BEHAVIOUR & RELATIONSHIPS POLICY
2025 / 2026

Date Reviewed:	September 2025	Reviewed by:	Joanne Hobbs, Assistant Headteacher
		Approved by:	Heidi Hoskin, Headteacher

Contents

At Doubletrees School our Behaviour and Relationship Policy reflects our understanding of the complex needs of all our learners and how this affects their ability to self – regulate and manage their behaviour positively to engage with their learning. We aim to take a holistic, whole-person approach to behaviour that encompasses sensory processing, trauma informed approaches, positive behaviour support strategies and appropriate environments.

At Doubletrees School we endeavour to build relationships founded upon mutual trust, care and respect with all members of the school community. We want all learners to be proud of belonging to our special school family, for young people to feel safe at school, to develop meaningful relationships, make positive behaviour choices and learn how to self –regulate their emotions and feelings. This policy reflects our understanding of the complex needs of all our learners and how this affects their ability to self-regulate. This policy will commit to educational practices which Protect, Relate, Regulate and Reflect for all.

Aims

At Doubletrees School we have high expectations for all our learners in terms of their ability to learn and every day is viewed as an opportunity to extend knowledge and skills. However, one of the biggest barriers to achieving this may be the learners' difficulty to self- regulate. Access to the curriculum can be severely hindered for a learner who is emotionally dysregulated. It follows, therefore, that a happy and emotionally regulated learner is more inclined to make progress due to their readiness to learn and engage. We aim to:

- To provide a supportive setting in which learners feel secure and where good behaviour and effort are celebrated.
- To celebrate all positive behaviours and achievements.
- To embed strong working relationships with parents and carers to ensure the best outcomes for learners.
- To provide strategies which encourage learners to communicate their feelings in more appropriate ways.
- To ensure that our school environment is calm and informed which improves the quality learning.
- For the learners to develop an awareness and consideration of others.
- To underpin the SPT offer within Spiritual, Moral, Social and Cultural education and through the informed delivery of Promoting British Values.
- To provide consistency of approach to dealing with positive behaviour support through staff training.
- To use reflective practice to support behaviour challenges.
- To plan for the use of primary prevention strategies to manage challenging behaviour, in line with the Restraint Reduction Standards (2019).
- To provide a means of systematically recording data associated with positive behaviour management adopted across the SPT.
- To provide a means of securing data associated with positive behaviour management strategies adopted across the SPT, using this to accurately report to Governors/Trustees each term for their scrutiny and challenge.

- To provide a means for multi-agency support for our schools, parents and learners with respect to complex behaviour particularly in relation to be-spoke provision which may include for example sensory profiling or specific diets which informs practice.
- To determine the most suitable learning environment for any learner within a school following close consultation with parents and carers and multi-agency professionals.
- To ensure the safety of all learners/staff within the school.
- To ensure the school remains compliant within its statutory duty under Section 175 or 157 of the Education Act 2002 for safeguarding in promoting the welfare of children.

Trauma Informed Approach

Doubletrees aim is to fully understand the learners past life experiences, triggers that affect their lives, emotional situations that they find challenging to self-regulate in and support them through this. We will implement strategies guided by our specialist Trauma and Mental Health Informed Practitioners to support learners who are identified as requiring this additional support. Research suggests that children and young people with Severe Learning Disabilities are more likely to experience a Mental Health need. Our aim is to identify these needs quickly, support the learners in making sense of their experiences, manage emotions and feelings and ensure they maintain the capacity to build relationships despite these difficult events that may have happened to them.

Due to the provision Doubletrees offers, the varying age of learners and their differing needs, we look to use a Trauma Informed style language to support learners through the school day. This will underpin all communication and interactions that staff have with learners across the school will naturally understand the impact of trauma, past and present, on our learners' lives.

A Trauma Informed Approach acknowledges evidence-based research within health and the neurosciences that demonstrate a clear correlation between the adversities a learner experiences in childhood and its potentially damaging effects on their later physical health, emotional health and social outcomes.

Trauma-informed practice is not designed to treat trauma related difficulties. Instead, it seeks to address the barriers that those affected by trauma can experience when accessing education.

Our Trauma Informed approach will be delivered through staff interactions that are based on the Protect/Relate/Regulate/Reflect model and will be supported by using the PACE approach - Play Acceptance Curiosity Empathy.

Our Trauma Informed approach identifies a way of relating to pupils that support them to feel safe, this can reduce the need for pupils to enter the fight or flight mode therefore supporting a reduction in anxiety within school.

Protect/Relate/Regulate/Reflect Model

Protect:

Ensure that all students are greeted warmly in all areas of the school.

Staff trained in 'PACE' modes of interaction: warm, empathetic, playful and curious (proven to shift children out of flight/fright/freeze positions).

Staff ensure that interactions with children are socially engaging, warm and inviting.

Focused interventions that help staff to get to know learners better on an individual basis. These relationships are key to enabling children to feel safe whilst in school ensuring all learners have access to an emotionally available adult.

School staff adjust expectations around all learners to correspond with their developmental capabilities and experience of traumatic stress. This includes removing traumatised learners away from situations they are not managing well, providing a calmer, smaller area with emotionally available regulated adult.

Staff to provide a voice for our learners and advocate on their behalf.

Relate

A whole-school commitment to enabling children to see themselves, their relationships and the world positively.

Provide learners with repeated relational opportunities (with emotionally available adults) to make the shift from 'blocked trust' (not feeling psychologically safe with anyone) to trust, and from self-help to 'help seeking'.

Staff trained in empathic and playful modes of interaction. Each class to have a nominated TIS Warrior to ensure good practice is consistent in all classrooms.

Relating with the learner we can show we are listening and seeing their feelings, supporting and recognising the emotions they are experiencing.

Regulate

Relational interventions specifically designed to bring down stress hormone levels (e.g. from toxic to tolerable) following the Motional Snapshot activities and in class experiences enabling them to feel calm, soothed and safe. This is to support learning, quality of life and protect against stress-induced physical and mental illness, now and in later life.

Evidence-based interventions that aim to repair psychological damage caused by traumatic life experiences, through emotionally regulating, playful, enriched adult-learner interactions.

The emotional well-being and regulating of staff is treated as a priority to prevent burnt out and stress related absence, debrief sessions are in place to support post incident.

Reflect

Staff are trained in the art of good listening, dialogue, empathy and understanding.

Time to reflect post incident, to talk about alternatives to their behaviours while still acknowledging the emotion behind them. You can reassure them that you care about them but the behaviour they are exhibiting is not acceptable.

Provide learners with other options, give choices. If you feel like this again you can…….

Provide time to discuss events and situations, this can be done through a social story, books or story sack.

