with others, and process information. It's characterized by differences in social interaction and communication, and can also include sensory processing and sensory integration needs.

1.1.13 Some Pupils may have a learning disability or experience barriers to learning which effects the way a person processes information and how they communicate. This means they can have significant difficulties understanding new or complex information, learning new skills and coping independently. A learning disability is a reduced intellectual ability and difficulty with everyday activities which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need

1.1.14 This will therefore impact them in several ways. For example, language processing disabilities can make reading and writing more of a challenge. Difficulties with memory and processing can result in a Pupil having to reread a piece of text or listen to spoken instructions many times. They may also need more time to process information before answering questions or replying when spoken to, which can result in difficulties contributing to classroom or group discussions. In addition, they may have difficulty maintaining friendships, relationships, or employment, as they may find organisation, impulse control, planning and reading social cues to be a challenge.

1.2 Ethos & Aims

1.2.1 Phoenix Learning and Care support vulnerable Pupils across a number of schools. We aim to provide Pupils with a safe and secure environment where they are able to receive high quality education and care. We also aim to support individuals with their psychological and behavioural difficulties as we recognise that many have experienced trauma and as such require a particular approach in order to assess lifelong learning.

1.2.2 We believe that Pupils with emotional and behavioural needs, some of whom have experienced significant trauma, require an educational environment characterised by stability and physical and emotional security and thus we aim to provide Pupils with therapeutic educational settings whereby they will receive the education and care they need to learn to trust and begin to flourish.

1.2.3 In line with the evidence base, we will support Pupils with Playfulness, Acceptance, Curiosity and Empathy (PACE). Developed by Dr Dan Hughes, PACE is as an approach to parenting children who have experienced trauma and struggle to develop secure attachments to help them feel safe and secure in order to build attachments and heal. PACE is a whole attitude: a way of being that provides the other with an emotionally connected experience within the interaction. It is an attitude we can hold towards ourselves, with each other, and to children (Hughes, Golding & Hudson, 2019). As such, we aim to support all of our Pupils through a PACE approach, as this will be a beneficial approach for all of those we support who may present with various difficulties and needs.

1.2.4 Therapeutic care supports healing and well-being utilising a range of interventions and approaches. It involves creating a safe and nurturing environment, building therapeutic relationships, and utilising specific techniques to address emotional and behavioural needs. Offering therapeutic care means accepting that the emotional difficulties experienced by the Pupil we work with have their source in the past as well as the present and involves being curious as to what the behaviour is communicating. Our educational services promote a multi-disciplinary approach that equips Pupils with a toolkit for life, removing barriers to education and enhancing transferable, meaningful skills.

1.2.5 We support Pupils for whom mainstream services have not been right and often been deemed unsuitable for education. We believe education is an entitlement and our services adopt a creative, forward-thinking approach to bespoke learning pathways. We believe that every Pupil can be supported to achieve their potential, to improve their quality of life and outcomes.

1.3 PACE in Practice

1.3.1 Scenario: James is refusing to engage in his tasks. He is crawling under tables, scribbling on his worksheet, and saying he hates the work and school.

- Playful:“ Oh wow, James, that worksheet looks like a little mouse chewed through it! I hope he doesn’t find my sweet stash. You look really upset — want to come to the comfy corner and see what we can figure out together?”

- Accepting: “You’re right — sometimes work feels really hard, and it’s awful when it feels like we can’t do it. I feel that way too sometimes. It’s OK to feel like that.”

- Curious: “You usually enjoy Maths. I wonder what’s different today. Could something else be bothering you, I know your Grandpa has been ill or is it something else?”

- Empathic: “You look really upset, James. That must feel awful. Let’s work together to figure out a way for you to let me know when you’re feeling like this. We can find a better way.”

1.3.2 The teacher prepares a personalised activity using the pupil’s favourite book. She looks at it and says, “I’m not doing that, it looks rubbish!”

- PACEful response : “Hmm, that’s not like you — you usually enjoy this kind of activity. I wonder what’s different today. Is something bothering you? I know when I have things on my mind, it can be hard to focus, too.”

1.3.3 Scenario 2: The pupil asks to do an activity that’s not possible right now. They get angry and shout, “That’s so unfair! I hate you, you’re horrible!!”

1.3.4 PACEful responses

- Wow, you’re feeling really angry. You wanted to do [activity] and I said no — that must feel so frustrating.”

- “It must feel awful to think I hate you — no wonder you’re shouting. I’d want to scream too if I thought someone didn’t care about me.”

