Oakwood Infant and Nursery School

Behaviour and Trauma Policy
OAK027/05/2027

School Mission Statement

At Oakwood Infant and Nursery School we provide a safe, healthy, happy and creative learning environment for everyone, through high expectations and mutual respect.
We are all stars watch us shine

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School Values

At our school we believe in the importance of relationships, ensuring children and young people feel valued, safe and secure, providing a sense of connection with a member of staff and a belonging to the whole school community.

Our school reflects the values of the Essex Approach to understanding behaviour and supporting emotional wellbeing known as Trauma Perceptive Practice (TPP)

- Compassion and Kindness
- Hope
- Connection and Belonging

We endeavour to make sure that at our school these values run through all the school policies and practice.

School Ethos

It is a core aim of our school that every member of the school community feels valued and respected, and that each person is treated fairly and well. We are a caring community whose values are built on mutual trust and respect for all. This Relationships and Behaviour policy is therefore designed to support the way in which all members of the school can live and work together in a caring way. It aims to promote an environment where everyone feels happy, safe and secure, and able to learn.

We value each individual child/young person and work with families, the community and beyond to offer diverse experiences and support. We develop children and young people to be confident, life-long learners and compassionate, respectful members of their community and the world. We always prioritise the safety of our children and young people and staff. Everything we do in school is underpinned by our safeguarding procedures.

We recognise that children and young people have a 'window of tolerance' within which they feel safe, secure and regulated. When asked to do something outside of this window they can experience stress and react accordingly. Our aim is to help our children and young people to widen their window of tolerance through teaching them about the stress-response in the brain and how they can learn to self-regulate through co-regulation with adults.

A Relational Behaviour Model

At our school we adopt and use the relational behaviour model which is the approach from TPP. The key principles are as follows:

- Behaviour is something to interpret.
- Children and young people are prone to make mistakes and highly responsive to the environment and context.
- Behaviour management is predominantly through relationships.
- Children/young people who don't manage should be understood and included.
- Boundaries and limits are to keep everyone safe and to meet everyone's needs.
- Rule should be developed together and adapted where needed.

- Consequences are only used within a process of restore and repair.
- 'Inappropriate behaviour' is a sign of unmet need, stress (difficulty in coping), lack of understanding and skills.
- The causes of the difficulties are mostly in the environment and within the context of relationships.
- The solutions lie in understanding what the behaviour tells us about the child/young person and their need.
- Practice and policy effectiveness is measured by wellbeing and the capacity to adapt and make reasonable adjustments to meet the needs.

General Expectations

We have high expectations for our children and young people, while recognising some children and young people have specific needs. The following expectations cover all times of the school day and where children and young people are representing the school out of hours or off site. This means we:

- encourage a positive attitude to learning within a safe, happy environment
- promote high expectations and enable children/young people to become independent responsible learners
- encourage a sense of respect for our community and our environment
- believe that clear, consistent routines and systems are essential to support children and young people's development and ensure the health, safety and wellbeing of everyone in our school community.

It is everyone's responsibility to remind and support children and young people where these expectations are not met. Equally it is important to comment positively when they are. Staff model expected behaviours, attitudes and habits.

Any behaviour that falls below the expectations of our school (e.g., disruption to learning, unkind or inconsiderate actions), will require some level of intervention. Remembering that every interaction is an intervention, it is important to remember that the strongest approach to support a child/young person is through their relationship with the adult. At all points we try to ensure we keep a strong connection with the child/young person having difficulties. We use positive recognition, as appropriate, to ensure the children or young people know we are still there, and we recognise their effort and any changes they have made.

At our school, staff ensure good routines are in place for:

- Start and end of day
- Transition times
- Lining up incl. assemblies
- Getting changed for PE
- Moving around the school
- Break and Lunchtimes

What do we do to teach and promote positive management of behaviour?

Your school will need to populate this with your own positive management tools used – examples: include recognition and reward systems and processes

We believe that all behaviour is communication, and it is our job as adults to understand what that behaviour is telling us. We need to become 'stress detectives' and ascertain both why, and why now? Finding the cause of the behaviour will help us to work alongside the child or young person in order to help them to regulate themselves both in the short term and in the longer term through developing strategies to aid their resilience.