Discuss feelings within the classroom as a daily experience. Talk about experiences others have had.

Identify how it feels to be calm/relaxed, provide learners with opportunities and reflect on the differences they may feel in these moments.

Avoid putting the learner back in the same situation and reliving a trauma. What can I do differently?

Staff to reflect on what was the learner trying to tell me in that moment, what is the behaviour telling me?

PACE Approach

- **Play** – Playfulness, light, open, hopeful and spontaneous.
- **Acceptance** – Unconditionally accepting of all of the experiences of the learners, so they trust staff not to be judgmental.
- **Curiosity** – Non-judgmental active interest in how learners experience what happens to them in their lives.
- **Empathy** – Felt sense of the pupil's feelings and needs which is actively communicated to the pupils.

Responses from staff

- **Affect Attunement**: Meet the learner's emotional intensity (positive or negative) on an energetic level. Mirroring the same level of energy to build a connection around the trauma and help the pupil understand the feelings and emotion. The pupil will hopefully see this as positive connection with staff helping to build the trusting and emotional available relationship.
- **Empathy:** Recognition of how the learner is experiencing the event, even if this is very different to how you are experiencing it. Staff won't dismiss the feeling, they will help affirm, understand and recognise what the learner is feeling.
- **Containment:** Staff will be able to be in the moment with a learner's intense feelings without absorbing the emotion and acting upon it. Containment is also supported through clear structures to the day, boundaries and actions that are followed through on.
- **Emotional Regulation:** Bringing down toxic stress to tolerable stress and the moving to states of calm. Soothing and calming the learner's emotional dysregulated state, will over time, develop effective stress regulating systems in the brain and a more positive feeling through the learner's body. This could be done through calming conversations and sensory support/items but in each case will be bespoke to the learner in question.
- **Communication and Body Language**: Staff will use a calm and lowered tone of voice when managing behaviour to communicate calmness, safety and empathy to a learner. Some learners require a non-verbal approach when they are dysregulated and visuals will be used. All staff ensure that their body language is open and non-confrontational.
- **De-escalation strategies**: Staff are trained in a range of de-escalation strategies through PRICE. These include – processing time, distraction, re-direction, change of face, use of humour and offering a calming space.
- **Motional Profiling** – To support learners, who are identified, a Motional Comprehensive Snapshot can be created. This provides key staff to have an understanding of areas where support and development are needed, optional activities are also provided. These profiles will be created by staff teams, including parents, working with that particular learner and will also be supported by the Pastoral and Behaviour Lead.

Terminology that's accepted at Doubletrees:

- Dysregulated
- Unsettled
- Emotional
- Distressed
- Displaying behaviours that are challenging
- Unhappy
- Anxious

Motivators and Consequences

The reinforcing of appropriate behaviours is an essential component in the learning process and enables the development of skills in all areas of a young person's life. Rewards or motivators are those that are given to a learner when they have shown positive or desired behaviour to provide a positive reinforcement. At Doubletrees, rewards are likely to take the form of either an object (e.g. a preferred toy/game) or an experience (e.g. getting a certificate) and are based on the individual preferences of each individual young person. The practice of removing stars or rewards that have already been earned bears a strong resemblance to punishment, and is therefore incompatible with Doubletrees' stance on Positive Behaviour Support. It is not acceptable practise for rewards to be revoked. Young people must always be given every opportunity to succeed.

At Doubletrees School we believe that it is important for our children and young people to clearly link a specific behaviour with its consequences. Therefore, the consequences we use are linked to the presented behaviour's function and make sense to the young person. For example, if a young person presents with a behaviour of concern because he/she is trying to avoid a demand, the adults would wait until the young person is calm and will reinstate the demand. (An example of this could be the reluctance to transition or complete a set work task.) At the same time, consideration will be given on the reason the young person is reluctant to follow this demand and appropriate proactive strategies will be implemented in order to reduce the likelihood of this happening again. In addition, the class team will focus on teaching the young person appropriate functional skills that will enable the young person to achieve the same outcome without having to use a behaviour of concern. The consequences may vary for different pupils in line with their individual needs and the function of their behaviour. This should always be supported by the appropriate communication strategy to support understanding of expectations.

Consequences for behaviours of concern will only be used with students who are at a stage emotionally where they can exercise some control or choice over their behaviour. It is not appropriate to hold a student to account for their behaviour, by implementing a consequence, when they are at an emotional development stage where they operate from the reptilian brain or brainstem when they experience heightened emotions and revert to fight/flight or freeze at these times.

Behaviour Support

At Doubletrees School we define behaviours of concern as any behaviour which:

- reduces the quality of an individual's life.
- reduces access to learning.
- puts a child or young person at risk (physically or emotionally).
- puts the people around a child or young person at risk (physically or emotionally).

Behaviours of concern may show that:

- the child or young person has needs or wants which they are not able to communicate through other means.
- the child or young person's medical needs are not being met – they may feel ill or in pain.
- the child or young person is experiencing demands which are too much for them.
- the child or young person may have sensory needs which are overstimulated or unmet.
- the child or young person is experiencing feelings such as frustration, anxiety, depression or anger.
- the child or young person is overwhelmed by their environment or others around them.
- the child or young person needs more help to understand what is expected of them.

Low-level disruption is addressed quickly to ensure learners' behaviours do not disrupt lessons or the day-to-day life of the school. If bullying, aggression, discrimination and derogatory language occur, they are dealt with quickly and effectively.

In judging whether a particular behaviour is a cause for concern adults consider the child or young person's age and level of development.

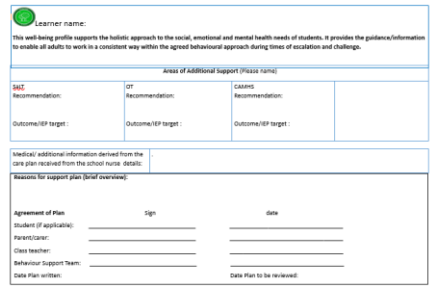
Behaviours of concern are categorised into three levels. If a learner presents with a Level Three behaviour or is persistently presenting with Level One or Level Two behaviours a Well-being Plan and a Behaviour Risk Assessment is written in collaboration with parents/carers. External agency recommendations are included, where appropriate.

Well-being Plans are individually tailored behaviour plans which outline proactive and reactive strategies, in addition to teaching contextually appropriate skills, developing communication systems and suggestions on modifying the environment to support the young person to learn the necessary skills that will enable them to self-regulate and manage their own behaviour. By colour coding the Well-Being Plans we show the different stages of the behaviour as an individual's behaviour moves between. All staff are expected to follow the strategies mentioned in the learners' Well-being Plan consistently in order to support the learners when moving between the different stages of behaviour safely and effectively.

