Pupil Wellbeing, Engagement and Behaviour policy

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Introduction

Our Mission: Children and Young People are at the heart of all we do.

Our Ethos: Work Hard, Be Kind, Have Fun & Stay Safe

Our Vision: To give all our children and young people opportunities to engage, explore, discover and develop their independence – to become confident, resilient, happy and well prepared for a positive and meaningful future.

At Oakley School, pupils' engagement and wellbeing is central to all our decision making and how we structure our school and the interventions we use. Our intention is to create a school that proactively ensures the ethos, environment and relationships not only protect all children and young people from harm, but also actively promotes positive mental health and wellbeing for both pupils and staff. We aim to consistently promote high standards of behaviour and provide the necessary support to ensure all pupils can achieve and thrive both in and out of the classroom.

In implementing this policy, we expect all staff to consider the diverse needs of our students and the difficulties they may experience.

Aims

The aims of this policy are to:

- Provide clear guidance about our expectations, to ensure policy and practice is applied consistently and effectively throughout the school
- Create a learning environment that allows everyone to feel safe and to establish stable, caring relationships within an appropriate learning environment
- Create a culture of mutual respect
- Provide a framework for effective learning which embraces the many ways people experience and interact with the world around them
- Consider the developmental levels, sensory differences and individual needs of each student
- Ensure that practice across the school is neuro-affirming and values all methods of communication
- Encourage self-advocacy
- Ensure trauma informed practice is being used to support students and establish positive relationships
- Ensure every stakeholder understands the importance of positive interactions between all members of the school community as key for calming and emotional regulation
- Ensure all adults understand the importance of treating children, young people and each other with kindness, compassion and empathy and have the skills to do so
- Ensure everyone is committed to using and promoting a low arousal approach which reduces stress in children, young people and staff
- Ensure that when any physical interventions are used, it is as a last resort and is reasonable, proportionate and necessary
- Ensure families and governors understand the school's aims

The Oakley Approach

Oakley School's approach to behaviour is rooted in a whole-school trauma-informed framework and underpinned by strong multidisciplinary collaboration that prioritises regulation, relationships and emotional safety.

Staff use a range of interconnected, evidence-informed approaches to meet individual needs.

Through strong leadership, multidisciplinary collaboration and ongoing professional development, staff deliver proactive support that promotes wellbeing, engagement and self-regulation while reducing distress and the need for restrictive interventions.



Trauma Informed Practice

At Oakley, we are committed to embedding trauma informed practice across our school and ensure it permeates through every aspect of school life.

- We provide regular training so that staff understand the negative impact trauma has on an individual's brain, body and behaviour.
- We acknowledge the need to see beyond an individual's presenting behaviours and shift the focus from 'What have you done?' to 'What has happened to this person and what does this person need?'.
- We understand that words matter. We use positive language to reframe behaviour as unmet need. We avoid using negative labels which stick. **(Appendix 1)**
- We create inclusive, safe environments that promote psychological safety, foster connections, and avoid re-traumatisation - ensuring all students feel a sense of belonging.

Thrive

At Oakley, we use the Thrive approach which is a trauma-informed, attachment aware program. We all use the acronym PACE to remind us to be playful, accepting, curious and empathetic. We then communicate PACE using the Vital Relational Functions: attune, validate, contain and regulate.

Using both PACE and the VRFs, and focusing on meeting children's needs, transforms relationships and creates happier school environments.

It's not about having the right set of rules, it's about having the right set of relationships. Having the right set of relationships enables children to feel safe, secure and ready to learn.

Our Thrive Practitioners help us achieve this through our universal offer (which includes staff and family training) as well as providing targeted and specialist support to pupils.
(See Appendix 2)

Our Universal, Targeted and Specialist Offer

All pupils attending Oakley School have a differentiated curriculum to meet their individual needs and their Educational, Health and Care Plan Outcomes and Targets. We achieve this by providing a Universal Offer that all parents and carers can expect their child(ren) to receive while they are at Oakley School. Some pupils will also need some targeted, and specialist support to meet specific needs with highly specialist input. **(See Appendix 3)**
These may be provided via special learning interventions and / or by therapists (Occupational Therapy, Speech and Language Therapy, Physiotherapy, music therapy, play therapy and counselling).

Music therapy
Music therapy is based on building relationships between people through making music together. Through improvising, listening and responding students can benefit from the opportunities for developing engagement, expression, interaction, organisation, freedom, confidence - and fun - that are all inherent in joint music making.

Play based therapy
Play based therapy is a key part of our trauma-informed approach to supporting pupils' emotional wellbeing. We recognise that many children and young people, particularly those with additional needs,

may find it difficult to express their feelings through words alone. Play based therapy offers a safe, structured space where pupils can explore their emotions and develop coping strategies through language and/or play. Both approaches help reduce anxiety, build resilience, and support positive behaviour by addressing the root causes of distress, not just the symptoms. This intervention is delivered by a trained professional and is integrated into our whole-school commitment to nurturing emotional safety and growth.

A positive and proactive approach to behaviour

A positive and proactive approach, which focuses on improving the safety and well-being of children and young people, is vital. Our children and young people need support to have their needs met in different ways and to develop alternative ways of expressing themselves. At Oakley, every member of staff is committed to working collaboratively with pupils, families, and other professionals, to identify the cause and purpose of behaviour and put effective strategies in place to support our students.

At Oakley, we all achieve this by:

Protect

- Ensuring we promote positive mental health and wellbeing
- Creating spaces where all students feel seen, heard, and valued
- Creating low arousal environments which are safe, calm and purposeful
- Creating predictability through clear and consistent routines and structures
- Setting clear and consistent boundaries
- Managing transitions effectively
- Ensuring our pupils have autonomy and understand consent
- Reducing physical intervention - staff will only physically intervene with a pupil if they are at risk or they are placing someone else at risk
- Regularly training staff

Regulate

- Supporting regulation through a variety of methods suited to each individual's needs e.g. sensory equipment, sensory circuits, sensory play, movement breaks, intensive interaction, calm spaces
- Teaching regulation strategies to pupils through mindfulness, movement, music and breathing
- Teaching interoception
- Using the Vital Relational Functions: validate, attune, contain, soothe
- Giving pupils time and space to process
- Consistently using a Total Communication approach
- Providing students with visual supports
- Offering choices

Relate

- Establishing stable, caring relationships
- Leading by example and modelling high expectations and positive behaviour through our core values
- Listening to pupil voice through all means of communication
- Ensuring pupils are active participants in shaping their learning and environment
- Using PACE: Play, Acceptance, Curiosity and Empathy
- Using positive facial expressions, tone of voice and body language.
- Continually celebrating pupils' successes and achievements
- Ensuring staff work collaboratively with colleagues, families/carers, and other professionals

Reflect

- Developing reflective practice in staff and pupils
- Using interoception and other emotional check-ins
- Using restorative practice and our restorative booklet **(Appendix 6)**

Understanding and responding to distressed behaviour

Distressed behaviours can be any behaviour a person may *perceive* as challenging. It is important that all staff understand that **behaviour is a means of communication** which has a cause and a purpose, usually that the child or young person has a need that is unmet. It is therefore essential that all staff seek to understand the underlying causes of behaviour. **(Please see Appendix 4 for more information on biting).**

It may, for example, be the result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. It may reflect the challenges of communication, or the frustrations faced by children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties, who may also have little choice and control over their lives.