1.4 Links to other policies

1.4.1 This policy may be read in conjunction with other policies within the organisation. Readers should read these policies for fuller information:

- Professional Boundaries (Group Policy No. 566)

- Records, Record Keeping and Passing on Information (Group Policy No. 545)

- Education Governance and Oversight

- Lone Working

- Whistle Blowing & Making Protected Disclosures

- Recruitment & Selection (inc. safer recruitment)

- Anti Radicalisation

- Online Safety

- Risk Taking and Risk Assessment

- Admissions

- Physical Intervention

- Safeguarding and Child Protection

- Anti-Bullying
- Complaints
- Self-Harm and Suicide

2. Definitions

Item	Definition
Behaviours of concern	For this policy behaviours of concern can be described as challenging when it is of such intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.
Attachment	Attachment is defined as "a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969)"
Attachment system	The attachment system is a universal system that all infants are born with the capacity to develop. It is a basic biological system, and its purpose is to keep the infant safe by signalling to the parent when they need them to come close to them and address one of their needs.
Trauma	Trauma is defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing; it is an experience that overwhelms the person's ability to cope.
Developmental trauma	Developmental trauma occurs when the child-caregiver relationship is the source of trauma. Traumatic experiences of parenting include abuse, neglect and exposure to frightening events such as domestic violence or parental misuse of drugs or alcohol.
Speech, language, and communication needs	Describes the extensive range of needs related to all aspects of communication – from understanding others to forming sounds, words, and sentences to expressing ideas and emotions and using language socially.
Sensory processing difficulties	Refers to the way the nervous system (brain and spinal cord) receives messages from the eight senses and turns them into responses. Some individuals have difficulties integrating sensory information coming into the brain and managing their bodily responses to this input/feedback.
Sensory Processing Disorders (SPD)	Individuals with SPD, struggle to organise the sensory information which goes into their brain and cannot generate the necessary appropriate responses for a situation.
Co-regulation	Refers to the Team Member staying with the Child and young person when they are in a heightened state, supporting them in managing the emotions and helping to soothe them and through this teaching them how to self-regulate.
Self-regulation	Refers to the ability of the individual to control their own emotions, behaviours and thoughts in a way that is positive.
Additional Learning Needs (ALN) (Most commonly used in Wales)	Refers to various groups of children, young people, and adults who for a variety of reasons may face additional barriers to education and learning. This makes it more difficult for them to achieve their full potential.
Special Educational Needs and Disabilities (SEND) (Most commonly used in England)	Refers to if an individual has a learning difficulty and/or a disability that means they need special health and education support.
Autism	Autism is a lifelong developmental condition that affects how people communicate, interact with others, and process information. It's characterized by differences in social interaction and communication, and can also include sensory processing and sensory integration needs. Autism is considered a spectrum, meaning individuals

Item	Definition
	experience a wide range of challenges and strengths, which can vary over the course of a lifetime
Multi-Disciplinary approach	A multidisciplinary team or MDT for short is a diverse group of professionals working together. Taking an MDT approach involves drawing appropriately from multiple disciplines to explore problems outside of normal boundaries and reach solutions together.

3. Procedure

3.1 Planning

3.1.1 We respond to consultations in a multi-disciplinary way, looking at suitability, compatibility and the needs of the individual ensuring appropriate safeguards are in place to meet their social, emotional, health, physical and educational needs.

3.2 When Pupils come to our schools.

3.2.1 The Integrated Therapies Team will complete assessments with the Pupils, making recommendations for their speech and language and occupational therapy needs, as well as their psychological and emotional well-being needs.

3.2.2 Therapeutic support will be clinically driven and provided universally for all Pupils. The ITT provide training, consultations, and guidance for the teaching team to support them in working therapeutically with the Pupils. Some examples of the indirect support the ITT offer include:

i. Feeding back on consults for new Pupils

ii. Attending EHCP/IDP/TAM/Review meetings

iii. Reviewing incidents as part of the monthly Incident Review Groups and Governance and Oversight meetings

iv. Offering support and strategies for behaviours of concern

v. Supporting with risk management/safeguarding

vi. Consultation on environmental matters within the environment (such as layout of environments from a sensory perspective)

vii. Supporting teachers and wider teams in delivering programmes such as Zones of Regulation

viii. Supporting the use of resources and strategies within their environments - through training, modelling etc.

ix. Observing Child and young person in their environments and feeding back

x. Consultation on creating communication friendly environment.

xi. reflective practice for the Team Members supporting the Pupils to explore strategies to meet their individual needs and may attend team meetings where indicated.

3.2.3 Additionally, ITT may offer 1:1 sessions with a therapist, indirect therapy programmes in a group or one to one basis and group work. Some interventions will be time limited, others ongoing through the academic year, dependent on clinical need and this will be reviewed at regular intervals.

3.3 Reflective Practice and Supervision (1:1)

3.3.1 Teams can access reflective practice. They will be able to reflect on the therapeutic care they are providing in their line management supervisions and paperwork will be adapted to allow for this.

3.3.2 The Senior Leadership Team, as part of the multidisciplinary approach will regularly meet with the ITT. Maintaining this relationship will support the integration of specialist knowledge and skills across the Senior Leadership Team and ITT, providing consistency and improved knowledge and understanding.

3.4 Outcomes

3.4.1 We strive to achieve the best outcomes for our Pupils. We have high aspirations for them and such endeavour to reflect this within our delivery of meaningful education.

3.4.2 Once Pupils have accessed support from the ITT, their school will make recommendations to the Local Authority to be included in the Educational Health and care Plan (EHCP) Statement or Individual development Plan (IDP).

