

Therapeutic Approach

POLICY STATEMENT

- Oakwood Specialist College's approaches are underpinned by an evidence-based and integrative therapeutic approach.
- The fundamental aim of Oakwood Specialist College is to empower our Team Members to nurture our Learners 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 Learners, 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

Document Control

Policy Code:	OSC02	Policy Owner:	Quality Team
Version:	25.09_v1.03	Policy Author(s):	Abbie Heard (Quality Manager) Hannah Pittaway (Therapies Director) Esther Williams (College Principal)
Date ratified:	September 2025		
Review Frequency:	2 years		
Next review date:	September 2027	Ratifying Committee:	PRG

Document History (last 3 versions)

Date of Issue	Version No.	Person(s) responsible for change	Nature of Change
September 2025	1.03	Abbie Heard	General review
November 2024	1.02	Esther Williams and Hannah Pittaway	Revised Policy to reflect current therapeutic approaches

CONTENTS

1.	Introduction	4
1.1	Scope.....	4
1.2	Ethos & Aims	5
1.3	Links to Other Policies.....	5
2.	Procedure	7
2.1	Planning.....	7
2.2	When Learners Come to Our College	7
2.3	Recruitment & Supervision	7
2.4	Outcomes.....	8
2.5	Therapy Outcome Measures (TOMs).....	8
3.	Proactive Approaches	10
3.2	PERMA	10
3.3	Traffic Light Plan.....	10
3.4	Therapeutic Risk Management Plan	11
3.5	Speech And Language Provision Map.....	11
3.6	Learner Code of Conduct	11
3.7	Timetabling & Grouping.....	11
3.8	LSA & Teacher Standards.....	12
3.9	Additional Operational Support	12
3.10	Personal Growth Programme (PGP) and Wider Curriculum.....	12
4.	Reactive Approaches	13
4.2	Incident Review.....	13
4.3	Known Behaviour	13
4.4	New Behaviour	13
4.5	Multi-Disciplinary Team meeting	14
4.6	Placement Review.....	14
4.7	Language	14
4.8	Rewards.....	15
4.9	Consequences.....	15
4.10	Positive Consequence.....	16
4.11	Natural Consequences	16
4.12	Logical Consequences	17
4.13	Steps for Using Natural and Logical Consequences.	17
4.14	Fresh Start	18

4.15	Physical Interventions.....	19
4.16	Equipment & Environmental Restraint.....	20
4.17	Debrief & Repair.....	21
4.18	Co-Regulation/Self-Regulation	21
5.	Governance.....	24
5.1	Training Requirements	24
5.2	Equality.....	24
5.3	Monitoring Compliance and Effectiveness	24
6.	References and Further Reading	25

1. Introduction

1.1 Scope

- 1.1.1 This policy does not and is not intended to supply guidance on the management of a Learner's behaviours. This policy is concerned with the provision of appropriate support for behaviour generally. Specific support strategies will be listed within Learner's individual plans which include the therapeutic risk management plan, traffic light plan, PERMA profile, speech, and language provision map and for specific Learners, a positive behaviour support plan.
- 1.1.2 The application of this policy is mandatory for all Team Members, Volunteers, agency/bank support and other Phoenix representatives working with People we support.
- 1.1.3 Support will be provided through training and supervision to ensure that those supporting our Learners 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, occupational therapy speech and language and external associates specialising in educational psychology.
- 1.1.5 Oakwood Specialist College provides education for Learners with Special Educational Needs and Disabilities (SEND) and/or Social, Emotional and Mental Health difficulties (SEMH), which includes Autism and profound and multiple complex needs.
- 1.1.6 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.
- 1.1.7 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).
- 1.1.8 This may therefore impact them in several ways. For example, language processing disabilities can make reading and writing slower or more difficult than that of a neurotypical person. Difficulties with memory may require a young person to use alternative communication, 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.
- 1.1.9 Some Learners may 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. This can be displayed in their behaviours, which can present as concerning at times.

- 1.1.10 Some Learners may have experienced developmental trauma whereby the source of the trauma is the relationship with their attachment figures. They may therefore understandably find it difficult to build relationships and trust others. Learners 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. 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 Learner 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.
- 1.1.11 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.
- 1.1.12 For some Learners we support, they may have 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.