At Oakley, we know that behaviour is communication. We understand that our pupils may show distressed behaviours for a number of reasons and it is our job to investigate why that may be.

Staff record incidents on CPOMS so that we can carry out an analysis to identify the function of the behaviour and any unment needs. At Oakley, we know that **words matter**. We do not use negative labels to describe pupils. Instead, we use factual, observable information that positively interprets their needs.

Antecedent

Slow triggers (causes) may not always be obvious and involve the physiological, social and physical environmental conditions:

- Feeling unwell/ pain
- Hunger
- Thirst
- Time without attention
- Lack of stimulation/ boredom
- Lack of sleep
- Noisy environment
- Feeling too hot/cold
- Unpredictability e.g. change in routine
- Communication difficulties
- Social needs not being met
- Something happened before school (at home, in taxi)
- Previous trauma
- Cycles e.g. periods, weather, seasons

Fast triggers are the immediate antecedents:

- Saying 'No'
- Being ignored
- Change/ Transition
- Loud noise
- Requests
- Demands

Behaviour

The distressed/ dysregulated behaviour

Consequences

This does not mean punishment. It means what happens after the behaviour. We are more likely to repeat that behaviour if we get the desired outcome.

E.g. Punching someone = the other person moves away and stops making demands

Functional analysis
Be curious and ask youself: *What is the function of the behavior? What is the pupil trying to communicate? What is it they need?*

The Low Arousal Approach

At Oakley we use arousal theory and the low arousal approach to support our pupils.

Although we use a positive and proactive approach to supporting behaviour, there will be times when a pupil becomes dysregulated.

To de-escalate, think about some of the following strategies:

- Modify the physical environment
- Remove triggers
- Reduce demands (do not try to reason with students)
- Space
- Time
- Offer choices
- Reassure
- Validate feelings (not actions)
- Adapt communication
- Distract
- Redirect

If a pupil continues to escalate, they may move in to crisis. At this point, it is important to remember that they are not in control of their behaviour.

Be aware that pupils displaying distressed behaviours are usually extremely aroused at the time. We should therefore avoid doing something that could increase their arousal and make them more distressed.
We need to be mindful of our facial expressions, body language and behaviour.

- Appear calm
- Breathe slowly and regularly
- Maintain personal space
- Avoid eye contact
- Reduce language and other noise
- Speak slowly, calm and softly
- Actively listen to the student and validate their emotions
- Distract
- Change of face

To avoid an escalating situation, consider removing other regulated students from the area. It is a lot safer to move others, than trying to remove someone who is distressed.

Talking about an incident is very important as it can be a distressing experience for everyone involved. It can also help in understanding how and why the incident occurred and may provide information about how to manage similar incidents appropriately in the future.

Physical intervention

Oakley is a member of The Restraint Reduction Network. We have pledged to embed their six core strategies to reduce restraint, enable pupil centred support and promote a positive culture in school. **(Appendix 5)**

Physical intervention is a physical act carried out with the purpose of influencing, modifying or preventing the actions of a child or young person. Physical intervention can include restraint, holding, touching and presence - if it is used to restrict the child's liberty of movement.

Children and young people, and their families/ carers have said that restraint and restrictive intervention are traumatising. We know that use of restraint and restrictive intervention can have long-term consequences on the health and wellbeing of children and young people, and that it can have a negative impact on staff who carry out such intervention.

When restrictive intervention is considered, it must be a last resort and should only be used in exceptional circumstances which are:

- reasonable
- proportionate
- necessary

If a situation does occur, staff should have strong grounds for believing that immediate action is necessary to prevent:

- A pupil from significantly injuring themself
- A pupil from significantly injuring others

It is unlawful for a member of staff to use any degree of physical contact which is deliberately intended to punish a pupil, or which is primarily intended to cause pain or humiliation.

Physical interventions should only be used when all other methods have failed and should only ever be used for the least amount of time - considering the age and size of the child. A dynamic risk assessment must be carried out and the decision to use any physical and or restrictive intervention must take account of the immediate circumstances of the situation, coupled with prior knowledge of the student and be based upon an assessment of the risks associated with the intervention. We must also avoid moving or carrying a child against their will.

If an incident does involve physical intervention;

- It must be recorded on CPOMS by the member of staff involved and should be done on the same day
- Families/Carers must be verbally notified and a written copy of the incident should be shared via email or online messaging system
- Best practice would include inviting parents to have a follow-up discussion about the incident
- A positive wellbeing, engagement and behaviour support plan (WEB plan), or care plan, must then be created or updated with families/ carers which includes any physical intervention that may need to be used (this must be agreed with parents)
- Plans should be reviewed termly and updated as required
- A post-incident debrief should take place with a senior member of staff to facilitate reflection, learning and to support pupil and staff wellbeing.

In the event a child or member of staff is injured, a first aider must be located and an Accident Form must also be completed. This can be found on The Hub, under Staff Forms. A member of the Senior Leadership Team must be notified on the day of any incident and families/carers notified.

Positive touch

Rationale
This policy considers the extensive neurobiological research and studies relating to attachment theory, child development and special educational needs, which identify safe touch as a positive contribution to brain development, mental health and the development of life skills.

Positive touch is an essential part of our pupils' education and emotional development. It enables us to provide sensitive therapy and care for the young people in our schools. Used in context and with empathy, positive touch enables us to build trusting relationships with our pupils and develop natural interactions. Touch plays an important role in helping us to promote the acquisition of key skills and provide access to a broad and balanced school curriculum:

Learning and Play
Pupils who are at early stages of development are likely to engage in tactile and physical exchanges during their play e.g. physical action songs and intensive interaction. Staff should respond sensitively to the individual needs of pupils and model appropriate, physical exchanges and play skills. This must be facilitated in a respectful manner, upholding the dignity of the individuals involved whilst being relevant to their developmental levels and cognitive abilities.
Curriculum areas such as P.E. and music generally require varying levels of touch, these are essential in terms of giving support and guidance. During swimming lessons, staff may need to support a pupil when entering and exiting the pool. They may also need to hold a student to help them maintain a safe body position above the water.

Therapeutic activities and physical support
A variety of therapies complement and support our pupils' learning. These are carried out by therapists or by members of the school staff facilitating the therapy programmes. Physical support may be necessary for some pupils who have difficulties with independent mobility or who need help transferring from a wheelchair. The therapeutic use of touch may include physiotherapy and sensory support (e.g. brushing, joint compressions and massage).

Emotional regulation
Healthy emotional development requires safe touch as a means of calming, soothing and containing distress. Touch used to regulate a child's emotions, triggers the release of the calming chemical oxytocin in the body. We understand that not comforting a child or young person who is in distress/ crisis could be re-traumatising and neurobiologically damaging. In such states of distress, touch can often be the only means of maintaining a connection with the child when he or she can no longer hear or make use of words. Reparative touch may include a reassuring hand on a shoulder or offering a side hug which is age and stage appropriate. Pupils should be discouraged from sitting on staff laps and redirected to a more appropriate position to offer support.

