Behaviour Policy
July 2021

Policy Review

This policy is reviewed in full by the Governing Board on an annual basis.

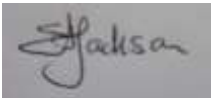The policy was last reviewed and agreed by the Governing Board on 6th July 2021.

It will be reviewed again on July 2022.

Approved

Signature: …………………………….. Head Teacher   Date: 6th July 2021

Signature: …………………………….. Chair of the Governing Board   Date: 6th July 2021

Policy control

Date	Amendments / additions	Reason
July 2021	**Addition to policy of Zones of Regulation**	**Update**

1.   Purpose

At Queensgate Foundation Primary School we have a duty under the School Standards and Framework Act 1998 to have in place a behaviour policy that is consistent throughout the school.

We believe that we promote good behaviour by creating a happy, caring school environment where everyone feels valued, respected and secure. We also follow our school code which was written by children for the whole community:

We encourage pupils to achieve in a learning environment where self-discipline is promoted and good behaviour is the norm. We believe pupils will achieve their full potential in a happy, stimulating and ordered school environment.

We wish to work closely with the School Council and to hear their views and opinions as we acknowledge and support Article 12 of the United Nations Convention on the Rights of the Child that children should be encouraged to form and to express their views.

2. Attachment and Trauma Aware School

At Queensgate Foundation Primary School, we want to ensure that at all times within school that the children's mental health is supported and that also this policy supports the school's 'Attachment-aware and Trauma informed' philosophies. The school has embarked on The Alex Timpson Attachment and Trauma Programme and this policy reflects the recommendations and procedures from it.

3. Background

What is attachment? Attachment is the deep connection established between a child and their primary caregiver that profoundly affects the child's development and their ability to express emotions and build meaningful relationships later in life. Attachment issues fall on a spectrum, from mild problems that are easily addressed to the most serious form, known as Reactive Attachment Disorder (RAD). RAD is a condition in which the child is unable to establish healthy attachment with their parent or primary caregiver. This can lead to difficulty connecting with others and managing their emotions, resulting in a lack of trust and self-worth, a fear of getting close to anyone, anger, and a need to be in control. A child with an attachment disorder feels unsafe and alone.

What is trauma? Trauma means injury. In the context of recent research on brain function, trauma has a specialised meaning – it means acquired brain injury as a result of unregulated stress.

- Usually stress is good for us – when we can regulate stress it enables us to function at our best
- When, for any reason, we are not able to regulate stress the overdose of stress hormones is toxic to the brain
    - Toxic stress is the signal to the brain that we are under threat
    - All functions that take time automatically close down
    - Changed blood supply to key brain areas leads to lasting injuries from which we need to recover
- Until they recover children affected by toxic stress struggle to:
    - Self-regulate
    - Process information accurately – make sense of the world around them or their own internal world of feelings
    - Make and maintain relationships – understand and be interested in the world of others
- Recovery after toxic stress strategies – see Needs and Interventions (*Appendix 1*)

4. Aims

4.1 To understand that behaviour is a form of communication. We encourage all adults to respond in a way that focuses on the feelings and emotions that might drive certain behaviour, rather than the behaviour itself. Children with behavioural difficulties are regarded as vulnerable rather than troublesome, and all adults have a duty to explore this vulnerability and provide appropriate support

4.2 To promote good behaviour by forging a positive school culture and climate that fosters connection, inclusion, respect and value for all members of the school community

4.3 To promote self-discipline and proper regard for authority among pupils by providing predictable routines, expectations and responses to behaviour

4.4 To prevent all forms of bullying among pupils by encouraging good behaviour and respect for others

5. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 1996
- Education Act 2002
- Equality Act 2010
- Educations and Inspections Act 2006
- Health Act 2006
- The School Information (England) Regulations 2008
- DfE (2016) 'Behaviour and discipline in schools'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0 to 25 years'
- DfE (2013) 'Use of reasonable force'
- Voyeurism (Offences) Act 2019

This policy operates in conjunction with the following school policies:

- Anti-Bullying Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Child Protection and Safeguarding Policy
- Exclusion Policy
- Positive Handling Policy
- Complaints Procedures Policy

Procedure

6. Role of the Governing Body

The GB has:
6.1   the duty to set the framework of the school's policy on pupil discipline and communicate this to parents, carers and pupils via the Home School Agreement
6.2   responsibility to ensure that the school complies with this policy
6.3   delegated powers and responsibilities to the Headteacher to ensure that school personnel and pupils are aware of this policy
6.4   support the Headteacher and school personnel in maintaining high standards of behaviour
6.5   responsibility for the effective implementation, monitoring and evaluation of this policy
6.6   duty to consider parents' representations about exclusions

