Relationships and Behaviour Policy

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'Too often we forget that discipline really means to teach, not to punish. A disciple is a student, not a recipient of behavioural consequences.' Dr. Dan J. Siegel

Our Federation Philosophy:

As a Federation we recognise that relationships have a direct bearing on children's capacity to succeed both academically and emotionally. Relationships and a sense of belonging are key to good mental health for all. Our policy will therefore be based around a more humanist, empathic approach in which relationships and building self-esteem are at the core of developing positive behaviour, interactions and mutual respect. We aim to promote a school ethos that generates strong relationships between staff, pupils and parents/carers. It relies on creating a positive school culture and climate that fosters connection, inclusion, respect and value for all members of the school community.

The Department for Education guidance for headteachers and school staff of maintained schools, which outlines the statutory duty of schools in relation to developing a behaviour policy, is largely based on a behaviourist approach. Although behaviourist approaches can work for the majority of children & young people (CYP), they are not successful with all. This is especially true for those who have experienced Adverse Childhood Experiences (ACEs) – traumatic life experiences that occur before the age of 18. For CYP who have experienced trauma and loss, including vulnerable groups such as children in care (CiC), children at the edge of the care system, and children previously in care (PiC), behaviourist approaches often serve to re-traumatise them and do not teach them how to express their emotions in a more appropriate manner. We believe that the learning from this can be applied to all children and recognise that how we interact, nurture and guide, will have a profound impact on developing the whole child for now and in the future.

"The greatest hope for traumatized, abused, and neglected children is to receive a good education in schools where they are seen and known, where they learn to regulate themselves, and where they can develop a sense of agency. At their best, schools can function as islands of safety in a chaotic world." Bessel van der Kolk (2014)

This policy has been developed through research and in communication with members of staff and parents. It utilises a wide range of research and expert theories from the field of child and human development. This policy will always be a work in progress and reflect the ongoing learning that takes place in this area. Through regular training, collaborative work and access to current and historic research material, the policy will continue to evolve to meet the needs of our pupils.

In our schools, children's behaviour will always be viewed as a communication of their emotional needs and all staff will take a non-judgemental, curious and empathic attitude towards behaviour. We encourage all adults in school to respond in a way that focusses on the feelings and emotions that might drive certain behaviour, rather than the behaviour itself. Children with behavioural difficulties need to be regarded as 'vulnerable' rather than 'troublesome', and we all have a duty to explore this vulnerability and provide safe and appropriate support.

Thinking of a child as behaving badly disposes you to think of punishment. Thinking of a child as struggling to handle something difficult encourages you to help them through their distress.

Policy Scope: This policy is for all staff, pupils / students, parents and carers, governors, visitors and partner agencies working within the school and provides guidelines and procedures as to how our school supports and responds to behaviour.

Key Principles:

Recognition that relationships are central to our sense of belonging and to our emotional well-being.

Recognition that high expectations of behaviour and boundaries keep children safe.

Recognition that a child's behaviour is a form of communication and an indicator of a child's emotional state.

Recognition that being 'fair' is not about everyone getting the same (equality) but about everyone getting what they need (equity).

Recognition that children's needs are individual and the support we provide should be personalised.

Recognition that children have very different life experiences and that adverse childhood experiences may impact negatively upon an individual child's ability to regulate their behaviours and operate as part of the school community.

Recognition that a dysregulated child should have access to immediate support from an emotionally available adult.

Recognition that co-regulation leads to self-regulation.

Recognition that we need to enable children to develop self-regulatory behaviours, to manage stress, to make positive connections with peers and adults in school.

Recognition that we should aim to anticipate and prevent a child's dysregulation where possible.

Recognition that behaviour systems and practices should not cause or exacerbate feelings of shame.

Recognition that children need support in understanding the behavioural and emotional needs of other pupils.

Implementation:

Creating an inclusive and positive school ethos is something that must be driven by leaders across the Federation in order for it to be endorsed by, and embedded across, the whole school community. This ethos is underpinned and informed by our school values of empathy, integrity, gratitude, inspiration, equity and perseverance. We strongly believe that responding to the social, emotional and mental health (SEMH) needs of our pupils is everyone's responsibility. Research suggests that when SEMH is at the forefront of a school's ethos it leads to better outcomes for all, e.g. staff retention, pupil attendance, attainment and positive home-school relationships (Banerjee R. Weare K. and Farr W. (2014).

The Theory

We recognise that on arriving at school, most of our young children will already have 'written' their own life script (Whitton 1993). This script influences how they receive and transmit messages to themselves and to others and their perception of self. This script will largely have been determined by their early childhood experiences and relationships. Very early in the writing of this life script, children will have decided whether or not they are OK. This idea of 'I'm ok, you're ok' (Ok Corral – Harris 1969), is powerful in developing how we interact with others and the negative/positive behaviours we might exhibit.

A child's life script is not static or immovable. It is malleable and can be shaped and changed by other interactions that a child may experience. Every member of the school community has a significant role to play in enhancing and supporting a child in order that they have a positive life script, feel valued and have high self-esteem.

As a Federation, we recognise that our daily interactions with our pupils, whether they are regulated or dysregulated, need to be positive and nurturing. Utilising both the PACE approach (Dan Hughes – 2012) and Claude Steiner's 'Stroke Theory' (1980), we intend to build positive behaviour through the development and encouragement of high self-esteem and consequently, more positive life scripts.