Personal and intimate care
Many of our pupils require support with aspects of their personal and intimate care. This may include:

- eating and drinking
- toileting
- dressing and undressing
- wiping noses
- washing hands and faces
- changing nappies
- showering (this needs to be done by two or more adults)
- applying suncream, cream and other ointments (consent needed)

A variety of cues are used to inform the pupil about their personal and intimate care prior to any physical contact. These range from music or songs, signs and symbols or objects of reference. All intimate care is carried out with respect for the pupils' dignity and has been agreed by families/ carers in a personal care plan.

Safety

There may be occasions when staff need to support pupils in and out of vehicles. They may also need to hold hands with a pupil when transitioning to keep them safe. This must be age and stage appropriate.

Medical and nursing care

This may involve giving first aid for minor accidents and the administration of medication. Pupils may have medical examinations carried out by paediatricians or nursing professionals with parental or carer permission. All pupils who need medical care at Oakley have care plans which are agreed with families and carers.

Guidance for the use of postive touch

Without exception, staff need to be clear and open about the use of touch, how it supports the development and wellbeing of our pupils and be able to explain the rationale for its use. The use of touch should be discussed openly between staff. There must always be clarity and transparency in all activities which involve touch. If staff have any concerns, they must follow our school's safeguarding policy and report any concerns about other members of staff with the Headteacher.

Wherever possible a description of how touch is used to facilitate learning, therapies and personal and intimate care should be documented within personalised care plans and agreed by families/ carers.

It is very important that, as far as possible, pupils give consent to any touch and pupils are invited to join an activity. All staff should be sensitive to any verbal or non-verbal communication from pupils indicating they do not want to be touched. Staff should be aware of any changes in a pupil's behaviour which may indicate the need to reduce or withdraw touch, particularly during play or Intensive Interaction sessions

Staff must be aware of potential difficulties related to touch and sexual issues:

- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all signals from the pupil they are supporting.

- The pupils we support may inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. If this occurs the member of staff should withdraw from the situation without giving negative feedback and should speak to a DSL and record the incident on CPOMS.

- It is never appropriate for a member of staff to touch a pupil's intimate body areas except as part of agreed, intimate or medical care.

- If staff are in any doubt about issues concerning appropriate touch, or observe any practise they consider is a cause for concern they should follow the agreed protocol for safeguarding as laid down in the schools' policy.

Teaching our pupils about appropriate touch

Our policy adheres to the belief that every individual needs to appreciate the difference between appropriate and inappropriate touch. This could be done through restorative conversations, social stories and visuals.

Equal opportunities

Whilst respecting that gender, cultural and disability factors have relevance in issues of touch, the emotional and communication needs of individual pupils should be given equal consideration. Pupils of any age can want and need physical support that requires touch. The age-appropriateness and the maintenance of dignity for older pupils and pupils must also be considered.

Positive Wellbeing, Engagement and Behaviour Support Plans (WEB Plans)

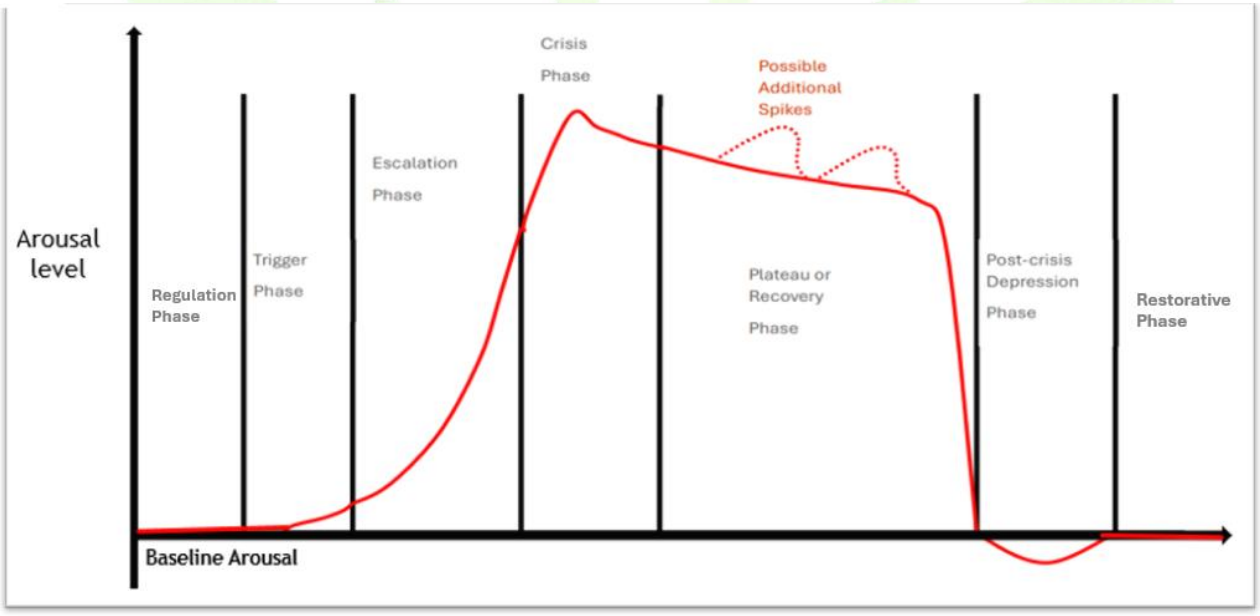
At Oakley, we use the arousal curve, elements of Positive Behaviour Support, interoception and trauma-informed practice to help us understand behaviour and create positve wellbeing, engagement and behaviour support plans for pupils who are showing regular incidents of distressed behaviour.

It is important to use a hollistic approach when creating WEB plans and involve members of the therapy team and families. This enables staff to use clear and consistent strategies – creating predictibility and physicological safety for our pupils.

WEB plans must be written with a member of senior leadership with a focus on proactive strategies to ensure the pupil has what they need to be successful and improve their quality of life.

Where appropriate, a pupil version should then be created and shared with the child/ young person and changes should be made in response to their feedback. This helps build autonmy and actively involves pupils in decision making about their care.

The Arousal Curve



Oakley's adapted positive wellbeing, engagement and behaviour support plans (Appendix 6)

Describe the pupil's strengths and things they enjoy.
Identify the pupil's known triggers.

Describe what the pupil is like during each key stage of the arousal curve (facial expressions, body langauge, behaviour and communication):

1. Regulated
2. Escalating
3. Crisis
4. Recovering
5. Regulated

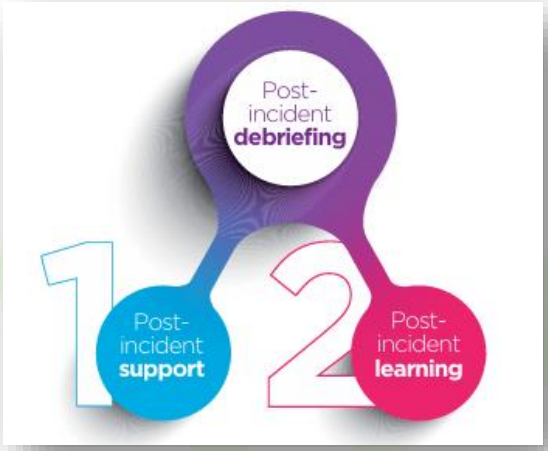
Identify strategies and support for each stage:

1. Proactive
2. De-escalation

3. Reactive
4. Recovery
5. Restorative

Debriefing

At Oakley, we follow The Restraint Reduction Network's guidence on debriefing. It is helpful to think of debriefing as two separate stages, with different purposes and outcomes:



Post incident support focuses on the immediate physical and emotional wellbeing of pupils and staff. Staff can 'check in' immediately or soon after an incident by reassuring, showing care and actively listening to the young person's voice and each other.

