



WHHTS Positive Relationships and Behaviour Policy

Written by: Anna D'Olier and Sophie Mustchin

Date: Oct 2022

Authorised by: Tara Bell

Date: 10th November 2022

To be reviewed: October 2023

Contents

Purpose of this Policy	3
School Ethos and Behaviour Principles	3
Roles and Responsibilities	4
Standards of Behaviour	5
Whole School Approach to Promoting Positive Relationships	5
Rewards	9
Interventions	10
Reasonable Force	12
Repair	13
Screening and Searching Pupils: DFE Guidance	14
Anti-Bullying Strategies	14
Behaviour Online	15
Safeguarding and Welfare	15
Staff Development and Support	16
Student Support Systems	17
Liaison With Parents/Carers	17
Raising Awareness of the Policy	18
Reviewing Effectiveness	18

Purpose of this Policy

The purpose of this policy is to enable all within the hospital school community to maintain a safe and welcoming environment, conducive to learning, and one which safeguards the rights of children/young people to be educated.

The objectives of the policy:

- To provide a safe, secure, and happy environment for children/young people to learn
- To ensure that all staff know the expectations of behaviours in this school
- To ensure that staff know how to respond in a consistently way, according to the whole school approach, to any behavioural issues in this school
- To ensure that parents/carers know how this school's approach to behaviour
- To provide guidance on how staff should support students to demonstrate high quality behaviour through a range of positive strategies and a restorative approach when issues arise
- To set out the school's approach to developing students' emotional intelligence, ability to self-regulate and respect for others
- To set out the schools' approach to supporting students in understanding the cause of their behaviour, and to support them in how to manage behaviour and build positive, respectful relationships.
- We are a Trauma and Mental Health Informed Service, and the culture of this to be reflected throughout this policy.

HHTS recognises that 'relationships heal' and so, when working with vulnerable young people, relational health and an understanding of relational interventions is essential.

School Ethos and Behaviour Principles

Wandsworth Hospital and Home Tuition Service expects and actively promotes positive behaviour which allows all its members to learn and work together in an environment where everyone feels safe, secure and valued. We are committed to creating a collaborative, engaging, respectful, emotionally and physically safe organisation.

To do this we work together in order to:

- Foster a culture of high expectations of behaviour, personal development, self-discipline, mutual respect and academic/vocational success.
- Create a culture of positive learning behaviour through modelling of positive behaviour, engaging teaching, teaching expectations on social behaviour, rewards and reparation of relationships following any negative behaviour.
- Celebrate personal achievement and the achievement of others is at the core of our approach to behaviour.

- Ensure a zero-tolerance attitude to Bullying in the school while supporting the wards holistic and therapeutic approach for pupils struggling with this as part of their diagnosis.

Our values are actively modelled by staff and promoted throughout the curriculum.

We are a Silver *Right's Respecting School*, through *Unicef*, and as such children's human rights are at the core of our ethos towards behaviour. We promote the *UNCRC Article 28*: discipline in schools must respect children's dignity and their rights.

Being a Trauma and Mental Health Informed Service is a culture. It is embedded in everything that we do and must be enacted by all staff in every interaction. We recognise that 'relationships heal' and so, when working with vulnerable young people, relational health and an understanding of relational interventions is essential.

Roles and Responsibilities

Service and Management Board Responsibility

- Ensure the whole service community has access to and follows the Behaviour Policy which establishes and communicates measures to ensure good order, respect and discipline
- Promote the service Equalities Policy to ensure no one is discriminated on the grounds of race, gender disability or sexual orientation, and that it promotes good relations between different communities
- Ensure staff are clear about the extent of their disciplinary authority and receive necessary professional development on behaviour strategies
- Support, praise and reward students' good behaviour
- Apply sanctions fairly, consistently, proportionately and reasonably – taking into account SEN, disability and the needs of vulnerable children and offering support as appropriate
- Take all reasonable measures to protect the safety and wellbeing of staff and students including preventing all forms of bullying and dealing effectively with reports and complaints about bullying
- Ensure staff are professional at all times and follow the code of conduct.
- Promote positive behaviour through active development of students' social, emotional and behavioural skills
- Keep wards informed of student's behaviour
- Support a culture of respect by supporting their staff's authority to sanction inappropriate or dangerous conduct by pupils
- Ensure Management Board and head teacher to follow the Wandsworth Guidelines to deal with allegations against teachers and other school staff quickly, fairly and consistently in a way that protects the pupil and at the same time supports the person who is the subject of the allegation
- develop staff skills in managing behaviour through CPD opportunities as needed

Standards of Behaviour

We are a hospital school and recognise that, through illness, the children that we work with can present complex behaviours.

We always aim to seek to try and understand the underlying causes of behaviour. We do not assume that because a pupil is unwell, or has SEND, they do not need support for pro-social behaviour: this is a question of judgement from staff on a very individual basis and we take a highly personalised approach in how to respond and support.

We aim to consistently and fairly promote high standards of behaviour for all pupils and provide additional support where needed to ensure pupils can achieve and learn as well as possible.

We hold the expectation that students treat each other with respect and kindness, and support students to achieve this should this standard be falling short.

We hold the standard that children must not disrupt the right of other children to access education (*UNCRC Article 28*).

Whole School Approach to Promoting Positive Relationships

Being a Trauma and Mental Health Informed Service is a culture. It is embedded in everything that we do and must be enacted by all staff in every interaction.

HHTS recognises that 'relationships heal' and so, when working with vulnerable young people, relational health and an understanding of relational interventions is essential.