Viewing behaviour as a learning process

At our school we accept and understand that learning how to regulate our behaviour is a learning process. At times children and young people will push limits, boundaries, and societal norms as part of their normal development. They may also react in different ways to stress, boredom, lack of understanding, over-excitement, and disappointment. Using the relational model, we offer support, help and guidance to the child or young person along with co-regulation so they can develop strategies to regulate themselves and develop resilience for the future. It is our role, as fully developed adults, to help guide children and young people, to make helpful and positive choices when they can by relating to them and helping them to restore and repair as required. We know that this is the best way to respond to our child/young person's behaviour and maintain our relationship with them. The approach we strive for is based on the premise of 'connection before correction'.

Our general responses incidents

Our school believes that all behaviour is communication and in the power of using restorative approaches. Such processes do not shy away from using consequences where logical, appropriate and proportionate. They also focus on the need to take responsibility for finding a constructive way forward for all concerned. This might mean a sincere apology followed by an act of kindness. Such approaches encourage the child or young person in our school to reflect and consider not only the consequences of their actions on themselves, but also the impact of their actions on others. We also support them in developing strategies to help the child or young person to regulate themselves to avoid the situation happening again in the future.

In using this process at our school, we use four questions:
- What happened?
- What were you feeling or thinking at the time?
- Who has been affected?
- What can we do to make things right? (What should happen next?)

As part of the restore and repair process, they have the chance to show the person that has been affected by their action that they are sorry. This can be in the form of verbal, written, picture, or an action.

Where possible, a logical consequence (natural reparation) is used e.g., clean graffiti off the door, clean up the mess, pay for replacement of item. Where this is not possible a close alternative should be used.

At our school the staff work with the child or young person using psychoeducation so that they understand how their brain works and reacts to stress responses. By doing so, we provide them with the opportunity to recognise when they are becoming dysregulated and assist them (using co-regulation) in developing self-regulation strategies for the future. By developing new strategies, this ensures that they have learnt from an incident so that they can be more successful next time. The impact of our approach is evident in the relationships forged throughout the school.

Using logical consequences

The use of consequences

Consequences can be a useful response to behaviours, remembering that some behaviours result in positive consequences. When responding to unwanted behaviour, the consequences we use in our school always look at the incident with the knowledge of the stress response (and how the brain reacts), the relational model and with the aim to repair and restore through relationships.

It is helpful to view consequences as protective and/or educational. Best practice suggests that all protective consequences should run alongside educational consequences, as it is unlikely that long-term change will occur without this.

Protective consequences: these are required to protect the rights of others and keep a child or young person safe. At our school this may include:

- co-regulation to help develop self-regulation strategies
- increased staff ratio
- change of school day/timetable
- arrangements for access to outside space
- child or young person escorted in stressful situations
- differentiated teaching space
- appropriate use of exclusion (using the time to provide psychoeducation, using co-regulation to develop self-regulation strategies; reflect, amend plans and identify needs and other appropriate interventions to support.)

Educational consequences: at our school we use these to teach, encourage, support and motivate the child or young person to behave differently next time though better understanding. These should always be logical, appropriate and proportionate. Examples include:

- ensuring the child or young person completes the task they have disrupted
- rehearsing/modelling situations through intentional teaching of prosocial behaviour
- ensure the child or young person assists with repairs where they have caused damage (when possible and practical)
- intentionally provide educational opportunities for the child or young person to learn about the impact of certain actions and behaviours
- providing the child or young person with an opportunity to 'put things right' through a process of reflecting, repairing and restoring relationships.

Your school needs to populate the below table with your own logical consequences:

Some examples have been shown in the table following, to help gain a sense of what is needed.