Post incident learning focuses on learning about the event and how it can be avoided in the future. It should be carried out after a period of 'cool down' so that emotions can settle and people are in a better place to reflect.

Reflective practice

Pupils

At Oakley, we understand that punitive responses only serve to blame and reinforce shame pupils feel for behaviour that is not in their control. Punitive responses may trigger negative memories from the past and reinforce feelings of rejection which can lead to an escalation in behaviour. Natural consequences may be used by staff to manage risk and keep children safe.

Instead, we must set clear, consistent boundaries which keep pupils safe and proactively teach them how to be safe and kind to each other. Staff should support students to manage their emotions and help them communicate their discomfort/ distress in effective ways.

Once a child is regulated, it is important to repair any ruptures that have happened.

- Offer the repair casually – avoiding eye contact.
- If a pupil has done something, actively offer an opportunity to start again, try again, forgive and move on.
- Be prepared to apologise and explain what you will do differently next time.
- Ask: What does the child need in the future to make them more successful?

When children and young people are ready, we can use restorative approaches **(Appendix 7)** to critically explore their behaviour. We can help students identify and articulate their emotions, and guide them to generate solutions with others involved.

Pupils should not be told how to repair the rupture, they must be given choices to build their autonomy and independence.

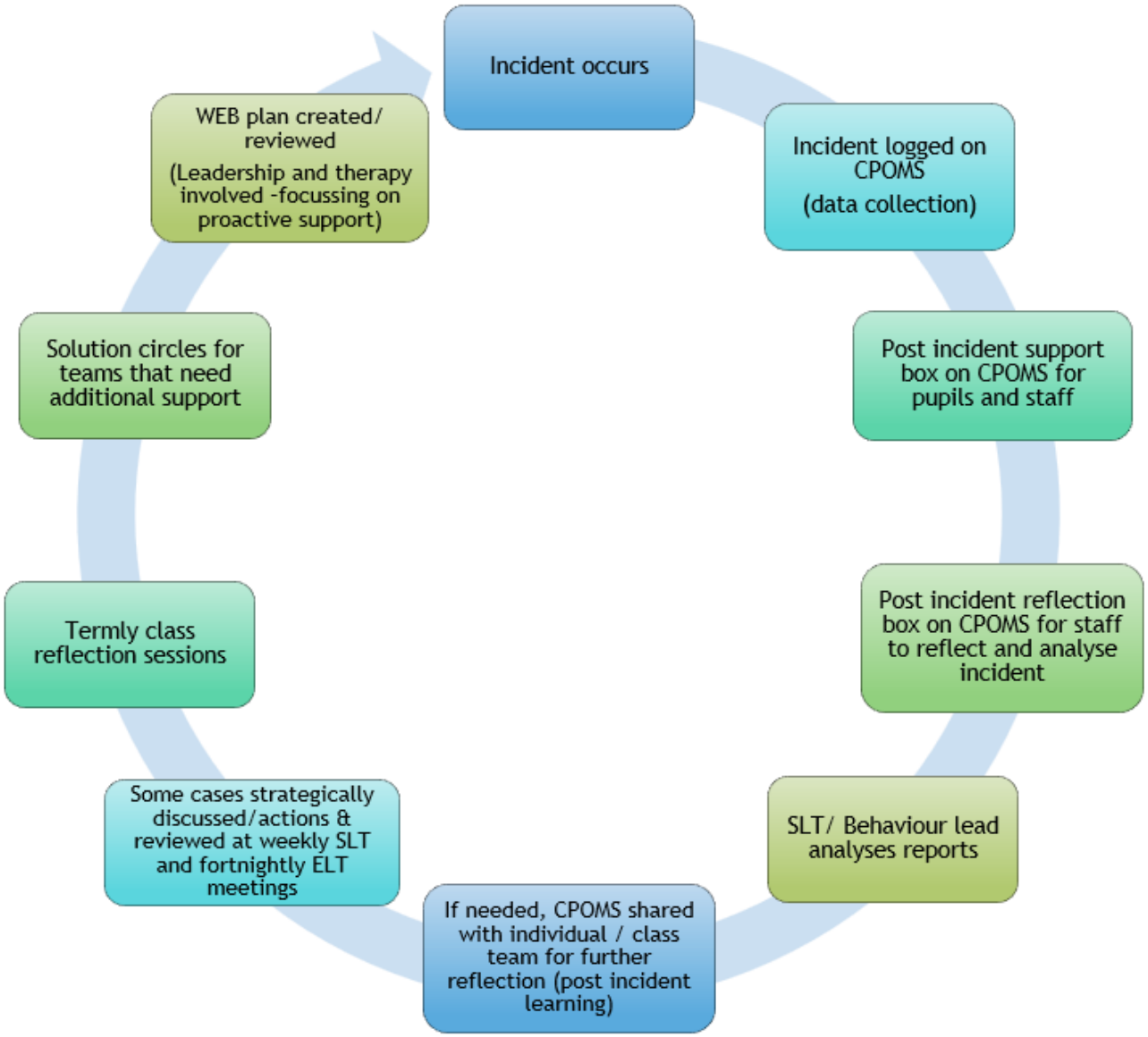
The use of Restorative Approaches enables children and young people to learn and refine their skills of conflict management; and then be able to apply them in their own lives, in their world of work and in their communities.
At Oakley, we have created a restorative booklet that staff can personalise and use to support pupils. This focuses on 3 questions, discussed from the child/ young person's perspective **(Appendix 8)**:

- *What happened? How did it make you feel? What can we do differently next time?*

Staff

Oakley takes a strategic approach to reflection to ensure the best possible outcomes for pupils. Through reflective practice, multidisciplinary collaboration and the ongoing review of provision, staff continually evaluate what is working, identify areas for development and adapt support to meet individual needs.

This person centred process drives continuous improvement, enhancing pupil wellbeing, engagement and behaviour.



Bullying

Bullying is a behaviour that can impact our mental health. In our setting, we understand that all behaviour is a form of communication, and bullying type behaviour may reflect unmet needs, anxiety, or past experiences of trauma. We approach incidents of bullying with empathy, curiosity, and a commitment to understanding the whole child. Our response prioritises emotional safety, clear boundaries, and restorative practices that help pupils feel heard.

Racism and homophobia are forms of discrimination that can cause significant emotional and psychological harm.
In our school, we recognise that all individuals have the right to feel safe, respected, and valued, regardless of their race, ethnicity, culture, gender identity, or sexual orientation. We understand that discriminatory behaviour may sometimes stem from fear, misinformation, or unaddressed emotional needs.

