



THERAPEUTIC APPROACH TO BEHAVIOUR

At Long Lane

Aims of this session

- Understand behaviours and intentions
- Understand the links between behaviours and underlying feelings or experiences
- Understand the links between behaviour support and safeguarding children
- Feel confident about the supportive approach employed at the school
- Recognise and reflect on behaviours you may have seen and identify any triggers or comparisons you see at home
- Feel confident about strategies you could use at home that mirror the school's approach
- Know where to go to get support for behaviours and anxiety for your child

What do we want for our children in adulthood?

- Have reliable friends and loving family
- Socialise – in a way that makes them happy, safe and comfortable
- Be able to problem solve (in many ways)
- Be able to cooperate with others (flexibility)
- Be able to understand and accept others and to be understood
- Feel they have choice (free from prejudice and bad feeling)
- Understand their own emotions and impact of their actions (both positive and negative)
- **Have a sense of what is fair... but be able to be resilient if this does not happen!**
- Stand up for what they believe in with confidence

Essentially they will need 2 things to do this;

Sensitive curiosity

Positive outlook

Thirst for knowledge

Resilience

Empathy

Problem solving

Healthy Risk Taking

Confidence

Acceptance of other views/opinions/cultures

Independence

Resilience is key

1. Without hardship – children don't build resilience
2. As parents and carers we want to shelter children from everything that might hurt or upset them. Firstly we can't (and need to accept this).
3. This is admirable but if we do this likelihood is two things will happen;

One – When they do face something on their own (that is out of their control) they will not have the resilience or skills to manage it without huge emotional fall out.

Two – we will damage our own self esteem and mental health in our role as parent. We already feel guilty and responsible enough.



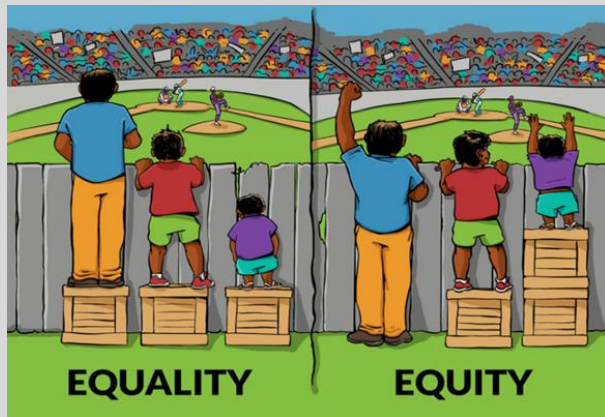
Control vs no control

It is imperative that children and parents know what they are in control of and what is out of control. If you are one step ahead you might be able to soften the blow or use it as a valuable teaching tool for next time *and there will be a next time...



Empathy is essential

- We only truly do this when we attempt to walk in the shoes of others.
- This requires an open mind, a sensitive curiosity and a willingness to leave judgement (and the 'what I would do' attitude) at the door
- Empathy requires coming out of who we are in order to **see** the challenges and obstacles of others.



The Right Shoes for Everyone

A guide to Empathy, compassion and Equity

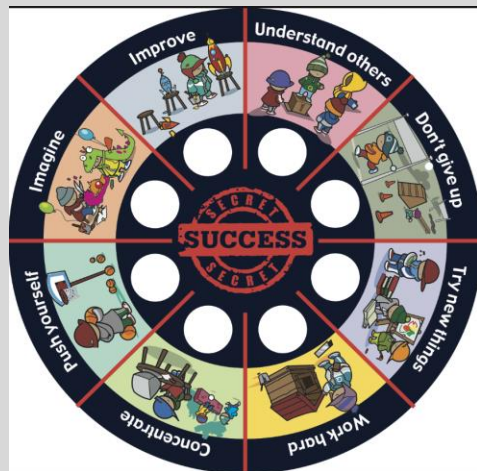
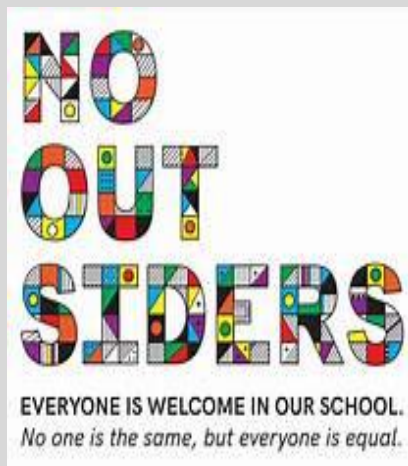
Pupil Workshop



Resilience and Empathy are explicitly taught in school

These programmes and lessons are woven into the curriculum

Therapeutic conversations that we have with children – the language we use with them, the explanations we use when emotions are big and things don't go their way, taught through stories and examples.

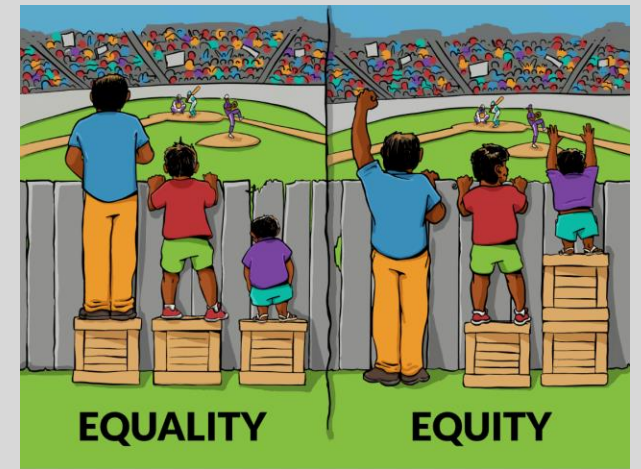


In each school year of Jigsaw we solve 6 Puzzles



Being Me in My World
Celebrating Difference
Dreams and Goals
Healthy Me
Relationships
Changing Me

We will explore one each half term.



However, we do not just teach through the curriculum. Our whole philosophy of education and community ethos is based on this

Vision of the school

At Long Lane Primary School, we aim to instill a 'LOVE OF LEARNING' and we all 'STRIVE TO SUCCEED' where 'NO LEARNER IS LEFT BEHIND!'

'THERE'S A PLACE FOR EVERYONE HERE!'



Our School Values & Vision

(Our school values and vision were created through collaboration with staff and children)

At Long Lane Primary School, we aim to instill a 'LOVE OF LEARNING' and we all 'STRIVE TO SUCCEED' where 'NO LEARNER IS LEFT BEHIND!'

Our core values are:

Curiosity + Independence + Resilience + Community + Aspiration



At the end of their journey at Long Lane all our children will take with them:

- 'A Love of Learning'
- 1. The ability to succeed in reaching their full potential
- 2. The desire to build on their knowledge and skills **independently**, demonstrating **resilience**
- 3. A strong set of practical, **social and emotional** life skills
- 4. A sense of personal achievement, pride in themselves, their school and **community**
- 5. A balanced view of the world around them that demonstrates **acceptance and empathy**

- To achieve this, we will:
- 1. Provide a **balanced and broad curriculum** that is relevant to the pupil and school community context
 - 2. Create **inspirational learners** who are **confident, curious, resilient and independent**
 - 3. Create a **positive culture of learning and discovery** that is stimulating and enjoyable for both children, staff and parents
 - 4. Promote **acceptance and empathy** as an intentional culture through a **safe, open, caring and positive environment**

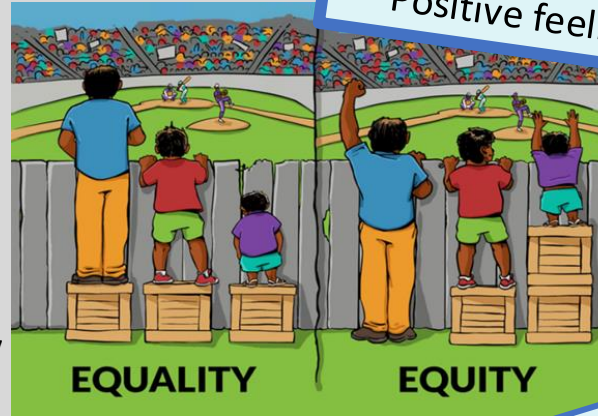
'THERE'S A PLACE FOR EVERYONE HERE!'

What is a Therapeutic Approach?

An approach to behaviour that prioritises the prosocial experiences and feelings of everyone within the dynamic.

When we use a therapeutic approach;

- we analyse behaviour rather than moralise about it
- we look for the root causes from feelings and experiences rather than blanket behaviourist theory
- we model therapeutic practices with all children, adults in school and parents or visitors from outside
- Our language is chosen carefully from universal scripts to be outcome and resolution focused rather than emotive



We believe that;

- Positive experiences create positive feelings.
- Positive feelings create positive behaviour.

Therefore, through well-planned therapeutic interventions using an equity model, the whole community will benefit.