Behaviour	Possible Consequences/outcomes
Relatively low impact Examples: • Calling out • Distracting others • Refusal to complete assigned activity • Disrespectful comments	Co-regulation/support with reflection from a trusted adult *I can see there's something wrong* (acknowledge their right to their feelings)

• Swearing	*I'm here to help and listen. Tell me what happened* *Be the 'Stress Detective' – be curious* *Ask WHY? And WHY NOW?*
Relatively higher impact Examples: • Bullying • Harmful behaviour • Any discriminatory behaviour •Causing significant, deliberate damage to school property	Examples of this could be…. • SLT notified. • Opportunity for reflection. • Restorative approach followed. • Incident form completed for discriminatory incidents • Incident recorded • Parents notified by telephone by SLT member. • Outcome will be personalised based on previous behaviour, severity, response from child/young person(s). • Withdrawn or changes to timetable. Parents/carers to be informed of decision via phone or face to face followed by effective reintegration

Harm from dysregulated (stressed) behaviour

Our school always prioritises the safety and welfare of all staff and children/young people, recognising that everyone is entitled to a safe and supportive environment. Any incident (verbal or physical) which compromises safety can be perceived as harmful. Our staff understand through training that this behaviour is not necessarily deliberate, rather it is often due to a stress response.

Supporting those who have been harmed

Our staff and children and young people receive the individual support they need in response to any incident where the behaviour has compromised the wellbeing of someone else, causing harm. Occasionally there may be times, despite all reasonably practicable measures being taken, when prevention is unsuccessful, and someone is harmed. At these times our school ensures that this person (adult or child/young person) is fully supported.

We always consider the following:

- are they physically safe and protected?
- do they need immediate first aid & medical treatment?
- is there a need for immediate police involvement?
- ensure they have the opportunity to talk about the incident either with a trusted person or other independent service
- give reassurance to reduce feelings of guilt and/or anxiety

Risk Assessment Process

In our school we use a risk assessment process as the starting point for preventing harm for identified vulnerable children and young people. It identifies what is likely to cause stress to them, using all the

information known about them. Once all this information is collated, a strategy for supporting a situation appropriately and keeping everyone safe can be developed. An example of information to be included in the risk assessment can be found in Appendix 5.

Physical intervention (control and restraint) - the use of reasonable force

At our school we make sure we are aware of our duties of care and follow the law. The law states that it is permissible to use reasonable force to prevent children and young people committing an offence, injuring themselves or others, or damaging property, and to maintain good order and discipline in the classroom. The latest guidance from the DfE can be found here: DfE Behaviour in Schools September 2022

The use of physical intervention techniques is only one aspect of co-regulation and is usually the last resort when it is deemed absolutely necessary. It may resolve a short-term situation, but the long-term aim must be to help the child or young person to be able to self-regulate during times of stress.

If such actions are necessary, the actions that we take aim to use the minimum amount of force necessary for the minimum amount of time necessary. Where physical intervention is needed, this is recorded and reported immediately to the head teacher.

Our school follows the **Essex Guidance 'Understanding and Supporting Behaviour - Safe Practice for Schools and Educational Settings (Including the use of restrictive / non-restrictive physical intervention)'** It can be found here: Understanding and Supporting Behaviour 2022

Within this guidance, it is regarded as best practice to record every incident where the use of restraint has been deemed absolutely necessary and to follow the other recommendations set out in this document. This includes reporting to ECC via MySafety.

The MySafety system is used to record all accidents, violence, work related Ill Health and near misses.

Click here to log an incident (please use the Access Token: ABC123)

Where it has been deemed necessary to use a restrictive physical intervention, the detail of this should be accurately recorded and the incident communicated to parents. Parents should be informed of the incident initially by phone and it should then be followed up in writing.

Screening and searching children and young people

At our school we are all aware that there are legal provisions which enable school staff to confiscate items from children and young people:

DfE Advice for Schools July 2022 - Searching, Screening and Confiscation (publishing.service.gov.uk)

From this guidance our staff understand that they may confiscate items that are of high value, deemed inappropriate and are against the school policies or are causing concern. Where a specific policy about the item does not exist, the teacher should use their discretion about whether the item is returned to the

child/young person or to their parent/guardian. Items returned to them should usually be returned no later than the end of that school day. If the item needs collecting by a parent/guardian, the teacher should ensure that the parent/guardian is made aware that an item has been confiscated – either through the child/young person or via text/phone call. Where the item is of high value or deemed inappropriate, contact should be made directly with the parent/guardian.