3.4.3 Our schools use Motional, a tool for measuring, supporting change and progression, and measuring that progress. Motional measures different emotional systems in the brain CARE, SEEKING, PLAY, FEAR, RAGE, PANIC/GRIEF based on Panksepp's (1998, 2011) seminal works and the key executive function skills of 'handling stress', 'thinking & concentration', 'confidence & self-esteem', 'interpersonal skills', and 'emotional literacy' – to give a whole brain picture of a child's emotional and mental health.

3.4.4 Motional creates time-stamped emotional health profiles and directs professionals to appropriate activities developed by a team of psychologists and experienced senior educators that respond specifically to the emotional health profile of the participant. Additionally, Motional can apply the same algorithm to of participants (such as a class) and sub-groups (such as break-out groups).

3.4.5 Motional creates a baseline, a record of development for each child and is used to monitor progress by individual, group, sub-group and/or by individual characteristic such as (but not limited to) Gender, Age, Pupil Premium and Free School Meal status. Reports can be generated that provide the opportunity to observe emotional health progress alongside academic progress and attendance.

3.4.6 Where indicated, the ITT will provide interim reviews, additional training, and support to those supporting our Pupils.

3.4.7 We acknowledge that the Team Members supporting our Pupils may, at times, experience difficulties which compromise their own emotional well-being and safety. The specialist input we have access to also aims to support our Team Members, ensuring we can maintain our high aspirations for the Pupils.

3.4.8 Our long-term aspiration for our Pupils is to equip them with transferable skills that will improve their future prospects and engagement in society and accessing meaningful lifelong education.

3.5 Language

3.5.1 Documents and recording will acknowledge the therapeutic approach to managing behaviour.

3.5.2 We will adopt a flexible and forward-thinking way of working with Pupils which is responsive to their individual, ever changing needs. We support Pupils to develop their understanding of their own emotional needs and those of others, helping them to adopt effective strategies to manage their emotions with the ultimate goal of self-regulation.

3.5.3 An inclusive, communication friendly approach that utilises all forms of communication will be adopted.

3.5.4 We use language accessible to all, refraining from professional jargon when everyday language can be used.

3.5.5 Where indicated, the ITT will provide scripted language for those supporting our Pupils.

3.5.6 Our ITT will work as part of the multi-disciplinary team to create a communication passport for each Pupil.

3.5.7 In line with the recent evidence base, we will refer to behaviours as, behaviours of concern, rather than 'challenging behaviours'.

3.5.8 All Team Members working for Phoenix Learning and Care will ensure that positive, empathic language is used when talking to and about the Pupils when documenting their lives. This will look like:

i. Those supporting our Pupils will be sensitive regarding what is discussed in front of them and will not say things like 'I can't wait for the holidays' or 'I can't wait to finish today'.

ii. Managers will appropriately challenge when they observe non-person-centred language being used.

iii. Being respectful of the Pupils, understanding that whilst is a day of work for them it is a day in the life of that Pupils.

3.6 Rewards

3.6.1 Our schools cater for Pupils with a wide range of complex needs. Therefore, we recognise that our response to these needs have to be person centred and appropriately matched to the cognitive ability of the Pupil.

3.6.2 Therefore, one blanket approach to rewards would not be appropriate and should be based on individual need. As we recognise every Pupil will require a different approach to acknowledging success, senior leaders will have discussions as part of a multi-disciplinary team to ascertain what is most appropriate for that individual.

3.6.3 Research indicates that rewarding behaviour, e.g., long term reward charts, may not provoke the desired learning response in Pupils. Fabes, Fulse and Eisenberg et al., 1989, found that those given a reward for a task were less likely to repeat it a second time without the offer of a reward, when compared to children who had not received a reward in the first place. This suggests behaviours of children are internally motivated and are not developed by external rewards.

3.6.4 Rewards are a form of 'operant conditioning', in that they are reinforcers of behaviours. They may temporarily control a Pupils while they are on offer, but they do nothing to increase internal motivation, remove the reward and the child no longer behaves in the way you wish.

3.6.5 Rewards can produce quick results. After the initial quick improvement, it is likely the Pupils will only behave well when rewards are on offer. Rewards that increase external motivation temporarily can also have a negative effect on internal motivation. Meaning the more you reward the child for something, the less likely they are to repeat the behaviour.

3.6.6 When motivating Pupils to change, we must look at the skills which underpin the activity. Strategies need to be embedded by those supporting and environment to support the Pupils to build their skills and motivation to complete tasks that they find difficult. These discussions will include key people around the Pupils, including school Team Members, Parents, and Carers.

3.6.7 Through positive reinforcement and positive consequences (see section 3.7) the Pupils' intrinsic motivation to do the things that are asked of them will grow and develop.

3.6.8 It is recognised many educational settings will use reward systems as a motivational tool to help a Pupil remain focused on a task. Careful consideration must be given to ensure that rewards are not used inappropriately or punitively.

3.6.9 As an educational establishment we adopt a pro-active approach to positive behaviour support that seeks to reward Pupils for their efforts and celebrate their success.