1.2 Ethos & Aims

- 1.2.1 Phoenix Learning and Care support Learners across a variety of educational settings. We aim to provide Learners with a safe and secure environment where they can receive high quality education and care. We also aim to support Learners with their psychological and behavioural difficulties as we recognise that some Learners may have experienced trauma and as such require a particular approach in order to access lifelong learning.
- 1.2.2 We believe that Learners with emotional and behavioural problems, 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 Learners with therapeutic educational settings whereby they will receive the education and care they need to learn to trust and begin to flourish.

1.3 Links to Other Policies

- 1.3.1 This policy refers to 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)
 - Governance and Oversight
 - Lone Working (Group Policy No 509)
 - Whistle Blowing & Making Protected Disclosures (Group Policy No. 532)

- Recruitment & Selection (inc. safer recruitment) (Group Policy No. 542)
- Anti - Radicalisation (Group Policy No. 550)
- Online Safety (Group Policy No. 555)
- Risk Taking and Risk Assessment (Group Policy No. 558)
- Physical Interventions (Group Policy 576)
- Anti-Bullying OCC10
- Complaints Policy OCC41

2. Procedure

2.1 Planning

- 2.1.1 Where possible we are involved with potential Learners, their Families/Carers, and current settings well in advance of receiving a consultation for a place at Oakwood Specialist College. This can include attending transition planning meetings, annual reviews, and CIN (child in need) meetings to discuss the suitability of Oakwood as the provider to offer next steps. Most Learners will join Oakwood Specialist College as a natural transition from school to college. During these meetings and other visits, the admissions team will start to build an understanding of the young person and their needs. Where possible the transitions team will arrange for a meeting or in setting assessment in advance of receiving a consultation.

2.2 When Learners Come to Our College

- 2.2.1 During the first term, Speech and Language therapists will complete assessments with the Learner making recommendations for their speech and language needs.
- 2.2.2 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 Child and young person Pupils. Some examples of the indirect support the ITT offer include:
- Feeding back on consults for new Learners
 - Attending EHCP/TAM meetings
 - Offering support and strategies to support Learners with their behaviour.
 - Supporting with risk management/safeguarding
 - Supporting teaching teams in delivering programmes such as Zones of Regulation
 - Supporting the use of resources and strategies within the classroom through training, modelling etc.
 - Observing Learners in the classroom and feeding back
 - Consultation on creating communication friendly environment.
 - Reflective practice for the Team Members supporting the Learners to explore strategies to meet the Learner's needs and may attend team meetings where indicated.

2.3 Recruitment & Supervision

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

- 2.3.2 The senior leadership team, as part of the multidisciplinary approach will regularly meet with the Integrated Therapies Team (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.

2.4 Outcomes

- 2.4.1 We strive to achieve the best outcomes for our Learners. We have high aspirations for them and such endeavour to reflect this within our delivery of meaningful education.
- 2.4.2 Once Learners have accessed support from the ITT, the college may make recommendations for amendments to the Educational Health and care Plan (EHCP) to the Local Authority.
- 2.4.3 Where indicated, the ITT will provide interim reviews, additional training, and support to those supporting our Learners.
- 2.4.4 We acknowledge and understand that the Team Members supporting our Learners 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 Learners.

2.5 Therapy Outcome Measures (TOMs)

- 2.5.1.1 The Speech and Language team measure progress of learners using ROOT, the outcome measure scales recommended by their governing body, RCSLT. ROOT covers a range of domains including participation and wellbeing. New learners are assessed during the first term and baselined once this assessment process has been completed. Progress is reviewed halfway through the year and then again at the end of the academic year. Returning learners will be scored in the first term back, half way through the year and again at the end of the academic year. This will provide both qualitative and quantitative data regarding learner progress.
- 2.5.2 Learners who are receiving direct input, either from section F of their EHCP, or as a result of an identified need will have a provision map. Further targets are set jointly with teaching teams and are found in their SPO. If learners are receiving indirect input, the targets will be jointly set with teaching teams and can be found in their SPO
- 2.5.3 We use the Quality of Life (QoL) questionnaire as an outcome measure within therapy as a way of monitoring and recording the progress of the Learners. The QoL is a clinical evaluation measure for identifying, tracking and improving the outcomes of Learners with complex needs. The QoL covers 5 main areas: physical wellbeing, emotional wellbeing, self-esteem, family/peers and social contacts. It provides the therapist with a way of reflecting on a Learner's progress and on their particular needs. The results from the QoL can result in a brief report with graphics which can then be used within team meetings, meetings with social workers and other professionals and can be presented to commissioners.
- 2.5.4 The QoL questionnaire will be completed 3 times a year; at the beginning of the year, mid-year and before the end of the academic year. We will be able to see the progress across the year and also the difference in environments. The QoL has three versions, one for the Learner, one for the parent/carer and a third one for the teacher/LSA. Sometimes you might not obtain the three questionnaires, but at least the therapist will have 2 of them to make a comparison.