7. Role of the Headteacher

The Headteacher will:
7.1   determine the detail of the standard of behaviour that is acceptable to the school; this is done through the Queensgate Code as a foundation of expectations
7.2   work hard with everyone in the school community to create an ethos that makes everyone feel valued and respected
7.3   promote good behaviour by forging sound working relationships with everyone involved with the school
7.4   encourage good behaviour and respect for others, in order to prevent all forms of bullying among pupils
7.5   ensure the health, safety and welfare of all children in the school

7.6   work with the School Council to create a set of school rules that will encourage good behaviour and respect for others

7.7   monitor the effectiveness of this policy

7.8   annually report to the GB on the effectiveness and development of this policy

7.9   make decisions, in line with DfE exclusion guidance, to exclude pupils for either a fixed term period or a permanent exclusion

8.   Role of School Personnel

School personnel are expected to:

8.1   encourage good behaviour and respect for others in pupils and to apply all rewards and sanctions fairly and consistently

8.2   promote self-discipline amongst pupils

8.3   deal appropriately with any unacceptable behaviour

8.4   apply all rewards and sanctions fairly and consistently

8.5   discuss pupil behaviour and discipline regularly at staff meetings

8.6   provide well planned, interesting and demanding lessons which will contribute to maintaining good discipline

8.7   attend periodic training on behaviour management

8.8   ensure the health and safety of the pupils in their care

8.9   identify problems that may arise and to offer solutions to the problem

8.10   sign up to the Home School Agreement

9.   Role of Pupils

Pupils are expected to:

9.1   follow the Queensgate Code at all times

9.2   show consideration to others

9.3   make suggestions about school behaviour via the School Council

9.4   follow all health and safety regulations in all areas of the school

9.5   speak politely at all times to fellow pupils, school personnel and visitors to the school

9.6   co-sign and abide by the Home School Agreement

10.   Role of Parents

Parents are encouraged to:

10.1   have good relations with the school

10.2   support good behaviour

10.3   sign the school's 'Home-School Agreement'

10.4   ensure their children understand and value the meaning of good behaviour

10.5   support school rules and sanctions

10.6   support their child at home by reading, playing and chatting on a daily basis

11.   Approach (key principles of practice)

Staff and children at Queensgate Foundation Primary have worked collaboratively to establish a set of rules and principles that will underpin the expectations of behaviour in school and on school premises with a view to continuing these values outside into the community.

Staff have received training to support understanding of key attachment aware principles such as attunement and empathetic listening to support co-regulation (Emotion Coaching). An essential part of our practice is to give very clear direction of what is and what is not expected, and to re-enforce by rewarding appropriate pupil behaviour and endeavour.

Negative pupil behaviour in the classroom is initially the responsibility of the class teacher and support staff, since it may result due to a variety of reasons; learning difficulties, teaching style, inappropriate resources, or pupil grouping which can be altered. There is a professional obligation upon teachers to examine their preparation of a lesson, classroom organisation, and classroom performance.

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

12. Classroom management

Classroom management is not about having the right rules, it's about having the right relationships.
Classroom management and teaching methods have an important influence on pupils' behaviour. The classroom environment gives clear messages to the pupils about the extent to which they and their efforts are valued. Relationships between teacher and pupils, strategies for encouraging good behaviour, arrangements of furniture, access to resources and classroom displays all have a bearing on the way pupils behave. Classrooms should be organised to develop independence and personal initiative.

13. Break and lunch times

Some of the pupils find it difficult to manage their behaviour in the unstructured times at both break and lunch times. Staff must ensure that they maximise opportunities to interact with learners and ensure pupils are engaged in appropriate activities. Time is given for all staff to familiarise themselves with individual behaviour plans. Some children will have a 'pass' to attend the lunchtime nurture club to support their social and emotional development and help them learn strategies that they may use when they feel more confident on the playground. Children are able to 'drop in' too.

14. Rewards

We praise and reward positive conduct; our approach is designed to promote and acknowledge good conduct rather than to deter inappropriate conduct. Reward schemes are in place to recognise this for example: reward cards, class rewards and attendance awards.

Healthy, trusting relationships built upon mutual respect are an essential element of developing positive conduct amongst children and staff.