Intrinsic Values and Morals

Achieving;

Modelling to others

Giving back to society

Good mental health



Ethics



Values



Morals



Attitude

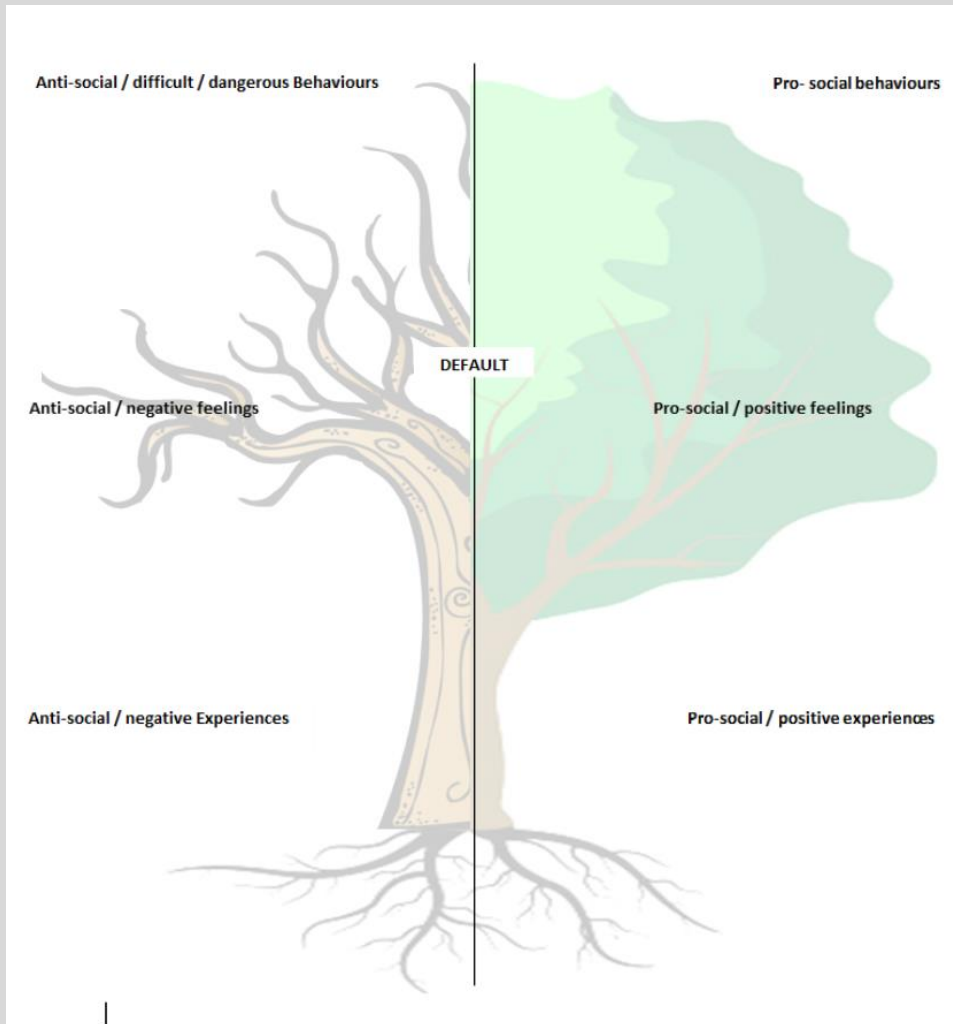
making the right choices for the right reasons

Improving their own and others' outcomes

Healthy and positive attitude

resilience

The Therapeutic Tree



We all want our children to behave in pro-social ways – taking account of others needs as well as their own and doing what is right.

- Children don't automatically know what is right (each lesson is a learning lesson)
- Feelings and experiences shape behaviours that we see
- Good feelings and experiences are associated with pro-social behaviours
- Bad feelings and experiences (including hardships) can be associated with anti-social or unsocial behaviours
- We often refer to children (or their behaviour) as being 'good' or 'bad', but is it?
- I prefer to think of children as 'lucky' or 'unlucky' as a result of their experiences.

Types of behaviour



Prosocial



Unsocial



Anti-Social



Dangerous Anti-Social

Speeding Activity



- Do we mind our speed where we know there is a speed camera?
- Why do we mind our speed when we go past a speed camera?

This is what we do as a whole school;

- Promote the inseparable link between teaching, learning and behaviour.
- Ensure the positive environment for safe learners
- Promote children's self-discipline and a sense of personal pride in themselves, their school, and their community.
- Create an environment in which children and staff are happy and feel safe.
- Develop a consistent approach to supporting difficult and/or dangerous behaviour which protects all other children and adults.
- Develop children's self-regulation skills that are not dependent on external rewards and to develop an understanding that their behaviour is their own responsibility (intrinsic values and self-awareness).
- Secure a clear understanding for all staff and children regarding the procedures for addressing and applying the consequences for anti-social behaviour.
- Create a calm learning environment where children strive to be the best they can be.
- Teach pro-social behaviours through positive role models, clear and consistent boundaries, encouragement, and recognition.
- Use educational and protective consequences⁶ to support an understanding of pro-social choices and the consequence of anti-social actions.
- Encourage consideration for others within and outside of the school community and understand how their actions may affect others.
- Ensure there is a culture within Long Lane Primary School that values all children; allowing them to feel a sense of belonging where children can seek emotional and well-being support from practitioners.



Behaviour and discipline in schools

Advice for headteachers and school staff

February 2014



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Behaviour and Discipline in Schools

- A verbal reprimand.
- Extra work or repeating work until it meets the required standard.
- The setting of written tasks as punishment, such as writing lines or an essay
- Loss of privileges—for instance the loss of a prized responsibility or not being able to participate in a non-uniform day (sometimes referred to as a 'muffi' day)
- Missing break time.
- Detention including during lunch-time, after school and at weekends.
- School based community service or imposition of a task – such as picking up litter, or weeding school grounds, tidying a classroom, helping clear up the dining hall after meal times or the removing of graffiti.
- Regular reporting including early morning reporting; scheduled uniform and other behaviour checks; or being placed "on report" for behaviour monitoring.
- In more extreme cases schools may use temporary or permanent exclusion.



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DfE 2016





Mental health and behaviour in schools

Departmental advice for school staff

March 2016



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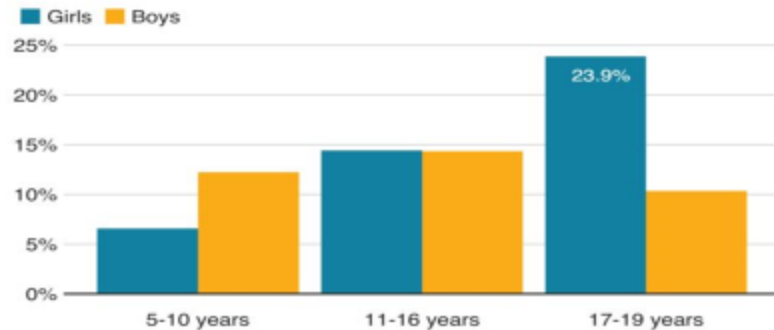


Why a therapeutic Approach?

Children's Mental Health

Office of the Children's Commissioner for England

Prevalence of mental disorders by age, England



Source: NHS Digital

BBC



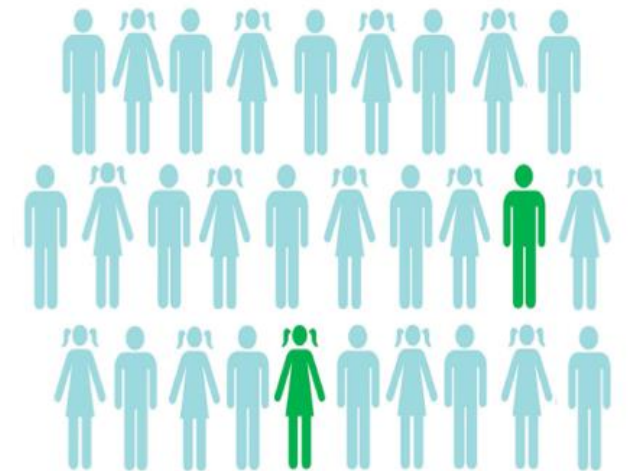
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NSPCC Transforming Mental Health

July 2018

Early and effective mental health support for these children can be crucial in making the difference between overcoming trauma and living a life shaped by abuse.



Mental Health and Behaviour in Schools

One in ten children aged 5 – 16 has a clinically diagnosed mental health disorder. One in seven has a less severe mental health problem.

Certain types of SEN increase the likelihood of mental health problems, children with autism or learning difficulties are significantly more likely to have a mental health problem.

Children in need, looked after children and previously looked after children are more likely to have SEN and to experience the challenges of social, emotional and mental health problems.



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There is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience.

As social disadvantage and the number or stressful life events accumulate for children more protective factors are needed to act as a counterbalance.

In order to promote positive mental health, it is important that the school have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges.