- 2.5.5 Each area is scored separately with a maximum of 20 points. Any score of 10 or below is deemed as requiring improvement/intervention. This is in each area/category. This score will give the therapist some guidance on what area they need to focus on.

3. Proactive Approaches

- 3.1.1 Oakwood Specialist College uses the following proactive approaches to support Learners' behaviours and welfare.
- 3.1.2 If we are pro-active in supporting Learners, then we can reduce the likelihood of behaviours of concern happening. By focusing on preventative strategies, we are managing aspects of the Learner's living, working 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.
- 3.1.3 Being proactive can include any or all the following:
- Through assessments and getting to know the Learner 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 Learner and supporting the development of their self-regulation skills.
 - Through meeting each Learner's sensory, communication, learning, emotional and attachment needs in the best way we can.
 - Through therapeutic support and the use of PACE.
 - By Team Members having adequate support, training, and supervision.
 - Ensuring environments that are suitable, safe, and comfortable and meet the needs of the Learners.

3.2 PERMA

- 3.2.1 Each Learner upon admission to the college is involved, with the support of those that know them well to develop a PERMA profile. The PERMA model of wellbeing outlines five key pillars for flourishing and thriving in life under five headings: Positive emotions, Engagement, Relationships, Meaning, Accomplishment. Each Learners PERMA profile is used by those working with the young people to ensure that the environment they learn in, and the approach taken has positive meaning for them.
- 3.2.2 All teachers and LSAs that work with the Learner use the PERMA profile to support them with creating an environment where the Learner can flourish. This could mean choosing subject content which has meaning for them, or choosing discussion topics that are engaging to them. In this way we create the optimum environment for Learners to be ready to learn.

3.3 Traffic Light Plan

- 3.3.1 Each Learner is also provided with a traffic light plan, a colour coded support plan that helps clarify different stages of presenting behaviour, and strategies that can be used to support Learners to remain or move back where they are regulated (green), where the Learner is regulated and most able to access learning. A Learner's behaviour can move from 'typical' behaviour when they are feeling calm and regulated (green), to a level that indicates that they may be becoming anxious (amber) before they reach crisis (red). After an incident (blue), strategies are identified that will help to support the individual to return to green. This format helps Team Members to more easily identify when and how they should support a Learner to prevent an escalation into crisis and dysregulation.

3.4 Therapeutic Risk Management Plan

- 3.4.1 The therapeutic risk management plan identifies potential environmental or situations circumstances, triggers, or difficult situations that Learners may experience and provides proactive strategies that Team Members can take as well as those to use when a Learner has become dysregulated. It may include things such as the community, at work, eating etc. This is used in conjunction with the traffic light plan.

3.5 Speech And Language Provision Map

- 3.5.1 Following assessment, the speech and language therapist will work with the teaching team to implement communication targets within the College SPO (Study Programme Overview). These will also link to individual Learner EHCP communication targets. Learners who receive direct speech and language intervention as per their EHCP or where deemed necessary will receive a speech and language provision map. This details specific targets and strategies which will be worked in within one-to-one therapy sessions with the Speech and Language Therapist or jointly with the Speech and Language Therapist and teacher.
- 3.5.2 All Team Members working with each individual Learner are expected to have a thorough understanding of communication targets whether this is from the SPO or provision map.

3.6 Learner Code of Conduct

- 3.6.1 All Learners are issued with an accessible code of conduct upon admission to the college and significant learning takes place on what this means through the induction process and through regular tutorials and ongoing support. This is reviewed annually through the college Learner council. Easy read versions are used through repair meetings following incidents to support Learners understanding of the college's expectations.

