



Service Delivery Policy (Education – Schools)

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 Colleagues 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 through consistent joint working.

Document Control

Policy Code:	Petherton 3	Policy Owner:	Integrated Therapies Team
Version:	2023.11_v2.03	Policy Author(s):	Hannah Pittaway - Therapies Director Darren Jackson – Operations Director (Education)
Date ratified:	Augst 2021		
Review Frequency:	2 years		
Next review date:	November 2025	Ratifying Committee:	PRG

Document History

Date of Issue	Version No.	Person(s) responsible for change	Nature of Change
November 2023	v2.03	Hannah Pittaway, Darren Jackson, Abbie Heard	ITT appendix added, terminology amended, policies list refreshed, incident review details updated.
November 2023	v2.02	Darren Jackson	Annual Review
August 2021	v2.01	Hannah Pittaway	Process for ITT involvement pre-placement and post placement flow chart update.

CONTENTS

1.	Introduction	3
1.1	Scope.....	3
1.2	Ethos & Aims	5
1.3	Links to other policies	5
2.	Definitions	7
3.	Procedure	9
3.1	Planning.....	9
3.2	When pupils come to our schools.....	9
3.3	Recruitment and supervision.....	9
3.4	Outcomes	10
3.5	Language	10
3.6	Rewards.....	11
3.7	Consequences.....	12
3.8	Positive consequences.....	13
3.9	Natural consequences.....	14
3.10	Logical consequences.....	14
3.11	Steps for using natural and logical consequences.....	15
3.12	Fresh start.....	17
3.13	Physical Interventions	17
3.14	Equipment and Environmental Restraint	18
3.15	Debrief & Repair	20
3.16	Co-regulation / Self-regulation	20
3.17	Prevention and pro-active strategies	22
4.	Governance	24
4.1	Training requirements.....	24
4.2	Equality.....	24
4.3	Monitoring compliance and effectiveness	24
4.4	Strategic review.....	24
5.	References and Further Reading.....	25
5.2	Appendix.....	Error! Bookmark not defined.

1. Introduction

1.1 Scope

- 1.1.1 This policy does not and is not intended to supply guidance on the management of an individual's behaviours. This policy is concerned with the provision of appropriate support for behaviour generally. Specific support strategies will be listed within an individual's risk assessments and behaviour support plans.
- 1.1.2 The application of this policy is mandatory for all Phoenix Learning and Care individuals, volunteers, agency/bank staff 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 in-house access to specialists in the fields of psychology, creative arts and speech and language. and external associates specialising in occupational therapy and 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 do not 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 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 difference which results in neurological (brain structure and function) changes that create diversity in the way an individual interacts with others, thinks, feels, and experiences the environment around them. Autism can mean differences in thinking, feeling, and learning, differences processing information and the world around them, speech, language and communication needs and sensory processing needs.
- 1.1.13 Pupils we support may find education a challenging environment. They may find concentrating in class or on a task difficult or they may become overwhelmed with the amount of sensory information around them. They also may find communicating with teachers and other pupils challenging.
- 1.1.14 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 additional support to develop new skills, understand complicated information and interact with other people (Mencap, 2021).
- 1.1.15 This will therefore impact them in several ways. For example, language processing disabilities can make reading and writing slow and challenging. Difficulties with memory can result in a pupils 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 Pupils will be supported based on the principles of positive behaviour support and Playfulness, Acceptance, Curiosity and Empathy (PACE).
- 1.2.4 In line with the evidence base, we will support pupils with trauma histories 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.
- 1.2.5 Therapeutic care is defined as accepting that the emotional difficulties experienced by the individual, we work with have their source in the past as well as the present and that how the individual is when they first come to our settings is a consequence of what has happened to them in their earlier childhood and/or the difficulties that they face due to their additional needs and that this will be reflected in their behaviour. It is about being curious as to what is underlying the behaviour which a motivation to understand what is being communicated.
- 1.2.6 Our educational services promote a multi-disciplinary approach that equips an individual with a toolkit for life, removing barriers to education and enhancing transferable, meaningful skills.
- 1.2.7 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 individual can be supported to achieve their potential, to improve their quality of life and outcomes.

