



**iCollege**  
Alternative Education West Berkshire

# Positive Relationships and Behaviour Policy 25-27

**Document Control**

<b>Document Name</b>	Positive Relationships and Behaviour Policy
<b>Category:</b>	Statutory
<b>Date:</b>	March 2025
<b>Version:</b>	V1.3                      APPROVED
<b>Written by:</b>	Assistant Headteacher – Behaviour, Attendance and Community
<b>Associated policies and useful information</b>	<p>Acronyms:</p> <p>MC - Management Committee</p> <p>LA - Local Authority</p> <p>WBC - West Berkshire Council</p> <p>HT - Headteacher</p> <p>SLT - Senior Leadership Team</p> <p>FSM - Free School Meals</p> <p>SEMH- Social, emotional and mental health</p> <p>SEND - Special Educational Needs and Disabilities</p> <p>SMSC - Spiritual, Moral, Social and Cultural</p>
<b>Review:</b>	March 2027 (Every 2 years)

<b>Description</b>	<p>At iCollege, we follow a Therapeutic approach to behaviour and inclusion. At the core of this approach is understanding that all behaviour has a reason and is driven by feelings. The Therapeutic approach enables children and adults to manage and understand their feelings and develop healthy and supportive relationships. This approach supports their ability to engage and learn.</p> <p>At iCollege, we strive to use a Therapeutic approach to create a safe, positive and challenging learning environment for every child.</p> <p><b><i>This policy should be the plan for the majority of children. In addition, some children may require a Therapeutic Plan and or a Positive Handlig Plan to formalise strategies that differentiate from policy.</i></b></p>
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<b>INSPIRATION KS1 &amp; 2</b>	<b>POD PLUS KS2 &amp; 3</b>	<b>IMPACT KS 3</b>	<b>The POD KS2</b>	<b>INTEGRATION KS3 &amp; 4</b>	<b>INDEPENDENCE KS4 &amp; 5</b>
Foxglove Way, Thatcham, Berkshire, RG18 4DH 01635 877114	Modular Building Paynesdown Road, Thatcham, Berkshire, RG19 3TE 01635 243208	Moorside Community Centre Urquhart Road, Thatcham, Berkshire, RG19 4RE 01635 953294	88 Newtown Road, Newbury, Berkshire, RG14 7BT 01635 49397	22, <u>Highview</u> , <u>Calcot</u> , Reading, Berkshire, RG31 4XD 01189 416636	Richmond House, Bath Road, Newbury, Berkshire, RG30 1QY 01635 48872

## 1: Key contact list

Head teacher	Jacqueline Davies	01635 528048 07833 191057	<a href="mailto:jdavies@icollege.org.uk">jdavies@icollege.org.uk</a>
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Assistant Head teacher Safeguarding and well-being	Faye Miller	07771 989791	<a href="mailto:fmiller@icollege.org.uk">fmiller@icollege.org.uk</a>
<b>Lead Teachers</b>			
Inspiration (KS1 & 2)	Siobhan Harvey	01635 877114	<a href="mailto:sharvey@icollege.org.uk">sharvey@icollege.org.uk</a>
The Pod (KS 2)	Rachel Silverthorne	01635 522748	<a href="mailto:rsilverthorne@icollege.org.uk">rsilverthorne@icollege.org.uk</a>
Pod Plus and Impact	Ian Jones	01635 243208	<a href="mailto:ijones@icollege.org.uk">ijones@icollege.org.uk</a>
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Safeguarding Governor	Kath DeWilde		<a href="mailto:kdewilde@icollege.org.uk">kdewilde@icollege.org.uk</a>
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Primary Inclusion Manager Lead Practitioner for Behaviour (primary)	Rachel Silverthorne	01635 522748	<a href="mailto:rsilverthorne@icollege.org.uk">rsilverthorne@icollege.org.uk</a>
Lead Practitioner for Behaviour (secondary)	Rob Cordery	01635 48872	<a href="mailto:rcordery@icollege.org.uk">rcordery@icollege.org.uk</a>

## Key Contacts within the Local Authority

	Name	Address	Telephone contact	Email
Exclusions Officer	Roslyn Arthur	Council Offices Market Street Newbury	01635 503409	<a href="mailto:Roslyn.Arthur@westberks.gov.uk">Roslyn.Arthur@westberks.gov.uk</a>
Therapeutic Thinking in schools Team (TTST)	Sue Butcher	Council Offices Market Street	07585986658	

