Lynnfield Primary School

Mental Health, Well-Being and Behaviour Policy

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Policy prepared by (name and designation)	Carolyn Lakin (Head of School Lynnfield)
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Contents:

Statement of intent

Lynnfield Primary School believes that, for pupils to be successful in their learning it is essential that their mental health and well-being has been supported. It is widely known that 'All behaviour is communication' (Bennathan, 2012) and best practice demonstrates the use of positive relationships being the route to resolving difficulties.

As a community we value the integrated approach to mental health and behaviour and as a result our policy is developed to support both aspects through a joined-up policy. Throughout Lynnfield Primary School we seek to support pupils in holistic and equitable way, taking into account but not making excuses for pupil's background, current circumstances and life events, therefore as a team we are committed to:

- Providing a nurturing school with the 6 fundamental principles of nurture at the heart of what we offer:

    1. Classroom offers a safe base

    2. Children's learning is understood developmentally

    3. All behaviour is communication

    4. The importance of nurture for the development of well-being

    5. Language is a vital means of communication

    6. The importance of transitions in children's lives

- Promoting desired behaviour through praising and rewarding positive behaviour
- Promoting self-esteem, self-discipline, proper regard for authority, and positive relationships based on mutual respect.
- Ensuring equity and fair treatment for all pupils including those with SEMH.
- Mindfully challenging and restoring relationships following inappropriate behaviour.
- Providing a safe and nurturing environment, free from disruption, violence, discrimination, bullying and any form of harassment.
- Encouraging positive relationships with parents/carers.
- Developing relationships with our pupils to enable early intervention of difficulties and potential SEMH.
- A shared approach which involves pupils in the implementation of the school's policy.
- Promoting a culture of praise and encouragement in which all pupils can achieve.
- Noticing the behaviour that we want to see more of.
- Promote a positive outlook and eliminate prejudice regarding pupils with SEMH difficulties.
- Ensure all pupils with SEMH and behavioural difficulties are identified and appropriately supported.

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

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989
- This policy has been created with regard to the following DfE guidance:
- DfE (2024) 'Behaviour in Schools: Advice for headteachers and school staff'
- DfE (2023) Keeping Children Safe in Education
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- Child on Child abuse
- SEND Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Staff Code of Conduct
- Allegations Against Staff
- Low Level concerns policy
- Anti-Bullying Policy

1. Vision for behaviour and inclusion

Central to our work is the principle of nurture. We endeavour to build a learning community which at its core promotes respect, tolerance and empathy for others. We actively teach our pupils to take personal responsibility for their actions and to understand how to make positive choices in order for them to become effective learners who are empowered to take increasing responsibility for their own learning.

We are highly inclusive school which actively seeks to remove barriers to learning for all of the pupils in our care. As such we are proactive in developing our work with other agencies. We will rigorously pursue support from other professionals and identified good practitioners in order to provide the best possible learning opportunities for our pupils. We endeavour to ensure that our school is a place of sanctuary for the most vulnerable members of our community as such are proactive in supporting our families.

2. Key roles and responsibilities

2.1. Lynnfield Primary School governing body has overall responsibility for the implementation of this policy and the procedures of the school.

2.2. Lynnfield Primary School governing body has responsibility for handling complaints regarding this policy, as outlined in the school's Complaints Policy.

2.3. The Executive headteacher Sue Sharpe and Head of School Carolyn Lakin (Lynnfield) will be responsible for the day-to-day implementation and management of this policy and the procedures of the school.

2.4. Teachers will be responsible for following the policy and for ensuring pupils do so too. They will also be responsible for ensuring the policy is implemented fairly and consistently.

2.5. Teachers will create a supportive, nurturing and high-quality learning environment, teaching positive behaviour for learning and implementing this policy.

2.6. Parents/carers will be expected to take responsibility for promoting positive behaviour for learning and modelling acceptable behaviour outside of school and in the home.

2.7. Pupils are responsible for their own behaviour both inside school and out in the wider community.

2.8. Pupils are responsible for their social and learning environment and agree to report all undesirable behaviour to a teacher.

3. Definitions

3.1. For the purpose of the policy the term '**teacher**' refers to all adults working within the school environment. Adults may include: teachers, support teachers, lunchtime staff, caretakers, office staff and volunteers.

3.2. For the purpose of this policy, the school defines "serious unacceptable behaviour" as: any behaviour which may cause harm to oneself or others, damage the reputation of the school within the wider community, and/or any illegal behaviour, including, but not limited to:

- Discrimination – not giving equal respect to an individual on the basis of disability, gender, race, religion, age, sexuality and/or marital status
- Harassment – behaviour towards others which is unwanted, offensive and affects the dignity of the individual or group of individuals
- Vexatious behaviour – deliberately acting in a manner so as to cause annoyance or irritation
- Bullying – a type of harassment which involves criticism, personal abuse or persistent actions which humiliate, intimidate, frighten or demean the individual