1.3 Links to other policies

- 1.3.1 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
 - 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
- Children who self-harm

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.
Therapeutic care	Therapeutic care is defined as accepting that the emotional difficulties experienced by some of the individuals, we work with have their source in the past as well as the present and that how Child and young person are when they first come to our services is a consequence of what has happened to them in their earlier childhood, and this will be reflected in their behaviour. It is about being curious as to what is underlying the behaviour which a motivation to understand what is being communicated.
Co-regulation	Refers to the adult supporting 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)	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)	Refers to if an individual has a learning difficulty and/or a disability that means they need special health and education support.

Item	Definition
Autism	Autism is a lifelong developmental difference which results in neurological (brain structure and function) changes that create diversity in the way an individual interacts with others, thinks, feels, and experiences the environment around them.
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 needs as well as their psychological and emotional well-being needs.

3.2.2 Therapeutic support will be clinically driven and may include 1:1 sessions with a therapist, indirect therapy programmes on 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. The ITT also provide training, consultations, and guidance for the teaching team to support them in working therapeutically with the Child and young person. Some examples of the indirect support the ITT offer include:

- i. Feeding back on consults for new students
- ii. Attending EHCP/IDP/TAM/Review meetings
- iii. Reviewing incidents as part of the monthly Incident Review Groups and Governance 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 adults supporting the pupils to explore strategies to meet the individuals' needs and may attend team meetings where indicated.

3.3 Recruitment and supervision

3.3.1 During recruitment, questions are drafted to focus on finding individuals with the right skills, qualities, resilience, and the ability to work in a sometimes demanding and challenging environment. Alongside finding creative thinkers who want to improve the life of others.

- 3.3.2 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.
- 3.3.3 The senior leadership team, as part of the multidisciplinary approach will regularly meet with the therapies team. Maintaining this relationship will support the integration of specialist knowledge and skills across the senior leadership team and therapies team, 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 therapies team, 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 From the above actions and over time as multiple activities are undertaken and recorded, Motional creates a baseline, a record of development for each child and the capacity 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. From that activity, reports can be generated that provide the opportunity to observe emotional health progress alongside academic progress and attendance.
- 3.4.6 Where indicated, the therapies team will provide interim reviews, additional training, and support to those supporting our pupils.
- 3.4.7 We acknowledge that the individuals 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 educational teams, 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 care being delivered through reflecting a therapeutic approach to managing behaviour.

- 3.5.2 We will adopt a standard way of working with pupils. This will involve validating their emotions, labelling emotions, and putting in place appropriate boundaries whilst supporting pupils who do not have the cognitive ability to understand theirs/or the emotions of others.
- 3.5.3 An inclusive, communication friendly approach that utilises all forms of communication will be adopted.
- 3.5.4 We will use language accessible to all, refraining from professional jargon when everyday language can be used.
- 3.5.5 Where indicated, the therapies team will provide scripted language for those supporting our pupils.
- 3.5.6 Our therapies team will work as part of the multi-disciplinary team to create a communication passport for each individual.
- 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 adults working for Phoenix Learning and Care will ensure that positive, empathetic 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 as to 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 it 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 individual.
- 3.6.2 Therefore, one blanket approach to rewards would not be appropriate. As we recognise every child and young person 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. As such we do not follow one standard reward system.
- 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 No real learning takes place when pupils are disciplined using rewards; the child is simply complying because they want what is on offer. 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 staff, 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 young person 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 young people for their efforts and celebrate their success.
- 3.6.10 We recognise that on occasions some individuals 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 individuals supporting the pupils will work together to phase out external motivators, such as reward charts building in more internal motivators.

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 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 individual 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 individual 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 going to school all week and we know you find that tricky. Let's have a takeaway tonight and watch your favourite DVD'.

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 Good behaviours often go unnoticed. Reinforcing it with a positive consequence encourages the pupils to keep up the good work.