**INSPIRATION KS1 & 2**

Foxglove Way,  
Thatcham, Berkshire,  
RG18 4DH  
01635 877114

**POD PLUS KS2 & 3**

Modular Building  
Paynesdown Road,  
Thatcham, Berkshire,  
RG19 3TE  
01635 243208

**IMPACT KS 3**

Moorside Community Centre  
Urquhart Road,  
Thatcham, Berkshire,  
RG19 4RE  
01635 953294

**The POD KS2**

**INTERVENTION KS3 & 4**  
88 Newtown Road,  
Newbury, Berkshire,  
RG14 7BT  
01635 49397

**INTEGRATION KS3 & 4**

22, Highview,  
Calcot,  
Reading, Berkshire,  
RG31 4XD  
01189 416636

**INDEPENDENCE KS4 & 5**

Richmond House, Bath Road,  
Newbury, Berkshire,  
RG30 1QY  
01635 48872

		Newbury		
Emotionally based school avoidance Team (EBSA)	Jackie Smith	Council Offices Market Street Newbury		<a href="mailto:Jackie.Smith3@westberks.gov.uk">Jackie.Smith3@westberks.gov.uk</a>  <a href="https://www.westberkseducation.co.uk/Pages/Download/d88e6c4d-d3c0-4c0d-8cd7-f95f13802a66/PageSectionDocuments">https://www.westberkseducation.co.uk/Pages/Download/d88e6c4d-d3c0-4c0d-8cd7-f95f13802a66/PageSectionDocuments</a>

## 2. Aims

- For children and staff to have respect for each other and pride in their school.
- For staff to model the virtues of visible kindness and consistency every day.
- For all children and adults to have high expectations of pro-social behaviour.
- School policy and practice will provide day-to-day experiences that create sustained pro-social feelings regardless of experiences of trauma, disability or neuro-type.
- To develop children's self regulation skills that are not dependent on external rewards and to support and enable them to take responsibility for their own behaviour.
- For all staff and children to have a clear understanding of the procedures for approaching, and the consequences for anti-social behaviour.
- For all staff to feel confident in the application of this policy and to feel supported by training and leadership.

## 3. Introduction

### What is Therapeutic Thinking?

Therapeutic Thinking is an approach to support children and young people's Social Emotional and Mental Health needs in schools. Being therapeutic means that school policy and the day to day practice in schools are designed to provide experiences that create sustained prosocial (positive, helpful) feelings within all children, adults and in particular, the non-typical and / or 'unlucky' young people.

Therapeutic Thinking recognises that some children have been unlucky enough to experience a range of Adverse Child Experiences (ACEs) and that children who have experienced higher numbers of ACEs are likely to have less positive outcomes in areas such as physical and mental health, behaviours, attendance, relationships and educational attainment.

Therapeutic thinking is about creating a culture in which each student is given the help they need to overcome those barriers to learning and achieve success, and can be complemented by more intensive therapeutic interventions.

The consequences given for anti-social behaviour are either educationally, for example helping the student to understand the impact of their behaviour, or protective, preventing them from behaving in anti-social ways until they receive the support they need that helps them to make better decisions.

## 4. Key Principles

In line with the approach, staff agree on a number of principles:-

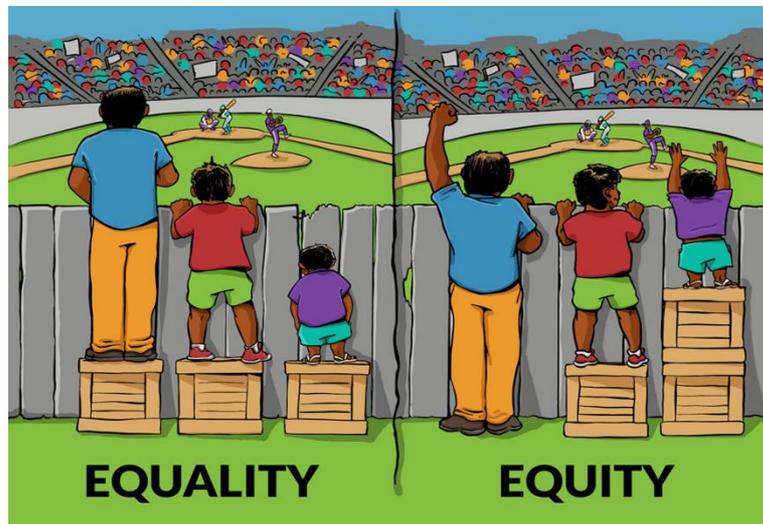
- Positive experiences create positive feelings. Positive feelings create positive behaviour.
- It is the inappropriate behaviour that is rejected, **not** the child.