Staff do have the power to search without consent for "prohibited items" including:

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property; and any item banned by the school rules which has been identified in the rules as an item which may be searched for.

How we support children and young people with additional Social, Emotional and Mental Health needs

At our school, we acknowledge that some children and young people will have, at times, additional needs. We recognise that children and young people may experience a range of social, emotional, mental health needs which present themselves in many ways. These may include children and young people displaying challenging, disruptive or stress-related behaviours. These behaviours may also reflect underlying social interaction difficulties, sensory or medical needs or clinically diagnosed needs such as attention deficit disorder, attention deficit hyperactive disorder, foetal alcohol disorder or attachment difficulties.

We will always endeavour to understand behaviour, support emotional wellbeing and make reasonable adjustments to our provision to support progress and engagement using a variety of strategies developed with key adults within the child/young person's life (staff, family, professionals) in order to best meet their needs. In Essex, this is done in the context of One Planning. We also recognise the needs of children and young people with Special Educational Needs and Disabilities (SEND) and follow the policies and procedures associated with supporting these children and young people, including but not limited to, the SEND code of practice, Equal Opportunities and Disability Act.

We understand that the communicating behaviour(s) most likely comes from a place of stress which may come from anxiety, fear or as a result of a barrier to learning. We have a duty to strive to help children and young people to return to a place of regulation, within their 'Window of Tolerance', as only then will the child or young person be in a place to learn, connect and thrive.

Ways to Support Understanding

At our school we believe that understanding what the behaviour is communicating to us is the first part for planning a response.

Our Principles - the things we will do as adults *(schools to adapt as necessary)*

All staff

- Seek to understand the communication behind the behaviour
- Keep the relationship at the forefront when seeking to restore and repair (connection before correction)
- Model compassion and kindness, provide hope and support, connection and belonging
- Understand that any event in a child or young person's life can impact on how they think, feel and act
- Use of logical (natural) consequences rather than just simply punishments or sanctions
- Provide routines, set limits and have clear boundaries
- Regulate our own emotions
- Co-regulate with young people and help them to develop self-regulation strategies for the future.

Head Teacher

- Leads on all aspects of this policy and model the expectations for all staff
- Ensures that all staff receive regular purposeful training to support relationships and minimise risk
- Ensures that all staff are provided with clear instructions for reporting incidents of harm and that all such reports are thoroughly investigated and responded to
- Ensures that risk assessments are carried out when required and that appropriate measures are implemented
- Is the only person authorised to suspend or exclude a child or young person (or the Deputy Headteacher in their absence)

Other Senior Leaders

- Lead on all aspects of this policy and model the expectations for all staff
- Ensure the policy is implemented effectively
- Ensure all staff are appropriately trained
- Oversee the specific needs of all children and young people across the school
- Provide support to staff, children/young people and parents/carers as necessary
- Link with outside agencies to access additional services
- Ensure that all tracking and reporting of incidents and additional needs are up to date

Classroom Staff

- Plan the teaching and learning for all children and young people
- Include parents/carers in personalised planning for their child
- Communicate regularly with parents/carers about their child's needs
- Provide specific support for children and young people experiencing any difficulties, whether this is an ongoing need or a short term difficult a child or young person may be having.

Family

- Inform the school of any concerns about changes in their child/young person's behaviour, emotional wellbeing or mental health
- Have open conversations with the school
- Engage with support offered by the school and other agencies to further support their child/young person's needs

Governors

- Ensure that appropriate policies are in place, that they are regularly reviewed, and their effectiveness monitored
- Undertake their statutory role around suspension and exclusion
- Ensure that all staff receive purposeful training in order that they can undertake their role

WORKING DEFINITION OF TRAUMA INFORMED PRACTICE

Contents

1. Background
2. Trauma
3. Working definition of trauma-informed practice
4. Key principles of trauma-informed practice
5. Other professional resources and tools

Background

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades. However, there has been a lack of consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are and how it can be built into services and systems.