3.6.10 We recognise that on occasions some Pupils may need to use reward-based systems and that this may be beneficial for them.

3.6.11 Using rewards and motivators can help to encourage a particular behaviour. Even if the behaviour or task is very short, if it is followed by lots of praise and a reward, the person can learn that the behaviour is acceptable.

3.6.12 Rewards can take the form of verbal praise and attention, preferred activities, toys, tokens or sometimes small amounts of favourite foods or drinks. Ensure that you clearly name the behaviour that you are rewarding, e.g., "Jane, that's good waiting!" and ensure that rewards are provided immediately after the behaviour that you wish to encourage e.g. "You can spend 10 minutes on the computer now".

3.6.13 Some autistic people do not enjoy social attention. In these circumstances, verbal praise can cause distress and actually stop the person engaging in the desired behaviour in the future.

3.6.14 The use of reward-based systems should be agreed through consultation with the ITT as part of an agreed multi-disciplinary team approach. The Team Members supporting the Pupils will work together to phase out external motivators, such as reward charts building in more internal motivators.

3.6.15 Where rewards are gained, these should not be removed or taken under any circumstances.

3.7 Consequences

3.7.1 The understanding of consequences is a long-term goal for some of our Pupils. Consequences occur following positive and negative experiences.

3.7.2 We acknowledge that some Pupils will not have the language skills necessary to understand the concept of consequences and how they apply to them. If a Pupils is using a behaviour of concern, the following strategies can be used to support them through this period of time:

- Social stories
- Comic strip conversations
- Reflective Practice Think Sheet

- Other visuals as supplied by the Speech and Language Therapy team (stored on the Phoenix Universal SharePoint site)

3.7.3 Effective consequences will tend to be ones that naturally follow on from the behaviour, or which are logically related to the behaviour. Naturally or logically connected consequences mimic the way consequences actually work in the real world, and therefore make intuitive sense to Pupils.

3.7.4 Withholding of essential items such as food, drink, medication, or sleep etc, as well as removing rewards gained and favoured activities, must never be used as a consequence and will be dealt with in line with the disciplinary policy if found to be used.

3.8 Positive consequences

3.8.1 Positive consequences happen when the Pupil behaves in a desirable way and is rewarded with something they like and enjoy. When used correctly positive consequences will increase the frequency of positive behaviour. These are distinct from rewards. Rewards are designed to explicitly motivate the Pupil to do something the adult wants, e.g., clean their room and may be accompanied with the narrative 'if you clean your room, you can have extra time on your Xbox'.

3.8.2 A positive consequence reinforces and encourages positive behaviour and is spontaneous to the individual. For example, 'You've done so well with your reading all week and we know you find that tricky. Therefore, you can have some additional computer time.'

3.8.3 Through the use of positive consequences, the Pupils will learn that making good life choices, like doing chores or listening to your direction leads to positive consequences.

3.8.4 Appropriate behaviours often go unnoticed. Reinforcing them with a positive consequence encourages the Pupils to keep up the good work.

3.8.5 Pupils do not need to have an expensive reward every time they do something positive. There are many ways to reinforce positive behaviour and should be appropriate to the age, cognitive ability, and interest of the Pupils.

3.8.6 Here are some examples of positive consequences:

3.8.7 Positive attention: Positive acknowledgment (hugs, smiles, time together, compliments, high fives, thumbs up, certificates)

3.8.8 Descriptive Praise: Say things like, "You're being a good helper today," "I really like the way you are playing so well with the other children," or "you have worked so hard to work out that maths problem" "you have done so well not to swear so much today".

3.8.9 Activities: Everyday activities the Pupils enjoys (playing video games, watching a film, baking cookies, reading, time on the iPad, trip out)

3.8.10 Possessions: The things the Pupils want (clothes, magazines, comic books, music)

3.8.11 Food: Favourite snacks (popcorn, pizza, pop, sweets, fruit juice) **NOTE: do not use this as a positive consequence for Pupils who have issues relating to food.

3.8.12 To note: positive attention and descriptive praise should be the predominant positive consequences used, with the others only being used occasionally.

3.9 Natural consequences

3.9.1 Natural consequences happen as a natural result of something the Pupil has, or has not, done. They are not selected by the Pupils. True natural consequences are automatic and unpleasant outcomes that happen as a direct result of the Pupil's choices.

3.9.2 Natural consequences must always happen immediately after the event and should only happen if they affect only the Pupil and no one else.

3.9.3 Examples of natural consequences:

i. Pupil argues there is no homework tonight; the next day they will have to face the teacher and peers.

ii. Pupil stays up late and is late for school or college; they feel tired the next day, the teacher is angry and makes them stay late.

iii. Pupil spends allowance foolishly; there is no money for the newly released video game.

iv. Pupil cheats in playing with friends; friends will start to stay away.

v. Pupil is bossy with friends; friends will start to stay away.

vi. Pupil wants to put too much stuff in the backpack; they have to carry it.

vii. Pupil refuses raincoat or umbrella when raining; they will get wet.