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- Staff should always speak to children respectfully and calmly – reducing conflict and leading by example.
- The importance of being proactive in managing children’s behaviour i.e. trying to avoid situations which may cause conflict.
- Where possible inappropriate behaviour is challenged privately rather than publically .
- Staff should always help children to try to reduce conflict and to avoid escalating any situation .
- The importance of using a calm stance and de-escalation script in a conflict situation .
- ‘Recovery time’ should be given for the child to calm down after an incident, after which time there should be an opportunity for ‘Reflect, Repair & Restore’. iCollege will use a **Restorative** approach.
- An individual risk assessment should be completed for any child for whom there is ‘foreseeable’ risk that they may behave in a way that will cause harm to themselves, others or property.
- The importance of recording and reflecting upon incidents.

**Equality** is treating everybody the same.

**Equity** is giving everyone what they need to achieve success.



**iCollege** will advocate for each child to receive the resources, differentiated experiences, appropriate interventions, and differentiated learning that will enable them to become as equal as is possible. Good equity results in equality.

If we are successful in differentiation we increase the chance of the children being equal ‘when viewed from the other side of the fence’.

**We believe that:-**

- ★ Everyone in school has the right to feel safe both physically and emotionally.
- ★ Everyone in school has the right to be treated with respect.
- ★ Everyone in school has the right to learn without distraction.
- ★ That we can teach good behaviour, rather than focusing on *controlling* inappropriate behaviour.

## 5. How iCollege will teach behaviour?

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- Relationships (*invest at the start – children should want to do something because of the quality of their relationship with you*)
- Role modelling (*this is essential – we have to show them how to ‘play nicely’ for e.g. by playing with them*)
- Consistency (*not equality*)
- Routines
- Prioritising prosocial behaviour (*really valued in every child – thanking them*)
- Planning alternatives to antisocial behaviour
- Praise and positive reinforcement (*should be given freely and unexpectedly, don’t confuse for bribery*)
- Feedback and recognition
- Comfort and forgiveness (*understanding and know that we will do it differently tomorrow*)
- All staff will focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies.
- It is the professional responsibility of iCollege staff to manage inappropriate behaviour and they will not take or deal with incidents in a personal way.

We recognise that every child is different, therefore we:

- Meet with each child on transition
- Meet with each family on transition
- Observe and address individual needs through the use of therapeutic practices and analysis tools
- Encourage participation in areas of interest in the classroom and outside
- Embrace a model of equity and ensure provision is personalised based on ‘need’.

We see a clear link between poor mental health and poor behaviour, therefore we:

- Have a comprehensive PSHE curriculum which provides strategies for dealing with anxieties
- Reflect good mental health in our corridor and classrooms displays,
- Set learning projects which focus on good mental health
- Train staff in emotional literacy
- Employ an in-house counsellor
- Employ an Emotional Health Academy (EHA) clinical mental health practitioner where appropriate

## 6. Procedures

### Prosocial behaviour

Relating to behaviour which is positive, helpful, and intended to promote social acceptance.

Prosocial behaviour is characterised by a concern for the rights, feelings and welfare of other people. Behaviour which benefits other people or society.

Arguably prosocial behaviour is simply the absence of antisocial behaviour.

Some behaviours that are pro-social are:-

- Saying please and thank you.
- Holding the door open for others.
- Staying in class when being taught and demonstrating a willingness to learn.
- Showing tolerance to others
- Demonstrating kindness to others

*This list is not exhaustive as there are many examples of pro-social behaviours that children demonstrate daily at iCollege.*

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## How we respond to pro-social behaviour at iCollege

**Staff will** acknowledge pro-social behaviour frequently. This can be done in a manner of ways:-

- Verbal, specific praise that describes the behaviour that is pro-social, e.g. 'Thank you XXXXX for holding the door open for XXXX, that is kind'. Or 'I like the way you are sitting in your seat and waiting for me to start the lesson, that shows patience'. Praise is central to a Therapeutic approach and stems from the belief that, 'What you pay attention to, you get more of'.
- Small, inexpensive tokens, alongside praise may be given. This maybe a sticker, points, certificate (appropriate to the age and individual).
- Offering public praise to the child, assuming their personality and disposition will find this a positive experience.
- Use of non-verbal cues to demonstrate the pro-social behaviour has been identified and acknowledged. E.g. a smile, gentle hand on shoulder or thumbs up.