The quality of our relationships with our children and young people are crucial to the work that we do. Each adult is a significant adult for our children and young people. We strive at all times to:

- Actively build trust and rapport
- Have high expectations for all children and young people
- Treat children and young people with dignity and respect at all times
- Listen respectfully to the child or young person
- Invest in your relationships with the children and have fun together
- Identify the strengths in the child or young person – identify these with the child and build on it.
- Quietly but firmly hold appropriate boundaries for the children and young people. Consistency builds certainty and safety for our young people.

Our staff are trained in the **PACE** approach to relationships, and this is central to both our classroom practice and our professional relationships.

The PACE Approach

Playfulness/play means the adults in school using a playful tone of voice and manner and use appropriate play and humour to diffuse a situation – these will trigger anti-stress chemicals in the child’s brain and their social engagement system.

Acceptance means communicating to the child actively that you accept their feelings, thoughts, urges, motives and perceptions. We accept without judgement or evaluation. When relating to behaviour, we do not need to accept the behaviour but have acceptance of the reasons and triggers for it.

Curiosity means helping children make sense of what has happened to them, without judgement, to help them clarify their thoughts and feelings and become aware of their inner life (*‘will you help me understand...?’ ‘Will you show me...?’ ‘Will you help me...?’*) It reassures them that we are interested in them, rather than lecturing at them.

Empathy enables us to recognise how a child is experiencing an event, even if that is differently to how we experience it. We affirm, understand, recognise and validate a child’s feelings. It is important that we choose the right words (*‘no wonder you feel...’*) and use the right tone to convey the empathy. We contain the feelings rather than avoid them, try to listen rather than fix, and reflect our empathy back to them through words and big empathy drawings. Through receiving empathy, they learn to empathise.

When thinking about relationships, we consider relationships between:

- Peers
- Parent/carer and young person
- HHTS staff and young people
- Parents/carers and young people
- Clinicians/hospital staff and HHTS staff
- The school team, including senior leaders
- HHTS staff team and the governing body
- HHTS and external agencies

To this end our school is committed to educational practices which **Protect, Relate, Regulate** and **Reflect**.

Protect

- All young people under the care of HHTS are deemed to be vulnerable, through their SEMH needs and/or status as patients within a hospital. It is imperative that all staff

within HHTS function as Emotionally Available Adults, rather than having access to EAAs at points in the day.

- HHTS recognises that '*connection is a biological imperative*' (Dr Stephen Porges) and that the provision of Emotionally Available Adults (EAAs) is a key part of what we can offer the young people we work with.
- Strong attachments and relationships must be protected, between peers, and between young people and staff. These should not be ruptured by transitions or anxiety about the intensity of an attachment.
- To ensure young people are physically protected, there is a high ratio of staff to children, which ensures that there are always members of the team available to take young people for breaks, walks and talks.
- HHTS is limited by the hospital environment in which it is based but will take every opportunity to ensure that the environments are enriched; sensorially rich and nurturing, in order to release oxytocin and reduce stress.
- HHTS recognises that we are often working with young people on a short-term basis, and that we need to take every opportunity to learn more about the young people. Any opportunities to disclose will always be offered in conjunction with an understanding of our safeguarding procedures.
- HHTS recognises that, in the first instance, we are striving to make young people feel safe. In the words of Dr Stephen Porges, '*The removal of threat is not the same as the experience of safety.*' To enable young people to be in social engagement and learn, we will maximise 'safety cues' in all aspects of the school day (see details in Classroom Management Guidance appendix).
- Staff are taught that evidence-based interventions aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally regulating, playful, enriched adult-child interactions.
- HHTS recognises that many of the young people we work with have complex backgrounds. Whilst it may not always be appropriate to complete an ACE score sheet on each pupil, school staff will use their understanding of the young people's backgrounds and reasons for admission to try to gain an understanding of their history of trauma. They will then use their knowledge of the impact of trauma and toxic stress to better understand the young people academically and behaviourally.

Relate

- All school staff are trained in emotional coaching, and in relating to children in terms of the four key relational needs for secure attachment: affect attunement, empathy, soothing and containment.
- Staff are trained in 'PACE' teaching and interaction (Dr Dan Hughes 2015); being warm, empathetic, playful and curious.
- Vulnerable young people under the care of HHTS are provided with repeated relational opportunities (with EAAs).

- They should have regular access to a named EAA (in most cases their Lead Teacher) – both through regular, pre-organised times with their named EAA (such as Lead Teacher Conversations) as well as opportunities to meet with an EAA of their choosing (staff working days allowing) throughout the school day – as we are aware that regulating themselves is particularly challenging for young people away from home and under clinical care.
- If the YP does not wish to talk to the Lead Teacher that has been allocated to them, they are able to talk to any of the other teachers, HLTAs and Mental Health Leads on site.
- HHTS aims to be an attachment aware school, with an understanding that children may have secure, avoidant, anxious or disorganised styles of attachment. Staff receive training in this and how it may affect a YP's presentation in the classroom.
- As an attachment aware school, we believe that it is never too late to develop secure attachment, that attachments should not be broken – only extended to a greater number of people, and that secure attachment enables the YP to release anti-anxiety brain chemicals which help them to better learn.
- Attachment figures should be aware of their own attachment styles, and needs, which may be discussed in supervision.
- Staff will try to attune with young people, using strategies such as affect attunement, matching vocal cadence and mental state talk to meet the young person where they are, in their feeling state. Mental state talk (such as *'you want..., you are..., you just need...'*) enables us to accept and empathise with the YP's mental state and helps them to better understand where they are - *putting words to feelings is key.*

The School Charter

The School Charter, collaboratively created by students and staff at the school, is displayed in each sector of the school. It is there to set the mutually-agreed upon expectations of positive relationship and behaviour standards in the school. It is based on UNCRC values and works on the school priorities of kindness, respect, tolerance, positivity and a commitment to learning.