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Therapeutic Thinking Approach to Behaviour



SUPPORTING THE ACTIVE
TEACHING OF PROSOCIAL
BEHAVIOUR/GOOD CITIZENSHIP



SAFEGUARDING LINKS



EARLY PASTORAL SUPPORT

Therapeutic Approach and culture

How school staff can identify children requiring early help (KCSIE2022)

- ❑ **Any** child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:
 - ❑ • is disabled and has specific additional needs;
 - ❑ • has special educational needs (whether or not they have a statutory education, health and care plan);
 - ❑ • is a young carer;
 - ❑ • is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
 - ❑ Has poor mental health
 - ❑ • is frequently missing/goes missing from care or from home;
 - ❑ • Is at risk of modern slavery, trafficking or exploitation;

Why Don't Children Tell?

- Loyalty to the family
- Guilt & shame
- Fear of punishment or being sent away
- Fear that their family members will be hurt
- They think it's their fault
- Don't understand that what's happening is abusive.
- They don't know how to tell
- Not trusting anyone – or no-one listening



Why Don't We Listen?

- Own view/values affecting disclosure
- Disbelief - "It doesn't happen here" I've worked with them for years they would never do that sort of thing"
- Racism/Stereotyping
- Fear of reprisals
- Sexism
- Seeking proof /evidence first



Talking to Children

- Reassure the child that they have done the right thing
- Be sensitive to the child's age or factors such as disability, language needs or emotional state



Talking to Children

Don't

- Grill or interrogate the child
- Put words into the child's mouth (ask leading questions)
- Make promises to keep secrets
- Make assumptions



How do safeguarding and therapeutic approach link?

West Berkshire Serious Case Review February 2017

The Serious Case Review, which was commissioned by the Local Safeguarding Children Board (as was), found that:

- ❑ There were missed opportunities to prevent the abuse of children

- ❑ Safeguarding Children In Whom Illness Is Fabricated or Induced
- ❑ Bullying at school

Keeping Children Safe in Education, Sept 2022

- ❑ DFE Statutory Guidance re-issued Sept 2022
- ❑ **Safeguarding information for all staff**
- ❑ **Key information provided in this document:**
 - What schools & college staff should know
 - Types of abuse & neglect
 - How to report concerns
 - Child Missing from Education
 - Mental Health
 - CSE;CCE; FGM & Preventing from Radicalisation
 - Child on Child abuse
 - Serious violence

Impact of abuse

- Long lasting physical or cognitive damage
- Academic failure, exclusion and truancy
- Poor self-esteem
- Difficulties in forming or sustaining close relationships
- Destructive or anti social behaviour
- Anger (such as fire setting or animal cruelty)
- Alcohol or drug abuse
- Self harm or suicide

Therapeutic Support

Child on Child abuse

- ❑ All staff should be aware that children can abuse other children (often referred to as peer on peer or Child on Child abuse).
- ❑ It can happen both inside and outside of school or college and online. It is important that all staff recognise the indicators and signs of Child on Child abuse and know how to identify it and respond to reports.
- ❑ Be mindful that even if there are no reports in your establishment, this doesn't mean it isn't happening there.

Child on Child abuse

- ❑ Any disclosures of sexual violence and/or harassment should be immediately reported to the DSL
- ❑ It is essential that all staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it
- ❑ Child on Child abuse is not acceptable even if the victim and perpetrator are currently or were previously in a relationship

Child on Child abuse is most likely to include, but may not be limited to:

- ❑ bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- ❑ abuse in intimate personal relationships between peers
- ❑ physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- ❑ sexual violence
- ❑ sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse

Combating Online Abuse

- ❑ Have a dialogue with children about online safety
- ❑ Make sure they know they can tell you if they are worried
- ❑ Research the new apps being downloaded before allowing children to use them
- ❑ Revisit and strengthen existing parental controls
- ❑ Watch out for particular change of behaviour among children
- ❑ Discuss Child on Child abuse
- ❑ <https://www.thinkuknow.co.uk/>

Behaviour policy

- ❑ How to deal with Peer on Peer abuse should be included in the behaviour policy
- ❑ Along with measures to prevent bullying
- ❑ Cyber bullying
- ❑ Prejudice and discrimination based bullying
- ❑ And sexual violence

We are all from different starting points...

ACES

- Bereavement
- Illness
- SEND
- Poverty
- Family break up or estrangement/ adoption or care
- Political refuge (war/fleeing)

ACE's (adverse childhood experiences)

As your ACE score increases so does the risk of disease and social and emotional problems.

With an ACE Score of 4 or more the likelihood of:

Lung disease	increases by 390%
Hepatitis	increases by 240%
Depression	increases by 460%
Attempted suicide	increases by 1220%



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PROTECTIVE FACTORS

- ✓ Cognitive ability
- ✓ Personality (attraction to others)
- ✓ Confidence
- ✓ Resilience
- ✓ A loving family member or trusted adult
- ✓ Positive outlook

ACES versus Protective Factors



Speeding Activity



- Why do we mind our speed when we go past a speed camera?
- Now imagine you have just had a call about a loved one and you need to get somewhere urgently or something bad may happen
- Do you still mind your speed at the camera?

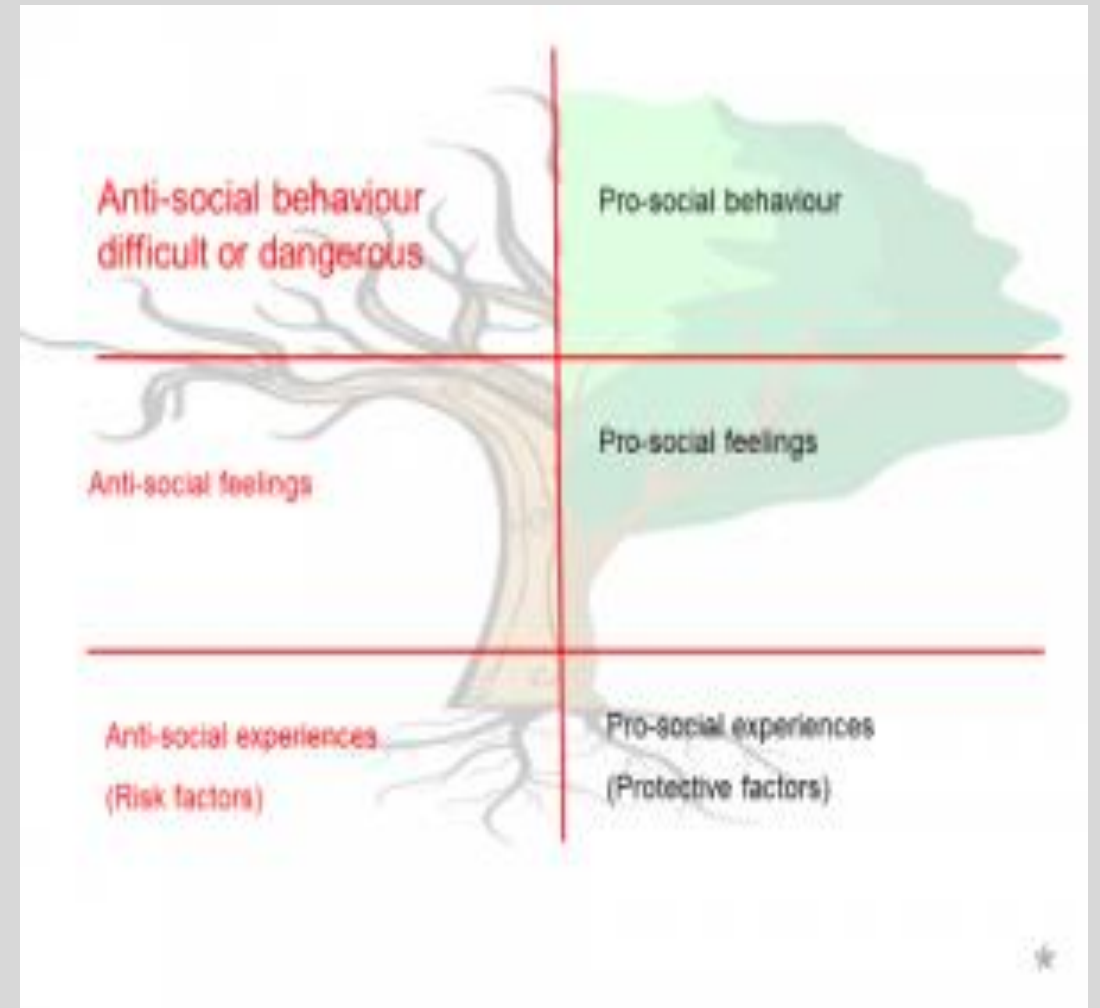
Therapeutic Tree

We believe that;