**Staff will not:-**

- Remove a reward earned for pro-social behaviour
- Compare children negatively to those demonstrating pro-social behaviour. E.g. Why can't you get on with your work like XXXX?.
- Offer complex and lengthy reward systems that tally up over a period of time.
- Offer public praise to a child who will find this type of praise embarrassing or overwhelming.

## Unsocial behaviour

Not enjoying or making an effort to behave sociably in the company of others, but not to the detriment of others. Not doing as instructed, but not to the detriment of others.

Many schools and staff members group unsocial behaviour with antisocial behaviour. The child who can find no reason to join in or complete a directed task is often showing considerable restraint in not allowing how they feel to result in behaviours that are antisocial.

It is often staff responding to unsocial behaviour that drives the behaviour to become antisocial.

Some behaviours that are unsocial are:-

- Refusing to work, but not interfering with others. This may present as staring out of the window, leaving the classroom and going to another space e.g. corridor/social area/garden.
- Repeatedly rocking on chairs.
- Putting holes in their page with a pen/pencil
- Humming or tapping

*This list is not exhaustive as there are many more examples of unsocial behaviours that children may demonstrate.*

**Staff will:-**

- Remind the child of the pro-social expectations.
- Ask the child to stop the behaviour in a clear unambiguous way. E.g 'XXXX please come back into the classroom. Thank you.'

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- Consider reasons as to why the child is behaving that way, and provide appropriate supports. This may be physical work breaks, shorter tasks, fiddle toy, alternative place to do their tasks. iCollege inclusion managers may suggest other ideas for individual children.
- Speak to the child and parents/carers in a confidential manner, about ideas for support.
- Present as emotionally unattached to the behaviour and offer two choices. E.g. 'XXXX, you can choose to sit on the chair or the sofa.'
- Use the behaviour ladder for escalating concerns.
- Use open and non-threatening body language.

#### Staff will not:-

- Offer threats that are beyond the remit of the displayed behaviour. For example, threatening to send a child to the Headteacher if they do not stop tapping.
- Shout
- Use aggressive/intimidating body language
- Have children miss other areas of the curriculum or breaktimes as a consequence. E.g. 'As you did not do your work, you will not go to P.E/breaktime.'

#### Antisocial behaviour

Behaviour that causes harm to an individual, a group, to the community or to the environment. Behaviour that is likely to cause injury, harassment, alarm or distress. Behaviour that has a negative impact on other people.

Some examples of anti-social behaviour are:-

- Deliberately injuring a child or adult by kicking, hitting or biting.
- Using an object to harm or injure a child or adult, such as throwing furniture.
- Deliberate acts of vandalism such as ripping down displays, defacing other people's work, writing on walls.
- Verbal aggression such as threatening them with harm.
- Using a weapon to attack or harm another person such as a knife, scissors or a stick.

*This list is not exhaustive as there are many more examples of anti-social behaviours that children may demonstrate.*

#### Staff will:-

- Prioritise the safety of other children and themselves. This may be done by removing children from the area, such as evacuating a classroom, or locking themselves and children in the classroom to ensure that a child demonstrating anti-social behaviours cannot get to them.
- Respond in a calm and focussed manner by lowering their voice, non-threatening body language, minimising instructions and walking calmly.
- Request support from other staff in an agreed manner.
- Hand over to another member of staff and use 'change of face' when necessary.
- Offer support and be available.
- Use 'Team teach' positive handling techniques ONLY when absolutely necessary (also see Team Teach section-

#### Staff will not:-

- Get involved unless asked to.
- Add to any sense of panic or worry by rushing, shouting or loudly informing others about a concern.
- Restrain or hold children unless there is an imminent threat of physical harm to an adult or child.

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## 7. Restorative Practice

At iCollege we adopt a **restorative** approach. Rather than '*punishing*' inappropriate behaviour, children are encouraged to: 'Reflect, Repair & Restore'. A restorative meeting should take place once the child is in a calm state of mind (for some children this may take a long period of time). The restorative conversation should include the following questions:

- What happened?
- What was each person thinking?
- Who has been affected?
- How have they been affected?
- What needs to be done to make things right?
- How can we do things differently in the future?

## 8. Team Teach

It is the policy of iCollege that key staff working closely with students are trained in the pre-emptive and responsive positive handling strategies and techniques of Team Teach, to complement the behaviour management approaches and strategies reflected in the School Behaviour Policy and Anti-Bullying-Policy.