All staff and students sign the charter. Lead Teachers will introduce the School Charter to students on admission, and it should be used as a teaching tool to prompt conversation with the new student about expectations in our school.

It can be referred to in addressing any negative behaviour.

Teaching of Positive Behaviour

Positive behaviour is taught in school in a number of ways. The curriculum is designed to support our students' emotional health, wellbeing and personal development, and therefore contribute to positive behaviour.

As a Unicef *Rights Respecting School* all our students are taught about children's Human Rights, addressing their rights to lead emotionally and physically healthy lives.

SMSC/British Values and children's Human Rights are at the heart of the curriculum and aspects of these are embedded into every taught lesson (across the subject range), helping our students to respect other people and contribute to wider society and life in Britain. Emotional health and well-being is also addressed directly through participation and celebration of a variety of national and international awareness days throughout the year.

Young people are provided with opportunities within the timetable to develop their reflective skills, as part of our 'Head, Heart, Hands' approach. Currently:

- Young People at CAMHS take part in Educational Wellbeing, Expressive Arts, Philosophy, PSD and Oracy
- Young People on our community programmes have pastoral and study skills
- All young people on community and inpatient provision have PSD/PSHE timetabled onto their programme

Curriculum Opportunities to Support Positive Behaviour

HHTS recognises the benefits of biophilia, and provides opportunities including

- STEM activities such as snail studies
- Horticulture sessions
- Forest Schools weekly sessions
- A classroom fish tank – which provides time out for young people
- Pets as Therapy Dog (application in process)

Psychoeducation around how to regulate stress is part of the curriculum. Young people need to be taught to understand how their brains work, who they can go to and where they can go – to avoid triggering flight mode. Recognising and being able to name internal physiological states enables and empowers young people to ask for help and prevents further escalation.

Rewards

It is important that achievement and positive learning behaviours are recognised and praised. However it is key in such a diverse service that we do not create a one size fits all approach. Each provision is encouraged to develop its own reward devices according to individual pupil needs. It is also important to note that some pupils can find the concept of celebrating their successes publicly upsetting or patronising and so an individual approach is necessary. Pupils are encouraged to suggest their own rewards through lead teacher feedback and pupil voice meetings.

Reward Programme – individualised programme

Stickers reflecting behaviour and work are discussed, agreed and given at the end of each lesson. Stickers can be exchanged for a reward of the student's choice from a reward box. The aim is to enable children to understand how their feelings and behaviour affects their

learning, and to raise their self-esteem through success. This system is integrated with overall 24-hour care.

Certificate Awards

Certificates are awarded for good work, exceptional effort, and achievement of Skills for Life targets in lessons. In Corner House, these are recorded by staff in the pupil's Communication diaries.

Positive social interactions from students are monitored in lesson evaluations, helping us build up an accurate picture of our students' social and emotional progress during their time with us and helps us to understand what is 'working well' for each student.

Interventions

There are no official sanctions that would be in a mainstream school. All young people under the care of HHTS are deemed to be vulnerable, through their SEMH or physical health needs and as patients within a hospital. Instead of sanctions, staff follow a pathway of positive interventions suitable to support the pro-social behaviour of vulnerable children.

Interventions to Regulate

In the first instance, staff will always aim to support the child to regulate. Staff are trained in aspects of neuroscience relating to the teenage brain's development (i.e., the hand brain model and neurochemicals) as well as Panksepp's emotional systems to ensure that they have an understanding of social engagement, social defence and flight/fright/freeze.

- Relational interventions are specifically designed to bring down stress hormone levels (e.g., from toxic to tolerable) in vulnerable children, 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.
- The courtyard is designed to be a place of safety, where young people can go for time with staff when they need a break from the classroom. The courtyard is painted in soothing colours and has raised planters and a seating area.
- A table and chairs are in the hallway to enable a further breakout space from the classroom.
- The reading nook provides an in-classroom break out space.
- Young people are provided with a range of ear protectors and fidget toys.
- A range of activities are provided to students who are not yet able to participate in the main content of the lesson for the full session. These include tablets with audiobooks, mindfulness colouring, Rights Respecting Schools workbooks and reading.
- Opportunities to discharge stress in acceptable ways may be provided such as stress balls, clay, running outside, ripping newspaper. This will be dependent on the ward, young person, and their background and needs.

Further Interventions

Following these positive interventions to help children to regulate, staff will then use the following guidance to address any escalation of negative behaviour:

- All identified children have individual behaviour support plans, written collaboratively by Lead Teacher and student, which are designed to tackle specific behaviours. These are short-term and reviewed.
- Our School Charter, created by students and staff together and signed by new students upon admission, may be referred to as a point of reference.
- Written social targets are also used as a point of reference, often taken from the MHFE assessments.
- Isolation is never used as a means of correction; we believe that children learn about their behaviour when in a safe place with an EAA they can process what has happened with – ‘time-in’ with someone rather than ‘time-out’ alone. There should be regulating spaces in the classrooms with resources such as fidget toys (see more information under ‘regulate’).
- Where young people are not managing in a lesson or situation, they will be able to withdraw from this situation in a gentle and non-judgmental way. The team will then reflect on how to support the young person to ‘repair’ and ‘re-set’.
- Staff will be alert to situations which may place our cohort under additional stress, including:
 - Ward staff bringing them to class late, or not collecting them on time
 - Being removed from class for clinical meetings without notice
 - Key dates such as section reviews, CPAs and delayed discharge dates
 - Alarms going off within the hospital
 - Having or witnessing NG feeding
 - Witnessing other young people/patients in distress
 - Ward mates leaving
- Behaviour management will never include public or private shaming, shouting and harsh voices or criticism. We recognise that punitive sanctions without connection, repair and reflection push children into social defence. We always promote the UNCRC Article 28 (right to education): Discipline in schools must respect children’s dignity and their rights.
- Staff should avoid facial expressions, gestures or use of voice which would trigger social defence (i.e., we would not breach someone’s personal space or waggle a finger in their face).
- HHTS stand by the statement *‘How nice to be told in a kind way that I am doing something wrong’* (Asha Phillips, 2008) – any feedback that needs to be given to a young person should be constructive and delivered kindly - *‘connection before correction.’*

Negative behavioural interactions from students are monitored in lesson evaluations and ‘negative monitoring slips’, helping us build up an accurate picture of our students’ social and emotional progress during their time with us and helps us to understand what is not ‘working well’ for each student. This information is shared with the staff team at morning briefing, and

where necessary the NHS Multidisciplinary Team, allowing staff to think through together how best to support the student.