This document seeks to address this gap by providing a working definition of trauma-informed practice for practitioners working in the health and care sector. The working definition presented in this document reflects the original internationally recognised definition developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA). The evidence base exploring the use of trauma-informed practice in different settings and sectors is still being developed. This working definition will be kept under review and updated where appropriate to reflect new evidence.

Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

Working definition of trauma-informed practice

Realise that trauma can affect individuals, groups and communities

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Recognise the signs, symptoms and widespread impact of trauma

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

Prevent re-traumatisation

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

Key principles of trauma-informed practice

There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.

Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe

- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served

Other professional resources and tools

See:

- Office of Health Improvement and Disparities' Vulnerabilities: applying All Our Health
- e-learning for healthcare: All Our Health: Vulnerabilities and trauma-informed practice
- Trauma-informed practice toolkit: Scottish Government
- Trauma-Informed Wales

Further Guidance

1. Keeping children safe in education Sept 2022
2. Behaviour in schools guidance Sept 2022
3. Reducing the Need for Restraint and Restrictive Intervention June 2019
4. Suspension and Permanent Exclusion Sept 2022
5. Searching, Screening and Confiscation July 2022
6. Positive environments where children can flourish (2021)
7. Creating a Culture: how school leaders can optimise behaviour (DfE, 2017)

This model Relationship & Behaviour policy was written by the Education SEMH Team, Essex County Council. It will next be reviewed August 2023 (unless DfE produce further guidance in the interim).

Notes on the Following Appendices

The following appendices contain ways to help us to understand the behaviour

Your school needs to populate with your own templates for supporting and understanding behaviour. Some examples of helpful templates can be found in the appendices

Appendix 1: A Tool for Understanding and Reframing Behaviour

Appendix 2: STAR Analysis
Appendix 3: Adult Response Plan
Appendix 4: Environmental Checklists for children/young people with additional Social Emotional and Mental Health (SEMH) needs
Appendix 5: Risk Assessment Guidance

For help as to which of these you may wish to include you will be able to speak to your link Inclusion Partner and/or Educational Psychologist about this.

Appendix 1 - A Tool for Understanding and Reframing Behaviour

Describe the behaviour **Review and be curious**	**Reframe the Behaviour** **from for example: "He's just lazy" or "She just wants to get attention"** **to something more helpful.** **Examples of reframing-**	**Reflections** **How is this behaviour understandable?** **What's getting in their way/what are the barriers?** **How can we help?**	**Adult response** **What do we need to intentionally teach?** **Find the barriers and remove them**
Be the stress detective - why and why now? What is the typical adult response? • Is there an adult response plan? • Is the plan helpful, shared, used and understood? • Is there a personalised stress/distress management plan? Consider the environment Is there adequate differentiation for learning and sensory needs and personal strengths How are rules shared, talked about and explained?	Avoidant: in 'fight/flight' survival mode Defiant: in 'fight/flight' survival mode, coping with threat Aggressive(controlling): outside window of tolerance. Dysregulated in the hyperarousal state as a result of becoming distressed. Now in 'fight' survival mode, adaptive strategy to manage underlying vulnerability e.g. fears, anxieties, helplessness, confusion, shame, or feeling frightened Attention seeking: attachment/connection needing: they need time and attention for something in that moment (they do not feel safe and secure yet and trying to gain a sense of belonging) Withdrawn: cautious possible indicator of an emerging 'flight/hypoarousal and or freeze' response being used to cope with the situation Rude: self-protective: "I need you to know how I feel so I'm going to make you feel like it too so you will help me", or "I don't think you like me/don't care". In fight mode. Not engaging: doesn't feel safe yet. possible indicator of an emerging dysregulation response being used to cope with the situation.	The impact of trauma For example-How have any adverse experiences affected their ability to trust, share attention? (confirmed or assumed) Feelings fuelling the behaviour Is the child/young person projecting their feelings onto you? Are you inadvertently re-enacting previous relationships? Are you too distressed by the behaviour to co-regulate? Attachment history- what is their survival strategy? How have earlier experiences shaped the child/young person's preference for connecting with others? How is this being challenged/affirmed? Social development Can they play with or are they better alongside? Can they share and negotiate? Do they show empathy?	Structure and Predictability Visual routines, preparation for transitions, opportunities for sensory input and relaxation Adapt the learning Small steps, time limited, clear and realistic expectations, choice and use the child/ young persons's strengths Rhythmic/repetitive intervention/support. Relationships with the staff Compassionate and kindness in the greetings, verbal language and body language; genuine empathy for tough times, exploration of feelings, use of regulate/relate/reason. Use PACE. Relationships with peers Role playing and social stories, mentors, clear roles in any group activity, reduce competition, increase play and fun.