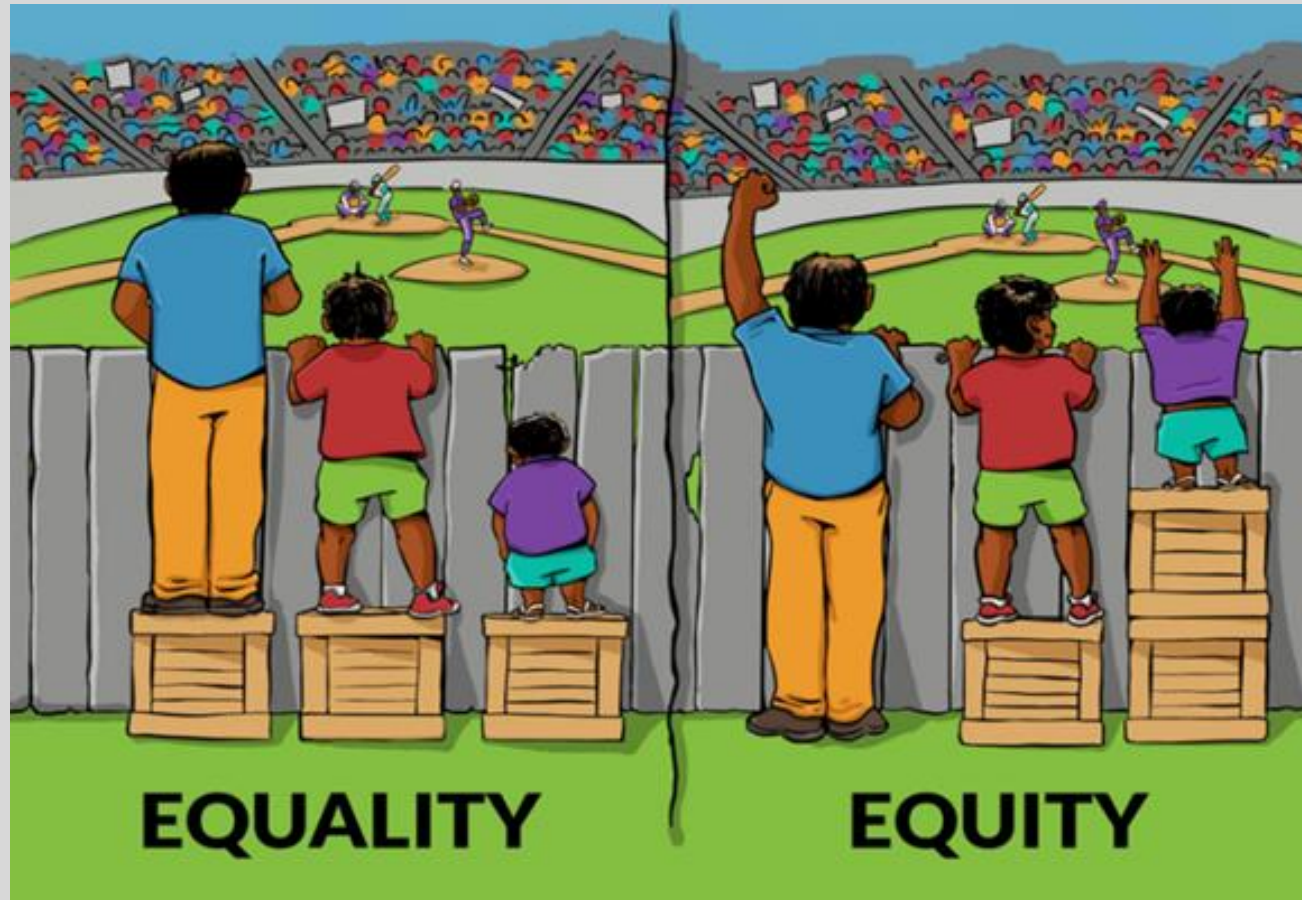
- Positive experiences create positive feelings.
- Positive feelings create positive behaviours.

Lucky children – have prosocial and safe experiences

Unlucky children – do not have these experiences



Thinking Therapeutically



Equality – Giving everyone exactly the same

- ✓ Equity – Giving everyone what they need to succeed and accomplish their goals

Creating a culture and specific teaching

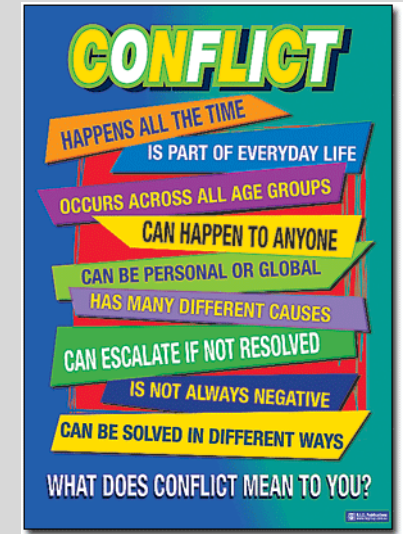
Culture

- ✓ Children feel safe
- ✓ Know they will be heard
- ✓ Can resolve conflict
- ✓ Know how to self regulate
- ✓ Are resilient and empathetic



How do we do this? (A proactive approach)

- Assemblies
- Modelling
- Sharing language
- Therapeutic workshops
- PSHE
- Secrets of success
- Conversations with children
- Pupil voice
- Open and honest feedback
- Explicit teaching of conflict resolution
- Explicit teaching of risk taking and safe and unsafe behaviours
- Online safety in curriculum
- Listening to parents and other family



Sometimes more is needed...

Reactive support

- ❑ Conflict resolution conversations
- ❑ Investigations and talking to everyone
- ❑ Cpoms recording – tracking behaviours
- ❑ Talking to parents
- ❑ Anxiety mapping
- ❑ Reflective incident form
- ❑ Therapeutic Plans
- ❑ Protective and educational consequences
- ❑ Small gardens and protective spaces
- ❑ Early interventions – Draw and talk, ELSA, social skills, friendship groups
- ❑ Signposting – FSW, SEND support, outside agencies, EHA, Behaviour support team



Good strategies for regulation

Safety first!!! (protection for all)

- Distraction
- Offering a tempting alternative
- Clearing the space
- Giving space
- Tapping into interests
- Safe spaces (regulation station)

GREEN ZONE
I AM FEELING
happy
ready to learn

BLUE ZONE
I AM FEELING
sad or tired
moving Slowly

YELLOW ZONE
I AM FEELING
worried or anxious
loss of Control

RED ZONE
I AM FEELING
angry or mad
out of control

5	I can't stand this and ready to explode. I want to hit or kick someone, or throw something. I need help from an adult.	
4	I am getting too angry. My face feels hot. I need to go to my safe spot to calm down.	
3	I am getting frustrated. I will tell an adult. Take deep breaths.	
2	I am doing OK. I am not happy. I can stay where I am and keep working. I can control myself.	
1	I am doing great. I feel good about myself and about what is going on around me.	

I FEEL SO I NEED

HURT → THE NURSE

GOOD, A STUFFED ANIMAL, TO PUNCH, EMBARRASSED, NOTHING, A BREAK, CONFUSED, TO TALK, MORE TIME

Do children feel heard?

We teach the children about protective and educational consequences.

Reasons they might not feel heard;

- It happened when the bell went (timing)
- The person they felt comfortable to speak to wasn't around
- They didn't tell anyone
- They are still learning to communicate
- Somebody else told an adult
- There isn't time at the time
- It didn't go the way they had hoped

Safeguarding – open channels of communication and opportunities for this will reduce risk

Reasons they might not feel it has been dealt with;

- The result wasn't what they expected or wanted
- They didn't see the consequences for the other child
- They felt strongly about how they were treated but didn't fully understand their own actions
- They forgot what happened or what they spoke about
- It couldn't be resolved straight away

Consequences are given privately and not to humiliate.