There may be times when a child's behaviour requires staff physical support to ensure the pupils' own safety, the safety of other pupils and staff, or that property is not seriously damaged. This can require the use of physical interventions. 'Team Teach' is part of the approach adopted by iCollege to support this.

Key members of staff have been trained in the use of this approach and the Head teacher keeps a list of those staff authorised to use Team Teach positive handling techniques and they receive regular refresher training from qualified instructors.

The basic philosophy of the 'Team teach' approach is as follows:

- The majority of incidents should be managed without restrictive interventions
- It is a flexible framework of responses stressing a holistic approach
- De-escalation of situations is a priority (e.g. using communication skills, humour, distraction etc)
- Gradual and graded positive handling techniques are based on providing the maximum amount of care control and therapeutic support for the shortest possible time necessary to ensure the safety of all concerned.

All incidents of positive handling will be reported, recorded, monitored and evaluated. Any injury sustained during an incident involving positive handling is reported to the Parent/Carer, Headteacher and the Local Authority (LA). After receipt of the information the LA will decide if they wish to further investigate the referral. Parents/carers/children can be assured that all staff are committed to providing a safe and productive learning environment for all. Staff will ensure that any physical intervention will happen wherever possible as a last resort. Both the Department for Education (DFE) and Department of Health (DOH) issue clear guidelines for the use of physical intervention and the use of reasonable force. More information regarding the Team-Teach Approach can be found via the internet by visiting [www.team-teach.co.uk](http://www.team-teach.co.uk).

## 9. Suspension and Permanent Exclusion

As a school iCollege avoid suspending or permanently excluding a child at all costs. The school may occasionally temporarily suspend a child only to allow time to plan and restructure the setting to enable a child to safely return. Permanent exclusion will only follow if none of these strategies are successful and the school feels that they are unable to safely meet the needs of an individual. The decision to suspend or permanently exclude can only be made by the Head teacher (or an Assistant Head teacher in their absence).

## 10. Monitoring and evaluation

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The effectiveness of this policy will be monitored by the Assistant Head Teacher (Behaviour, attendance and community) through incident reports. This will be reported to the Governors through the Assistant Head Teacher's report. The policy will be reviewed every 2 years after implementation.

<b>11. Associated Policies</b>	Child protection and safeguarding policy Physical Intervention guidance Suspension and Permanent Exclusion Policy Health and safety policy Mental health and Well-being policy
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<b>12. Record of policy changes</b>				
Version Number	Date Approved	MC Minute Reference	Description of Amendments	Date
1			New Policy to replace behaviour policy.	March 2023
1.1	15.3.23	E-approved	Amendments following consultation with HT and COG	
1.2	25.03.25	MC meeting	Admin and name changes, formatting only. Addition of THRIVE- JF	March 25

<b>Approved by:</b>	Management committee
<b>Signed:</b>	
<b>Print name:</b>	Tim Pritchard
<b>Position:</b>	Chair
<b>Date:</b>	

### **Keeping Children Safe in Education**

All staff at iCollege take seriously their responsibility to protect and safeguard the welfare of children and young people in their care; this includes providing help and support to meet the needs of children as soon as problems emerge; protecting children from maltreatment whether that is within or outside the home, including online; preventing impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

## Appendix A

### THERAPEUTIC THINKING A-Z GLOSSARY OF KEY TERMS

'You can't teach children to behave better by making them feel worse. When children feel better they behave better.' Pam Leo

#### Adverse Childhood Experiences (ACES)

Highly stressful and potentially traumatic event/s or situation/s that occur during childhood and/or adolescence. These may include one or more of the following: physical abuse, emotional abuse, sexual abuse, neglect; exposure to domestic abuse, household substance abuse, household mental illness, parental separation or divorce, member of household imprisoned.

#### Anti-social

- Behaviour that causes harm to an individual, a group, to the community or to the environment.
- Behaviour that is likely to cause injury, harassment, alarm or distress.
- Behaviour that violates the rights of another person.

#### Anxiety

A worry, nervousness or unease about something with an uncertain outcome.

#### Anxiety analysis

A tool used to examine a behaviour methodically and in detail, typically in order to understand, explain, interpret and act on it.

#### Big world

An unplanned experience which overwhelms the individual and stimulates antisocial behaviours.

#### Conscious behaviour

- Unwilling to self-regulate.
- Behaviours that are a result of thought or planning.
- The consequence may be preferable.