It is everyone's responsibility to:
- always focus on positive conduct and try to spot children who are doing the right thing
  "Thank you - for being ready to listen"; "Thank you - for looking this way"; "Thank you - for your maturity" etc
- give proximity praise - we praise other children, seated around a child, who are doing the right and required behaviours
- send home a good news postcard to celebrate success
- call home to a parent to give praise, this is far more effective than several negative calls

The school understands that when rewards are used following certain behaviour, pupils are more likely to model the same behaviour again. For rewards to be effective, the school recognises that they need to be:

- **Immediate** - immediately rewarded following good behaviour
- **Consistent** – consistently rewarded to maintain the behaviour
- **Achievable** – keeping rewards achievable to maintain attention and motivation
- **Fair** – making sure all pupils are fairly rewarded

15.   Consequences

Everyone at Queensgate has agreed to try to prevent inappropriate behaviour from happening by:
- being consistent, fair and adhering to this policy at all times
- avoiding confrontation wherever possible. Being vigilant and intervening before a situation arises
- always giving the children the opportunity to do the right thing and make a good choice
- being a positive role model for children
- praising good behaviour when it occurs
- when a child is displaying inappropriate behaviours we recognise that each situation will be absolutely unique to the child and therefore the response needed will be unique too. The situation and the factors involved will be considered carefully and responses will be made on a case by case basis. Generally though the process set out in *Appendix 2* should be followed

16.   Restorative Approach

Our PHSE (Personal Health Social Emotional) curriculum aims to prepare children for life, helping them to know and value who they are and understand how they relate to other people in our ever changing world. Queensgate Primary endeavours to adopt a 'restorative approach' to behaviour to help children understand the impact that their negative actions/behaviours may have on others. This approach endeavours to create a more respectful climate, a relational approach, honesty and willingness to accept responsibility and understand others' feelings

To facilitate such a process it requires staff to have the ability to:
- establish a respectful rapport with people
- listen and respond calmly, empathically and without interruption or judgment to all sides of an issue
- inspire a sense of safety and trust
- encourage people to express their thoughts, feelings and needs appropriately
- appreciate the impact of people's thoughts, feelings, beliefs and unmet needs on their behaviours
- encourage those involved in the problem to find their own solutions
- Children are invited to discuss the following: (*Appendix 3*)
  - What has happened
  - What the impact has been on those involved: i.e. who has been affected and in what ways they have been affected
  - What needs to happen to put things right or to make things better in the future

17.   Zones of Regulation

The Zones of Regulations framework and curriculum (Kuypers, 2011) teaches students scaffolded skills toward developing a metacognitive pathway to build awareness of their feelings/internal state and utilize a variety of tools and strategies for regulation prosocial skills, self-care and overall wellness. This includes exploring tools and strategies for mindfulness, sensory integration, movement, thinking strategies, wellness and healthy connection with others. The Zones of Regulation provides a common language and compassionate framework to support positives mental health and skill development for all, while serving as an inclusion strategy for neuro diverse learners, those who have experienced trauma, and/or have specific needs in terms of social, emotional and behavioural development.

The Zones of regulation creates a systematic approach to teach regulation be categorizing all the different ways we feel and states of alertness we experience into four concrete coloured zones. Integrating in cognitive behaviour therapy, students build skills in emotional and sensory regulation, executive functioning and social cognition. The framework is designed to help move students toward more independent regulation while also honouring and respecting each student and their unique self.

18. Pupil Support

As outlined in the SEN Code of Practice and our SEND policy, we promote a differentiated approach following different levels of intervention using the Assess / Plan / Do / Review cycle. Appropriate target-setting and information-sharing is extremely important, to ensure that bespoke provision and strategies are recorded using a range of suitable tools such as Provision Maps and Pupil Passports. We use a wide range of resources to support SEMH identification and to measure the impact of interventions. This includes:

- The Boxall Profile
- The Strengths and Difficulties Questionnaire (SDQ)
- The Leuven Scales for Well-Being and Involvement
- Hampshire Personal Education Plan toolkit
- Various Emotional Literacy (ELSA) and Social Skills assessment tools.

19. Outside Agencies

We have invaluable support for pupils who demonstrate persistent poor behaviour from the:
- educational psychologist
- educational welfare officer
- school health nurse
- Social Services

20. Incidents

20.1 Records of good and poor behaviour are recorded using school's the electronic CPOMS reporting system

20.2 The Headteacher or Deputy Headteacher thoroughly investigate, where appropriate, all incidents and reports that are made to them.