- Cyberbullying – the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature
- Possession of legal or illegal drugs, alcohol or tobacco
- Possession of banned items
- Truancy/absconding
- Refusing to comply with disciplinary sanctions
- Theft
- Swearing, racist remarks or threatening language
- Fighting or aggression, biting and spitting
- Any acts that are identified as Child on Child abuse

3.3. For the purpose of this policy, the school defines "low level unacceptable behaviour" as: behaviour which may disrupt the education of the perpetrator and/or other pupils, including, but not limited to:

- Shouting out in class
- Talking when others are speaking
- Swinging on chairs
- Fidgeting
- Running around the classroom or school
- Inappropriate body language with others, such as not keeping hands to oneself
- Throwing items either in the classroom or on the playground
- Failure to complete classwork and not concentrating on tasks
- Rudeness and not using manners
- Giving information that is not truthful
- Refusing to complete homework, incomplete homework, or arriving at school without homework
- Not following classroom rules
- Use of mobile phones
- Graffiti

3.4. "Low level unacceptable behaviour" may be escalated as "serious unacceptable behaviour" depending upon the actions of the pupil.

3.5. **Common SEMH difficulties according to Mental Health and Behaviour in schools (DfE, 2018)**

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference the following diagnostic categories:

- *Generalised anxiety disorder:* This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

- *Panic disorder:* This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

- *Obsessive-compulsive disorder (OCD):* This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

  Specific phobias: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).

- *Separation anxiety disorder:* This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.

- *Social phobia***:** This is an intense fear of social or performance situations.

- *Agoraphobia***:** This refers to a fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.

  Substance misuse: Substance misuse is the usage of harmful substances, e.g. drugs and alcohol.

  Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

  Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- *Major depressive disorder (MDD):* A pupil with MDD will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.

- *Dysthymic disorder:* This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

  Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- *Attention deficit hyperactivity disorder (ADHD):* This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.

- *Hyperkinetic disorder:* This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

  Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent.

Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.

- The quality of caregiving.

- The child's characteristics.

- Family context.

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

4. Pathway of support

4.1. At Lynnfield Primary School we recognise that pupils attend school coming from widely different backgrounds which can mean they require differing levels of support at various points in their school life. Our approach to supporting social, emotional, mental health and well-being and promoting positive behaviour is carried out using a pathway of support from universal through to targeted, pupils are offered support at varying levels according to their individual circumstances. (See appendix A – Graduated Response)

4.2. It is important that we provide support to pupils at such times, including those who are not presenting any obvious issues. Providing early help is more effective in promoting the welfare of a pupil, by doing so can also prevent further problems (including mental health problems) arising. It is important as a school we are proactive in meeting and addressing the needs of all pupils. Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak

- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

4.3. It is important to recognise that pupils new to the school/area and also new to the country often arrive with high levels of stress and anxiety following a house/school/country move. It is important for teachers to ensure that the pupil receives a positive welcome and well-planned transitions into school which should be planned by the school Inclusion Assistant, prior to offering a start date.

4.4. Pupils who arrive to the country seeking asylum often have had negative experiences of war and fighting within their home country, therefore teachers should be mindful of the potential for increased chances of presenting with SEMH and/or behavioural difficulties as a result.

4.5. Pupils arriving with no English language, should be assessed using Flash Academy and if required referred to the Virtual School Head – Emma Rutherford for additional support. By doing so pupils will receive a package of support to integrate them into life in a new town and community. Lynnfield Primary School is commissioned by the LA to provide up to 16 places for pupils arriving into the country with little or no English, these pupils may be registered at a host school and be offered an initial settling in placement.

4.6. Other pupils who may be at a higher risk are those who are CIOC, SEN, Child in Need, Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances, previously looked-after children (PCIOC) and pupils who are Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.

4.7. For pupils with more complex problems, additional in-school support could include:

- Supporting the pupil's teacher to help them manage the pupil's behaviour
- Additional educational support for the pupil
- The creation of an individual Behaviour plan (IBP)
- Development of an individual risk assessment
- Identification of a safe space
- Team Around the Child

- Family support and/or therapy will also be considered
- Assessment using the Boxall profile
- Consideration for a nurture placement and/or ELSA
- Play therapy
- Referral to Hartlepool Inclusion Panel (HIP)
- Referrals to other agencies

5. Creating a supportive whole-school culture

5.1. Senior leaders will clearly communicate their vision for good mental health, wellbeing and behaviour with the whole school community.

5.2. The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

Teaching about mental health and wellbeing through curriculum subjects and health promotion such as:

- PSHE
- Relationships and Sex Education (RSE)
- Mental Health week/Nurture Week
- Mentoring
- Team around the child
- Mental Health Support Team
- Positive classroom management
- Developing pupils' social skills
- Targeted interventions
- Working with parents
- Peer support

5.3. Teachers follow supportive measures to prevent and tackle bullying.

5.4. Teachers greet each other warmly and respectfully, modelling positive relationships for pupils.

5.5. Teachers are calm, consistent, fair and predictable in their approach to supporting pupils need and all teachers ensure that when dealing with an incident their tone of voice is warm, reassuring and nurturing, with use of the scripts provided within the positive behaviour plan.