Using a trauma-informed approach, we respond to incidents with a focus on education to help pupils understand the impact of their actions and work closely with families to ensure they get the support they need.

We are committed to creating an environment where diversity is celebrated, harmful attitudes are challenged, and all members of our community are supported to grow in understanding, compassion, and respect.

EBSA

Emotionally Based School Avoidance (EBSA) refers to significant difficulty attending school due to emotional distress, often linked to anxiety. It is not truancy or defiance, but a spectrum of emotional needs that may or may not result in full non-attendance.

There is a higher risk among children with Autism or SEN, social care involvement, family stress or trauma and those with a history of anxiety or school difficulties.

Key Characteristics:

- High anxiety, fear, or distress about school.
- Physical symptoms (e.g. nausea, headaches).
- Avoidance of specific lessons, peers, or environments.
- May still attend school but experience high internal distress.

Understanding and Identifying EBSA

Be curious, not judgmental: Look for subtle signs like frequent lateness, lesson avoidance, or physical complaints.
Use the Push-Pull Framework: Identify what pushes the child away from school and what pulls them toward home.
Recognise EBSA as a spectrum: Some students may still attend but experience high internal distress.

At Oakley, we hold weekly safeguarding and attendance meetings to identify at risk pupils. We then use a multi-layered, flexible, and child-centred approach to create individualised support plans. We involve other professionals as needed and hold regular review meetings to monitor progress and adapt support following the **Assess-Plan-Do-Review cycle.**

Listen to the Child's Voice

Use creative tools:

- "Draw your ideal classroom" and "non-ideal classroom" to explore preferences and anxieties
- Use feelings thermometers and body maps to identify emotional and physical responses
- Use thought–feeling–behaviour maps to explore emotions

Ask reflective questions:

- "If your anxiety had a name or shape, what would it be?"
- "What would help you feel safer at school?"

Collaborate with families

Engage parents early and consistently:

- Share the "Capturing EBSA Needs" form to gather parent insights
- Use tools like the Push-Pull Framework and Profile of Risk to inform planning
- Use tools like the "Sunday/Monday Plan" to ease transitions into the school week

Use structured conversations to explore:

- Child's strengths and worries
- Family stressors, triggers and signs of distress
- Daily routines, coping strategies and calming techniques

Share resources and signpost to organisations:

- Kent Educational Psychology Service (KEPS), Young Minds, Kent Resilience Hub and Square Peg
- Managing separation anxiety
- Self- care for parents

Use shared tools and language to ensure consistency

Build Relationships and Safety

Key adult system:

- Assign a consistent, emotionally available adult for support

Positive reinforcement:

- Celebrate small wins and effort, not just attendance

Peer support:

- Facilitate structured social opportunities to reduce isolation and use a buddy/ mentor system

Classroom-Based Strategies

Flexible expectations:

- Allow alternative ways to participate, use flexible timetables and personalised plans

Safe spaces:

- Identify and communicate where the child can go if overwhelmed

Check-ins:

- Schedule regular, predictable check-ins with a trusted, emotionally available adult

Prepare for transitions:

- Use visual timetables, colour-coded maps, and clear routines

Gradual Exposure and Stepladders

Use the Stepladder Approach:

- Break down school attendance into manageable steps (e.g. arrive late, attend one lesson).

- Start with low-demand, low-anxiety activities (e.g., short visits, meeting a trusted adult).
- Gradually increase time and complexity (e.g., attending one lesson, then a full morning).
- Review progress regularly and adjust steps as needed.

FACE strategy: Find the fear, take Action, use Coping strategies, and Evaluate progress

Glossary of terms

Antecedent
An event or trigger that occurs before a behaviour, often used in behavioural analysis to understand what prompts certain actions.

Attune
To be emotionally in sync with another person, showing sensitivity and responsiveness to their needs and feelings.

CPOMS (Child Protection Online Management System)
A secure software application used in UK schools to record and monitor safeguarding, wellbeing, and pastoral concerns.

Contain
Providing a safe, structured, and emotionally regulated environment that helps others manage overwhelming feelings.

EBSA (Emotionally Based School Avoidance)
A term used to describe children and young people who experience significant emotional distress that leads to difficulty attending school.

Empathy
The ability to understand and share the feelings of another person, often considered a cornerstone of supportive relationships.

Functional Analysis
A method used to identify the purpose or function of a behaviour by examining its antecedents and consequences.

Intensive Interaction
A communication approach for people with severe learning difficulties or autism, focusing on building connection through shared attention and responsiveness.

Interoception
The sense of the internal state of the body, such as hunger, thirst, heart rate, or emotional cues. Difficulties with interoception can affect emotional regulation.

Low Arousal
A behaviour management approach that emphasizes calm, non-confrontational responses to reduce stress and escalation in challenging situations.

PACE (Playfulness, Acceptance, Curiosity, Empathy)
A therapeutic approach developed by Dr. Dan Hughes to support children with attachment difficulties, promoting connection and emotional safety.

PBS (Positive Behaviour Support)
A person-centred approach to behaviour that uses evidence-based strategies to improve quality of life and reduce challenging behaviours by understanding their function.

Physical Intervention
The use of physical methods to manage behaviour, typically as a last resort to prevent harm. Must be used ethically and within legal guidelines.

Psychological Safety
A shared belief that it is safe to take interpersonal risks in a group setting—such as asking questions, admitting mistakes, or expressing concerns—without fear of humiliation or punishment.

Re-traumatising
The process by which a person is exposed to experiences or environments that trigger memories or feelings associated with past trauma, potentially causing emotional or psychological harm.

Restorative Practice
An approach to conflict resolution and relationship-building that focuses on repairing harm and restoring relationships rather than punishment.

Soothe
To calm or comfort someone who is distressed, often through tone of voice, body language, or supportive words.

Triggers
Stimuli or situations that provoke a strong emotional or behavioural response, often linked to past trauma or stress.

Universal Offer
A baseline level of support or provision made available to all individuals, regardless of need or background, often used in education and health services to promote equity and inclusion.

Validate
To acknowledge and accept another person's feelings or experiences as real and understandable, without judgment.

Vital Relational Functions (VRFs)
Core relational needs that support emotional development and regulation, such as feeling seen, safe, and soothed. Often used in trauma-informed care.

References

- Trauma informed schools UK
- The Thrive approach
- Positive Behaviour Support (PBS) - The Association for Psychological Therapies
- The low arousal approach by Professor Andrew McDonnell (Studio 3)
- HM Governemnt: Reducing the need for restraint and restrictive intervention 2019
- HM Government: Promoting children and young people's mental health and wellbeing
- HM Government: Keeping children safe in education 2024
- Oakley's Antibullying policy
- Oakley's Online Safety Policy
- Oakley's Personal Social Emotional Development (PSED) Policy
- Oakley's Relationships and Sex Education (RSE) Policy
- Oakley's Child Protection and Safeguarding Policy

Appendix 1

Words Matter

Negatively charged language	What might be happening in the moment?	**Preferable** language
Aggressive	• Feeling unworthy of love • Attempting to protect themselves or others • Feeling scared or unsafe	Physical/ distressed
Defiant/ Rude	• Fearing change or transitions • Attempting to establish predictability • Trying to predict the level of safety of adult behaviours	Anxious/ Frustrated
Attention seeking	• Unmet need for connection or safety • Needing to feel loved and nurtured • Needing to feel seen, heard and valued • Fearing disconnection in social and peer relationships	Connection seeking

Appendix 2

Thrive

Oakley School
Skills for Life and Independence

At Oakley, the **Thrive Approach** is embedded throughout all aspects of school life. Our trained Thrive practitioners support this by contributing to our **universal provision**, which is available to all pupils to promote emotional wellbeing and resilience.