21. Monitoring the Effectiveness of the Policy

Annually the effectiveness of this policy will be reviewed, or when the need arises, and the necessary recommendations for improvement will be made to the governors.

APPENDIX 1

Needs and interventions: recovery after toxic stress

When people become disordered after overwhelming stress, the disorder affects every aspect of their lives – it is a bio-psycho-social injury. Three types of disorder are characteristic after these injuries: **regulatory disorders**, in which parts of the brain that enable us to self-regulate have changed function, so that it is more difficult to manage stress, impulses, and shame; **processing disorders**, with the brain no longer functioning in the same way to let us make sense of the world around us or our own inner world of feelings; and **social function disorders**, with reduced ability to connect to the people around us.

Recovery from such injuries does not happen all at once. People move through different phases of recovery, broadly corresponding to these three types of disorder. So people need to stabilise and develop self-regulation, they need to integrate the experiences of their lives and become able to process information accurately, and they need to become socially adaptive. This journey does not go in a straight line, but is cyclical. When the person has stabilised they become able to do some integrative work, which destabilises them, leading to a further need for stabilisation. Then they can adapt to the changes that have happened, exploring their relationships with other people from the new position of partial integration. And so the process continues until all of the trauma stored in the body has been processed and rendered harmless.

Since the injury affects all aspects of functioning, it is vital that interventions in every phase of the recovery process address all levels of need – physiological, social and emotional, and cognitive. This chart can help with planning and assessing both everyday life-space interventions – the day-to-day work of everyone dealing with the traumatised person – and more formal therapy. It also provides ideas for the kind of activities that support recovery at each phase and at each level. Since every human being is unique there is no one right way for this journey to happen. Above all else, the traumatised person needs someone who will be willing to make the journey with them.

Recovery phase	Need indicators	Intervention level – all three levels needed at each phase of recovery			Outcome indicators
		Physiological	Social and Emotional	Cognitive	
Stabilisation	Evident disorder: hyperarousal or dissociation	Establishing safety	Identifying words for feelings	Recognising trauma	Feeling safe, supported, and understood
Integration	Stabilised and looking for help to recover	Teaching physiological self-management	Enabling emotional processing	Enabling cognitive restructuring	Self-regulation, emotional literacy, accurate and coherent narrative
Adaptation	Looking to establish life after trauma	Teaching social responsiveness	Enabling the development of the capacity for joy	Building self-esteem	Social responsiveness, joy in living, self-esteem

■kca tools

Phase 1: Stabilisation

Recovery phase	Need indicators	Intervention level – all three levels needed at each phase of recovery			Outcome indicators
		Physiological	Social and Emotional	Cognitive	
Stabilisation

In this phase, the key changes take place in a co-regulating trusted adult and the recovering person benefits through attunement | Evident disorder: hyperarousal or dissociation | Establishing safety | Identifying words for feelings | Recognising trauma | Feeling safe. supported, and understood |
| | Behavioural indicators of hyper-arousal may include: panic, rage, reduced concentration, aggression, destructiveness, inability to tolerate stress or shame, inability to use language for feelings, impulsiveness, reduced empathy, substance misuse, self-harm.

Behavioural indicators of dissociation may include: being closed down, being cut off from sensory awareness, being controlling, being dependent on routine, denial of problems and of own behaviour, inability to use language for feelings, reduced attention span, reduced empathy, substance misuse, self-harm. | At least one safe place, at least one safe person. When hyperaroused, people need a soothing environment and they need to attune to an attachment figure who can self-regulate stress even in the presence of trauma. Identifying and naming the need for safety helps.