#### Dangerous behaviour

The actions of the individual are likely to cause harm or injury and therefore a clear plan to assess risk and address the underlying needs over the long term is necessary.

#### Dependency

A person who relies on another but is likely to be unable to be able to do without them.

#### Difficult behaviour

The actions of the individual are challenging and staff members are needing to change their practices to address an underlying need.

#### Dynamic

- Everyone affected by an individual or institution.
- The relationships that people have and the study of how these relationships can change.
- The way in which people react to each other in a particular situation.

#### Equality

Treating everybody the same.

#### Equity

Giving everyone what they need to achieve success.

#### External discipline

Controlling behaviour through consequences and punishment.

#### Externalisers

A learner who expresses their anxious thoughts and feelings openly using physical actions, gestures, noises or language.

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### Group dynamics

The interactions of people when they are grouped with others through either choice or circumstance.

### Internal discipline

We are able to self-regulate because we understand how we should behave, it is part of us and informed by external discipline in the early years

### Internalisers

A learner who expresses their anxious thoughts and feelings through limited participation and active avoidance.

### Positive reinforcement

Timely encouragement which offers a reward or feedback following a positive behaviour. A clear reminder of what the individual did well to warrant the praise is essential to increase the likelihood of the behaviour being repeated in the future.

### Pro-social

- Relating to behaviour which is positive, helpful, and intended to promote social acceptance.
- Pro-social behaviour is characterised by a concern for the rights, feelings and welfare of other people.
- Pro-social behaviour benefits other people or society.
- Pro-social behaviour is simply the absence of antisocial behaviour.

### Protective consequences

Removal of a freedom to manage potential harm.

### Punishment

Enforcement of something undesirable or unpleasant upon an individual or a group, in response to behaviour that is deemed unacceptable.

### Safe Learner

A learner who can participate with a high level of pro-social feelings and is unburdened by antisocial feelings.

### Small garden

A planned, controlled experience, which provides a safe and successful starting point on which to develop pro-social behaviours.

### Subconscious behaviour

Unable to self-regulate. Behaviours that are evident without any thought or planning.

### Therapeutic continuum

A therapeutic scale which can categorise the impact of a decision

- **Therapeutically Healthy**

A planned activity has positive outcomes, because it has been thought about at an individual level and all eventualities have been considered.

- **Therapeutically Lazy**

Something detrimental happens to the individual because the activity planning hadn't been sufficiently thought through.

- **Therapeutically Sadistic**

Something detrimental happens to the individual which could have been prevented because someone had anticipated the outcome from the planned activity.

### Therapeutic Plan

A plan used to formalise strategies which differentiate from the schools behaviour policy for a small minority of the school population.

### Therapeutic Thinking

An approach to behaviour that prioritises the pro-social experiences and feelings of everyone within the dynamic.

### Therapeutic Tree

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A tool used to capture anti-social behaviours, feelings and experiences with the view to provide pro-social alternatives as part of the Therapeutic plan.

### Unsocial

- Not enjoying or making an effort to behave sociably in the company of others, but not to the detriment of others.
- Not doing as instructed, but not to the detriment of others.

. 'Insanity is doing the same thing over and over again and expecting different results.' Albert Einstein

### Scripted Language



#### Key points to consider for your scripts

- Use positive phrasing and avoid negative phrasing...in providing an 'either or option', we create boundaries and avoid escalation.
- Do not empower the behaviour with words 'if you do that again...'
- Avoid an emotional response from the adult...does adult recovery time need to be built in?

### De-escalation

Adults need to know how to promote pro-social behaviour and manage difficult or dangerous behaviour, and to have an understanding of what behaviour might be communicating. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies.

Adults need to be aware that when children display disruptive, difficult or dangerous behaviour they may initially be upset or emotionally distressed. Action needs to be taken to calm the situation.

The principles of de-escalation are:

- the child's name
- acknowledge their right to their feelings

tell them why you are there.

It is important that all staff use the same script. The de-escalation script should be used repeatedly, with no variation from it, until the child has been persuaded to leave the situation and calm down.

Using a de-escalation script gives a focussed, calm and consistent approach.

#### De-escalation Script

- Child's name.....I can see something has happened
- I am here to help
- Talk and I will listen
- Come with me and .....
- Telling someone to change adult: 'More help is available'. Please note – if this is said to you, you must swap places with another adult

### Telephone script:

- To request help: 'Please could we have some help in \_\_\_\_\_'
- To request a specific person: 'Please can XXXX come to \_\_\_\_\_'
- To request immediate support: 'I need help now in \_\_\_\_\_'

### Group dynamics

A dynamic is the interactions of people when they are grouped with others either by choice or circumstance.