The specific nature of an incident, e.g. bullying, sexually inappropriate behaviour, racism etc, are recorded on SchoolPod.

Reasonable Force

An effective behaviour and discipline policy should secure an orderly and purposeful atmosphere in which activities and learning can take place. However there may be occasions due to the profile of our learners where behaviour can become of concern. The attendance of mental health professionals in the classrooms means that our staff are discouraged from using 'reasonable force' in order to control or restrain children or young people. Any dangerous behaviour must be dealt with by the ward staff on duty.

Staff are trained in de-escalation strategies and in safely removing themselves from harm. They do not restrain; any restraint needed is undertaken by clinical staff (there is a nurse in every classroom).

Aggressive Incidents

If a child's behaviour is causing concern to theirs or others' safety, staff will:

- a) Use de-escalation strategies
- b) Offer student time out in one of the school's breakout spaces, supported by a member of staff
- c) Remove other students from the room/space
- d) Use the alarm protocol to call for support if needed.

Following an aggressive behavioural incident, discussion would then take place with the ward staff - either in the ward's daily Handover, weekly Ward Round, or an emergency TAC meeting if necessary. The child's diagnosis and mental/emotional health would be central to the discussion and any actions needed. When appropriate, and in relation to their medical diagnosis, parents/carers would be informed through the ward. All serious incidents will be recorded in the teacher's records and circulated to the child's Lead Nurse, the Ward Management Team and the Ward Social Worker. As we understand that violent episodes are almost exclusively linked to mental health presentation, the wards take a lead on when and how information on individual incidents should be fed back to parents.

If the situation is in the home or local community, the member of staff would end the session, inform the appropriate adult and leave the home/ premises. Discussion would then take place before the next session with the parent/carer and any other member of the MDT to ensure the safety of the members of staff and suitability to access the provision.

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

Risk Assessments

Before any trip out, a risk assessment will be made to consider whether a pupil is likely to exhibit safe behaviour during the trip or not. Additional staff may be required to accompany young people who may be able to attend, but who may need extra support to manage their behaviour successfully.

Repair

Our behaviour policy is based not on punishment and sanctions but on resolution and interactive repair (e.g., restorative conversations). Young people are helped to sequence events, thoughts, feelings and behaviours. They will look at ways they could have managed situations differently, without judgement.

- Through reflecting with EAAs, children are helped to change the narratives they may have about themselves and their lives.
- Young people are supported in understanding how to put situations right. They should be allowed to instigate this at the appropriate time. Restorative conversations are facilitated by teachers and ward staff.
- Staff have a belief that repair can lead to reconnection and recovery.
- Staff can also recognise when they need to repair an interaction and are open about this.

Reflect

- Wherever possible, this will take place in ward/school therapeutic groups under the guidance of a clinician (such as Moving on Group). Within this, young people will be given the means and opportunity to symbolise painful life experiences through images as well as words, as a key part of 'working through' these experiences. Different modes of expression, e.g., art/play/drama/ music/sand/emotion worksheets/emotion cards are encouraged
- Conversations with vulnerable children who want to talk about their lives are encouraged and contained, even if outside of these groups. This is to empower children to better manage their home situations and life in general. Where necessary, information will be passed to clinicians and therapists for follow-up. Young people are made aware of the relationship between ward and school and the boundaries we are working within.
- PSD (Personal and Social Development), groups and lessons provide psychoeducation (informed by current research psychological and neuroscience) on relationships, emotions, social media and tools for how to 'do life well.' Curricular content enables children to make informed choices about how they relate to others, how they live their lives, and how they treat their brains, bodies and minds.
- Staff development and training help children move from 'behaving' their trauma/painful life experiences, to reflecting on those experiences. Staff learn to do this through empathetic conversation, addressing children's negative self-referencing and helping them develop positive, coherent narratives about their lives.

Screening and Searching Pupils: DFE Guidance

The advice below is intended to explain schools' powers of screening and searching pupils so that school staff members have the confidence to use them. In particular, it explains the use of the power to search pupils without consent. It also explains the powers schools have to seize and then confiscate items found during a search. It includes statutory guidance which schools must have regard to.

See link for more detailed advice:

<https://www.gov.uk/government/publications/searching-screening-and-confiscation>

Searching

School staff can search a pupil for any item if the pupil agrees*. (*The ability to give consent may be influenced by the child's age or other factors). Due to the vulnerability of our students Ward staff would be contacted immediately if there is a need to search students. Ward and school staff would then liaise on where best to search the student or their belongings. Ward staff would then be the lead staff in a pupil search.

Prohibited items are:

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- laser pens/lights
- any article that the member of staff reasonably suspects has been, or is likely to be, used to commit an offence, or to cause personal injury to, or damage to the property of, any person (including the pupil).

Confiscation

School staff can seize any prohibited item found as a result of a search. They can also seize any item, however found, which they consider harmful or detrimental to school discipline.