All Well-being plans and Behaviour Risk Assessments are shared with and signed by parents/carers. Individual Risk Assessment are reviewed yearly across the school but given that they are 'live' document, the class teachers in consultation with the Pastoral and Behavioural lead must regularly update them if the behaviours presented change/evolve to ensure a consistent, pro-active approach.

Behaviour Incident Log

Merit Mark	Level 1	Level 2	Level 3: Trackit Lights	Level 3: CPOMS
Positive Behaviours	**Minor: disruptive**	**Moderate: aggressive, but little evidence of injury caused.**	**Severe: injury caused/possible severe injury with intent.**	
• Good listening • Tidying up • Independence/trying on my own. • Trying my best • Completing work • Good focus and concentration • Being kind and thoughtful to others • Caring and sharing • Engaging with others • Turn taking • Helping to look after our school • Great communication • To keep myself and others safe. • Achieving my target • Accepting Change/ learn how to cope when things go wrong	• Task avoidance • Refusal to work • Not following instructions • Walking away from learning/out of class • Shouting at or inappropriate tone towards learners/staff • Going to ground • Destroying own work • Throwing/taking items from others • Self-harm-not leaving a mark • Pulling down displays • Hair pulling (sensory/attention seeking) • Biting/attempted biting (sensory seeking. No harm caused) • Climbing on furniture • Screaming • Rough physical play • Unkind hands and feet • Inappropriate removal of clothes (sensory behaviour) • Eating non-food items • Smearing • Refusing to transition • Tone of voice/ swearing	• Destroying of others work • Throwing items at others • Grabbing • Hitting/punching/slapping • Spitting • Repeatedly going to ground • Biting/attempting to bite (frustration/communication) Not breaking the skin. • Kicking • Barging/pushing • Purposefully invading others personal space-continuously • Self-harm- leaving a mark • Vandalism: property damage • Absconding/running away or trying to abscond: on school site • Scratching/pinching • Attempted acquisition of items that are fixated upon • Climbing on furniture: risk to self: RPI • Hair grabbing • Supported/guided transition - WBP in place • Flipping furniture over • Swearing or name calling: aimed at peers. • Swearing at staff	• Throwing items at others with intent • Slapping, hitting, punching, pinching: repeatedly, with intent to harm • Kicking continuously with intent to cause harm • Hair pulling to the ground • Absconding/running away - off school site. • Suffocating/attempting to suffocate - prolonged with intent. • Biting with intent to cause harm (not sensory seeking/communication) • RPI used to keep learner/ other learners/staff safe from harm. • Repeated/intense self-harming Many of these behaviours are classed as level 2 and level 3. Level 3 behaviours are sustained, prolonged or repeated. It may require several staff members to address. It may disrupt learning for a longer period of time. It may require medical attention. **If you are listing a behaviour on level 3 you must also speak to a member of the Behaviour Team to complete a debrief.**	• Sexualised • Homophobic • Child on child abuse • Racism • Bullying **All behaviours listed above to be reviewed by a member of the SLT. Log to be 'closed' on CPOMS when all associated actions have taken place**


Learner name:

This well-being profile supports the holistic approach to the social, emotional and mental health needs of students. It provides the guidance/information to enable all adults to work in a consistent way within the agreed behavioural approach during times of escalation and challenge.

Areas of Additional Support (Please name)

SALT: Recommendation: Outcome/IEP target :

OT: Recommendation: Outcome/IEP target :

CAMHS: Recommendation: Outcome/IEP target :

Medical/ additional information derived from the care plan received from the school nurse details:

Reasons for support plan (brief overview):

Agreement of Plan — Sign — date

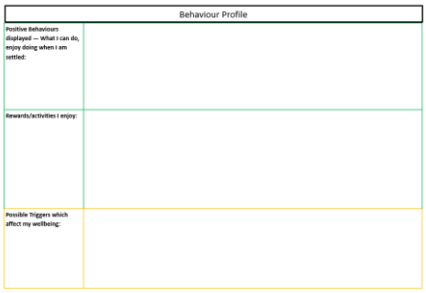
Student (if applicable):

Parent/carer:

Class teacher:

Behaviour Support Team:

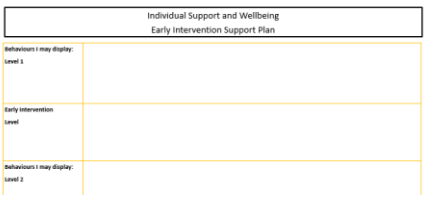
Date Plan written: Date Plan to be reviewed:


Behaviour Profile

Positive Behaviours displayed — What I can do, enjoy doing when I am settled:

Rewards/activities I enjoy:

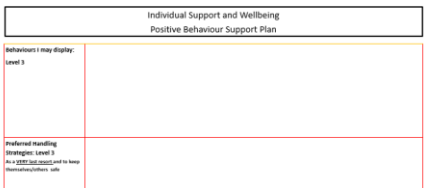
Possible Triggers which affect my wellbeing:


Individual Support and Wellbeing
Early Intervention Support Plan

Behaviours I may display: Level 1

Early Intervention Level

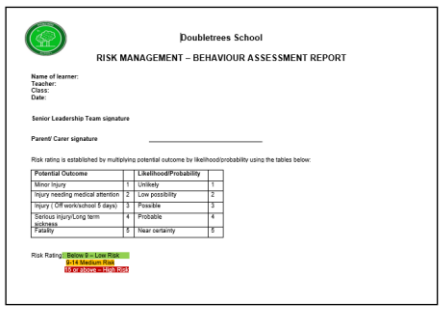
Behaviours I may display: Level 2


Individual Support and Wellbeing
Positive Behaviour Support Plan

Behaviours I may display: Level 3

Preferred Handling Strategies: Level 3

As a VERY last resort and to keep themselves/others safe


Doubletrees School

RISK MANAGEMENT – BEHAVIOUR ASSESSMENT REPORT

Name of learner:
Teacher:
Class:
Date:

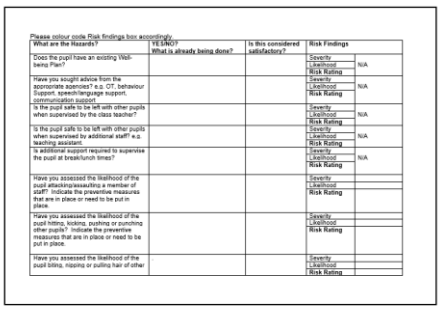
Senior Leadership Team signature

Parent/ Carer signature

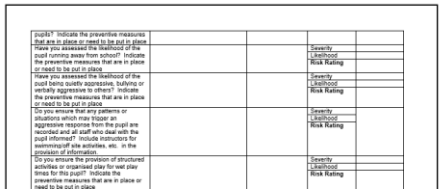
Risk rating is established by multiplying potential outcome by likelihood/probability using the tables below:

Potential Outcome		Likelihood/Probability	
Minor injury	1	Unlikely	1
Injury needing medical attention	2	Low possibility	2
Injury (Off work/school 5 days)	3	Possible	3
Serious injury/Long term sickness	4	Probable	4
Fatality	5	Near certainty	5

Risk Rating: Below 8 – Low Risk
9-14 Medium Risk
15-25 High Risk


Please colour code Risk findings box accordingly

What are the Hazards?	YES/NO? What is already being done?	Is this considered satisfactory?	Risk Findings	
Does the pupil have an existing Well-being Plan?			Severity Likelihood Risk Rating	N/A
Have you sought advice from the appropriate agencies? e.g. OT, behaviour Support, speech/language support, communication support			Severity Likelihood Risk Rating	N/A
Is the pupil safe to be left with other pupils when supervised by the class teacher?			Severity Likelihood Risk Rating	N/A
Is the pupil safe to be left with other pupils when supervised by additional staff? e.g. teaching assistant.			Severity Likelihood Risk Rating	N/A
Is additional support required to supervise the pupil at break/lunch times?			Severity Likelihood Risk Rating	N/A
Have you assessed the likelihood of the pupil attacking/assaulting a member of staff? Indicate the preventive measures that are in place or need to be put in place.			Severity Likelihood Risk Rating	
Have you assessed the likelihood of the pupil hitting, kicking, pushing or punching other pupils? Indicate the preventive measures that are in place or need to be put in place.			Severity Likelihood Risk Rating	
Have you assessed the likelihood of the pupil biting, nipping or pulling hair of other			Severity Likelihood Risk Rating	


pupils? Indicate the preventive measures that are in place or need to be put in place

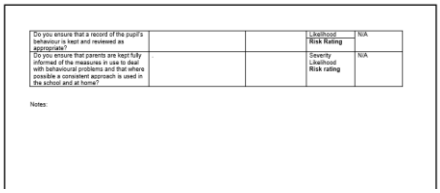
Have you assessed the likelihood of the pupil running away from school? Indicate the preventive measures that are in place or need to be put in place

Have you assessed the likelihood of the pupil being quietly aggressive, bullying or verbally aggressive to others? Indicate the preventive measures that are in place or need to be put in place

Do you ensure that any patterns or situations which may trigger an aggressive response from the pupil are recorded and all staff who deal with the pupil informed? Include instructors for swimming/off site activities, etc. in the provision of information

Do you ensure the provision of structured activities or organised play for wet play times for this pupil? Indicate the preventive measures that are in place or need to be put in place

Severity / Likelihood / Risk Rating


Do you ensure that a record of the pupil's behaviour is kept and reviewed as appropriate?

Likelihood / Risk Rating N/A

Do you ensure that parents are kept fully informed of the measures in use to deal with behavioural problems and that where possible a consistent approach is used in the school and at home?

Severity / Likelihood / Risk rating N/A

Notes:

Sensory Processing Difficulties

Sensory Processing is the ability to register, discriminate, adapt and respond appropriately both physically and emotionally to sensory input from the environment. Children and adults living with a disability can often take in and use and process sensory information differently to other people. The way we take in and register, or make sense of sensory information, strongly influences our ability to learn new information, self – regulate, perform activities and to participate in activities with other people.

Staff at Doubletrees use differentiated and appropriate strategies to support learners who present with sensory processing difficulties. Multi-agency advice, including the trust's Specialist Intervention Team, is sought to support learners.

Use of Restrictive Intervention

Doubletrees School has a Safe Touch Policy in place which should be read alongside this policy.

For the purpose of this document, the restrictive intervention detailed is in response to a behaviour need, not a medical or occupational therapy need.

At Doubletrees School excellent relationships between staff and learners are vital. It must be recognised that due to the nature of the learning difficulties presented by some of the learners who attend Doubletrees School that the use of restrictive interventions are, on occasions, necessary. However, no intervention is used unless it demonstrably considers the welfare of the pupil, it is in their best interest, is proportionate and balances the rights of both staff and learners.

Restrictive Intervention refers to any action that limits a child's movement, including physical restraint, seclusion, mechanical restraint, or instructing a child to remain still or not move. In line with the Department for Education's statutory guidance on the *Use of Reasonable Force and Other Restrictive Interventions in Schools* (September 2025), such interventions must only be used as a last resort, when necessary to prevent harm, and must always be reasonable, proportionate, and in the best interests of the child. This includes verbal instructions that restrict a pupil's freedom of movement, which are now recognised as a form of restrictive intervention. The use of force must never be used as punishment or to secure compliance with instructions, and staff must always consider whether the intervention is likely to reduce risk or escalate it.

All incidents involving the use of force or other restrictive interventions must be recorded and reported in accordance with Section 93A of the Education and Inspections Act 2006, as amended. Staff must follow proactive and preventative strategies, including de-escalation and trauma-informed approaches, and ensure that any intervention is consistent with the learner's individual Well-being Plan and Risk Assessment. This policy aligns with the Restraint Reduction Network (RRN) Standards and the safeguarding principles outlined in KCSIE 2025, ensuring that all actions uphold the dignity, rights, and wellbeing of every pupil.

All staff receive annual theory training on PRICE (Protecting Rights In a Caring Environment) principles. This includes de-escalation techniques, restraint related risk and reducing restrictive practices, as well as values and ethics.
Some staff receive training on approved and suitable guides or holds, based on learner needs. Careful consideration is taken regarding a child or young person's age, and course content is planned accordingly. (See Safe Touch Policy for further information.)

Planned restrictive intervention is always documented in a Positive Behaviour Support Plan or Well-being Plan. It is agreed with parents/carers and reviewed regularly.
Emergency restrictive intervention is used only when there is an immediate risk to safety (e.g. a learner running into the road). Incidents must be recorded and reported as RPI.

Recording Restrictive Intervention

Level 1 and Level 2 Behaviours	Recording on Trackitlights
Level 1 and Level 2 Behaviours which involve planned Prevention and Breakaway techniques (recorded on Well being plan and signed by parent)	Behaviour is logged on Trackitlights
Level 1 and Level 2 Behaviours which involve Walk and Talk technique or Small Children Walk and Talk (wisp) or comfort embrace techniques (recorded on Well-being plan and signed by parent)	Trackit lights
All Phase 1 and 2 holds (planned AND unplanned)	CPOMS tagged RPI CPOMS – additional relevant tag
Level 3 Behaviours	CPOMS tagged 'Behaviour'
Level 3 Behaviours which include restrictive intervention (planned and emergency).	CPOMS tagged 'Behaviour' AND 'RPI'
Emergency RPI for health and safety reasons	CPOMS tagged 'Health and Safety' AND RPI

Prevention techniques and Walk & Talk techniques are not holds. If required, they should be written on Well being plans but there is no requirement to record each time they are used.