Therapeutic Behaviour Approach pupils survey

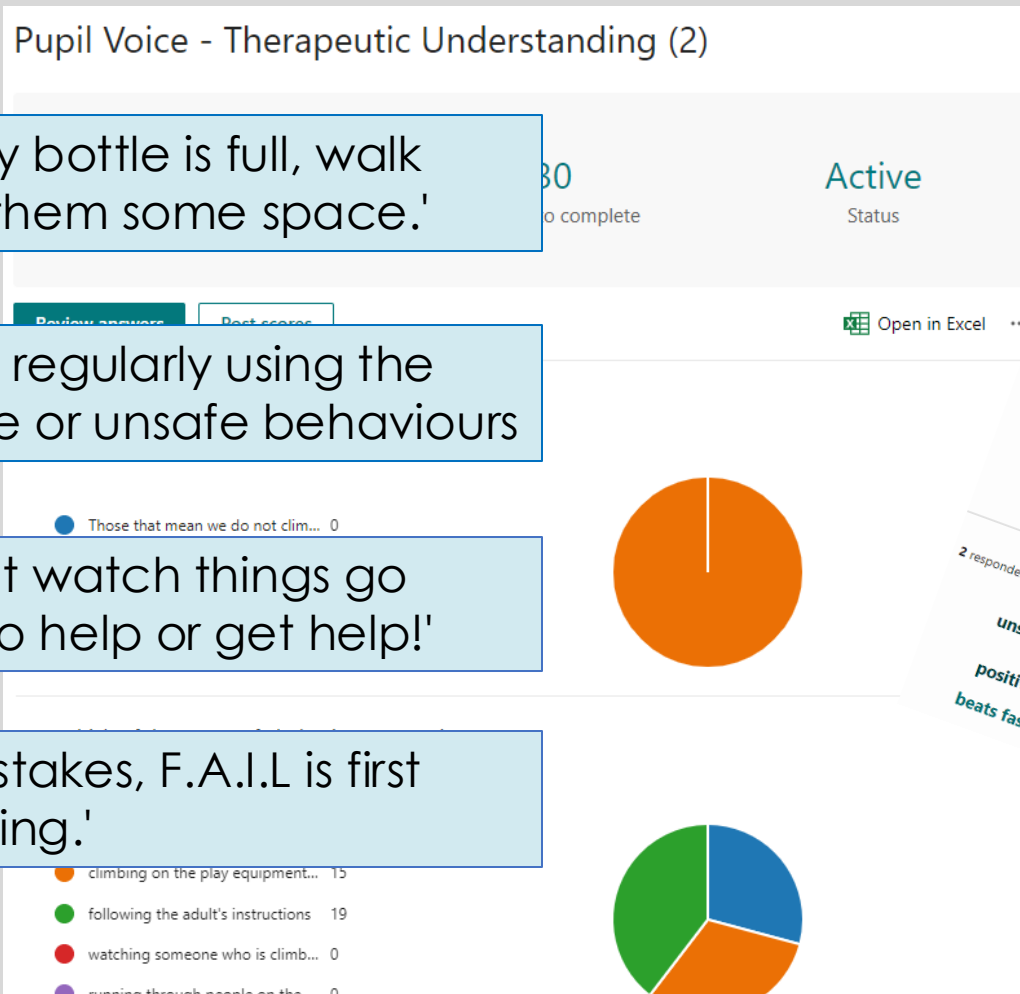
Pupil Voice - Therapeutic Understanding (2)

'If someone's fizzy bottle is full, walk away and give them some space.'

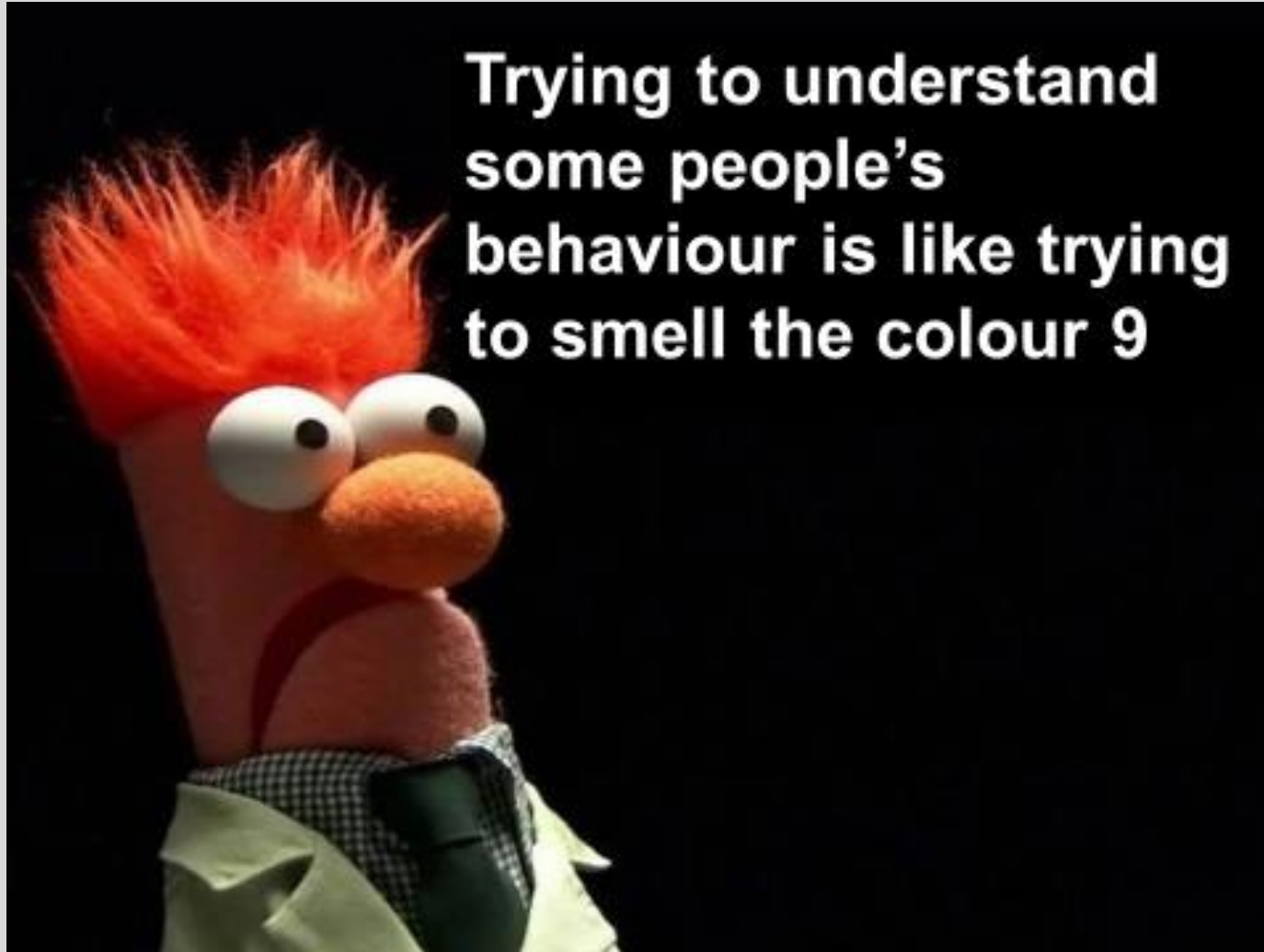
The children talk regularly using the language of safe or unsafe behaviours

'Upstanders don't watch things go wrong, they try to help or get help!'

'We all make mistakes, F.A.I.L is first attempt in learning.'



**Trying to understand
some people's
behaviour is like trying
to smell the colour 9**



The Fizzy Bottle Effect



Adults as Stress Regulators...Not Behaviour Managers



The Window of Stress Tolerance;

- A small amount of stress is a positive thing; helps with motivation, adrenaline
- If you are carrying large amounts of toxic stress then the slightest trigger or upset, confusion, flashback and you have no room to hold it before overwhelm
- The healthy body has lots of space to hold small amounts of stress throughout the day

CALM

ALERT

ALARM

FEAR

TERROR

Social Engagement	Fight or Flight System	Freeze System
Just the right state for learning – ventral vagul nerve is active Can tap into exploratory/risk taking Feel safe	Hyper arousal system Body language – fidgety/restless Middle ear -tuned into high pitch Breathing – fast Speech-changes Temperature - changes	Final port of call – linked to a sense of powerlessness Shut-down or go into a shock (animal play dead) May take on another role, stop breathing or hysteria Middle ear muscles tune out – no sound Shallow breathing, can't speak, rocking, zone out

When and how to approach a Fizzy Bottle



De-escalation strategies

REGULATE <i>(teaches pupil how to shift states)</i>	Consider that the child may be in a Negative stress system such as; Fight or Flight system or Freeze system DO NOT ASK THEM TO RUN OR CARRY OUT HIGH IMPACT ACTIVITIES – This could heighten stress state further Offer regulation activities; distraction, fidget toys, job or errand, heavy lifting, crunchy snack Mindfulness or safe zone and sensory activities Play a game of thought, puzzle or other thought provoking distraction Use a calm box/SOS bag or yoga/music Consult the Anchor plan – personal strategies for calm
RELATE <i>(teaches pupil relationship building)</i>	Warm, friendly, expressive face Positive body language Be attentive and in tune Acknowledge feelings and meet body language Let them know you are on their team, fellow traveller Overcompensate for their past experiences
REASON <i>(teaches pupil)</i>	Reduce your words, chunk information Use multi-sensory techniques to describe or relay facts – drawing Drop the subject into a play situation or relate to own feelings/experience Avoid lecturing
REPAIR <i>(teaches pupil how to shift states)</i>	Fix it together – clear it up, mend it, give time back Random acts of kindness – think of something that may make that person feel better Avoid asking to say 'sorry', could ask them to check someone is okay Do something together to reduce the shame

Scripted language and agreed codes of conduct

- Silence is a skill – non-verbal communication is key but when we know a child is semi-calm, we do use familiar and limited language

Benefits of Scripted Language

- ✓ Easy to remember in times of dysregulation
- ✓ Clear and precise
- ✓ Consistent approach to behaviour
- ✓ No room for misinterpretation
- ✓ The more you model, the more they copy!