Anti-Bullying Strategies

We adhere to the *Anti-Bullying Alliance* definition of bullying:

'Bullying is the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online.'

All bullying is unacceptable and is regarded as a serious incident resulting in an emergency meeting. Please see the school's Anti-Bullying Policy.

Any incidents of bullying are to be recorded as such on SchoolPod. Racial harassment will not be tolerated, and we will record all prejudiced related incidents.

Staff undertake anti-bullying training using CPD from the *Anti-Bullying Alliance*.

The annual Anti-Bullying Day is strongly promoted throughout the school, but anti-bullying is taught in curriculum areas across the school year. As a Unicef *Rights Respecting School*, we teach respect and tolerance through a 'rights lense', and these teaching opportunities are found across the curriculum.

Behaviour Online

Some of our community and home tuition students are taught 1:1 online.

Even though the online space differs in many ways, the same standards of behaviour are expected online as apply offline, and that everyone should be treated with kindness, respect and dignity.

There is always a second member of staff present during online tuition, and parents/carers must be visibly present at the start and end of session.

Inappropriate online behaviour including bullying, the use of inappropriate language, the soliciting and sharing of nude or semi-nude images and videos and sexual harassment should be addressed in accordance with the same principles as offline behaviour, including following the child protection policy and speaking to the designated safeguarding lead (or deputy) when an incident raises a safeguarding concern. In cases where a school suspects a pupil of criminal behaviour online, they should follow the guidance in paragraphs set by the DFE.

Mobile Phones

We consider that mobile phones in school introduces complexity and risks, including distraction, disruption, bullying and abuse, and can be a detriment to learning.

Mobile phones cannot be used by pupils in the hospital school, and must remain on the wards. Mobile phones must not be used during community/Home Tuition sessions.

Safeguarding and Welfare

We recognise our legal duties under the Equality Act 2010, and in terms of safeguarding and supporting pupils with special educational needs (SEN).

We recognise that some pupils require a more sensitive and differentiated approach. Reviewing the effectiveness of this policy enables us to look for patterns so that we can ensure that there is equality in our behaviour approach for all groups.

Staff Development and Support

All staff attend Positive Behaviour Training, the lens of which is through both Trauma Informed Schools and through our *Unicef: Rights Respecting Schools* status.

Staff are provided with a range of training opportunities relating to active listening for both young people and colleagues (i.e., Mental Health First Aid, Validating Empathy (DBT and MBT), Supporting your Colleagues 'Shoulder to Shoulder,' Trauma Informed Schools Training, Talk and Draw Therapy etc.)

Support is offered to schools in the community to develop their reflective skills through the provision of our Mental Health Lead through the Outreach programme, and through training to schools on Teacher Wellbeing, Children's Mental Health in the Classroom, SEMH and Self-Harm.

Within the boundaries of working in a tier four mental health unit, under the guidance of clinicians, our staff form trusting relationships with clinicians and young people to provide opportunities to disclose and discuss painful life experiences and ongoing concerns.

Staff are encouraged to seek support from wider professional networks to problem-solve challenging behaviour as soon as it is presented. At HHTS, we see seeking support is a sign of professional strength, and recognise that, through illness, the children that we work with can present behaviours which can require additional support for our staff. Staff can access support to improve their practice in a number of ways:

- Peer Observation, where the agreed target may focus on PACE
- Trauma Informed Schools CPD
- Internal CPD Resource Library
- Staff supervision
- Through coaching, an agreed focus of development between staff member and line manager

Staff are encouraged to:

- Name and manage your own emotional reactions to children and young people's behaviour, i.e. demonstrate emotionally intelligent behaviour.
- Seek help if you are finding it difficult to manage your feelings about a child or young person

- Remember that promoting good behaviour, and managing challenging behaviour, is a team job.
- Seek support from wider professional networks to problem-solve challenging behaviour as soon as it is presented. Seeking support is a sign of professional strength.

Student Support Systems

There are a number of pastoral support systems in place for students.

All students have opportunities through their time at our school to express views on behaviour in the school, and should expect that their views are taken seriously:

- Each student is assigned a Lead Teacher on Admission. An important part of the Lead Teacher's role is to meet for 1:1 conversations about their experience at the school, and help implement any positive changes that would help create the most positive experience for the child whilst at the school (including, for example, working with the student to create personalised timetables). The Lead Teacher will check in regularly with the student during their admission, and be the key pastoral support for that child.
- Students with different mental and physical health presentations are taught together: this encourages empathy and awareness of different needs and identities. This can often lead to peer support and increased social and emotional development which addresses negative behaviour.
- Details of external support for students to access, such as the children's charities the *Anti-Bullying Alliance*, the *NSPCC*, as well as how to contact a Mental Health Advocate, are signposted in the school.
- All children are given the opportunity to complete termly anonymous questionnaires during admission
- All children are given the opportunity to complete a discharge questionnaire.

Liaison With Parents/Carers

- Lead Teachers are in regular contact with parents and carers, providing a picture of how the students are getting on. They will share with them successes, and positive incidents, as well as informing them of any negative incidents of concern.
- On Admission to the hospital, parents are given the online link in which to fill in any Parent Views, and are also given the Lead Teacher's contact details so that they are able to phone or email them should they wish to discuss their child.
- Lead Teachers also work closely with the Multi-Disciplinary Teams on each ward, with a member of our staff attending Ward Rounds each week. This provides the opportunities for all staff working around a child to collaborate with knowledge and skills in order to support the child.

- Termly school reports are written, including attitude to learning for each subject, and these reports are sent to both parents and home schools.

Raising Awareness of the Policy

This policy is regularly updated and is included on the school website. The policy is given to new staff, and forms part of the Positive Behaviour Training (Trauma Informed Schools and RRSA). It is referenced also in our *Unicef: Rights Respecting Schools* annual training for all staff.