3.7 Timetabling & Grouping

- 3.7.1 Significant consideration is given through multi-disciplinary meetings prior to the start of the new academic year to matching Learners within class groupings, Primarily, groups are matched by starting year and literacy level, with due consideration to the known behaviours and triggers that each Learner experiences to find the best combination of Learners.

- 3.7.2 Groups are reviewed formally at October half term with multi-disciplinary team input in to where things are working and what is appearing challenging. SENDCos meet weekly with teachers throughout the first term to discuss the progress that the group are making and make recommendations for adaptations to the groupings and timetable to ensure that they meet each Learner's needs. These could include things such as building in sensory breaks, organising small group and paired work and utilising outside space and calm rooms to enable the Learners to settle into an effective group environment.

3.8 LSA & Teacher Standards

- 3.8.1 Oakwood Specialist College have devised a set of standards for teachers and LSAs to follow that detail the expected approach to supporting Learners at our college and how to use the proactive strategies to maximise learning. These include aspects of professional boundaries and the therapeutic approach. All new Team Members receive an induction using these standards and complete training in how to use the strategies from both the SENDCo and ITT. These standards are also used during lesson visits, LSA observations and performance management including appraisal.

3.9 Additional Operational Support

- 3.9.1 Each campus has a daily rota of management support to help to deal with incidents and to proactively engage with Learners to offer additional support when it is believed that a Learner may be becoming dysregulated. These include a duty manager (Head or Deputy Head of Campus) and an on-call Team Member that is trained in behaviour support, usually an HLSA (Higher Learning Support Assistant). This team can be called upon to redirect Learners, provide additional 1:1 to facilitate co-regulation or to provide a change of face for example.

3.10 Personal Growth Programme (PGP) and Wider Curriculum

- 3.10.1 This curriculum incorporates aspects of citizenship, British Values, equality, character, and themes around understanding yourself, self-advocacy and relationships and sex education. Learners are explicitly taught the themes that they need to work on which are identified through base-line assessments completed throughout their programme. Specific interventions are initiated with the support of the ITT for individual Learners with particular topics.

4. Reactive Approaches

- 4.1.1 Oakwood Specialist College uses the following reactive process to understand behaviour and to identify the next steps.

4.2 Incident Review

- 4.2.1 Managers from the operations and SENDCo team will review the incident including records entered by Team Members on Databridge and any additional statements, observations or follow up questions/statements. The intention is to first establish whether this is a new or a known behaviour.

4.3 Known Behaviour

- 4.3.1 If the behaviour is a known behaviour, managers will assess the antecedents and the approaches that were taken to review whether the correct protocols and strategies were used as per the Learners PERMA profile, Traffic lights, RMP and speech and language provision map. They will also consider any unplanned changes to the circumstances or routines that may have impacted on the Learner. The strategies may then be discussed with the Team Members involved to establish what worked and what did not and to suggest potential adaptations to the plans. Team Members may also be required to undertake some reflective practice or further training.
- 4.3.2 It is important to note here that the college has a legal responsibility to provide education for Learners with an EHCP in which they are named under the SEND Code of Practice. This means that if a Learner is exhibiting a known behaviour, documented in their EHCP and accompanying assessments and reports, and the College had admitted the Learner holding this knowledge, they have a legal duty to continue their education. This means that it is the responsibility of the College to adapt our ways of working to best support that Learner to be ready to learn.

4.4 New Behaviour

- 4.4.1 If the behaviour is a new behaviour, managers will first assess whether it presents a safeguarding concern or is illegal. In this case safeguarding processes will be instigated which may result in a fixed term exclusion of the Learner as per any recommendations from the Local authority safeguarding team or police.
- 4.4.2 Consideration will then be given as to whether the behaviour puts the Learner or other Learners at risk. If the college believes that they cannot keep the Learner or other Learners safe, there may be grounds for the Learner to be excluded for a fixed term to enable the college to call further meetings or make adaptations to the environment, staffing or risk assessments.
- 4.4.3 Providing that the previous two conditions are not met, the college will then be following the process below:
- Focused further debrief and discussion with Learner/Team Members involved to determine antecedents and agree short term proactive and reactive strategies. These are then added to the Learner's documentation and all Team Members advised.