PRICE training modules delivered in school

All Staff: Delivered annually

Theory
Values & Ethics
Understanding and Making Sense of Challenging Behaviour
Structuring the Care Environment
De-escalation & Defusion
Restraint Related Risk
Reducing Restrictive Practices

Oak, Juniper, Hazel staff: Delivered Annually

Prevention and Breakaway Technique	**Small Children Techniques**
T-stance	Walk & Talk (Wisp) (Technique - NOT a hold)
Defensive Stance	Comfort Embrace
Bite Prevention (wave)	Seated Comfort Embrace
Clothing grab	Up & Go
Wipeaway	Side hug

Cedar, Holly, Sycamore Staff: Delivered Annually

Prevention and breakaway Technique	Phase 1 Techniques and Holds
T-Stance	Walk & Talk/ Walk & Talk (Wisp) (Technique - NOT a hold)
Defensive Stance	Single Embrace
Clothing grab (single handed)	Adapted Embrace
Wipeaway	Comfort Embrace/ Seated Comfort Embrace
Bite Prevention (wave)	Up & Go
	Side hug

Maple, Willow, Elm and Cherry Staff: Delivered Annually

Prevention and breakaway Technique	Phase 1 Techniques and Holds
T-Stance	Single Embrace (Hold)
Defensive Stance	Adapted Embrace (Hold)
Clothing grab (single handed)	Walk & Talk (Technique - NOT a hold)
Wipeaway	
Bite Prevention (Wave)	

Selected staff: Including on call staff and the senior leadership team: Delivered Annually

Prevention and Breakaways	Phase 1 Holds	Phase 2 Holds
Wipe away	Adapted Embrace	Figure of four
Wrist grab	Single Embrace	Standing double embrace
Hair grab	Walk and Talk (Technique - NOT a hold)	Shoulder embrace *
Sleeve grab		
Bite prevention (Wave)		
T-Stance		
Defensive stance		

**If a class team require additional or bespoke training based on learner need, this can be delivered by trainers.*

As the safety and wellbeing of all staff and learners is paramount, staff should always first give consideration to both their own safety and that of others as well as remember that we only ever use the minimum level of force needed to restore safety and care. The guiding principles relating to the use of reasonable force are as follows:

- It is an act of care. It is never used to force compliance with staff instructions.
- Staff must take steps in advance (proactive and reactive strategies) to avoid the need for the use of reasonable force through dialogue and diversion and at the level of understanding of the child or young person in a person centred approach.
- To prevent severe distress, injury, or damage, only the minimum force for the shortest amount of time will be used.

- After an incident, staff will be able to show that the intervention used was in keeping with the learner's individual Well-being Plan and Individual Risk Assessment or the Trust's Behaviour Policy.
- Every effort would have been made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- As soon as it is safe, the restrictive physical intervention will be relaxed to allow the pupil to regain self-control.
- Procedures are in place for supporting and debriefing pupils and staff after every incident as it is essential to safeguard the emotional well-being of all parties involved.
- A distinction will be maintained between the use of an emergency intervention, which is appropriate to a particular circumstance, and the use of planned intervention. (See below)

Emergency Restrictive Physical Interventions (RPI)

An emergency RPI may be employed in response to an incident requiring a rapid physical response (for example a child running on to a road). In such circumstances the ideas of a duty of care and reasonable, proportionate and necessary actions must remain paramount. Staff should use the minimum force for the shortest amount of time to maintain safety.

Planned Restrictive Interventions

Involves a planned RPI being employed by staff in response to an identified behaviour when all other strategies have been unsuccessful and the learner is posing a significant risk to him/herself and/ or others. They should be described in writing (in the Well-being Plan), in advance, by the class teacher and shared with the behaviour lead and class team and, as far as possible, agreed and signed by parents/ carers. The identified strategies are based upon the individual behaviour risk assessment and are recorded on the Well-being Plan.

Sometimes, when faced with extreme behaviour, the judgement may be that by becoming physically involved the member of staff will increase the risk of somebody getting hurt. In this case the correct decision may be to support the young person into a safe space and give the learner time and space to regain self-control. At this point, the staff must decide on the most appropriate course of action which is to make the environment safe, remove the audience, take vulnerable children to a safer place, remove all potential hazards and weapons, ensure that colleagues know what is happening or get help. The chosen actions should always be designed to reduce the risk to others and to yourself.

The Education and Inspections Act (2006) states that:

> *All members of school staff have a legal power to use reasonable force. This power applies to any member of staff at the school. It can also apply to people whom the headteacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit. Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder.*
> *In a school, force is used for two main purposes – to control pupils or to restrain them.*
> *The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.*
>
> *The following list is not exhaustive but provides some examples of situations where reasonable force can and cannot be used.*
> *Schools can use reasonable force to:*

• remove disruptive children from the classroom where they have refused to follow an instruction to do so;
• prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
• prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
• prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground; and
• restrain a pupil at risk of harming themselves through physical outbursts

Education and Inspections Act (2006)

Members of staff will not be expected to undertake the use of restrictive interventions without knowledge of the school's policy. Our current, chosen Accredited Training organisation in Positive Behaviour Management & Physical Interventions is PRICE Training. SPT Schools also use Team Teach Ltd.

Training will be regular (according to evidenced risk assessment, both formal [re-accreditation] & informal, according to need) and in line with the PRICE Training Principles. Untrained staff are not expected to engage in restrictive interventions with learners except in an extreme emergency when the health and safety of others would seriously be put at risk by a failure to do so.

Doubletrees School acknowledges that restrictive techniques are only a very small part of a whole school approach to behaviour management. PRICE Training Principles state that Physical intervention is only used as part of a wider strategy including 'proactive approaches', 'primary and secondary strategies' and 'restraint reduction strategies' Other areas may include communication approaches, de-escalation and diffusion strategies and/or behaviour risk assessments. Primary prevention strategies are a core part of our universal offer and always form the greater part of Doubletrees' approach to challenging behaviour and physical restraint is always a last resort.

Staff should read the Safe Touch Policy alongside this document.

Complaints and Allegations

The availability of a clear policy about the use of reasonable force and physical interventions, should reduce the likelihood of complaints but may not eliminate them. If any staff have experienced another member of staff using 'unacceptable use of force' and non-approved techniques they must report this to the Head Teacher as soon as possible.