This policy forms part of our induction for new staff.

This policy is referenced in other internal school policies, including our Teaching and Learning Policy.

This policy is shared annually with the different NHS Multidisciplinary Teams at the hospital that we work alongside.

Reviewing Effectiveness

The Senior Leadership at HHTS advises all staff of the need for timeliness, accuracy and completeness in the recording of behaviour management incidents and will advise staff on the correct procedures for recording statements.

Behaviour incidents are monitored in order to identify issues and trends. The school evaluates the impact of this behaviour policy and acts on the results of these evaluations. We evaluate the impact of the operation of this policy on:

- General behaviour patterns across the school and within the different hospital and community sectors in which we work
- Behaviour patterns across students, parents/carers and staff from different racial groups and sharing any of the protected characteristics
- Balance in the use of rewards and sanctions
- Behaviour management trends over time
- Systems of positive interventions and review of their effectiveness
- Effectiveness of the policy in encouraging positive relationships and behaviour within the school
- Teaching opportunities within the curriculum

Data is collected from the following sources:

- SchoolPod social progress slips
- Attendance data (looking at any school refusals)
- SchoolPod 'negative behaviour' slips
- Social and Emotional Progress scores each lesson
- MHFIE scores (Mental Health Functioning In Education)

- Individual Learning Support Plans put in place to help support positive behaviour
- Reports to the Multidisciplinary Teams of incidents that necessitate searching, screening or confiscation
- Behaviour data from Pupil Voice: anonymous surveys for pupils, School Council minutes, Lead Teacher conversations
- Parent Voice: anonymous surveys, individual communication related to behaviour from parents to Lead Teacher/School
- HHTS Staff, members of the NHS Multidisciplinary Teams, School Governors and other stakeholders on their perception and experience of the school behaviour culture

The School provides details of issues and trends to the staff and the Governing Body as a basis for effective future decision-making.

The Behaviour Policy also links to the following policies:

- Child Protection and Safeguarding Policy
- Child on child abuse (previously referred to as peer on peer)
- SEN
- Teaching and Learning
- Anti-Bullying

The following DfE guidance will be used in conjunction with applying the policy:

- Behaviour in schools (January 2022)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101597/Behaviour_in_schools_guidance_sept_22.pdf
- Use of Reasonable Force – advice for principals, school staff and governing bodies (July 2013). <https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>
- Screening, Searching and Confiscation – advice for headteachers, school staff and governing bodies (January 2018).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1091133/Searching_screening_and_confiscation_advice_2014_updated_2018_.pdf
- Equality Act 2010: Advice for schools (updated June 2018)
<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Trauma Informed Practice

It also links with the school's *Positive Relationship Guidance* and the *School Charter* (please see below).

Reviewed and updated: Annually
Approved by Management Board:
Next Review Date: November 2023



HHTS Positive Relationship Guidance

'The culture is set by the way the adults behave'
'Troubled children may not follow rules, but they will follow a person'

Paul Dix, 2017

The rationale for this policy

Being a Trauma and Mental Health Informed Service is a culture. It is embedded in everything that we do and must be enacted by all staff in every interaction.

HHTS recognises that we cannot look at young people's behaviour without looking at the culture of relationships across the service.

HHTS also recognises that 'relationships heal' and so, when working with vulnerable young people, relational health and an understanding of relational interventions is essential.

When thinking about relationships, we consider relationships between:

- Peers
- Parent/carer and young person
- HHTS staff and young people
- Parents/carers and young people
- Clinicians/hospital staff and HHTS staff
- The school team, including senior leaders
- HHTS staff team and the governing body
- HHTS and external agencies

To this end our school is committed to educational practices which **Protect, Relate, Regulate** and **Reflect**. Therefore, our Relationships Policy is organised under these headings.

Protect

- HHTS recognises that, in the first instance, we are striving to make young people feel safe. In the words of Dr Stephen Porges, *'The removal of threat is not the same as the experience of safety.'* To enable young people to be in social engagement and learn, we will maximise 'safety cues' in all aspects of the school day:

- All pupils met at the door to the school, door to the classroom or accompanied to and from the ward (see 'Meet and Greet Protocols')
- Staff use first names with children, and have colourful name badges in addition to photo ID
- As staff are masked, they should introduce themselves to any new students, briefly pulling their mask down so that students can see their face
- Before coming to the hospital classroom for the first time, young people are visited on the ward and taken information about the school including the timetable and video/leaflet about how the CAMHS school works
- New students are given a tour on their first day, and are brought to meet office staff and SLT
- Information outside of classroom shows the lesson content for each lesson, week by week (curriculum overviews), timetable and staffing for the day and staff photos showing who is in each classroom/office/offsite that day
- There is a 'welcome' board as you enter the school showing everyone's photo and role
- To ensure young people are physically protected
 - all staff are masked at all times
 - Our COVID risk assessment is continuously updated
 - There are always four members of staff in the Aquarius/Wisteria classroom, which ensures that there are always members of the team available to take young people for breaks, walks and talks.
- HHTS is limited by the hospital environment in which it is based but will take every opportunity to ensure that the environments are enriched; sensorially rich and nurturing, in order to release oxytocin and reduce stress.
- Staff are trained in de-escalation. They do not restrain; any restraint needed is undertaken by clinical staff (there is a nurse in every classroom).
- Behaviour management will never include public or private shaming, shouting and harsh voices or criticism. We recognise that punitive sanctions without connection, repair and reflection push children into social defence.
- Staff should avoid facial expressions, gestures or use of voice which would trigger social defence (i.e., we would not breach someone's personal space or waggle a finger in their face).
- HHTS stand by the statement '*How nice to be told in a kind way that I am doing something wrong*' (Asha Phillips, 2008) – any feedback that needs to be given to a young person should be constructive and delivered kindly - '*connection before correction.*'
- Isolation is never used as a means of correction; we believe that children learn about their behaviour when in a safe place with an EAA they can process what has happened with – 'time-in' with someone rather than 'time-out' alone. There should be regulating spaces in the classrooms with resources such as fidget toys (see more information under 'regulate').
- Where young people are not managing in a lesson or situation, they will be able to withdraw from this situation in a gentle and non-judgmental way.