Or

- Classroom supervision by a SENDCo or Therapist to assess the Learner's presentation and to support identifying potential triggers, environmental or people factors that may contribute to the behaviour or dysregulation.
- Team Around Me meeting with relevant professionals to analyse the information from the focused debrief and discussion and/or classroom supervision. Identify proactive and reactive strategies and add to the documentation, including providing any additional training or support for Team Members.

4.5 Multi-Disciplinary Team meeting

- 4.5.1 Should the behaviours continue and remain of significant concern, the SENDCo will call a multi-disciplinary team meeting. This may include representatives from the local authority, external professionals, parents/carers, and Team Members. Actions will be agreed and shared with the Learner's core team and those in attendance.

4.6 Placement Review

- 4.6.1 If all attempts to support the Learner to regulate the behaviour of concern have failed, and managers continue to have concerns of the safety of the Learner and or other Learners and Team Members, a placement review meeting may be called. This meeting will be to determine whether the placement can continue given the behaviours exhibited. Note this is only applicable if the behaviours are new (the college did not know about them prior to admission) or place the Learner or other Learners at risk.

4.7 Language

- 4.7.1 Documents and recording will acknowledge the therapeutic care being delivered through reflecting a therapeutic approach to supporting positive behaviour. We will adopt a standard way of working with Learners which involves validating their emotions, labelling emotions, and putting in place appropriate boundaries whilst supporting those who do not have the cognitive ability to understand theirs/or the emotions of others.
- 4.7.2 An inclusive, communication friendly approach that utilises all forms of communication will be adopted.
- 4.7.3 We will use language accessible to all, refraining from professional jargon when everyday language can be used.
- 4.7.4 Where indicated, ITT will provide scripted language for those supporting our Learners.
- 4.7.5 In line with the recent evidence base, we will refer to behaviours as, behaviours of concern, rather than "challenging behaviours".
- 4.7.6 All Team Members will ensure that positive, empathetic language is used when talking to and about the Learners and when recording information about them. This will look like:
- Team Members will be sensitive as to what is discussed in from of Learners and will not say things like 'I can't wait for the holidays' or 'I can't wait to finish today'.
 - Managers will appropriately challenge when they observe non-person-centred language being used.

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

4.8 Rewards

- 4.8.1 The college provides education for young people with a wide range of complex needs. Therefore, we recognise that our response to these needs must be person centred and appropriately matched to the cognitive ability of the Learner.
- 4.8.2 Therefore, one blanket approach to rewards would not be appropriate. As we recognise every Learner will require a different approach to acknowledging success. Senior leaders will have discussions as part of a multi-disciplinary team to ascertain what kind of recognition is most appropriate for that Learner. As standard we do not follow a reward system.
- 4.8.3 Through positive reinforcement and positive consequences (see section 3.7) the Learner's intrinsic motivation to do the things that are asked of them will grow and develop.
- 4.8.4 As a college we adopt a pro-active approach to positive behaviour support that seeks to reward Learner's for their efforts and celebrate their success.
- 4.8.5 We recognise that on occasion some Learner's may need to use reward-based systems and that this may be beneficial for them. Autistic people may not understand the connection between their behaviour and a punishment. Punishment will not help the person to understand what you want or help to teach any new skills.
- 4.8.6 Using rewards and motivators can help to encourage a particular behaviour or a new coping strategy. Even if the behaviour or task is very short, if it is followed by lots of praise and a reward/motivator, the person can feel positive about their behaviour, coping strategy, or skill. For example, sticker or star charts, or five minutes with their favourite activity or DVD. (National Autistic Society, 2019)
- 4.8.7 However, the use of such systems should be agreed through consultation with the ITT as part of an agreed multi-disciplinary team approach. The Team Members supporting the Learners will work together to phase out external motivators, such as reward charts building in more internal motivators.

4.9 Consequences

- 4.9.1 The understanding of consequences is a long-term goal for some of our Learners. Consequences occur following positive and negative experiences.
- 4.9.2 We acknowledge that some Learners will not have the language skills necessary to understand the concept of consequences and how they apply to them. If a Learner is using a behaviour of concern, the following strategies can be used to support them through this period:
- Social stories
 - Comic strip conversations
 - Reflective Practice Think Sheet
 - Other visuals as supplied by ITT.

4.9.3 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 Learners.

4.9.4 Withholding of essential items such as food, drink, medication, or sleep etc must never be used consequentially and will be dealt with in line with the disciplinary policy if found to be used.