Where a complaint or allegation is made, the school will follow the Local Authority protocol. For further information, please refer to the SPT Complaints Policy and the SPT Whistle Blowing Policy.

Safe Spaces

As part of our continuum of provision to help learners develop their skills within managing their own behaviour Doubletrees have 'safe spaces'. These are spaces designed as a place of retreat for those pupils who require a period of quiet time where they can regulate if they are feeling overwhelmed by the classroom environment. When using the safe spaces the learner is always accompanied by a member of staff. The rooms are resourced with games and equipment to promote a relational approach to regulation and behaviour support. Learners are regularly joined by one or two other learners in these spaces to complete short group activities. The rooms are not used as seclusion rooms.

If, in the event a learners' behaviour is becoming particularly complex and they are starting to pose a risk to themselves or others within the school, they may be re-directed to one of the safe space

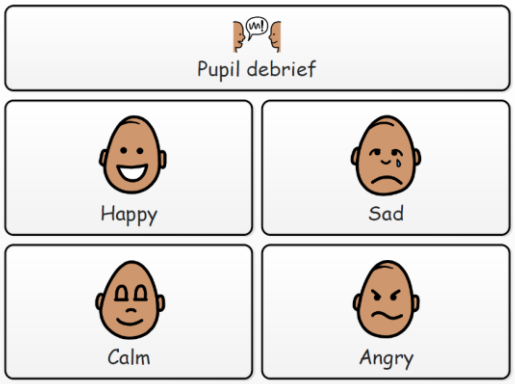
rooms. Doubletrees acknowledges that any use of a safe space could be viewed as seclusion if a pupil is taken or directed there for this reason. Any learner who requires a safe space due to challenging or disruptive behaviour has a Wellbeing Plan in place which states the reason for use. These plans are checked by the SLT for compliance according to the protocol and DfE guidance in using safe spaces. Learners use Safe Spaces alongside an emotionally available adult who will remain with them to support them to regulate and calm. Further information can be found in the SPT Behaviour Policy.

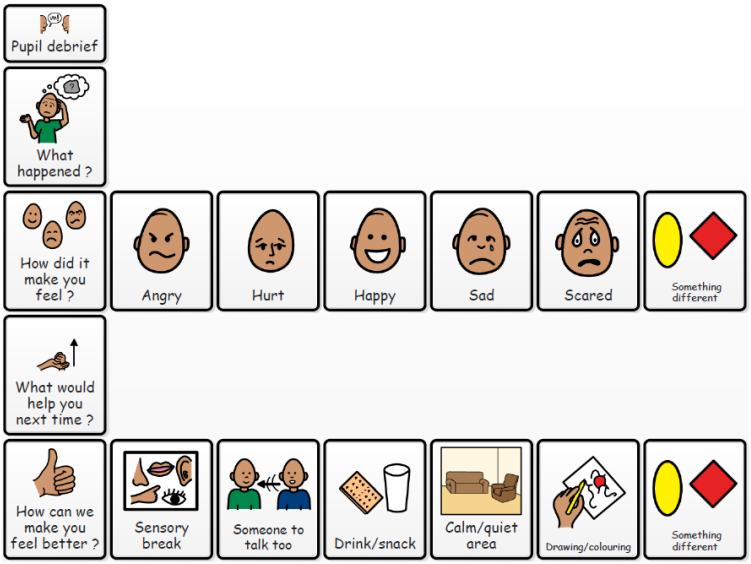
Debrief

Following a Level 3 incident staff and learners will meet with a member of the behaviour support team, within 24 hours, for a debrief (see appendix A). A record of the debrief will be kept and any actions added to CPOMs to ensure that these are followed up. However, it may not be appropriate for the learner to be involved in the debrief process, post incident but every attempt will be made to capture the learner's voice. This will be supported by relevant communication resources. If this is the case a member of staff who knows the learner well, or the parent/carer can complete the form with a member of the behaviour support team. If a member of staff has been hurt they will be supported, away from the classroom, for as long as necessary. All injuries, staff or learner, requiring hospital/GP attention are logged on Assess Net. Learner Behaviour Risk Assessment and Well-being plans are reviewed, and updated if necessary, following an incident. In addition to the immediate incident debrief there is a second post incident debrief (see appendix B). This is to allow reflections and discussions by class teams and family, impact on all and actions implemented so far are discussed to continue to inform our practice. All Level 3 behaviours are reviewed and discussed at bi-weekly safeguarding meetings. Level 3 behaviours are reported to governors, via the Headteacher's report, on a termly basis.

Any use of Restrictive Intervention as part of a level 3 incident will be transparently reported to parents as soon as reasonably possible but certainly on the day of the intervention.

Pupil debrief forms:


Pupil debrief
Happy
Sad
Calm
Angry


Pupil debrief
What happened ?
How did it make you feel ?
Angry
Hurt
Happy
Sad
Scared
Something different
What would help you next time ?
How can we make you feel better ?
Sensory break
Someone to talk too
Drink/snack
Calm/quiet area
Drawing/colouring
Something different

Procedure for a Level 3 Incident

1.Call for support received. All in attendance agree:

- Who is staying to support (Remember the low arousal approach and limit adults where possible to reduce demand.)
- Who is available on call
- Who from the class team is staying to support
- **Who is logging the incident**

2. De-escalation is attempted using a PACE approach (Playful, Acceptance, Curiosity, Empathy)

3. All attempts are made to make the area safe. **Before a hold is undertaken, team in attendance agree that the hold is necessary and there are no alternative options.**

4. Log incident on CPOMs, as soon as possible, but within 24 hours of the incident. Ensure that the date and time accurately reflect the actual incident, not when it is logged. Just a brief line on CPOMs is required to note a L3 incident. This will be reviewed and level of incident agreed by SLT and the ACE team. We will also determine what debrief is required. Then this can be also logged on to Trackit retrospectively.

5. Within 24 hours, ensure that the incident log is completed with a member of SLT/ACE/SIT team. If the incident has resulted in an injury, an accident form should be completed. Actions identified following the incident should be logged on CPOMs.

If the injury requires medical attention, this should be logged as a violent incident and recorded on ASSESSNET within 24 hours. An investigation must then be carried out by a member of SLT

6. Class teacher to phone parent/carer on the day of the incident. Log on CPOMs the content of the conversation **IN DETAIL.** Pupil debrief to be completed once learner is calm, or observations made, restorative work completed.

7. Where Restrictive Physical Intervention is used, a letter to parents must be sent home that same day. Copy uploaded to CPOMs

8. Within a week, a Post Incident Debrief should be carried out.

9. Following the debrief, using both this and the Level 3 incident log, the wellbeing plans, and behaviour risk assessments of the learners will be reviewed. This will include parents.