Blank template
A Tool for Understanding and Reframing Behaviour

Describe the behaviour **Review and be curious**	**Reframe the Behaviour**	**Reflections** **How is this behaviour understandable?** **What's getting in their way/what are the barriers?** **How can we help?**	**Adult response** **What do we need to intentionally teach?** **Find the barriers and remove them**

Appendix 2: STAR Analysis

What happened at the time?	What staff could do differently in the future.
Setting (Time, environment, relationships, etc.)	
Trigger (stressors)	
Action (What happened?)	

Response (What the adults did?)	

Appendix 3: Adult Response Plan

Window of Tolerance **What the child/young person is like when regulated, calm and engaged?**	**How best to support and maintain this and support regulation**
Dysregulation **What are the first signs that things are becoming too stressful?**	**Strategies to support and to co-regulate**
Hyperarousal **What are the communicating behaviours?**	**Interventions necessary to support and co-regulate**

Hypoarousal What are the communicating behaviours?	Interventions necessary to support and co-regulate

Appendix 4: Environmental Checklists for children/young people with additional Social Emotional and Mental Health (SEMH) needs

Consider the needs of a specific child/young person before exploring the school environment with them in mind.

The questions are designed to be prompts to inform One Planning.

The individual checklists complement each other, but separate different school environments in order to consider a child's presentation in different contexts thus drawing attention to differences and similarities. Some questions are therefore repeated.

Safety	Y/N n/a	What needs to be done
If deemed appropriate, has a risk assessment been completed to assess and manage risks involved in the provision for the child/young person?		
Have actions been taken to address identified risks?		
Have staff received appropriate training as part of addressing identified risks?		
Have parents/carers been involved in the assessment and planning to support the safety of their child/young person in school?		
Have parents/carers been informed of any incidents where safety of their child/young person has been of concern?		

Is the child/young person feeling secure in their relationships with adults and peers? (see Social Interaction section)		

The SEND Environment	Y/N n/a	What needs to be done
Has a One Page Profile been completed for this child/young person?		
Are procedures in place to share the One Page Profile with familiar adults and those unfamiliar with the child/young person eg. supply teachers?		
Is One Planning in place for this child/young person?		
Is there a current Adult Response Plan in place for the child/young person?		
Are major/repetitive incidents or communicating behaviours which cause concern analysed so changes can be planned for? (using ABC/STAR analysis tools)		
Has the school/setting communicated appropriately and effectively with the child/young person's parents/carers?		
Does the child/young person separate appropriately from parents/carers at the start of the day and return happily to them at the end of the day?		
Are parents/carers requesting parenting support at home and have they been appropriately signposted?		
Are there any outside agencies already involved in the support for the child/young person?		
If outside agencies are involved, have their recommendations been followed effectively?		
Have interventions provided by outside agencies been delivered?		