4.10 Positive Consequence

4.10.1 Positive consequences happen when the Learner 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 Learner to do something, for example, complete your learning task and may be accompanied with the narrative 'if you complete your learning task, you can have extra time on the computer'..

4.10.2 A positive consequence reinforces and encourages positive behaviour and is spontaneous to the Learner. For example, 'you've done so well completing your learning tasks all week and we know you find that tricky. Let's have some extra time doing...(a favoured task) today'..

4.10.3 Using positive consequences, the Learner may learn that making good life choices, like doing chores or listening to your direction leads to positive consequences.

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

4.10.5 The Learner 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 Learner.

4.10.6 Here are some examples of positive consequences:

- Positive attention: Positive acknowledgment (smiles, time together, compliments, high fives, thumbs up, certificates)
- Descriptive Praise: Say things like, "you have worked so hard to work out that maths problem" "you have done so well to use good language today".
- Activities: Preferred activities such as those they may choose to do in positive start. These could include time on a device or phone, time on the swing or in the garden or time with friends.
- To note: positive attention and descriptive praise should be the predominant positive consequences used, with the others only being used occasionally.

4.11 Natural Consequences

4.11.1 Natural consequences happen as a natural result of something the Learner has, or has not, done. They are not selected by the Learner. True natural consequences are outcomes that happen as a direct result of the Learner's choices.

- 4.11.2 Natural consequences must always happen immediately after the event and should only happen if they affect only the Learner and no one else.
- 4.11.3 An example of a natural consequence is when a person spends their money all at once; there is no money for the newly released video game. Or if they refuse to wear a raincoat in the rain, they will get wet.

4.12 Logical Consequences

- 4.12.1 Logical consequences happen as a result of a Learners' action but are imposed by the person supporting the Learner.
- 4.12.2 They work with the Learner, not against them. They are free of judgement and aid decision-making and learning. Logical consequence is a learning opportunity.
- 4.12.3 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.
- 4.12.4 Logical consequences rely on the Learner having a good understanding of logical thought. Learners may not have this understanding if they have difficulties with language. 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 Learner is emotionally and developmentally at an age where they will be able to understand the use of logical consequences.
- 4.12.5 Ideally the Learner 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 Learner is the better the learning opportunity will be for them.
- 4.12.6 Preferably, the consequences will be agreed upon in advance with the Learner.
- 4.12.7 It is important to make sure that logical consequences are reasonable and related to the problem.
- 4.12.8 Logical consequences are arranged by a member of the educational team but must be experienced by the young person as a direct result of their behaviour. To be effective, the consequence needs to fit the behaviour in a logical way so that the Learner associates the consequence with the behaviour choice.
- 4.12.9 An example of a logical consequence may be a Learner helping to clear up a mess they have made in the classroom if they are regulated and willing & able to do so.
- 4.12.10 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., young person refuses to wear helmet to ride their bike.

4.13 Steps for Using Natural and Logical Consequences.

- 4.13.1 When deciding on consequences consider the three Rs. A consequence is most likely to teach a helpful lesson when it is related, respectful, and reasonable.
- 4.13.2 Related - The consequence has to be related to the behaviour. If the Learner makes a mess, their consequence should be that they have to clean it up not that they can't play on their iPad).

- 4.13.3 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.
- 4.13.4 Reasonable - a consequence should be a task that the person can handle, given their level of understanding and ability, and that is proportionate to their misbehaviour. This will help them to concentrate on what they have done rather than on resenting you.
- 4.13.5 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.
- 4.13.6 Natural and logical consequences can be an effective strategy to use because:
- The consequence is closely tied to the behaviour and gives the Learner a chance to learn what happens when they do not behave in a safe or appropriate way.
 - It separates the deed from the doer; it does not shame or punish the Learner.
 - It is concerned with present and future behaviour and helps the Learner learn to be responsible for their own actions.
 - It is done in a calm environment.
 - It lets the Learner make a choice.
- 4.13.7 While they can be an effective, we need to remain mindful of:
- The person supporting must be able to think ahead and come up with a proper response.
 - The person supporting must not step in and “save” the Learner.
 - The Learner must be allowed to experience the consequence.
 - The consequence takes time to put into action and often does not work the first time.
 - The person supporting must not put in a consequence to justify their own agenda or meet their own needs.