- Staff will be alert to situations which may place our cohort under additional stress, including:
 - Ward staff bringing them to class late, or not collecting them on time
 - Being removed from class for clinical meetings without notice
 - Key dates such as section reviews, CPAs and delayed discharge dates
 - Alarms going off within the hospital
 - Having or witnessing NG feeding
 - Witnessing other young people/patients in distress
 - Ward mates leaving
- HHTS recognises that we are often working with young people on a short-term basis, and that we need to take every opportunity to learn more about the young people (this may include activities such as *I Wish my Teacher Knew...*, Blob Trees, Emotions Cards and so on). Any opportunities to disclose will always be offered in conjunction with an understanding of our safeguarding procedures.
- HHTS recognises that '*connection is a biological imperative*' (Dr Stephen Porges) and that the provision of Emotionally Available Adults (EAAs) is a key part of what we can offer the young people we work with.
- All young people under the care of HHTS are deemed to be vulnerable, through their SEMH needs and/or status as patients within a hospital. It is imperative that all staff within HHTS function as Emotionally Available Adults, rather than having access to EAAs at points in the day.
- Strong attachments and relationships must be protected, between peers, and between young people and staff. These should not be ruptured by transitions or anxiety about the intensity of an attachment.
- HHTS recognises that many of the young people we work with have complex backgrounds. Whilst it may not always be appropriate to complete an ACE score sheet on each pupil, school staff will use their understanding of the young people's backgrounds and reasons for admission to try to gain an understanding of their history of trauma. They will then use their knowledge of the impact of trauma and toxic stress to better understand the young people academically and behaviourally.
- Staff have regular supervision and coaching so that they are able to recognise when they may be experiencing blocked care or social defence, and so that they can reflect on their own role in situations and be able to repair.
- HHTS recognises that working with vulnerable young people daily, within the education system, can be challenging. A programme of wellbeing for staff is also provided, which ensures that they themselves are protected and emotionally regulated so that they can function as Emotionally Available Adults, in social engagement, for the YP in our care (see Wellbeing Policy).
- Staff have a 'Wellbeing Champion' who they can approach with any concerns they do not wish to discuss with SLT/their line manager in the first instance
- SLT provide a range of policies designed to protect staff wellbeing, including the Menopause Policy, Bereavement Policy, Flexible Working Policy and the provision of Lifesaver Days and Work from Home opportunities

- HHTS has a named Equality and Diversity Lead and LGBTQIA+ champion, who can support both staff and pupils.
- HHTS recognises that the pressures on the NHS can result in many unfamiliar, bank members of health care staff accompanying the YP to the classroom. All new members of staff are provided with a summary induction sheet to help them know how to behave in the classroom.

Relate

- All school staff are trained in emotional coaching, and in relating to children in terms of the four key relational needs for secure attachment: affect attunement, empathy, soothing and containment.
- Staff are trained in 'PACE' teaching and interaction (Dr Dan Hughes 2015); being warm, empathetic, playful and curious.

- **Playfulness/play** means the adults in school using a playful tone of voice and manner and use appropriate play and humour to diffuse a situation – these will trigger anti-stress chemicals in the child's brain and their social engagement system.
- **Acceptance** means communicating to the child actively that you accept their feelings, thoughts, urges, motives and perceptions. We accept without judgement or evaluation. When relating to behaviour, we do not need to accept the behaviour but have acceptance of the reasons and triggers for it.
- **Curiosity** means helping children make sense of what has happened to them, without judgement, to help them clarify their thoughts and feelings and become aware of their inner life (*'will you help me understand....?'* *'Will you show me...?'* *'Will you help me...?'*) It reassures them that we are interested in them, rather than lecturing at them.
- **Empathy** enables us to recognise how a child is experiencing an event, even if that is differently to how we experience it. We affirm, understand, recognise and validate a child's feelings. It is important that we choose the right words (*'no wonder you feel...'*) and use the right tone to convey the empathy. We contain the feelings rather than avoid them, try to listen rather than fix, and reflect our empathy back to them through words and big empathy drawings. Through receiving empathy, they learn to empathise.

- Vulnerable young people under the care of HHTS are provided with repeated relational opportunities (with EAAs).
- They should have regular access to a named EAA (in most cases their Lead Teacher) – both through regular, pre-organised times with their named EAA (such as Lead Teacher Conversations) as well as opportunities to meet with an EAA of their choosing (staff working days allowing) throughout the school day – as we are aware

that regulating themselves is particularly challenging for young people away from home and under clinical care.