The Learning Environment	Y/N n/a	What needs to be done
Have the child/young person's views about their learning been sought?		
Is the child/young person able to access support quickly in the classroom when necessary?		
Is a Learning Support Assistant directed to support the child/young person?		
Does the Learning Support Assistant have a good understanding of the child/young person's needs?		
In line with best practice, does the Learning Support Assistant offer hover support?		
Are there procedures in place to regulate and monitor the use of personalised provision if necessary?		
Is there safe place that the child/young person can access within the classroom when necessary?		
Is the child/young person seated in a place that supports their needs eg. away from distractions or close to the exit?		
Is the child/young person able to attend to and engage with whole class learning?		
Is the child/young person seated with good role models and away from others who may prove distracting?		

Is the child/young person able to work effectively with peers in a group?		
Is the child/young person able to focus and complete independent work for an appropriate period of time?		
Are adults using positive language around and to the child/young person?		
Are adults using the language of Growth Mindset to support the child/young person?		
Are the child/young person's feelings and emotions acknowledged?		
Do staff react consistently to communicating behaviours?		
Are rewards and consequences given fairly and consistently?		
Is the child/young person given access to sensory, movement or brain breaks when necessary?		
Have the child/young person's sensory needs been explored? If so, has provision been made for them?		
Does the child/young person have good relationships with the adults in the classroom?		
Does the child/young person enjoy being given responsibility?		
Are there times when the child/young person can focus on work for longer periods of time?		

Are there specific subjects that the child/young person finds more difficult to engage with, such as Literacy or PE?		
Is the child/young person able to work outside of the classroom when appropriate?		
Is the child/young person supervised adequately when out of the classroom?		
Do all staff know how to react to the child/young person and his/her communicating behaviour when encountering them in the school?		
Is the child/young person able to follow normal school rules and routines without additional supervision e.g. using the toilets appropriately, sitting with peers in assembly?		
Is the child/young person able to line up with their peers?		
Does the child/young person have any other significant relationships with staff or children around the school?		

Social interaction (less structured environments)	**Y/N** **n/a**	**What needs to be done**
Have the child/young person's views about friendships and relationships with adults and peers been sought?		
Does the child/young person have friends they can play with?		
Is the child/young person able to interact appropriately with other children beyond their friendship group?		
Is the child/young person able to play safely and independently?		
Are there systems in place that allow the child/young person to access play opportunities eg. play leaders, equipment?		
Are there alternative, more structured environments available within the school available to support the child/young person eg. lunch clubs?		
Does the child/young person know how to access adult support in less structured environments?		
Do the adults supervising have a clear understanding of the child/young person's needs?		
Do staff react consistently to communicating behaviours?		

Are rewards and consequences given fairly and consistently?		

Appendix 5: Risk Assessment Guidance

Key Questions for the Risk Assessment

1. Assess the risk and reducing the potential for harm

Adopting precautionary and preventative steps which help to avoid, prevent, minimise or mitigate incidents where staff can be harmed. Maintaining a sense of proportion in relation to the assessed risk. Best practice will be to involve parents/carers and the child or young person in this risk assessment process.

Possible questions to inform the risk assessment

- What harm could occur and how severe could this be? How likely is this harm?
- What information is provided for staff, how is it communicated?
- Is the right level of training provided to relevant staff?
- Are there changes needed to the way people carry out their duties or where they work?
- Has there been sufficient accounting of the site layout and the knowledge of the immediate working environment?
- Incident recording and response to incidents.
- How is any information, reports, involvement with other agencies such as the police and Children's Social Care shared?

The assessment will include:

- Identified vulnerable child/young person (those that are most likely to become dysregulated when, where including activities and areas).
- Existing preventative measures and evaluation of the other potential risks.
- Additional preventative and control measures identified, including timescales.
- Communication procedures and review arrangements.

2. Write an action plan

Any actions should be written monitored by Head Teacher/Senior Management and Governors to ensure that all items identified have sufficient resources allocated and have been addressed. The plan should be fit for purpose and tailored to managing the specific risk presented by identified child/young person or groups of children and young people. The plan should include the following:

- Action required,

- Action by whom
- Risk priority
- Projected timescales
- Date completed

3. Monitor, Review and update the assessment

Any risk assessment should be regularly reviewed and updated. It also should be visited again following a significant incident to reflect on any learning or additional protective measures.