'There's a place for everyone here.'

Examples of scripted language

'Obviously it is not safe to...please get down.'

'Are you happy with the way I have dealt with that?'

'We all make mistakes, this is a safe space to say what went wrong and to learn how to get it right.'

'Everyone's different, everyone is welcome!'

'Can you let me know when you're ready to talk?'

'Do you feel safe now?'

'I can see that you need space...I will come back and check in shortly.'

'We say only kind things here or nothing at all.'

Types of behaviour



Prosocial



Unsocial



Anti-Social



Dangerous Anti-Social

UPSTANDER VS BYSTANDER

How Will YOU Help?

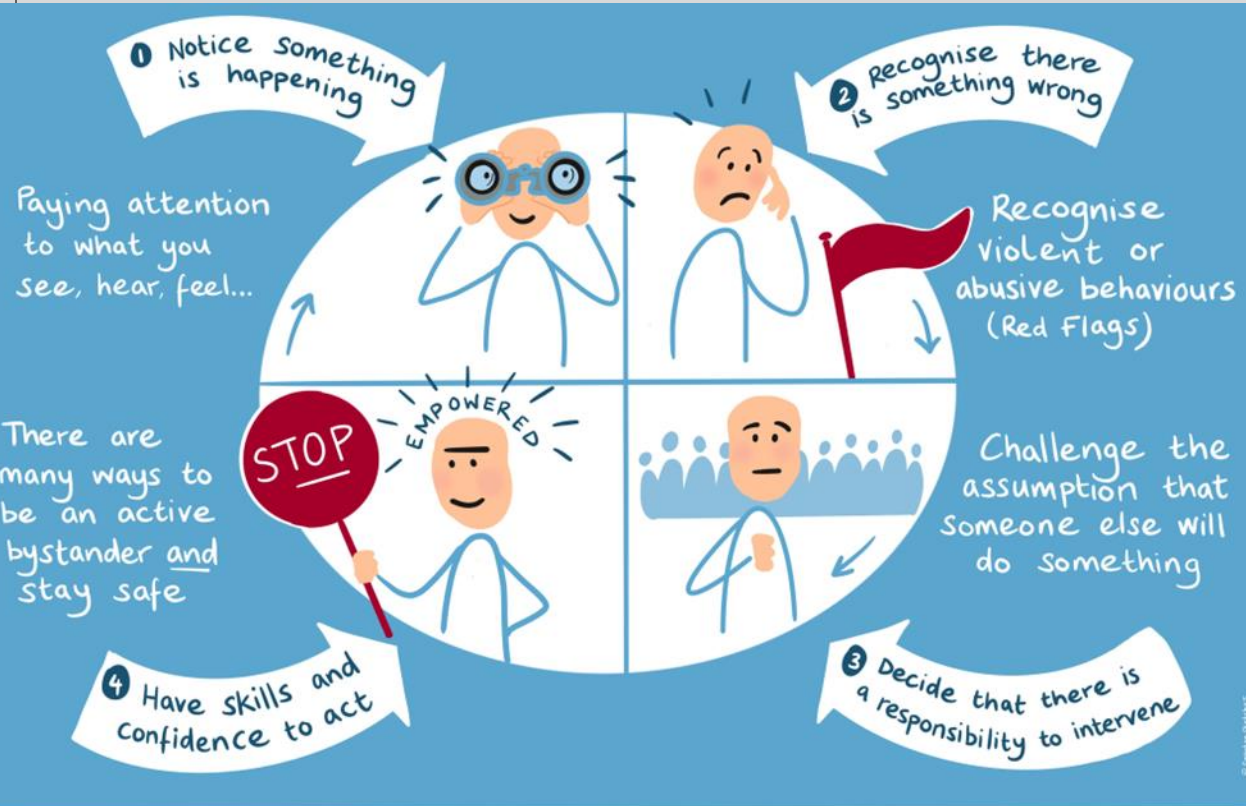


Look at the pictures below. It shows the beginning and the middle of the story. Imagine the end of the story. Tell the story with pictures and words.



One day when I was playing ball, Seth came over and kicked me! It hurt A LOT. I cried and cried. My best friend, Kris, saw this happen. He came over and put his arm around me. He helped me inside. The teacher put a bandage on my knee. Seth had to come inside.

© Nancy Wilcox Richards



Identifying behaviours

Stages of Behaviour

Stage of Behaviour	Action	
1	Misunderstandings, minor infringements, reinforcing rules and expectations, low level disruption, attention seeking, one off incident	<p>Always unpick the incident</p> <p>Listen to everyone and ask restorative questions</p> <p>It is an opportunity for the child(ren) learn</p> <p>Consider the educational and protective consequence</p> <p>Articulate the restoration for the victim(s) and check that they feel safe and happy moving forward</p> <p>Stage 4 incident triggers Reflection Behaviour Meeting and ongoing follow-up support</p>
2	Unsocial behaviours, such as refusal, persistent low level disruption, friendship issues, disputes and disagreements, rudeness, easily diffused reactions to anxiety, isolated incidents- not patterned or persistent	
3	Persistent and/or repetitive, escalating, anti-social behaviour affecting other people but not reached dangerous levels	
4	Dangerous, highly antisocial behaviours e.g. an incident where child(ren)/adults are not safe and situation has/is escalating (physical or verbal) A child who is displaying high levels of anxiety or distress	

What's the story behind the action?

Motives, understanding, self regulation

Did any of our responses take the behaviour from one stage to another?

You can only identify the behaviour when you know the full story

Invite the children to do this with you

But they did it on purpose?

We need to be able to read and identify these behaviours to support the best outcome and preventative measures

Conscious behaviours - Behaviours that we choose

- because they are successful and effective at meeting our needs. Behaviours that are the result of thought or planning.

Subconscious Behaviours – behaviours that choose us

- a sign of a failure to cope with an overwhelming feeling. Such as being overwhelmed with frustration, anxiety or depression or excitement

The difference between conflict and bullying – getting the right information

CONFLICT	RUDE	MEAN	BULLYING
Occasional	Occasional	Once or Twice	Is REPEATED
Not planned; in the heat of the moment	Spontaneous: unintentional	Intentional	Is planned and done on purpose
All parties are upset	Can cause hurt feelings; upset	Can hurt others deeply	The target of the bullying is upset
All parties want to work things out	Based in thoughtlessness, poor manners or narcissism	Based in anger; impulsive cruelty	The bully is trying to gain control over the target
All parties will accept responsibility	Rude person accepts responsibility	Behavior often regretted;	The bully blames the target
An effort is made by all parties to solve the problem			The target wants to stop the bully's behavior, the bully does not
Can be resolved through mediation	Social skill building could be of benefit	Needs to be addressed/ should NOT be ignored	CANNOT be resolved through mediation

Conflict resolution conversations

Stage 1 – Regulate

Stage 2 – Relate

Stage 3 – set the ground rules

Stage 4 – Establish the events

Stage 5 – Respond to the challenging behaviour (root cause or motivation)

Stage 6 – Label or identify the behaviours

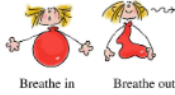



Stage 7 – Respond to the victim

Stage 8 – Closing and moving on



Can you resolve this conflict together?

When incidents happen, it is upsetting for everyone around. Try to stay calm and think about how to get to a positive outcome.

<p>Regulate</p>  <p>Breathe in Breathe out</p>	<p>Relate</p> 	<p>Reflect</p> 	<p>Repair</p> 
<p>Try to calm down before you talk. If you can't politely say so and come back later.</p>	<p>Find a way to make the other person feel ok if they are upset. Talk about how you feel. Try not to accuse or be unkind.</p>	<p>Think about what happened. Is everyone listening, understanding what actually happened? Think about how it might have been avoided.</p>	<p>Has everyone taken accountability for their actions? Not everyone can say or mean 'Sorry'. Think about how you can repair the situation or be forgiving to someone.</p>
<p>Phase 1 – check that all parties are feeling calm and ok to talk!</p>	<p>'I understand that you are upset, so am I' 'Would it help if we spoke later?'</p>		
<p>Phase 2 – Set the ground rules (Each person should get a turn to say what they think happened and how they feel) without being interrupted.</p>	<p>'Shall we take in turns to say what we think happened?' 'I think I saw...' 'I thought you said...' 'I was fizzy and don't remember exactly'</p>		
<p>Phase 3 – work out the facts (say them, write a list, draw a timeline), can you all agree on the facts? (we can deal with the feelings later). Be honest!</p>	<p>'We can agree to disagree' 'It's ok if we see things differently' 'Shall we ask someone who saw what happened?'</p>		
<p>Phase 4 – Let each person explain how they felt and how this affected their responses. Be empathetic to others, they have feelings just like you.</p>	<p>'I felt that you were...' 'I was feeling fizzy and then reacted...' 'I saw you were cross. I wish I'd walked away.'</p>		
<p>Phase 5 – Work out how it could be prevented again. What will everyone have to agree?</p>	<p>'I could have walked away and not reacted' 'I wish I'd asked you instead of guessing' 'Shall we change the rules of that game?' 'I think we should have some time apart.'</p>		
<p>Phase 6 – Repair any damage or hard feelings. Not everyone can say sorry. Think of ways that you can reassure each other that you have learned from this (take it in turns).</p>	<p>'I regret getting so angry and saying/doing...' 'Now I understand how upset you are I won't do that again.' 'I will try really hard not to get cross again and do that.'</p>		

(If it gets too much please ask an adult to help you!)