- If the YP does not wish to talk to the Lead Teacher that has been allocated to them, they are able to talk to any of the other teachers, HLTAs and Mental Health Leads on site.
- HHTS aims to be an attachment aware school, with an understanding that children may have secure, avoidant, anxious or disorganised styles of attachment. Staff receive training in this and how it may affect a YP's presentation in the classroom.
- As an attachment aware school, we believe that it is never too late to develop secure attachment, that attachments should not be broken – only extended to a greater number of people, and that secure attachment enables the YP to release anti-anxiety brain chemicals which help them to better learn.
- Attachment figures should be aware of their own attachment styles, and needs, which may be discussed in supervision.
- Staff will try to attune with young people, using strategies such as affect attunement, matching vocal cadence and mental state talk to meet the young person where they are, in their feeling state. Mental state talk (such as '*you want..., you are..., you just need...*') enables us to accept and empathise with the YP's mental state and helps them to better understand where they are - *putting words to feelings is key.*

Regulate

- Staff are trained in aspects of neuroscience relating to the teenage brain's development (i.e., the hand brain model and neurochemicals) as well as Panksepp's emotional systems to ensure that they have an understanding of social engagement, social defence and flight/fright/freeze.
- Relational interventions are specifically designed to bring down stress hormone levels (e.g., from toxic to tolerable) in vulnerable children, 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 aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally regulating, playful, enriched adult-child interactions.
- The emotional well-being and regulating of staff is treated as a priority to prevent burnout, stress related absence, or leaving the profession through stress-related illness, secondary trauma and/or feeling undervalued, blamed or shamed.
- The courtyard is designed to be a place of safety, where young people can go for time with staff when they need a break from the classroom. The courtyard is painted in soothing colours and has raised planters and a seating area.
- A table and chairs are in the hallway to enable a further break out space from the classroom.
- The reading nook provides an in-classroom break out space.
- Young people are provided with a range of ear protectors and fidget toys.

- A range of activities are provided to students who are not yet able to participate in the main content of the lesson for the full session. These include tablets with audiobooks, mindfulness colouring, Rights Respecting Schools workbooks and reading.
- HHTS recognises the benefits of biophilia, and provides opportunities including
 - STEM activities such as snail studies
 - Horticulture sessions
 - Forest Schools weekly sessions
 - A classroom fish tank – which provides time out for young people
 - Pets as Therapy Dog (application in process)
- Psychoeducation around how to regulate stress is part of the curriculum. Young people need to be taught to understand how their brains work, who they can go to and where they can go – to avoid triggering flight mode. Recognising and being able to name internal physiological states enables and empowers young people to ask for help and prevents further escalation,
- Opportunities to discharge stress in acceptable ways may be provided such as stress balls, clay, running outside, ripping newspaper. This will be dependent on the ward, young person, and their background and needs.

Reflect

- Staff are provided with a range of training opportunities relating to active listening for both young people and colleagues (i.e., Mental Health First Aid, Validating Empathy (DBT and MBT), Supporting your Colleagues ‘Shoulder to Shoulder,’ Trauma Informed Schools Training, Talk and Draw Therapy etc.)
- Young people are provided with opportunities within the timetable to develop their reflective skills, as part of our ‘Head, Heart, Hands’ approach. Currently:
 - Young People at CAMHS take part in Educational Wellbeing, Expressive Arts, Philosophy, PSD and Oracy
 - Young People on our community programmes have pastoral and study skills
 - All young people on community and inpatient provision have PSD/PSHE timetabled onto their programme
- Support is offered to schools in the community to develop their reflective skills through the provision of our Mental Health Lead through the Outreach programme, and through training to schools on Teacher Wellbeing, Children’s Mental Health in the Classroom, SEMH and Self-Harm.
- Within the boundaries of working in a tier four mental health unit, under the guidance of clinicians, our staff form trusting relationships with clinicians and young people to provide opportunities to disclose and discuss painful life experiences and ongoing concerns.
- Wherever possible, this will take place in ward/school therapeutic groups under the guidance of a clinician (such as Moving on Group). Within this, young people will be given the means and opportunity to symbolise painful life experiences through

images as well as words, as a key part of 'working through' these experiences. Different modes of expression, e.g., art/play/drama/ music/sand/emotion worksheets/emotion cards are encouraged

- Conversations with vulnerable children who want to talk about their lives are encouraged and contained, even if outside of these groups. This is to empower children to better manage their home situations and life in general. Where necessary, information will be passed to clinicians and therapists for follow-up. Young people are made aware of the relationship between ward and school and the boundaries we are working within.
- PSD (Personal and Social Development), groups and lessons provide psychoeducation (informed by current research psychological and neuroscience) on relationships, emotions, social media and tools for how to 'do life well.' Curricular content enables children to make informed choices about how they relate to others, how they live their lives, and how they treat their brains, bodies and minds.
- Staff development and training help children move from 'behaving' their trauma/painful life experiences, to reflecting on those experiences. Staff learn to do this through empathetic conversation, addressing children's negative self-referencing and helping them develop positive, coherent narratives about their lives.

Repair

- Our behaviour policy is based not on punishment and sanctions but on resolution and interactive repair (e.g., restorative conversations). Young people are helped to sequence events, thoughts, feeling and behaviours. They will look at ways they could have managed situations differently, without judgement.
- Through reflecting with EAAs, children are helped to change the narratives they may have about themselves and their lives.
- Young people are supported in understanding how to put situations right. They should be allowed to instigate this at the appropriate time.
- Staff have a belief that repair can lead to reconnection and recovery.
- Staff can also recognise when they need to repair an interaction and are open about this.



Our School Charter

The best interests of the child will always be our top priority in all our decisions and actions

UNCRCR Article 3; School Values 1-10

We provide an education that helps our pupils care for the World

UNCRCR Article 29; School Values 6

We provide an education designed to develop all of our pupils' personalities, talents and abilities to the full

UNCRCR Article 29; School Values 5

We are fair and respectful to all of our pupils

UNCRCR Article 28; School Values 7 and 8

Everyone is welcome at this fully inclusive school. We as a School Community, pledge to treat each other with kindness, respect and equality.

UNCRCR Article 2; School Values 9

To help us achieve the above, we expect all students to:

- Be empathic and kind
- Keep ourselves and others safe
- Be ready to engage in all aspects of school life