3.8.5 The pupils does not need to have an expensive reward every time they do something positive. There are many ways to reinforce good 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 math's 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 wants (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 individual 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 individual's choices.
- 3.9.2 Natural consequences must always happen immediately after the event and should only happen if they affect only the individual 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 individuals' action but are imposed by the adult supporting the individual.
- 3.10.2 They work with the individual, 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 individual having a good understanding of logical thought. Children do not have these skills until they enter puberty. Many children or young people who do not function or 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 individual 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 individual is emotionally and developmentally at an age where they will be able to understand the use of logical consequences.
- 3.10.5 Ideally the individual 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 individual is the better the learning opportunity will be for them.
- 3.10.6 Preferably, the consequences will be agreed upon in advance with the individual.
- 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 member of the educational team 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 individual associates the consequence with the behaviour choice.
- 3.10.9 Examples of logical consequences:
- i. A Pupils writes on a desk. She spends her free time cleaning all of the desks.
 - ii. A Pupils does not finish his homework. He stays after school to get it done.
 - iii. A Pupils hurts a classmate's feelings. She writes a letter of apology.
 - iv. A Pupils does not interact correctly with the playground equipment, so he spends a few minutes practicing how to use it correctly.
 - v. A Pupils goes onto a gaming site instead of an approved research site in the computer lab; therefore, they lose computer lab privileges.
 - vi. A Pupils 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 your pupils 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 individual 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 individual.
 - iii. It is concerned with present and future behaviour and helps the individual learn to be responsible for their own actions.
 - iv. It is done in a calm environment.
 - v. It lets the individual make a choice.
- 3.11.7 While they can be an effective, we need to remain mindful of:
- i. The person supporting must be able to think ahead and come up with a proper response.
 - ii. The person supporting must not step in and “save” the individual.
 - iii. The individual 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 person supporting 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 incidents or periods of dysregulation. For example, if a pupils kicks an item in the house the people supporting should support them to deal with this and then acknowledge that it is time for a fresh start and to move on.
- 3.12.3 Often the people we support 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 people supporting our pupils should not take it 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 therapies team.
- 3.13.3 The people supporting our pupils must always use positive, reassuring language when using physical interventions and always let the pupils know what they are about to do. For example, "I am just going to hold you to keep everyone safe. You are safe and we are going to help you through this".
- 3.13.4 When pupils receive physical interventions, the tight 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 SaLT, sensory integration or psychological specialists, e.g., completing heavy work tasks in the home like hoovering.
- 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 people supporting our pupils will ensure that following on from having used physical interventions that repair work is completed with the individual. 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 integrated therapies team. 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 focuses language, e.g.
 - What would be different about you?
 - What might other people see happening?
 - If there was one small thing that would be different about you, 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, because of the effects of their Neurodivergence or disability, 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, averting the need for restraint. 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 are 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 children’s lives more comfortable. Sensory rooms and tents can offer some children 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 student cannot easily leave or are being actively discouraged by team members from leaving equipment/environments such as sensory rooms or tents, then that could become a restriction.
- 3.14.6 We appreciate that Ofsted guidance (Positive environments where children can flourish, Ofsted. March 2018, No. 180006) acknowledges that schools can adopt a policy that allows disruptive students to be placed in isolation away from other students 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 pupil from leaving a room of their own free will 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 pupil may need to be by themselves, and this will help them to feel safe. In these occasions a place within the school should be available for that pupil 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/colleges should also consider whether parents/carers/families, 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 young person to the setting means their son/daughter 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 pupils who has been involved in a physical intervention must have the opportunity to speak to someone who has not been involved in that event, it may be however, that repair work, needs to also take place with the adults who have been involved with the incident.

3.15.3 It will be important that part of 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 will need a lot of guidance and support with this from those supporting them 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 child and young person 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 people we support.

3.15.5 Speech and language therapy will provide training to those working with our pupils. This may be formal training, e.g., total communication or bespoke sessions delivered through team meetings or reflective practice sessions.

3.16 Co-regulation / Self-regulation

3.16.1 Self-regulation develops in typically developing children guided by their primary care givers. The main brain functions involved with self-regulation are sensory processing, emotional regulation, and executive functioning.

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

- 3.16.3 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.
- 3.16.4 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 child and young people trained by specialists, e.g., SaLT may provide training on how to use a visual system for developing self-regulation which adults take forwards with SLT 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.
- 3.16.5 Training will be provided to all education teams and reviewed during reflective practice with the therapies team and formal one to one supervision between managers and their teams.
- 3.16.6 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).
- 3.16.7 Our key aim is to facilitate a safe and happy environment where pupils experience positive relationships with all whom they come into contact with. These positive relational experiences are fundamental to our positive ethos and this policy fully supports this.
- 3.16.8 It is an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.
- 3.16.9 Our policy rests on the belief that every adult working for Phoenix Learning and Care needs to know the difference between appropriate and inappropriate touch. Hence, adults need to demonstrate a clear understanding of the difference. Equally, when an individual is in deep distress, adults supporting are trained to know when and how sufficient connection and psychological holding can be provided without touching.
- 3.16.10 Adults supporting our pupils are trained in physical intervention to physically support an individual when needed and are trained to understand pre-emptive and preventative methods to supporting an individual to self-regulate and manage their emotions and their bodies safely.
- 3.16.11 When focusing on physical intervention / holding; adults supporting our pupils are trained in a range of graduated responses to holding and supporting pupils and as part of this, to restrain child and young people when required.