Stroke Management Map
for Health & Success
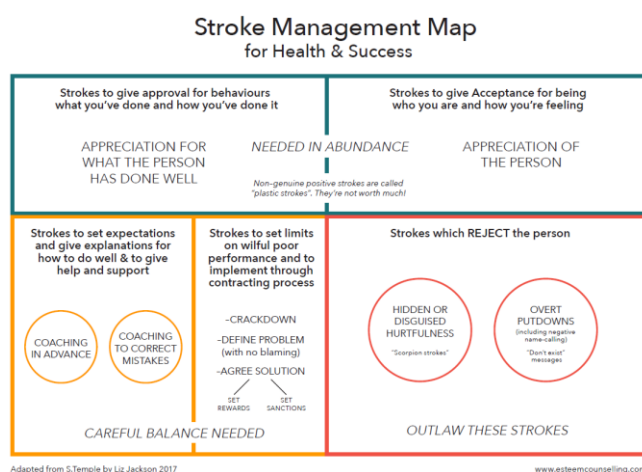
Underpinning the above approach is a recognition that children are accepted for who they are and are made to feel worthwhile and valued as part of our schools' communities. This relies on all staff being inclusive and responsive to individual needs. We recognise that co-regulation is essential and that an 'emotionally available' adult is critical for all pupils, and particularly the most vulnerable. We also recognise that this does not preclude the whole school community in bearing responsibility for supporting all pupils. It is important to understand that a 'negative stroke', an overt put down or hidden/disguised hurtfulness can be incredibly damaging and exacerbate shame. All interactions should be authentically empathic. Staff should always be conscious of the vocabulary they choose, their body language and facial expressions and how they communicate with other members of staff in relation to a child or their behaviour.

The Practice

Our approach is intended to negate the need for traditional behaviour management strategies of rewards and sanctions as we believe that positive behaviour can be nurtured through every day emotional coaching and supportive relationships.

We recognise that we should celebrate children's successes in both work and social interactions. The giving and receiving of praise and positive 'strokes' underpins our approach to behaviour and healthy relationships and attitudes.

Praise:

Praise (a positive 'stroke') should serve to show a child that their good work or behaviour has been recognised and is valued. It can also serve to reiterate an appreciation for who a child is and what they do well. Administered genuinely, these 'strokes' are crucial in developing a positive life script where children feel accepted and special. **However, it should be noted that some children find praise difficult to accept.** For these children, a personalised approach is important.

Praise may include:

- Positive 'strokes'
- Smiles
- Gestures such as thumbs up
- Praise given privately or publicly
- Sharing successes with peers, parents, other members of the school community
- House points
- Class praise systems
- Head Teacher's Award
- Head Teacher's Star Award (in assembly)

Consequences:

Praise is central to the encouragement of good behaviour in our schools. However, there may be occasions where there has to be consequences to some forms of behaviour. This particularly includes bullying, or the perceived act of bullying (**see separate anti-bullying policy**). If a consequence is implemented, it must be fair and discussed with the child so that they understand the reason behind it and what may be gained from it. Consequences should support the child's emotional or academic attainment and not exacerbate a child's feeling of shame.

Appropriate Consequences:

- Discussion with an adult.
- Time outside of classroom with an emotionally available adult.
- Go to Lunchtime Club.
- Removal from the playground for safety.
- Removal from the playground in order to protect the emotional wellbeing of the child or another child.
- Children may stay in to complete work with an adult during break times but this should last no longer than 10 minutes.
- Discussion about behaviour and wellbeing with the Head Teacher, Heads of School and parents/carers.

Inappropriate Consequences:

- Name on the board.

- Admonishment for outcomes beyond the child's control: lateness, lack of equipment, kit or home/school resources
- Time outside of classroom without adult support.
- Time inside to complete work without adult support.
- Missing an entire break time to complete work.

Positive Physical Intervention

We understand that for some children, their communication of need will sometimes manifest itself in a physical way. We recognise that this manner of dysregulation can be very challenging for all involved. Therefore, we want to be clear about our use of physical intervention and its place within our approach.

The **National Children's Bureau** use this definition of physical intervention:

*The term **'physical intervention'** is increasingly used as an over-arching term because it encompasses a range of approaches. Firstly, it is necessary to be clear what physical intervention is, and that it is **not synonymous with physical restraint**. The term 'physical intervention' is, as it suggests, any method of intervening physically with a young person in order to resolve an unsafe situation. For example, techniques of **guiding a young person from one place to another, or of escaping from a young person's grasp**, are methods of **physical intervention**, but are **not restraint techniques**. Restraint also means much what the term suggests, i.e. techniques of physical intervention that involve restraining the movement of a young person in order, for example, to prevent them assaulting another person or injuring themselves* (Lindsay and Hosie 2000, p.11).

A number of our staff are trained in Team Teach techniques. First and foremost, this approach is about de-escalation, encompassing the use of TIS (Trauma Informed Schools) and Thrive-based strategies. Physical intervention is a last resort measure taken when a dynamic risk assessment determines this is necessary in our duty of care. However, in situations where individuals are involved in an incident involving the use of force, we recognise that there may be necessary, but unforeseen and unfortunate consequences.

"Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the service user remains safe" George Matthews - Founder

In any circumstance where physical intervention is required, appropriate records will be kept and the incident will be reviewed as part of the assess, plan, do, review cycle. At all times, parents/carers will be informed if their child has been part of any physical intervention by a member of staff. Staff will also be offered supervision by a senior leader or other adult delegated this duty.

Key References:

- Bessel van der Kolk - The Body Keeps the Score (2014)
- Paul Dix - When the Adults Change, Everything Changes (2019)

Models and Theories:

- Stroke Theory (Claude Steiner: 1980)
- Cycle of Development (Pam Levin: 1984)
- Internal Working Model (Bolwby)
- Life Scripts
- Windows on the World / OK Corral (Harris: 1969)
- Ego States (Berne: 1961)
- Shame (Cozolino)