Balancing reasonable adjustments and consequences

- Identify the motivation for the behaviour
- Establish the events – did anything others did make it worse?
- Understand that the behaviour has affected others (the impact)
- Understand that this comes with a consequence

(How and when we do this is the key!)



Consequences

Natural – people are hurt, upset or regretful about the situation or actions. This is sometimes enough but might need to be explicitly explained.

Protective – This is a protective consequence for all parties involved. We are aiming to protect the victims and any other child, adults or property that has been affected by the behaviour. Protective consequences are short term to ensure safety and give time for restorative and preventative measures to be in place.

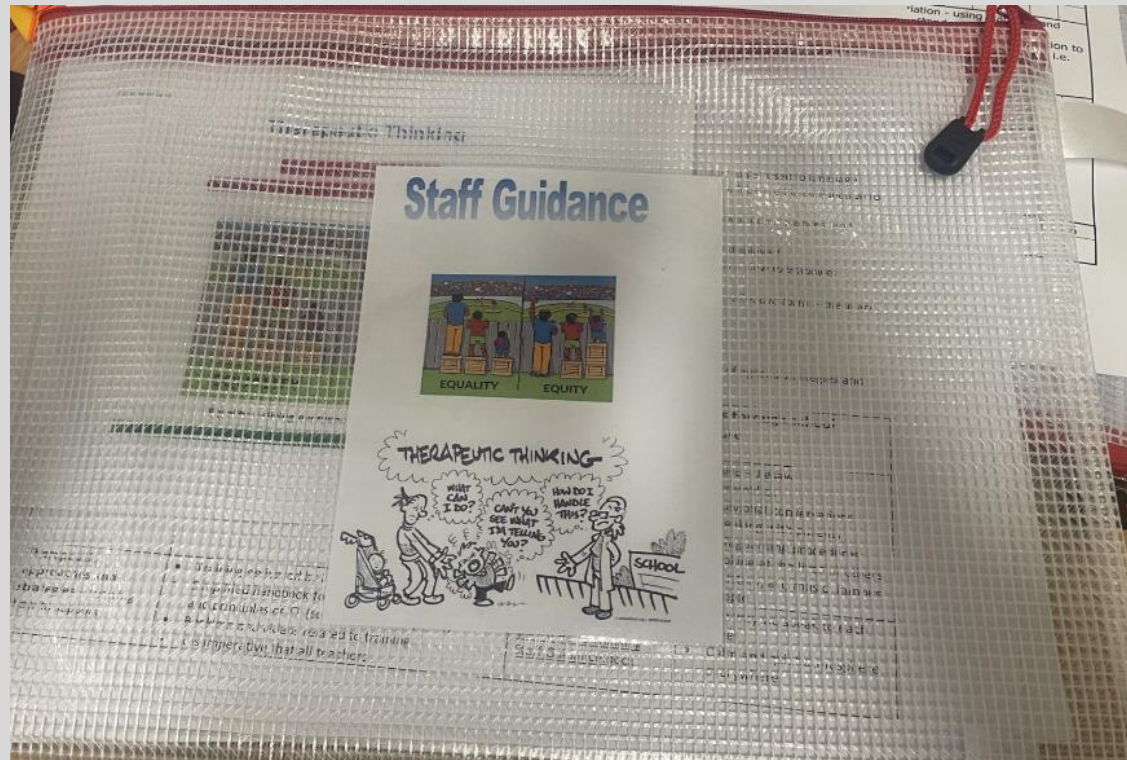
Educational – This is the educational provision that is put into place in order to ensure that the child(ren) understand why the behaviour is anti-social or dangerous and how it affects others. Educational consequences take a longer period to be effective.



Designed to be a reactive approach to make the world smaller, thus reducing the anxiety/behaviour and allowing success.

This also protects others from the behaviour.

Therapeutic Support Packs



Social Resilience

- Encourage discussion
- Listen to all perspectives
- Talk gently to encourage children to be honest
- Build a culture of trust and honesty – safe space to make mistakes and learn
- Provide opportunities to resolve and move on
- Provide opportunities to 'get it right' - fresh start

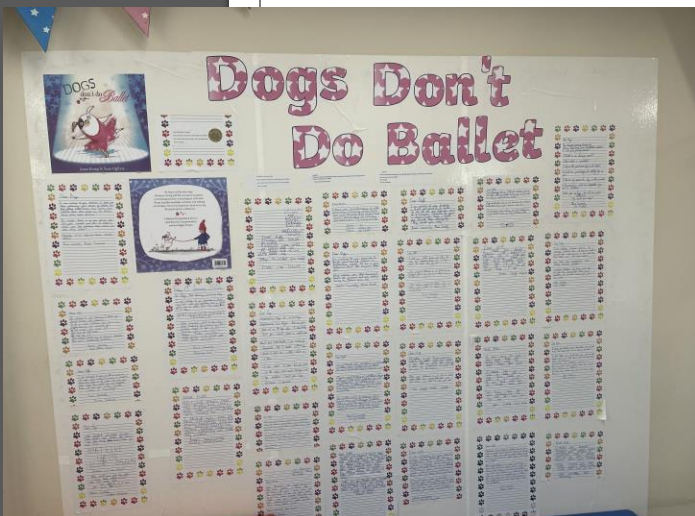


NO OUT SIDERS

'All different, All welcome'

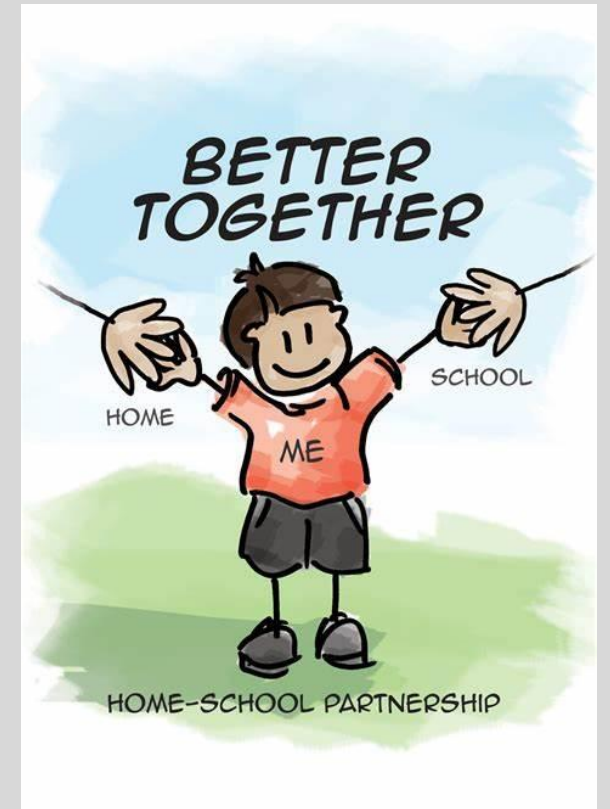


Belonging, Acceptance and Celebration



Parents – How can I help?