3.16.12 It is crucial that all involved in our services understand that not all holding is restraint, 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 demands.

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

3.16.14 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.

3.16.15 General Reparative Touch:

This is used by our adults 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 pupils. Touch used to regulate an individual'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 children or young people following assessment by Speech and Language Therapy, Occupational Therapist or Sensory Integration Practitioner.

3.16.16 Appropriate touch:

When physical contact is made with children or young people 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 individual in one set of circumstances may be inappropriate in another, or with a different individual. Those supporting our pupils must always follow the care / placement support plan 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 the individual's breasts or genital areas is not acceptable under any circumstances. Touch/contact with these areas plus the individual's 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 individual, but this should be in accordance with Phoenix policy and/or individual's care 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 individual's living, working and social environments to reduce the likelihood of behaviours that challenge 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 individual 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 individual 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 therapeutic care and the use of PACE
- Having clear, informative Behaviour Support Plans in place.
- The people supporting our pupils having adequate support, training, and supervision.
- Ensuring environments that are suitable, safe and comfortable meeting the needs of the people we support.

4. Governance

4.1 Training requirements

- 4.1.1 Phoenix provide all team members with training in attachment and trauma outlining the therapeutic care set out within this policy.
- 4.1.2 Supervision and appraisal of adults will identify any additional learning needs in this area.
- 4.1.3 Organisationally, Phoenix monitor incidents across the schools within the Incident Review Group (IRG) Any additional training needs are identified. Developments in training are then ratified and agreed.

4.2 Equality

- 4.2.1 All relevant adults 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 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 service or wider organisation. These range from training, direct support or supervision.
- 4.3.5 Communication with our regulators and LAs is paramount and will also be recorded and monitored.

4.4 Strategic review

- 4.4.1 Ongoing reviews are communicated by the Operations Directors 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 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

- 5.1.1 Ainsworth, M.D.S. (1973). The development of infant – mother attachment. *Review of Child Development Research*, 1–94.
- 5.1.2 Bond (2002). Positive Touch and massage in the neonatal unit: a British approach. *Semin Neonatol Journal*, 7: 477-486
- 5.1.3 Bowlby, J. (1969). *Attachment and Loss: Vol.1. Loss*. New York: Basic Books.
- 5.1.4 Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of autism acceptance and mental health in autistic adults. *Journal of autism and developmental disorders*, 48(2), 473-484.
- 5.1.5 Emerson, E. and Baines, S. (2010) 'The estimated prevalence of autism among adults with learning disabilities in England, Stockton on Tees: Improving Health and Lives.
- 5.1.6 Fabes, R.A., Fulse, J., Eisenberg, N., et al., 'Effects of rewards on children's prosocial motivation: A socialization study', *Developmental Psychology*, 25 (1989), pp.509-15.
- 5.1.7 Mencap (2021) 'what is a learning disability?' <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>
- 5.1.8 Hughes, D.A., Golding, K.S., & Hudson, J. (2019) *Healing Relational Trauma with Attachment-Focused Interventions*. W.W. Norton & Company.
- 5.1.9 Parham, L. D., & Mailloux, Z. (2005). Sensory integration. In J. Case-Smith, A. S. Allen, & P. N. Pratt (Eds.), *Occupational therapy for children* (5th ed., pp. 356–411). St. Louis, MO: Mosby.
- 5.1.10 Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigilante, D., (1995) Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits”. *Infant Mental Health Journal* 16 (4), pg 271- 291.
- 5.1.11 Spitzer, S., & Smith Roley, S. (2001). Sensory integration revisited: A philosophy of practice. In S. Smith Roley, E. I. Blanche, & R. C. Schaaf (Eds.), *Understanding the nature of sensory integration with diverse populations* (pp. 1–27). San Antonio, TX: Therapy Skill Builders.
- 5.1.12 Stagnitti, K., Raison, P., & Ryan, P. (1999). Sensory defensiveness syndrome: A paediatric perspective and case study. *Australian Occupational Therapy Journal*, 46, 175–187
- 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 Positive environments where children can flourish, Ofsted. March 2018, No. 180006
- 5.1.15 Reducing the Need for Restraint and Restrictive Intervention. HM Government. 27 June 2019