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There are many group dynamics that operate across iCollege for example the classes children are taught in – and, at times, differentiating the group dynamic can be the only option to:

Ensure the physical safety, wellbeing or opportunities of the child

Ensure the physical safety and wellbeing or opportunities of other children, staff or other elements of the class dynamic.

Therefore, where we are unable to prevent unacceptable difficult or dangerous behaviour, the only option is to proactively use differentiated experiences, environments and people to create a protective consequence.

If we need to change the dynamics of a classroom, we will:

#### **Stage 1 Assess:**

The number of safe learners

The number of children with difficult disruptive behaviours

The number of children with dangerous behaviours

#### **Stage 2 Assess:**

Available staff

Available locations

Necessary staff ratios

Permissible differentiation

#### **Stage 3 Agree:**

New groupings

Revised ratios

Targeted staffing

Differentiated activity and access

### **Small gardens**

There are times that some children find the classroom overwhelming and **need** access to a different working space. These children may internalise or externalise their behaviour.

At iCollege, we will plan and control limited experiences for these children in ‘small gardens’.

‘small gardens’ are working spaces for children that are:

Calm and soothing

Logical

Safe and secure

Proactive

Children go to ‘small gardens’ to complete their work in an environment that does not overwhelm them.

Children are not taken to ‘small gardens’ for doing something ‘wrong’ – this time out of class to work in a different environment is always predetermined, typically following an Anxiety Analysis or is provision identified in a child’s Therapeutic Plan.

### **Therapeutic Plans**

Following an initial analysis, the Therapeutic Plan identifies different anti-social behaviours shown by a child and the corresponding strategies staff should use to respond.

The procedure to writing a Therapeutic Plan typically involves:

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1. Anxiety Analysis
2. Conscious and Subconscious Checklists
3. Therapeutic Tree
4. Therapeutic Plan Risk Calculator
5. Collaborative writing of the Therapeutic Plan (involving the pupil, family, Head teacher, Class teacher and Inclusion Manager)

If a child has a Therapeutic Plan, it **must** be followed by all staff members. It makes clear the words, actions and consequences that will apply to risky and/or dangerous behaviours that a specific child may be presenting with e.g. climbing or running away. Staff unfamiliar with a child's plan should radio for help from someone who knows it.

### Thrive Plans

Thrive is a therapeutic approach to removing barriers to learning. Thrive plans are used to support individual learners who have experienced an interruption to their emotional development. iCollege has two trained Thrive practitioners;

Rachel Silverthorne Primary Inclusion Manager	<a href="mailto:Rsilverthorne@icollege.org.uk">Rsilverthorne@icollege.org.uk</a>
Emma Dodridge Secondary Inclusion Manager	<a href="mailto:Edodridge@icollege.org.uk">Edodridge@icollege.org.uk</a>

[www.thriveapproach.com](http://www.thriveapproach.com)

## Appendix B

<b>iCollege Behaviour Ladder</b>		
Level	Behaviour examples	Staff response  Protective/educational Consequences
Pro-social	<ul style="list-style-type: none"> <li>• Saying please and thank you</li> <li>• Being in the right place at the right time</li> <li>• Sitting appropriately when being taught and demonstrating a willingness to learn</li> <li>• Showing tolerance to others</li> <li>• Demonstrating kindness to others</li> </ul>	Acknowledgment, praise, positive phonecall/letter home /certificate.
Un-social behaviour	<ul style="list-style-type: none"> <li>• Poor effort.</li> <li>• Disruptive fidgeting.</li> <li>• Inappropriate interruptions.</li> <li>• Distracting others</li> <li>• Unkind remarks</li> <li>• Deliberately annoying others</li> <li>• Answering back</li> <li>• Improper use of school equipment e.g. writing on a whiteboard when they shouldn't be.</li> <li>• Wandering around the room during work time,</li> <li>• Dropping litter</li> <li>• Refusal (developmentally appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>• Remind of expectations, recognise other children who are following them.</li> <li>• Modelling</li> <li>• State the behaviour you are looking for.</li> <li>• Conversation with an adult with a focus on the impact of behaviours on others</li> </ul>
Antisocial behaviour	<ul style="list-style-type: none"> <li>• Hurting another person deliberately either physically or emotionally</li> <li>• Misuse of school equipment e.g. scissors</li> <li>• Dangerous play</li> <li>• Improper use of toilets or washbasins</li> <li>• Leaving classroom without permission.</li> <li>• Swearing (intentionally)</li> </ul>	<ul style="list-style-type: none"> <li>• Conversation with an adult with a focus on the impact of behaviours on others</li> <li>• Restorative conversation with staff member where the child is encouraged to: Reflect, Repair &amp; Restore</li> <li>• Parents informed either verbally/email/text</li> <li>• Restorative justice e.g. clean up area, repair damage</li> <li>• Supported play/social time</li> </ul>