4.14 Fresh Start

- 4.14.1 After a difficult experience, it is important that we acknowledge that that period has passed and that we can start again.
- 4.14.2 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 Learner kicks an item in the classroom 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.
- 4.14.3 The language we use with Learners is important. The people supporting should use positive, solution focused language.

- 4.14.4 Team Members should not take things personally or hold grudges.

4.15 Physical Interventions

- 4.15.1 Physical interventions should always be a last resort. People 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 Learner's relationship with those supporting them.
- 4.15.2 People 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.
- 4.15.3 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"
- 4.15.4 When people 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 Learners more socially adaptive ways of regulating themselves. This may be informed by ITT, e.g., completing heavy work tasks like lifting or carrying. When supporting we need to appreciate their sensory needs and that some may be hypersensitive to touch and as such being held may further distress them.
- 4.15.5 Any physical intervention that is used must be done in line with the Learner's risk assessments, that will include an appreciation of sensory integration or any contraindications.
- 4.15.6 Team Members will ensure that following on from having used physical interventions that repair work is completed with the Learner. 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:
- Comic strip conversations
 - Social stories
 - 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.
 - 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?)
 - 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?

4.16 Equipment & Environmental Restraint

- 4.16.1 We should always question and evaluate the use of any restrictions on Learners' 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 young person's needs change over time. Therefore, we need to recognise that and think about what the least possible restrictions are to keep them safe.
- 4.16.2 The use of terms such as time out, isolation, chill out, or single separation may suggest that a Learner 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 Learner can equally be a restriction. These must not be used.
- 4.16.3 In some cases, because of the effects of their impairment or condition, a Learner 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. 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 Learners' documents and kept under review with their Parents/Carers and Learner, as appropriate. This would not constitute restraint as the Learner is free to leave the quiet space. Team Members 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)
- 4.16.4 There are many types of equipment that, when used under supervision and with occupational therapy oversight and training, can make people's lives more comfortable. Sensory rooms can offer some people 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 people to move around their environment more confidently. When this kind of equipment is used, we should take account of how well Team Members know and use the person's occupational therapy programme and how they are able to contribute to any review of that plan. We should expect that people 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 person cannot easily leave or are being actively discouraged by Team Members from leaving equipment/environments such as sensory rooms, then that could become a restriction.

- 4.16.5 We appreciate that Ofsted guidance (Positive environments where children can flourish, Ofsted. March 2018, No. 180006) acknowledges that schools and colleges can adopt a policy that allows disruptive Learners to be placed in isolation away from other Learners 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.
- 4.16.6 Under no circumstances should isolation/timeout/chillout rooms be used as a disciplinary penalty/sanction. 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 Learner or other Learners. Any use of isolation that prevents a Learner from leaving a room of their own free will should only be considered in exceptional circumstances and if it reduces the risk presented by them to themselves and others. The college must also ensure the health and safety of Learners and any requirements in relation to safeguarding and welfare. Isolation can also be used as a means of giving a Learner a place of safety.

4.17 Debrief & Repair

- 4.17.1 Following an incident, the Learner and Team Members 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.
- 4.17.2 The Learner may need two debrief conversations; every Learner 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 Team Members who have been involved with the incident.
- 4.17.3 It will be important that part of the learning conversations involve some work with the Learner 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.
- 4.17.4 Such learning conversations need to be personalised to the Learner 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.
- 4.17.5 The speech and language therapy team will provide training for Team Members through formal training, e.g., total communication or delivered through bespoke sessions.

4.18 Co-Regulation/Self-Regulation

- 4.18.1 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.
- 4.18.2 Learners who are traumatised and/or have SEND often have limited self-regulation skills and as such, those supporting them need to provide this support to them and be mindful that the Learners' development may be slower than typically developing peers.