3.10 Logical consequences

3.10.1 Logical consequences happen as a result of a Pupils' action but are imposed by the Team Member supporting the Pupil.

3.10.2 They work with the Pupil, not against them. They are free of judgement and aid decision-making and learning. Logical consequence is a learning opportunity.

3.10.3 Logical consequences work best when they are agreed in advance of behaviours of concern and positioned to occur as a direct outcome of the behaviour.

3.10.4 They rely on the Pupil having a good understanding of logical thought. Children do not have these skills until they enter puberty. Many Pupils who function at a younger age than expected for their chronological age may not develop these skills until well into puberty or adulthood. Before this, such skills will be very immature. Skills may continue to be immature if the Pupil has language problems. If they do not understand all why-questions or have poor narrative skills, they will not necessarily be able to explain how they are feeling and achieve meeting their needs in an appropriate way. Therefore, you need to consider whether the Pupil is emotionally and developmentally at an age where they will be able to understand the use of logical consequences.

3.10.5 Ideally, the Pupil will have an equal input in choosing the consequence. Ask them what they think should apply or give them several to choose from. The more involved the Pupil is the better the learning opportunity will be for them.

3.10.6 Preferably, the consequences will be agreed upon in advance with the Pupil.

3.10.7 It is important to make sure that logical consequences are reasonable and related to the problem.

3.10.8 Logical consequences are arranged by a Team Member but must be experienced by the Pupils as a direct result of his or her behaviour. To be effective, the consequence needs to fit the behaviour in a logical way so that the Pupil associates the consequence with the behaviour choice.

3.10.9 Examples of logical consequences:

i. A Pupil writes on a desk. She spends her free time cleaning all of the desks.

ii. A Pupil does not finish his homework. He stays after school to get it done.

iii. A Pupil hurts a classmate's feelings. She writes a letter of apology.

iv. A Pupil does not interact correctly with the playground equipment, so he spends a few minutes practicing how to use it correctly.

v. A Pupil goes onto a gaming site instead of an approved research site in the computer lab; therefore, they lose computer lab privileges.

vi. A Pupil is disruptive when he sits next to his friend; therefore, the teacher chooses a seat for him.

3.10.10 Wherever possible, activities and hobbies should not be removed as a logical consequence to behaviours of concern, unless issues arise related to health and safety, e.g., child refuses to wear helmet to ride their bike.

3.11 Steps for using natural and logical consequences.

3.11.1 When deciding on consequences consider the three R's. A consequence is most likely to teach a helpful lesson when it is related, respectful, and reasonable.

3.11.2 *Related* - The consequence has to be related to the behaviour. If a Pupil makes a mess, their consequence should be that they have to clean it up (not that they can't play on your iPad).

3.11.3 *Respectful* - the consequence must not involve shame or humiliation. If you say, 'I told you so,' or if you shame them afterward, you will lessen the potential for learning because they will stop processing the experience and instead focus on the blame.

3.11.4 *Reasonable* - a consequence should be a task your Pupils can handle, given their age and know-how and that is proportionate to their misbehaviour. This will help them to concentrate on what they have done rather than on resenting you.

3.11.5 You can help defuse arguments by mentioning a consequence ahead of time. When advance warning isn't possible, help them to brainstorm solutions for a problem they have gotten into. For example, you might say, "You must be upset that you forgot your project is due tomorrow. I understand that you'd like me to go buy you those materials now, but it's late and I'm not willing to do that. Do you need help figuring out something you can make with the supplies we have?"

3.11.6 Natural and logical consequences can be an effective strategy to use because:

i. The consequence is closely tied to the behaviour and gives the Pupil a chance to learn what happens when they do not behave in the way you expect them to behave.

ii. It separates the deed from the doer; it does not shame or punish the Pupil.

iii. It is concerned with present and future behaviour and helps the Pupil learn to be responsible for their own actions.
iv. It is done in a calm environment.
v. It lets the Pupil make a choice.

3.11.7 While they can be an effective, we need to remain mindful of:

i. The Team Member must be able to think ahead and come up with a proper response.
ii. The Team Member must not step in and “save” the Pupil.
iii. The Pupil must be allowed to experience the consequence.
iv. The consequence takes time to put into action and often does not work the first time.
v. The Team Member must not put in a consequence to justify their own agenda or meet their own needs.

3.12 Fresh start

3.12.1 After a difficult experience, it is important that we acknowledge that that period has passed and that we can start again.

3.12.2 A fresh start enables everyone to reset. These fresh starts should always follow both minor and more complex situations or periods of distress.

3.12.3 Often the Pupils refer to previous incidents and may feel there is a stigma attached to them. It is important we support them to find closure.

3.12.4 The language we use with Pupils is important. The people supporting should use positive, solution focused language. For example, following the fresh start conversation reassure the Pupils that they can change, and that one failure today is not a permanent failure, e.g., using a phrase like 'you'll remember next time'.