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	<ul style="list-style-type: none"> <li>• Hurting another person deliberately either physically or emotionally</li> <li>• Throwing/ kicking objects that could cause harm</li> <li>• Vandalism-significant damage to property</li> <li>• Possession of inappropriate materials/objects</li> <li>• Swearing repeatedly and aggressively towards others</li> <li>• Sexual harassment</li> </ul>	<ul style="list-style-type: none"> <li>• LT informed-shared on daily updates</li> <li>• Conversation with an adult with a focus on the impact of behaviours on others</li> <li>• Restorative conversation with adult where the child is encouraged to: Reflect, Repair &amp; Restore</li> <li>• Parents informed verbally</li> <li>• Restorative justice e.g. clean up area, repair damage</li> <li>• Supported play/social time</li> <li>• LT informed</li> <li>• LT meet with parents to discuss incidents</li> </ul>
Anti-social behaviour (Very Serious)	<ul style="list-style-type: none"> <li>• Deliberate and persistent physical or emotional harm e.g. kicking, hitting, spitting, biting, pinching.</li> <li>• Children excluding each other because of looks, colour, race, belief, gender or disability.</li> <li>• Verbal abuse-prejudice</li> <li>• Stealing</li> <li>• Serious injury to someone else with intent</li> <li>• Sexual harm.</li> <li>• Possession of harmful substances or weapons.</li> <li>• Use of harmful substances or weapons.</li> </ul>	<ul style="list-style-type: none"> <li>• Conversation with an LT/SLT with a focus on the impact of behaviours on others</li> <li>• Restorative conversation with LT/SLT where the child is encouraged to: Reflect, Repair &amp; Restore</li> <li>• Restorative justice e.g. clean up area, repair damage</li> <li>• Supported play/social time.</li> <li>• SLT informed</li> <li>• SLT meet with parents to discuss incidents</li> <li>• Possible temporary reduced/altered timetable</li> <li>• Possible intervention from other agencies e.g. Police</li> <li>• Possible intervention from Governors</li> <li>• Suspension-only if planning period necessary.</li> </ul>

*Please be aware, all of these behaviours could be a sign of needing help or attention and the child may be in a very heightened, anxious state – possibly due to factors outside of school – please be aware and sympathetic of this and that their behaviour may be a cry for help*

As above, the lesson could be too easy or too slow or too hard – please ensure all these things are considered alongside your actions.

*Antisocial behaviour should not need SLT support unless it is persistent and disruptive.*

*Dangerous Antisocial behaviour is likely to need SLT support/intervention.*

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## Behaviour Principles Statement

At iCollege, we follow a Therapeutic approach to behaviour and inclusion. At the core of this approach is understanding that all behaviour has a reason and is driven by feelings. The Therapeutic approach enables learners and adults to manage and understand their feelings and develop healthy and supportive relationships. This approach supports their ability to engage and learn.

### Key Principles

- Positive experiences create positive feelings. Positive feelings create positive behaviour.
- It is the inappropriate behaviour that is rejected, **not** the learner.
- Staff should always speak to learners respectfully and calmly – reducing conflict and leading by example.
- The importance of being proactive in managing learners' behaviour i.e. trying to avoid situations which may cause conflict.
- Where possible inappropriate behaviour is challenged privately rather than publicly .
- Staff should always help learners to try to reduce conflict and to avoid escalating any situation .
- The importance of using a calm stance and de-escalation script in a conflict situation .
- 'Recovery time' should be given for the learner to calm down after an incident, after which time there should be an opportunity for 'Reflect, Repair & Restore'. iCollege will use a **Restorative** approach.
- An individual risk assessment should be completed for any learner for whom there is 'foreseeable' risk that they may behave in a way that will cause harm to themselves, others or property.
- The importance of recording and reflecting upon incidents.

At iCollege, we strive to use a Therapeutic approach to create a safe, positive and challenging learning environment for every learner.

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