When dissociated, people need help to connect to their physical environment and to engage with and attune to a safe person. So they need an environment that is stimulating enough to get their attention. When they connect they rapidly become hyperaroused which they find terrifying. Identifying and naming their safe space and their trusted attachment figure helps. | It is vital to recognise the gap between physiology and emotion for the traumatised person. Traumatised, people experience the physiology of emotion, but cannot experience feelings as they cannot name the experience. They need at least one safe attachment figure who will continually attune to them and then offer words for the emotion they are experiencing. This offer is always tentative, not taking over the experience but encouraging the person to inhabit their own inner world and to discover their own feelings. It is important to notice and name the entire range of emotions, including less obvious feelings such as compassion, wonder, and tranquillity. | Gaining an understanding of trauma is a key step to recovery. Everyone needs to know what happens to human beings when they live through unregulated stress, since every human being is vulnerable to trauma. Young children can be taught this through play and stories – almost all folk tales are stories about trauma, for example, and this can be made explicit. Older children and young people will see examples of trauma on television and in everyday life. Trauma is also illustrated in all great literature, drama, art and music. Again, it must be made explicit for the traumatised person to grasp for themselves the relevance to their own experience. | Having formed at least one safe attachment relationship the recovering person will turn to that safe figure when stressed or anxious. As they gain cognitive understanding of their condition, and begin to connect with their own emotions, they will have episodes of intrusive re-experiencing of the trauma through flashbacks, nightmares or ruminating on terrifying events. This is a sign that they feel safe enough to begin a process of integration and healing. These intrusions, however, are destabilising and may lead to a further need for stabilisation before the person is ready to move on with the journey. It is important to seize the therapeutic opportunity, but hurrying is counterproductive. |

kca.
KATE CAIRNS ASSOCIATES   www.kca.training

■ kca tools

Phase 2: Integration

Recovery phase	Need indicators	Intervention level – all three levels needed at each phase of recovery			Outcome indicators
		Physiological	Social and Emotional	Cognitive	
Integration

In this phase, the key changes take place in the recovering person themselves | Stabilised and looking for help to recover | Teaching physiological self-management | Enabling emotional processing | Enabling cognitive restructuring | Self-regulation, emotional literacy and accurate narrative |
| | At least one safe person identified and turned to when under stress. Less hyperaroused or less dissociated when in presence of safe person. Asking for, or willing to try, help to recover from trauma. Able to identify words for feelings. Intrusive re-experiencing may be occurring – flashbacks, nightmares, ruminating on trauma. | Different strategies work for different people, but the principles are the same: to reduce arousal and to be able to maintain awareness of being in a safe place with safe people even when experiencing stress. Breathing exercises can help, or any activities which involve managing breathing, such as singing. Grounding exercises in which the person makes good contact with the ground or floor and then names objects they can feel (the chair, the floor, a cushion, a cup) and objects they can see (the door, the table, a picture) are useful. Being with a safe person who can attune to the panic and reliably self-regulate through it is important. | The traumatised person gradually begins to be able to name and work with their own emotions. They can be helped to do this as experiences happen, or, very usefully, they can be helped to reflect on things that have happened and reconnect to the emotions they were feeling during the experience. This enables them to recognise that we can revisit experiences and process emotions later – we can 'park' emotions to revisit at a more convenient time. This will be a great help to them if they undertake any formal therapy during their recovery from trauma | The core assumptions of a traumatised person are based on trauma. Instead of the core beliefs of a secure person that the world is benign, that the world is meaningful, and that they themselves are worthy, traumatised people deeply believe that the world is hostile and frightening, that the world is chaotic and meaningless, and that they are worthless. They need patient help from trusted attachment figures to begin to believe that the world around them is safe enough, that they can make sense of their own experience, and that they are valued and worthy. Beliefs change by addition and not by subtraction. Healthy core beliefs form, and then it is possible to let go of trauma-based thinking. | The process of recovery will cycle many times back through stabilisation and forward again through integration. Brains build new healthy connections through relationship. (connection to a safe person with a working brain-and-nervous-system) and iteration (repetitive experience which converts tentative new connections into strong neural pathways).

The aim is to reach a point where stress no longer triggers a trauma response. The person is then able to stay engaged with their own experience, in the present and in the past, to manage their own responses and their own behaviour, to process feelings, and to talk about what happens. |

kca.
KATE CAIRNS ASSOCIATES   www.kca.training

Copyright © Kate Cairns Associates (unless otherwise credited)

■kca tools

Phase 3: Adaptation

Recovery phase	Need indicators	Intervention level – all three levels needed at each phase of recovery			Outcome indicators
		Physiological	Social and Emotional	Cognitive	
Adaptation