3.12.5 The Team Members supporting our Pupils should not take things said or done by Pupils personally or hold grudges.

3.13 Physical Interventions

3.13.1 Physical interventions should always be a last resort. Pupils with traumatic histories may have experienced physical abuse. The use of physical interventions, regardless of risk to self and others may trigger trauma responses and cause breakdowns in the Pupils' relationship with those supporting them.

3.13.2 Pupils with significant speech, language and communication needs should be supported to understand the types of physical interventions they may experience. This could include role playing or making a photo album or video of what may happen if physical interventions are used. This must be done in conjunction with the Senior Leadership Team and ITT.

3.13.3 The Team Members supporting our Pupils must always use limited, simple and calm language when using physical interventions and always let the Pupils know what they are doing. For example, "I am holding you to keep everyone safe. You are safe and I am here"

3.13.4 When Pupils receive physical interventions, the firm hold of another person supports their brain to release the feel-good chemical, oxytocin. We need to aspire to teach our Pupils more socially adaptive ways of regulating themselves. This may be informed by Speech and Language Therapy, sensory integration or psychological specialists, e.g., completing heavy work tasks in the classroom like carrying books.

3.13.5 When supporting our Pupils we need to appreciate their sensory needs and that some may be hypersensitive to touch and as such being held may further distress them.

3.13.6 Any physical intervention that is used must be done in line with the individuals Behaviour Support Plan that will include an appreciation of sensory integration or any contraindications.

3.13.7 The Team Members supporting our Pupils will ensure that following on from having used physical interventions that repair conversations are completed with the Pupil. This will support them to cope with feelings of shame following on from the incident and may involve using creative strategies or those informed by the ITT. For example:

1) Comic strip conversations

2) Social stories

3) Affective statements, e.g. I feel hurt when I hear people speak unkindly to each other. What I'd like is for all of us to be mindful of our words and speak respectfully to each other.

4) Learning conversations, e.g., where the structure of the questions focuses on:

   - the past (what happened?)
   - present (reflection on who has been affected and in what way)
   - future (what needs to be done to make things right?)

5) Solution focused language, e.g.

   - What would be different about what you did?
   - What might other people see happening?
   - If there was one small thing that could do differently, what would that be?
   - What would it take to do that?
   - What would help you to do that?

3.14 Equipment and Environmental Restraint

3.14.1 We should always question and evaluate the use of any restrictions on Pupil movement and/or intrusive observations. This will help us to understand whether this was the best and/or only way to support them and keep them safe. It is important that we are able to clearly evidence what else has been tried, that the practice is kept under review and that steps are taken to find/move to a less restrictive approach wherever possible. We also expect that, in many circumstances, a Pupils' needs change over time. Therefore, we need to recognise that and think about what the least possible restrictions are to keep them safe.

3.14.2 The use of terms such as time out, isolation, chill out, or single separation may suggest that a Pupils has had their liberty restricted. Locking a door is only one method of preventing someone from leaving a room. Other methods, including leaving alone a disabled person who cannot move independently or a real and/or perceived threat to the Pupils, can equally be a restriction.

3.14.3 In some cases, a Pupil may actively choose to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and 'self-regulate' their behaviour, which may avert the need for physical intervention. This practice is described as 'autonomous withdrawal'. Team Members should take steps to support them and monitor their progress. Where this is the case, appropriate provision should be made to ensure that this is well documented within the Pupil's support plan and kept under review with their parents/carers. This would not constitute restraint as the Pupils is free to leave the quiet space. Each school setting should take care to ensure that their use of language is clear regarding when withdrawal is autonomous or imposed. (Reducing the Need for Restraint and Restrictive Intervention. HM Government. 27 June 2019)

3.14.4 There are many types of equipment that, when used under supervision and with occupational therapy oversight and training, can make Pupil's lives more comfortably. Sensory rooms and tents can offer some Pupils really positive experiences. Specially adapted wheelchairs and seats provide postural support that improves a person's inclusion in their surroundings. Weighted belts and limb bands can help Pupils to move around their environment more confidently.

3.14.5 When this kind of equipment is used, we should take account of how well Team Members know and use the Pupils' occupational therapy programme and how they are able to contribute to any review of that plan. We should expect that Pupils who are using any kind of additional equipment are constantly observed for signs of distress, with Team Members taking prompt action to alleviate their discomfort. If the Pupil cannot easily and freely leave or are being actively discouraged by Team Members from leaving equipment/environments such as sensory rooms or tents, then this could be considered a form of restrictive practice.

3.14.6 We appreciate that Welsh guidance (Reducing restrictive practices framework 2022) acknowledges that schools can adopt a policy that allows Pupils who are causing disruption to the environment ,to be placed in isolation away from other Pupils for a limited period. However, as an organisation we feel that such strategies should be as a last resort and where they are to be adopted, prior agreement must be reached and documented within a multidisciplinary forum.