- Understanding what we do and why we do it
- Listen to your child but understand that this is a child's perspective – it may be their version, their perspective may also help us learn
- Trust
- Working together – we don't always get it right but the intention is clear
- Giving children the right messages – filtering what they need to hear but also being honest
- Modelling prosocial behaviours to your child
- Balancing their views and needs against that of everyone in the picture – very important
- Building resilience – ask them how they think they could deal with this and step in when they need help or it hasn't worked
- Ask us what happened so we can work together
- Understand the 'There's a place for every child at Long Lane' as there is in society
- Know what the age appropriate milestones are for behaviour

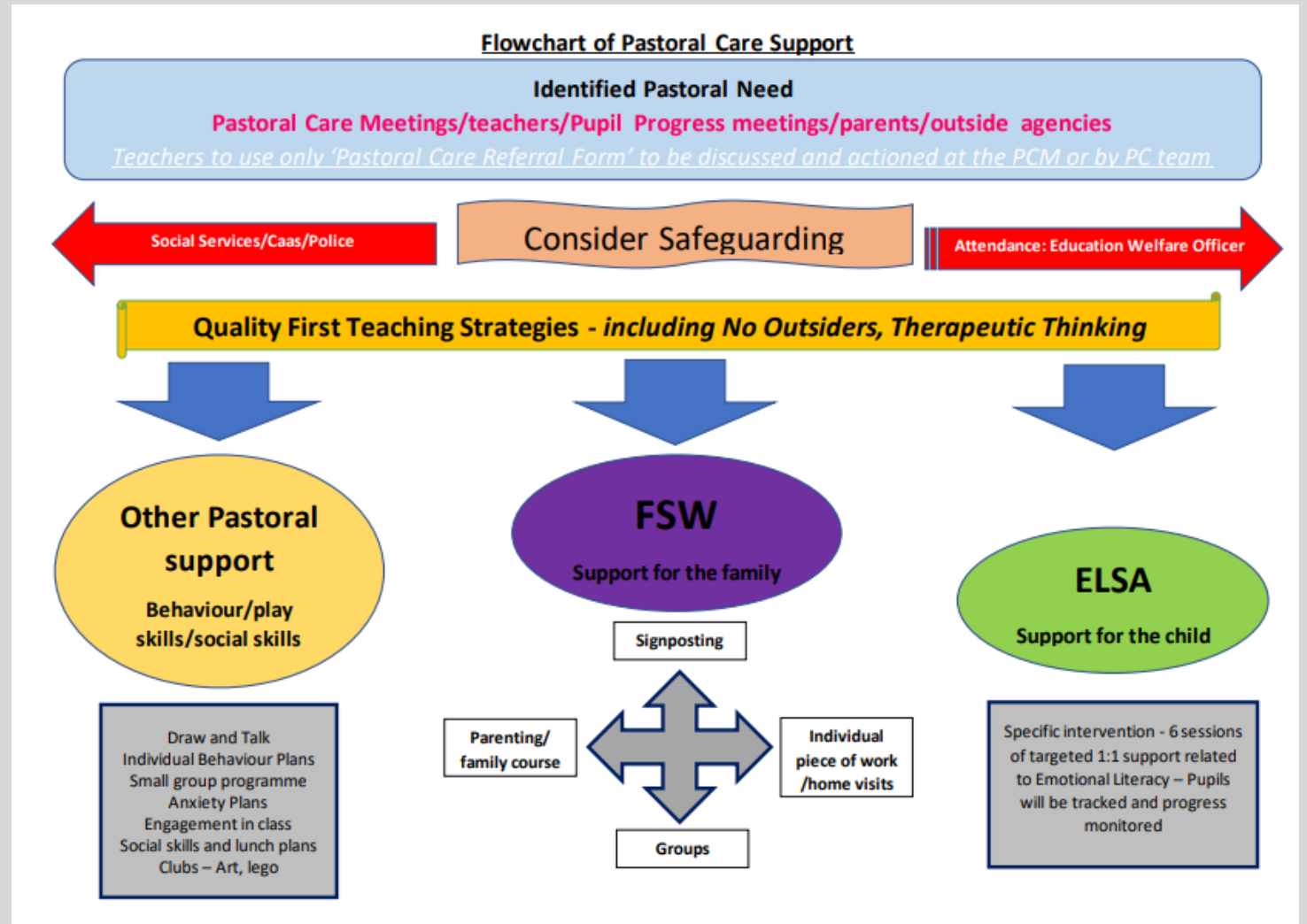


Pastoral Process

Pastoral Team – Early Identification and support

- ❖ Tina Allison (HT, Behaviour, Attendance)
- ❖ Kerry Penn (SMHL, SENDCo)
- ❖ Sharon Syrad (FSW, ELSA, Lunch supervisor)

(All members of the team are DSL trained)



Pastoral Triage Form

To be completed by pastoral care team

Suggested outcome/action:

Signpost to designated professional: Date:

Parent informed of action (if necessary) Yes/No Date:

Teacher informed of action Yes/No (how) Date:
(Attach also tick list if needed)

To be completed by Class Teacher :-

Pupil Name :		Date :	
Year Group :		Teacher/Tutor :	
Vulnerable Groups: (please highlight) <u>SEN/EAL/PPG/CP/Att</u>			

Other People in household (if known):			
Name	Age	Relationship	Sex
			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Male <input type="checkbox"/> Female <input type="checkbox"/>

Other Professionals involved (Please tick box) :-

EP	CAMH S	FRS	EW O	YOT	Other	Social Care	
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Who has requested referral? Parent/teacher/PC team/EHA/CAMHS/EP/EWO
Parental consent to talk/work with child given? Yes/No

Reasons for Referral:

Please attach any emails/notes from parents/outside agencies.

What aspects of the young person's behaviours/anxieties are you concerned about?

What is the impact of the behaviour (on the family, on the young person, school)?

Desired outcome/target of intervention

What strategies are already in place/have been tried?

Referrer's signature:

Date:

What happens if it goes wrong?

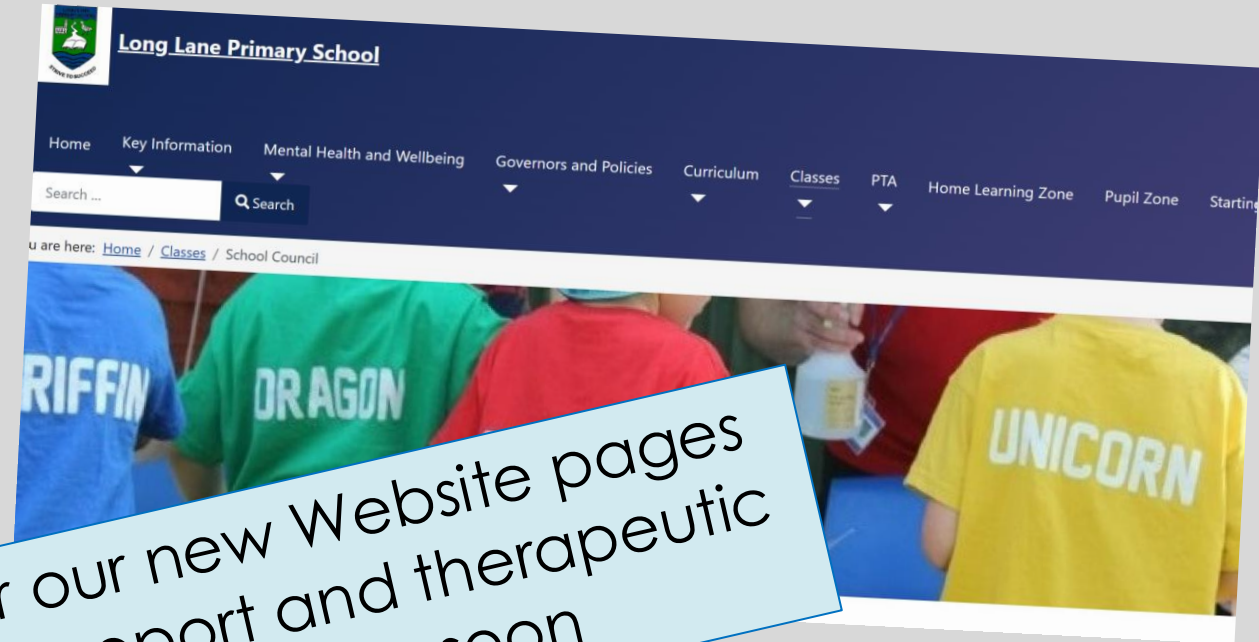
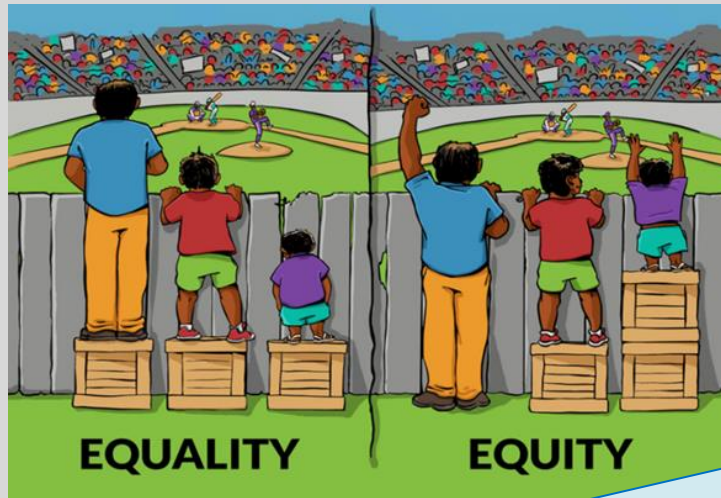


- Adults may not feel therapeutic (we are human and have triggers too) – tap out code words
- Support and trust amongst staff
- Good communication and a consistent approach/expectation (policy and tools)
- Recovery process
- Anxiety mapping and reflection forms/discussions
- Planning for the next day or time (this is the purpose of exclusion – whether internal or external)

- We all get it wrong sometimes
- We don't always feel therapeutic, we tap out (with a coded word) and support each other (fresh face technique)

Thank you for your time, support and trust

We really do value it!



Look out for our new Website pages for pastoral support and therapeutic thinking – coming soon