- 4.18.3 Team Members will be trained in evidence-based approaches to support the development of self-regulation through a process of co-regulation. This evidence-based training will come from a range of specialists, including psychology, speech and language and occupational therapists.
- 4.18.4 We will use a range of strategies as indicated through assessments. These strategies may include:
- Strategies to be used by everyone across the day. For example, visual timetables, sensory breaks, adopting PACE.
 - Strategies to be used by Team Members who are trained by specialists, e.g., speech and language may provide training on how to use a visual system for developing self-regulation which Team Members take forwards with speech and language reviewing use and progress.
 - Specialist input delivered by the therapist.
- 4.18.5 Training will be provided to all Team Members and reviewed during Team around me meetings with Assistant SENDCos and ITT.
- 4.18.6 Oakwood Specialist College acknowledge 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).
- 4.18.7 Our key aim is to facilitate a safe and happy environment where Learner's 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.
- 4.18.8 It is an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.
- 4.18.9 Our policy rests on the belief that Team Members working at Oakwood Specialist College need to know the difference between appropriate and inappropriate touch. Hence, Team Members need to demonstrate a clear understanding of the difference. Equally, when a Learner is in deep distress, Team Members supporting are trained to know when and how sufficient connection and psychological holding can be provided without touching.
- 4.18.10 Specific Team Members are trained in physical intervention to physically support a specific person when needed. All Team Members are trained to understand pre-emptive and preventative methods to supporting a Learner to self-regulate and manage their emotions and their bodies safely. When focusing on physical intervention / holding; Team Members supporting Learners are trained in a range of graduated responses to holding and supporting each individual Learner if required.
- 4.18.11 It is crucial that all Team Members 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 Learners to self-regulate and be ready for social, emotional, and learning demands.

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

- General Reparative Touch
- This is used by our Team Members working with Learners 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 person. Touch used to regulate a Learner's emotions, triggers the release of the calming chemical oxytocin in the body. Reparative touch may include offering to apply pressure to the shoulders for example.
- 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 Learners following assessment by ITT.
- Appropriate Touch
- When physical contact is made with Learners it should be in response to their needs at the time and appropriate to their age, stage of development, gender, ethnicity, and individual needs. It is not possible to be specific about the appropriateness of each physical contact, since what is appropriate with one Learner in one set of circumstances may be inappropriate in another, or with a different Learner. Team Members must always follow the care 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.

4.18.13 Physical contact with the Learner's 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 Learner, but this should be in accordance with Policy and/or individual's care plan (i.e., personal care or medical attention).

5. Governance

5.1 Training Requirements

- 5.1.1 Phoenix Learning and Care will provide all Team Members with training in attachment and trauma outlining the therapeutic approach set out within this policy.
- 5.1.2 Supervision and appraisal of Team Members will identify any additional learning needs in this area.

5.2 Equality

- 5.2.1 All 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 the College Principal. Phoenix will then actively respond to the enquiry.

5.3 Monitoring Compliance and Effectiveness

- 5.3.1 Team Members are required to record all incidents on Databridge.
- 5.3.2 Each week the Head of Campus will review, with other managers, each incident. They will set actions that are specific to the Learner, campus, or college teams. These range from training, direct support or supervision.
- 5.3.3 Oversight of incidents regarding frequency, patterns and themes is provided by the Principal and wider governance team on a monthly basis
- 5.3.4 Communication with our regulators is paramount and will also be recorded and monitored.

6. References and Further Reading

- 6.1.1 Ainsworth, M.D.S. (1973). The development of infant – mother attachment. *Review of Child Development Research*, 1–94.
- 6.1.2 Bond (2002). Positive Touch and massage in the neonatal unit: a British approach. *Semin Neonatal Journal*, 7: 477-486
- 6.1.3 Bowlby, J. (1969). *Attachment and Loss: Vol.1. Loss*. New York: Basic Books.
- 6.1.4 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.
- 6.1.5 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.
- 6.1.6 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.
- 6.1.7 Mencap (2021) 'what is a learning disability?' <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>.
- 6.1.8 National Autistic Society (2021), 'What is autism' <https://www.autism.org.uk/advice-and-guidance/what-is-autism>.
- 6.1.9 Hughes, D.A., Golding, K.S., & Hudson, J. (2019) *Healing Relational Trauma with Attachment-Focused Interventions*. W.W. Norton & Company.
- 6.1.10 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.
- 6.1.11 Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigliente, 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.
- 6.1.12 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.
- 6.1.13 Stagnitti, K., Raison, P., & Ryan, P. (1999). Sensory defensiveness syndrome: A paediatric perspective and case study. *Australian Occupational Therapy Journal*, 46, 175–187
- 6.1.14 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.
- 6.1.15 Positive environments where children can flourish, Ofsted. March 2018, No. 180006
- 6.1.16 Reducing the Need for Restraint and Restrictive Intervention. HM Government. 27 June 2019