Thrive provision at Oakley:



Universal

This includes:

- Right-time profiling completed by teachers for all children; action plans created, implemented and taught as part of PSHE lessons.
- Reprofiling completed three times each year
- Thrive time, after lunch, which includes the opportunity to practice mindfulness and self-regulation
- Assemblies
- Whole staff training on the stress regulation system, PACE and the VRFs
- School environment, routines and policies reflect Thrive core principles (including calm areas in each classroom and displays across the school)
- Shared, trauma-informed language used by all staff across the school

Targeted

This includes:

- Small group sessions profiled (assessed) by class teams and delivered by Thrive practitioners
- Thrive club
- Family Thrive
- Class support from Thrive practitioners

Specialist

This includes:

- One-to-one sessions profiled (assessed) by class teams and delivered by Thrive practitioners
- Support provided by Thrive practitioners at specified times across the day
- Thrive rooms

How Thrive support is delivered at Oakley

Oakley School
Skills for Life and Independence

Universal Support

- Thrive practitioners deliver regular training to teachers
- Teachers profile pupils **three times a year**—in October, January, and April—and develop individualised action plans.
- Each class has a dedicated **Thrive session after lunch**, focusing on **mindfulness and emotional regulation**.
- Some teachers have a **weekly slot** in their timetable to deliver the strategies outlined in their action plans.

Targeted and Specialist Support

For pupils who may benefit from additional support beyond the universal offer, we provide **specialist interventions** designed to meet their specific emotional and developmental needs.

- Teachers can refer pupils of concern using **CPOMS**.
- The **Senior Leadership Team (SLT)** reviews referrals and triages pupils to determine the most appropriate support.
- Pupils are allocated to a **caseload** for targeted Thrive sessions, which may include **1:1 or small group work**.
- Thrive practitioners send an email to inform and involve families, parents or carers.
- Support is typically delivered over a **12-week period**, with progress monitored through reassessment.
- At the end of this period, a **support plan** is created and shared with the class teacher, including strategies that have proven effective.
- A **term after the intervention**, the Thrive practitioner reviews the pupil's progress and adjusts support as needed.

Further Support

- Some pupils may require further **specialist support** due to more complex emotional needs or safeguarding concerns. These interventions are carefully planned and delivered over a longer period:
- Pupils identified as needing further support may be referred for **group sessions** or further **1:1 sessions** which are tailored to their developmental needs.
- In cases where there are **safeguarding concerns** or significant emotional challenges, pupils may receive **ongoing specialist support**.
- These decisions are made with sensitivity and in collaboration with relevant staff and external professionals, always prioritising the child's safety and emotional wellbeing.

Appendix 3

Universal Offer

Oakley School
Skills for Life and Independence

At Oakley, we are committed to embedding trauma informed practice across our school and ensure it permeates through every aspect of school life. All pupils at Oakley School receive a differentiated curriculum tailored to their individual needs and EHCP outcomes and targets. This is delivered through our Universal Offer, which every family can expect their child(ren) to receive.

Some pupils may also require targeted or specialist support, including interventions and therapies such as: Occupational Therapy (OT), Speech and Language Therapy (SALT), Physiotherapy, Music Therapy, Play Therapy and Counselling.



A specialist learning environment, designed to meet the needs of all pupils, is central to our universal offer

- Small class sizes (approx. 10 pupils)
- Highly skilled staff trained in SEND
- A Creative Curriculum tailored to individual needs
- Access to specialist facilities:
  Life Skills Rooms, Sensory Integration Rooms, Soft play, Multi-Use Games Area (MUGA), Magic Carpet, Forest School and Playground spaces in each phase.

Sensory Integration & Motor Skills
We develop fine/gross motor and coordination skills using:

- Clever Fingers
- ACTIVATE
- Handwriting and visual perception activities
- Typing and assistive technology

Skills for Life & Independence
We achieve this by developing:

- Self-help and independence skills
- Personal care schedules and routines
- Use of specialist/ adapted equipment e.g. cutlery, cups, pens, and writing slops

Sensory-based strategies:

- Calm areas in every classroom
- Sensory Circuits
- Sensory Diets
- Sensory resources to support regulation and engagement e.g. Weighted products, trampettes, therapy balls

Social, Emotional & Mental Health
We support emotional regulation and wellbeing through our:

- PSED curriculum
- Interoception curriculum
- IA on the fly
- Zones of Regulation
- Thrive training and in-class support

Total Communication Approach
We consistently use a Total Communication approach across the school to create the best possible environment for developing functional communication.
Strategies shared with class teams and families include:

- Makaton
- Intensive interaction
- Attention Autism (Attention Oakley)
- Visuals including visual timetables
- Communication aids including boards, books and voice Output Communication Aids (VOCA)
- Gestalt language processing support, visuals and communication aids

Appendix 4

Management of Biting Incidents

At Oakley School we understand that behaviour is communication. When biting occurs, our primary focus is to understand the underlying, maintain safety, support regulation and reduce the likelihood of future incidents through compassion, curiosity and proactive support.

Understanding Biting Behaviour

Biting may occur for a variety of reasons, including:

- Communication difficulties.
- Frustration or anxiety.
- Sensory seeking or sensory regulation needs.
- Pain, illness or physical discomfort.
- High levels of emotional dysregulation.
- Difficulties coping with change, demands or uncertainty.
- A response to feeling unsafe, overwhelmed or out of control.

The focus should always be on understanding ***why*** the behaviour occurred.

Proactive, preventative support

Where a pupil has a known history of biting, staff should:

- Ensure appropriate risk assessments and Wellbeing, Engagement and Behaviour Support plans are in place.
- Provide predictable routines and clear transitions.
- Ensure regular access to sensory regulation activities.
- Identify and respond to known triggers and early signs of distress.
- Support communication using AAC, communication boards, visuals or signing where appropriate.
- Reduce unnecessary demands during periods of dysregulation.
- Use low arousal, trauma-informed approaches at all times.
- Maintain positive relationships with trusted adults.
- Wear clothing that covers areas that may be bitten

Immediate Response to a Biting Incident

Staff should:

- Remain calm
- Use low arousal communication
- Create space where possible
- Ensure the immediate safety of all individuals
- Move other pupils away if required

Support the Person Who Has Been Bitten

Staff should:

- Check for injury immediately.
- Provide reassurance and emotional support.
- Locate a first aider to administer first aid.
- Complete an accident form and log the incident on CPOMS.
- Assess whether the skin has been broken.
- Seek additional medical advice where appropriate.
- Inform the pupil's family if a pupil has been bitten.