10. Check list of completed actions with all relevant paperwork (debrief forms, post incident reports, Assessnet forms etc) all to be uploaded onto CPOMs and paper copies handed to headteacher for filing.

Masturbation

Masturbation is a common human behaviour and having a learning disability doesn't reduce this behaviour. Masturbation is defined as the touching and stimulation of your own genitals for sexual arousal and pleasure. Masturbation can often, but not always, lead to someone experiencing an orgasm. It is normal for children to touch and explore their genitals from a very young age. However, Masturbating for pleasure usually starts during puberty. A poor understanding of and compliance with social and legal rules about public masturbation and inappropriate touch can significantly limit a person's freedom and social interactions. If someone masturbates in public

places it is reasonable to conclude that they won't be allowed independent unsupervised access to public place where other people may see them masturbating. Therefore, allowing inappropriate masturbation can seriously curtail a person's freedom and growth towards independence. Behaviours learned or allowed to develop when a person is young can last a lifetime. Dealing with masturbation in a timely manner can mean that a person with learning disabilities can experience sexual pleasure in private, and not put other people in harm's way. They can then experience freedom and social interactions without being labelled as someone who engages in inappropriate sexual behaviour.

PSHE (including Relationships and Sex Education) at Doubletrees School forms an integral part of our whole school curriculum offer that aims to provide our learners with the necessary knowledge, skills and attitudes to lead healthy, happy and safe lives. It is important that young people are taught and understand the 'rules' around appropriate behaviour. We recognise that our students have unique needs and challenges and we aim to address these through a tailored, inclusive and well-organised Relationship and Sex Education (RSE) Curriculum. We have specified Safeguarding units mapped out for our R2L learners through the NSPCC Speak Out/Stay Safe programme. There are also opportunities built in to the curriculum for responsive RSE, including 'grab boxes' to support teaching materials to aid deliver of this. Within classes or phases that are concerning or sexualized in nature, teachers have the opportunity to plan RSE sessions to support learners with these issues

Being able to masturbate is a human right. The right to be sexual is enshrined within the Human Rights Act (1988). Everyone has the right to masturbate in private. Our right to masturbate can only be intervened with if it negatively impacts other people. The Sexual Offences Act 2003 sets clear guidelines around masturbation and public spaces. This also applies to people with learning disabilities. There is no minimum legal age at which you can masturbate on your own and in private, as UK law only looks at sexual behaviour that involves or affects other people. A private place could be a bedroom at home (if not shared by anyone else), or a bathroom at home. The following are **not** private places: Toilets at school/college/work; Shared bedrooms; rooms labelled 'Private' (for example private office spaces); Public toilets; Family rooms at home; Anywhere a person could be seen or heard.

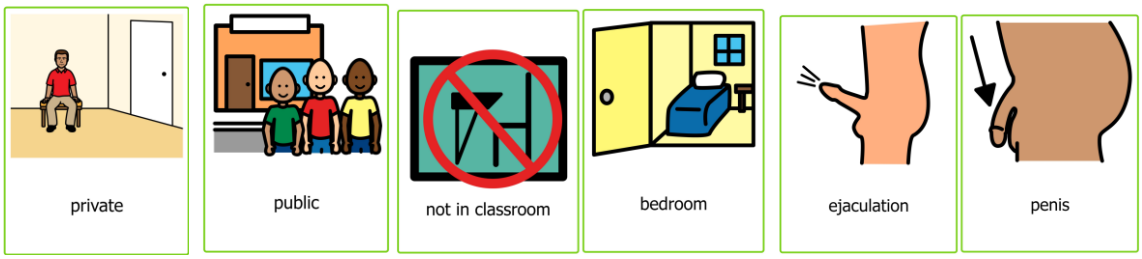
Self-touch can be undertaken for a variety of reasons that have nothing to do with sexual gratification. Sometimes physical conditions or sensory needs that are not about sexual arousal can be missed because it is presumed that the touch is sexual or primarily sexual. Sensory needs are common with people with autism and/or learning disabilities. Sometimes masturbating can be fulfilling a sensory need rather than a sexual need. This is normal and shouldn't be discouraged but the same rules about appropriate masturbation in public and private will still apply; and it is not acceptable to do this in school or any other public place.

If a learner masturbates or touches their genitals in school, support is likely to include the following:

- Conversation with parent/ carer. Discussion around the most appropriate support based on the individual need of the child/young person.
- School based support. For example visuals or social stories alongside targeted RSE lessons.
- Referral to external professional eg OT or CAMHS to request intervention support. This is likely to be in the form of a Self-Stimulation Support Plan. A self-stimulation support plan will focus on the Childs self-stimulation behaviour and set out clear strategies for staff and home while being a person centred response to individual needs. The plan will aim to mitigate risk and ensure best practice approach to supporting the young person. The plan should be developed by the team around the child and include primary care givers when

possible. This will promote a consistent approach to supporting the child. A support plan should be written in the first person when a person with learning disabilities has direct input into their plan, or they can be in third person if it gives information about them. The plan will include; Description of the behaviour; Triggers for behaviour; Interpretation of the behaviour; Risks of the behaviour.

Symbols



Terminology Used

- Hands up/out
- Private time at home
- Public/ Private
- Save for your bedroom
- Stop/No

Example Redirection Support Plan

Social Story for Masturbation

Persistent masturbation/self-stimulation in school could result in a young person being sent home from school. The reason could be that they are unfit for learning due to an unmet physical and/or sensory need, or they have met the criteria for the SPT's exclusion policy.

Infectious Diseases/ Pandemics

During a pandemic or infectious disease outbreak or upon up to date national or local health advice, if a learner's behaviour is deemed high risk, whether this is deliberate or not, and it puts both them, other learners and the staff at risk, the following steps could be taken:

If the behaviour is a deliberate attempt to use an infectious disease as a weapon, such as spitting or coughing in other's faces, refusing to follow safety measures such as a hand washing, social distancing, then the parent/carer would be expected to collect the learner and a fixed term exclusion may be applied in line with Exclusion guidance.

Where the behaviour is not a deliberate act but a consequence of sensory seeking, communication, or anxiety related behaviour, which also puts themselves and others at risk of increased exposure to COVID, then the following steps will be followed

- Communication with the family regarding what the cause of the behaviour may be
- Support within school and with the family to reduce the behaviours

If every attempt has been made to reduce these behaviours and the learner's behaviour remains unsafe, putting themselves or other's at risk, then the school will have no choice but ask the parent/carer to collect the learner on the grounds of Health and Safety.