In this phase, the key changes take place at the interface between the recovering person and the rest of the world | Looking to establish life after trauma | Teaching social responsiveness | Enabling development of the capacity for joy | Building self-esteem | Social responsiveness, joy in living, self-esteem |
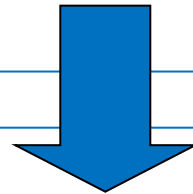| | Traumatised people cannot simply move on with their lives once they have recovered from the biological and psychological injuries. They need help to readjust to life, to form meaningful social connections, to appreciate their own identity, aptitudes and abilities, and to recover or discover joy in living. Expressing interest in the future, or being willing to try new experiences, are signs that they may be ready for a journey through this phase of recovery. | Traumatised people will have lost the ability to be responsive to others in their social environment. While locked in the physiology of trauma they cannot attune flexibly to other people and form safe and satisfying social relationships. They need a trusted attachment figure to help them to move on from that one safe attuned relationship to connect with other people. Social skills can be taught. Empathy can be practised. Social interactions can be rehearsed. Social activities that provide some safe structure for practising these skills are to be encouraged. Always with the safety of being able to cycle back to stabilisation and integration at times when the venture is too challenging. | Every occasion of pleasure or happiness becomes a rich source of growth once the traumatised person has moved on enough to be able to experience joy. They need help, however, to recognise the experience of simple pleasure in living. They need to name it, and to fix it in their memory. They need to be reminded of happy times, and to practice recalling and reliving moments of joy. They need help to explore their own personal sources of happiness – individual or social? Active or reflective? Does joy for them come most from what they see? Or hear? Or touch, smell, or taste? What can help them remember happy times? Photographs? A journal? Telling other people? | When traumatised, people feel that they are worthless. Those around them will want to help them build self-esteem, but until they reach a point in recovery where they have been able to move on from trauma-based thinking, they will reject such efforts. It is impossible to accept praise if we deeply believe we are despicable. Being able to respond positively to work on self-esteem is therefore in itself a mark of progress. And at that point everything that builds self-esteem is useful. It helps to start where they are – what do they value about themselves? What do they think they do well? Then build in new insights and new experiences to add to their sense of self-worth and value, always making sure that the positive message is clear and has been understood. | The journey of recovery from trauma will have periods when the major work is around adaptation, and other times when the person has become overwhelmed and needs to go back through stabilisation and integration before they are safe to move on again. But as recovery progresses, the person can begin to enter into satisfying relationships and become adaptable. Then they can finally reclaim and enjoy their own life. |

kca.
KATE CAIRNS ASSOCIATES   www.kca.training

kca tools

Interventions and outcomes: recognising recovery after toxic stress

Recovery phase	Intervention level	Process	Five to Thrive	Outcome
Stabilisation *Key process –* *mindful co-regulation*	Physiological (nervous system)	Establishing safety	Respond – Engage – Relax Play – Talk Unconscious/gut level/feeling	Feeling safe
	Emotional and social (right brain)	Identifying words for feelings		Feeling supported
	Cognitive (left brain)	Recognising trauma		Feeling understood
Integration *Key process –* *mindful co-learning*	Physiological (nervous system)	Teaching physiological self-management	Respond – Engage – Relax Play – Talk Conscious/head level/thinking	Self-regulation
	Emotional and social (right brain)	Enabling emotional processing		Emotional literacy
	Cognitive (left brain)	Enabling cognitive restructuring		Accurate, coherent narrative
Adaptation *Key process –* *mindful co-learning*	Physiological (nervous system)	Teaching social responsiveness and social skills	Respond – Engage – Relax Play – Talk Integrated/heart level/ feeling and thinking	Social responsiveness
	Emotional and social (right brain)	Enabling the development of the capacity for joy		Joy in living
	Cognitive (left brain)	Building self-worth		Self-esteem

kca.
KNOWLEDGE : CHANGE : ACTION

www.kca.training
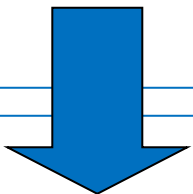
Managing In-Class Incidents Flowchart

First Steps

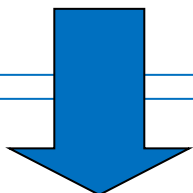- Rewarding positive behaviour

- Ignoring negative behaviour

Classroom Sanctions

- Verbal Warning
- Moving Places
- Time out in class
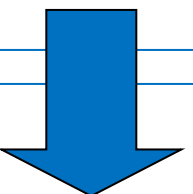- Talking privately with pupil
- Removal to another class

Referral Point

- Contact Deputy Head or SENCO (Assistant Head)

- Contact Headteacher

Low Level Sanctions

- Single lesson isolation (in another class)

- Loss of break or lunchtime

- Restorative justice

Intervention

- Individual behaviour plan

- Meeting with parents / carers

- Involving other agencies

APPENDIX 3

Restorative

1 ?
1. What happened?

2 ?
2. What were you thinking?

3 ?
3. What were you feeling?

4 ?
4. Who else was affected?

5 ?
5. What would you do differently?