Support the Pupil Who Bit

Staff should:

- Use a low arousal approach.
- Support the pupil to regulate.
- Avoid discussing the incident whilst dysregulated.
- Where possible, discuss the incident after using the restorative booklet.
- Log the incident on CPOMS and update risk assessments/ WEB plans.

First Aid and Medical Response

Human bites carry a high risk of infection. Where a bite occurs:

If the skin is not broken

- Wash the area with soap and water.
- Apply a cold compress if required.
- Monitor for bruising or swelling.

If the skin is broken

- Wash thoroughly with running water and soap.
- Cover with a sterile dressing.
- Seek medical assessment as soon as possible.
- Follow NHS guidance regarding human bite injuries.
- Inform the injured person's family where applicable.

Recording and Reporting

All biting incidents must be referred to a first aider, and an accident form must be completed if an injury has been sustained. The incident should then be recorded on CPOMS before the end of the working day under staff or pupil injury. If a physical intervention was used, this must also be recorded on CPOMS.
Families should be informed ensuring communication is factual, respectful and confidential. Information about other children involved should not be disclosed.

Post-Incident debrief

The school recognises that being bitten can be physically and emotionally distressing. Following significant and/ or repeated incidents, a debrief between staff involved should take place. The purpose of the debrief is to first support staff wellbeing and then reflect on the incident and identify adaptions that need to be made.

Restraint Reduction Network

Six Core Strategies©

How Oakley is embedding the RRN's six core strategies:



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Positive Wellbeing, Engagement and Behaviour Support Plan

Oakley School
Skills for Life and Independence

Name	Class	Thrive profile	Date

Strengths

What my friends and family say:	Things I like and enjoy: Internal (sensory), Relational (social), Environmental (structure)

Things I find difficult:
Internal (sensory), Relational (social), Environmental (structure)

Positive Engagement, Behaviour and Wellbeing Support Plan

Regulated	Escalating	Crisis	Recovering	Regulated
Behaviour:	Behaviour:	Behaviour:	Behaviour:	Behaviour:
				
Proactive	De-escalation	Reactive	Recovery	Restorative
Strategies/ support: ***Environmental*** ***Relational*** ***Internal sensory***	Strategies/ support:	Strategies/ support: **THRIVE**	Strategies/ support: Reset	Strategies/ support: Repair

Details of physical intervention/ strategies and procedures if appropriate (This must only be used as a last resort in incidents where the pupil is at significant risk of injuring themselves and/or others):
This positive behaviour support plan must be shared and agreed with the family, parents and carers.
Signed by class teacher: Signed by Leadership Team: Signed by the family, parents and carers:

Restorative practice

Oakley School
Skills for Life and Independence

An approach focused on conflict resolution and relationship-building that aims to repair harm and restore relationships rather than using punishments.

What happened?

TED Questions

Tell me more about...
Explain how that impacts you...
Describe that to me...

01

02



What were you thinking or feeling?

Provide a non-judgemental, empathetic space to explore their thoughts and feelings.

Link to interoception.

What can we do next time?

Proactive problem-solving with staff support. Moving beyond blame and focusing on the future.

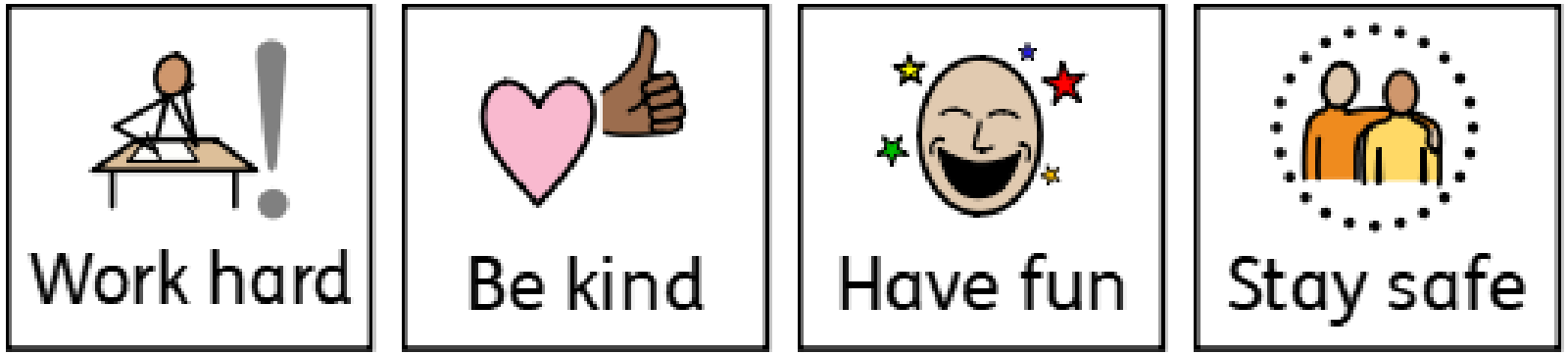
Responsibility • Empowerment • Collaboration