3.14.7 Under no circumstances should isolation/timeout/chillout rooms be used as a disciplinary penalty/sanction. Neither should such spaces be used as a behaviour management approach. It is imperative that we act reasonably and proportionately in all cases. Any separate room should only be used when it is in the best interests of the Pupils and/or other Pupils. Any use of isolation that prevents a Pupils from leaving a room of their own freewill should only be considered in exceptional circumstances and if it reduces the risk of significant harm presented by them to themselves and others. The school must also ensure the health and safety of Pupils and any requirements in relation to safeguarding and Pupil welfare. Sometimes a Pupils may need to be by themselves, and this will help them to feel safe. On these occasions, a place within the school should be available for that Pupils to go to if needed.

3.14.8 Reasonable adjustments should be made to ensure that expectations of children or young people who have specific complex special educational needs and/or disabilities are developmentally appropriate and fair. It would not be fair, for example, to reprimand a Pupil who has attention deficit hyperactive disorder (ADHD) or other special needs because they were not able to sit still when required to do so. Equally, for some the experience can reinforce trauma and/or result in an escalating scenario that leads to more significant events. Any use of force/restrictive practice to get the Pupils into or prevent them leaving a place must comply with the requirements of section 93 of the Education and Inspections Act 2006.

3.14.9 All settings should adopt consistent, transparent, and fair procedures for the use of such therapeutic measures. The schools should also consider whether Parents/Carers and Pupils could be given the opportunity to express views about these measures. The provisions could also ask Parents/Carers to state explicitly that they are aware of these rules or policies, and to accept that sending their children to the setting means their child will be subject to them, and that they have granted consent.

3.15 Debrief & Repair

3.15.1 Following an incident, Pupils need to be supported to reflect and repair. This will involve supporting them to explore how they were feeling at the time, but also educating them on how other people may have felt or perceive situations or behaviours.

3.15.2 The Pupils may need two debrief conversations; every Pupil who has been involved in a physical intervention must have the opportunity to speak to someone who has not been involved in that event. An opportunity for repairing the relationship/s with the Team Members and other Pupils involved in the incident should always take place.

3.15.3 It is important that the learning conversations involve some work with the Pupils to explore how else they may have been able to manage their emotions in that moment. They may need a lot of guidance and support with this from Team Members in helping them to come up with alternative strategies. This will also need to be continually re-enforced.

3.15.4 Such learning conversations need to be individualised to the Pupil to consider their needs, e.g., if they have speech, language and communication needs a visual way of having this conversation will be more beneficial. For example, using a comic strip conversation or social story. There will be a resource bank of ideas for teams to use as guides or as tools with the Pupils.

3.15.5 The Speech and Language Team will provide training and bespoke support to those working with our Pupils.

3.16 Co-regulation / Self-regulation

3.16.1 Pupils who are traumatised and/or have additional, complex needs often have limited self-regulation skills and as such, Team Members need to provide this support to them and be mindful that the Pupils' development may be slower than typically developing peers.

3.16.2 The people supporting our Pupils are trained in evidence-based approaches to support the development of self-regulation through a process of co-regulation. This evidence-based training comes from a range of specialists, including psychology, speech and language and sensory integration practitioners.

3.16.3 We will use a range of strategies as indicated through assessments. These strategies may fall at three levels:

1. Level 1- strategies will be used by everyone and used across the day. For example, visual timetables, sensory breaks, adopting the principles of PACE.

2. Level 2- strategies will be used by the teams supporting our Pupils trained by specialists, e.g., Speech and Language Team may provide training on how to use a visual system for developing self-regulation which Team Members take forward with Senior Leadership Team reviewing use and progress.

3. Level 3-input may include admission consults, assessments, reports, and therapeutic support plans, 1:1 therapy sessions, writing and delivering specific training, reflective practice, safety plan reviews.

3.16.4 Training will be provided to all Team Members and reviewed during reflective practice with the ITT and formal one to one supervision between managers and their teams.

3.16.5 Phoenix acknowledges the importance of touch and physical contact. The following points on touch and physical contact have been developed with due consideration of our professional boundaries policy and neuro-biological research including studies based on and around the positive impact of touch (Stagnitti et al, 1999; Bond, 2002; Weiss et al 2000, Spitzer and Smith-Roley 2001, Parham and Mailloux 2005).

3.16.6 Our key aim is to facilitate a safe and happy environment where Pupils experience positive relationships These positive relational experiences are fundamental to our positive ethos and this policy fully supports this.

3.16.7 It is an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

3.16.8 Our policy rests on the belief that every Team Member working for Phoenix Learning and Care is trained to understand the difference between appropriate and inappropriate touch. Hence, Team Member need to demonstrate a clear knowledge of the difference. Equally, when a Pupil is in deep distress, Team Members are trained to know when and how sufficient connection and psychological holding can be provided without touching.

3.16.9 Team Members supporting our Pupils are trained in physical intervention to physically support a Pupil when needed and are trained to understand pre-emptive and preventative methods to supporting Pupils to self-regulate and manage their emotions and themselves safely.

3.16.10 When focusing on physical intervention/holding; Team Member supporting our Pupils are trained in a range of graduated responses to holding and supporting Pupils and as part of this, to physically intervene with Pupils when required.

3.16.11 It is crucial that all involved in our schools understand that not all physical contact is restrictive, indeed restraint is only ever used as a last resort. However, we are clear that we use appropriate touch to support our Pupils to self-regulate and be ready for social, emotional, and learning situations and demands.