The learner will be offered remote provision until such a time as on site provision can safely be resumed.

We will work with the family, the Local Authority and any relevant external agencies to support their successful reintegration into on site provision.

Exclusions

We do not believe that exclusion is the most effective way to support our learners and we will always try to adapt and personalise the provision for all of our learners in order to ensure that they are able to access education. However, in extreme and exceptional circumstances, the Head teacher may need to exclude a pupil temporarily or permanently - this will be considered very carefully. It is also possible for the Head teacher to convert a fixed-term exclusion into a permanent exclusion, if the circumstances warrant this. Safe conduct by learners is essential to ensure that all pupils can benefit from the opportunities provided by education. This is essential when safeguarding the most vulnerable students. All behaviours incidents that potentially warrant an exclusion are discussed by the Headteacher with the CEO of the Special Partnership Trust before finalising this decision and informing parents, as per the Special Partnership Trust Behaviour and Exclusion Policies.

A decision to exclude a learner permanently from Doubletrees School is only be used as a last resort and will be taken only if

- there is a significant risk to themselves or others or
- allowing the learner to remain in school would seriously harm the education or welfare of the learner or others in the school.
- allowing the learner to remain in school would put emplyees at risk.
- in response to a serious breach or persistent breaches of the school's behaviour policy;

The reasons below are examples of the types of circumstances that may warrant a suspension or permanent exclusion. This list is non-exhaustive and is intended to offer examples rather than be complete or definitive.

- Verbal abuse or threatening behaviour against a pupil
- Verbal abuse or threatening behaviour against an adult
- Use, or threat of use, of an offensive weapon or prohibited item that has been prohibited by a school's behaviour policy
- Bullying
- Racist abuse
- Abuse against sexual orientation or gender reassignment
- Abuse relating to disability
- Persistent breach of Law
- Physical assault against a pupil or an adult

Where learners are at serious risk of exclusion, the Local Authority and all relevant external agencies will be involved and an urgent meeting will be called. Exclusion will be the last resort after all other steps have been exhausted.

For further information, please see the Special Partnership Trust Behaviour Policy; Cornwall Council Exclusion from school policy; DfE Exclusion from maintained schools, Academies and pupil referral units in England - A guide for those with legal responsibilities in relation to exclusion.

Legislation

This policy takes into account relevant legislation, regulations and guidance including the most recent publications from the Department for Education, Department of Health and the Health and Safety Executive. This policy is also based on the special educational needs and disability (SEND)

Code of Practice and the Safeguarding and Child Protection Policy/Keeping Children Safe in Education).

The principal legislation to which this guidance relates is:

- the Education Act 2002, as amended by the Education Act 2011;
- the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012;
- the Education and Inspections Act 2006; • the Education Act 1996; and 7
- the Education (Provision of Full-Time Education for Excluded Pupils) (England) Regulations 2007, as amended by the Education (Provision of Full-Time Education for Excluded Pupils) (England) (Amendment) Regulation
- Suspension and Exclusion Guidance: changes September 2023
- Sexual Offences Act 2003
- Use of Reasonable Force and Other Restrictive Interventions in Schools (September 2025
- Restraint Reduction Network (RRN) Standards
- safeguarding principles outlined in KCSIE 2025

Appendix A

Incident Log for Level 3 behaviour

Learner's Name		**Date:** **Time:**		**Location of incident**	
Recorded on Trackit by			**Recorded on CPOMs by**		
Names of staff involved				**Parents phoned by?** **Time? Date?**	
Chronology of events ABCs of incident ***Please also include any key decisions made during the incident (Removal of learner, hold used, evacuation of class)***					
Discussion of possible triggers, reasons and what could be done to avoid					
Use of RPI	**Did all staff agree to the hold and why?**			**Details of hold:** **What holds, how long, by whom?**	

<table>
<tr><td colspan="2">Injuries to learner</td><td colspan="2"></td><td>Recorded?
Yes/No</td><td>Further treatment required?
Yes/No</td></tr>
<tr><td colspan="2">Injuries to staff</td><td colspan="2"></td><td>Recorded?
Yes/No</td><td>Further treatment required?
Yes/No</td></tr>
<tr><td colspan="2">What could have mitigated the incident? How could we avoid next time? What could we have done differently?</td><td colspan="4"></td></tr>
<tr><td>Learner voice</td><td>Was a pupil debrief completed?</td><td></td><td>What restorative activities were done with the learner and how did they respond?</td><td colspan="2"></td></tr>
<tr><td colspan="2">Does anyone need any further support?</td><td colspan="4"></td></tr>
<tr><td colspan="3">Agreed date and time for Post incident debrief review.</td><td colspan="3"></td></tr>
<tr><td colspan="2">Actions following the meeting</td><td colspan="4"></td></tr>
<tr><td colspan="2">Form completed by</td><td colspan="4"></td></tr>
</table>

Appendix B

Level 3 Post Incident Debrief

Wellbeing of staff			
Wellbeing of learner			
Reflections on the wider context. How had the week been overall? Anything at home we are now aware of?			
Feedback from home following the incident. What discussions have taken place with the family?			
Injury follow up.			
What are identified risks following the incident?			
How do we mitigate these? What do we need to do differently?			
What changes to wellbeing plan or risk assessment needs to be made?			
Is there any ongoing support for the learner needed? (interventions, referrals)			
Is there any ongoing support required for the staff? (may include training, modelling, policy review)			
Agreed actions		By who	When

Appendix C

PRICE training modules

All Staff: Delivered annually

Theory	Prevention Technique
Values & Ethics	Walk & Talk
Understanding and Making Sense of Challenging Behaviour	Defensive Stance
Structuring the Care Environment	
De-escalation & Defusion	
Restraint Related Risk	
Reducing Restrictive Practices	

Oak, Juniper, Hazel and Holly staff

Small Children Techniques	Prevention and Breakaways
Walk & Talk (Wisp)	Clothing grab
Comfort Embrace	Wipeaway
Seated Comfort Embrace	Triangular positioning
Up & Go	

Cedar, Maple, Willow, Elm and Cherry Staff

Phase 1 Holds	Prevention and Breakaways
Single Embrace	Clothing grab
Standing Turn	Wipeaway
	Triangular positioning
	Bite response (fix and hold)

Selected staff: Including on call staff and the senior leadership team

Phase 1 Holds	Phase 2 Holds	Prevention and Breakaways
Single Embrace	Figure of four	Bite prevention
Standing Turn	Standing double embrace	Wrist grab
		Hair grab
		Sleeve grab
	Shoulder embrace *	Bite response (fix and hold)
		Triangular positioning

If a class team require additional or bespoke training based on learner need, this can be delivered by trainers.