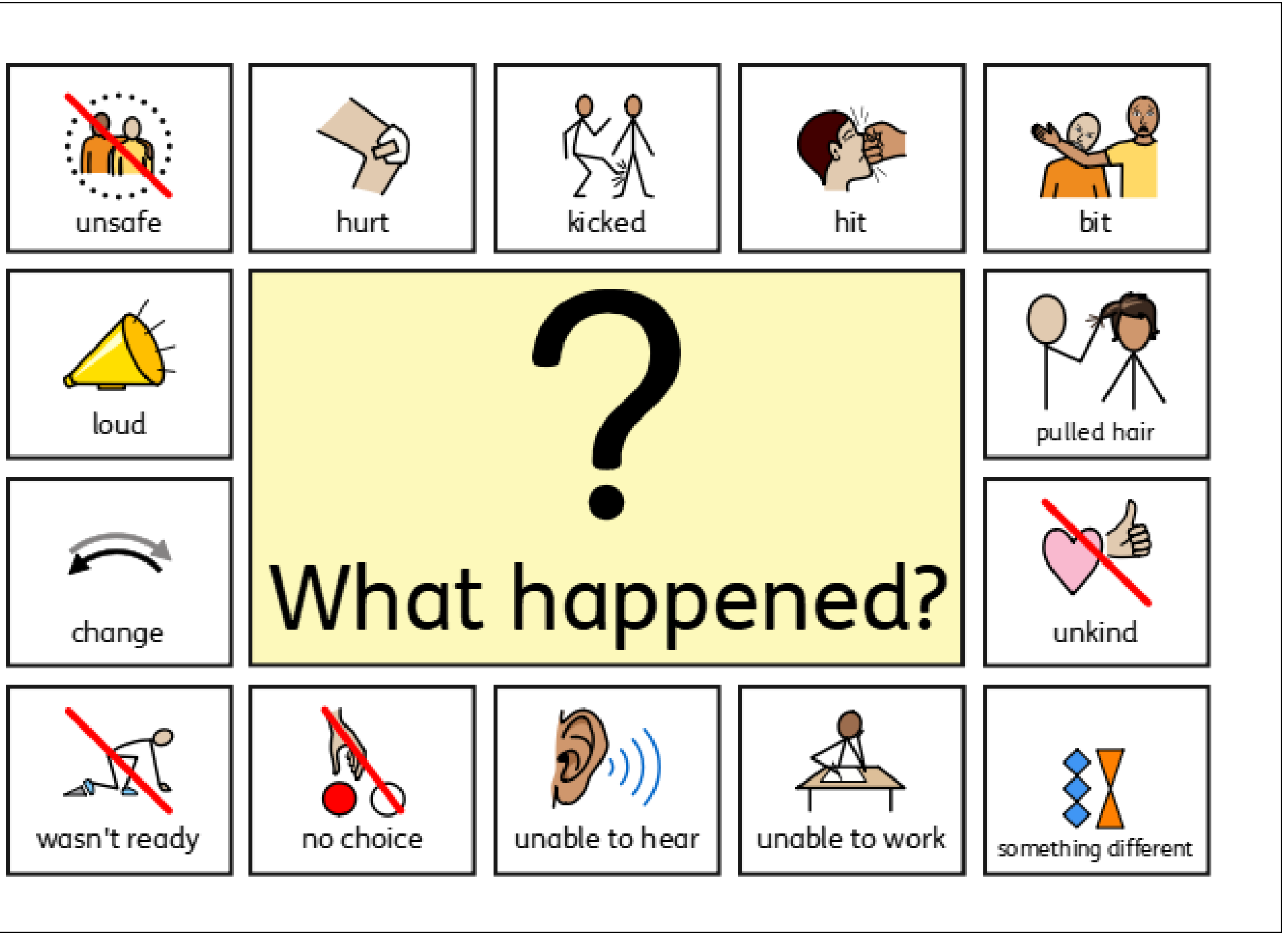
03

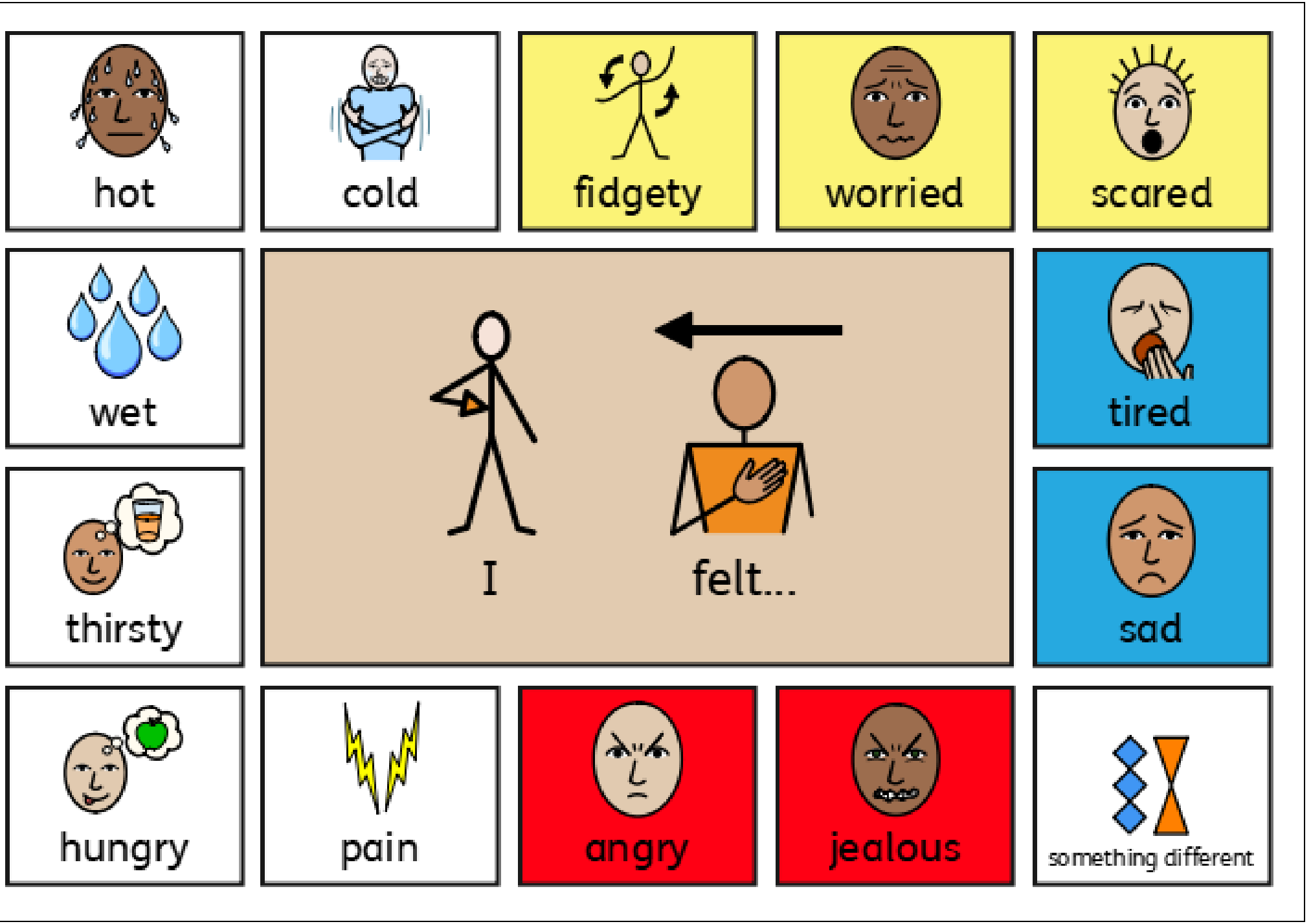
Oakley School

Skills for Life and Independence

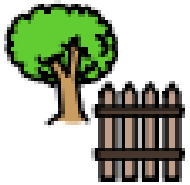
Restorative Booklet

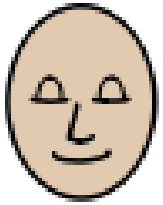



unsafe
hurt
kicked
hit
bit
loud
?
What happened?
pulled hair
change
unkind
wasn't ready
no choice
unable to hear
unable to work
something different


hot
cold
fidgety
worried
scared
wet
I
felt...
tired
thirsty
sad
hungry
pain
angry
jealous
something different

talk to an adult

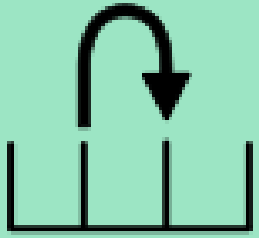

go outside

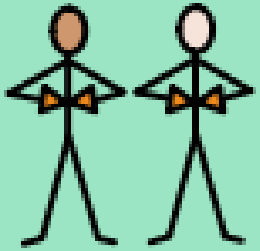

go to calm space


weighted blanket

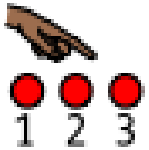

get fidget toy


ask for help


Next time


we


could...

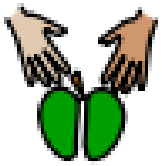


count to 10


take deep breaths

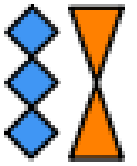

move


have a drink


share things


walk


pause


something different