3.16.12 We consider three different types of touch and physical contact that may be used, these are:

3.16.13 Casual/Informal/Incidental Touch:

Adults use touch with children as part of a normal relationship, for example, comforting a child, giving reassurance and congratulating. This might include taking a child by the hand, patting on the back, or putting an arm around the shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

3.16.14 General Reparative Touch:

This is used by our Team Members working with Pupils who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry, or sad Pupil. Touch used to regulate a Pupil's emotions, triggers the release of the calming chemical oxytocin in the body. Reparative touch may include offering a hug.

This will be age and stage appropriate. Other examples of this type of touch include patting a back, squeezing an arm, or hand or foot massage, applying face masks and creams, nail painting, hair braiding and being rolled up in a blanket like a burrito.

Specific strategies and recommendations may be made for individual Pupils following assessment by Speech and Language Therapy, Occupational Therapist or Sensory Integration Practitioner.

3.16.15 Appropriate touch:

When physical contact is made with Pupils it should be in response to their needs at the time and appropriate to their age, stage of development, gender, ethnicity, and background. It is not possible to be specific about the appropriateness of each physical contact, since what is appropriate with one Pupil in one set of circumstances may be inappropriate in another, or with a different Pupils. Those supporting our Pupils must always follow the behaviour support plans and risk assessments and any approach taken needs to be well documented and agreed that it can be used as part of a multi-disciplinary approach and used in an appropriate environment.

Physical contact with breasts or genital areas is not acceptable under any circumstances. Touch/contact with these areas plus the abdomen and top of thighs is also not acceptable however there may be incidences where certain contact is required in the best interest of the Pupil, but this should be in accordance with Phoenix policy and/or Pupil's support plan (i.e., personal care or medical attention).

3.17 Prevention and pro-active strategies

3.17.1 If we are pro-active in supporting Pupils, then we can reduce the likelihood of behaviours of concern happening. By focusing on preventative strategies, we are managing aspects of the Pupil's learning and social environments to reduce the likelihood of behaviours of concern occurring, by using interventions aimed at strongly reinforcing (rewarding or strengthening) more effective ways of managing.

3.17.2 Being pro-active can include any or all of the following:

- Through assessments and getting to know the Pupil and having a clear idea of what works and does not work for them along with an acknowledgement of triggers and strategies in place to manage these.
- Through co-regulating with the Pupil and supporting the development of their self-regulation skills as discussed in section 3.15.
- Through meeting each Pupils' sensory, communication, learning, emotional and attachment needs in the best way we can.
- Through our use of the therapeutic approach and PACE.
- Having clear, informative Behaviour Support Plans and risk assessments in place.
- The Team Members working with our Pupils having adequate support, training, and supervision.
- Ensuring environments that are suitable, safe and comfortable whilst meeting the needs of the Pupils

4. Governance and Oversight

4.1 Training requirements

4.1.1 Phoenix provide all Team Members with training in attachment and trauma outlining the therapeutic approach set out within this policy.

4.1.2 Supervision and appraisal of Team Members will identify any additional learning and development needs in this area.

4.1.3 Organisationally, Phoenix Learning and Care monitor incidents across the schools within the Incident Review Group (IRG). Where any additional training needs are identified, developments in training are then ratified and agreed.

4.2 Equality

4.2.1 All relevant Team Members are required to comply with this procedure and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability, and sexual orientation. If you, or any other groups, believe a person has been disadvantaged by this procedure please contact a Senior Manager. Phoenix Learning and Care will then actively respond to the enquiry.

4.3 Monitoring compliance and effectiveness

4.3.1 Team Members are required to record all incidents on Databridge.

4.3.2 Head Teachers are required to monitor all incident on Databridge.

4.3.3 Each month the Head Teacher is required to submit a report to the Operations Director for Education and the members of the Incident Review Group.

4.3.4 The Incident Review Group review all incidents, setting actions specific to the school and wider organisation. These range from training, direct support or supervision.

4.3.5 Communication with our regulators and Local Authorities is paramount and will also be recorded and monitored.

4.4 Strategic review

4.4.1 Ongoing reviews are communicated by the Operations Director for Education and their Senior Leadership Teams and report as part of the agreed Governance and Oversight processes.

4.4.2 All major cases are formally reviewed by the Governance and Oversight team.

4.4.3 Issues, such as embargoes and Phoenix Learning and Care action plans in response to a child protection case will have the involvement of the Chief Operating Officer.

4.4.4 This will ensure any lessons identified are learnt and disseminated across the organisation.

5. References and Further Reading

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5.1.13 Weiss S. J., Wilson P., Hertenstein M. J., Campos R. (2000). The tactile context of a mother's caregiving: implications for attachment of low-birth-weight infants. Infant Behavioural Development. 23 91–111.

5.1.14 Reducing Restrictive Practices Framework: Guidance on reducing restrictive practices in childcare, education, health and social care settings. 2022. Gov. Wales

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