5.6. Each day pupils are warmly greeted and welcomed into school both morning and afternoon by the teacher.

5.7. All classrooms have a designated safe space that children are aware of, that can be accessed as and when required.

5.8. The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

5.9. Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

5.10. Lynnfield Primary School take their role with regards to Mental Health seriously and therefore have a designated team within the school whose main driver is 'Inclusion for all'.

5.11. A behaviour curriculum has been devised so that explicit teaching of behaviour takes place for all pupils and takes account of the foundational behaviour skills pupils need to acquire at each stage in their education and development.

6. Assessment tools

As an integral part of the induction process families will have a welcome meeting with the Inclusion Assistant or delegated member of the Admin team. Through discussion they will gain an understanding of the family background, any learning support in place in previous settings, parental concerns and external support services involved either currently or in the past i.e. social care, early help. This will ensure that pupils/families who may require support either immediately or in the future, have been identified.

6.1. The Inclusion Assistant will ensure through discussion and interaction with the pupil and their caregivers, that any potential ACES are identified.

6.2. A pupil may be identified as having been impacted by ACE's if they have experienced 1 or more of the following:

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

6.3. It should also be noted that as a result of traumatic experiences sustained over a period of time, pupils may present with relational trauma which may impact on their ability to self-regulate their emotions and develop appropriate attachments. They are likely to respond regularly with fight/flight or freeze responses. It is essential that teachers get alongside the pupils using the PACE approach and model for them using relational repair.

Follow the 4 Rs – De-escalation technique
- **Regulate –** give opportunity to move away from the situation before it escalates i.e. do a job together, go for a snack

- **Relate –** divert attention from the problem i.e. chat about a new movie or something of interest to the child
- **Reason –** restorative conversation (questions)
- **Repair –** take time to be together before returning to the task (known as time in)

6.4. Teachers are responsible for observing the emotional and behavioural presentation of pupils and recording changes and/or concerns using CPOMS.

6.5. Teachers should support the pupil through development of trusting positive relationships were pupils feel safe, secure and free from harm. Teachers are to work alongside the pupil to gain an understanding as to the reasons for the current presentation.

6.6. Should a pupil continue to display changes in presentation either physically or emotionally, it is the class teacher's responsibility to undertake an online Boxall profile assessment and to report the findings to the Head of School/Assistant Head for Vulnerable Pupils. A discussion will be held with the pupil's parents and consideration given on whether it is appropriate for the pupil to be placed on the Additional Need Register. Should this be agreed the class teacher will be required to complete an Assess, Plan, Do, Review proforma (Appendix B – APDR)

6.7. Pupils who are identified as requiring support from a more targeted intervention such as the nurture group (see nurture policy), Play Therapist (see Play Therapy policy) or external support through CAMHS will require in addition to the Boxall profile, the completion of an SDQ by both class teacher and parents. A meeting will be held with parents, SENDCo and class teacher to discuss concerns and suggested next steps. Consideration should also be given to support for parents through an Early Help referral.

7. Training of staff

7.1. At Lynnfield Primary School we recognise that early intervention can prevent inappropriate behaviour. As such, teachers will receive training in identifying and dealing with problems before they escalate; this can be behavioural problems in the classroom or during playtime/lunchtime.

7.2. Teachers will receive training on this policy as part of their new starter induction.

7.3. Teachers will receive regular and ongoing training as part of their development.

7.4. It is the intention that all teachers will receive training in de-escalation techniques and further teachers will attend a whole day advanced programme on Team Teach so that they are able to respond to situations as they arise.

7.5. Lynnfield Primary School has 2 Team Teach trainers on the staff body Carolyn Lakin and Brian Umpleby. They ensure that staff receive Team Teach training on a 2-year rolling programme. In addition, monitor that staff who have received the level 1 training are regularly upskilling through termly CPD opportunities and connection with the Team Teach training portal.

7.6. As a school it is recognised the impact that attachment, trauma and loss can have on a child, therefore Carolyn Lakin (Head of School) has undertaken Attachment Aware and Trauma Informed practice training and has qualified as an Attachment Aware Trauma Informed Lead.

7.7. Theory and Practice for Nurture groups training has been completed by Carolyn Lakin in June 2016 and Amanda Izzett in May 2019.

7.8. Lynnfield Primary School has achieved the reaccreditation of the National Nurture Schools award in September 202.

7.9. Four members of staff at the school Lynnfield are ELSA qualified and are able to deliver emotional literacy interventions in a small group or 1:1.

7.10. Most staff at Lynnfield have attended PACE training delivered by the Virtual School and most staff at Lynnfield have undertaken the Neurosequential Model in Education delivered through Sussex Psychology and is linked with Dr. Bruce Perry's work.

7.11. In addition, we have a qualified Play Therapist working within school for 2 full days a week supporting children in therapeutic way to explore their feelings and emotions.

7.12. The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

7.13. For pupils who present with anxiety and/or low mood the Mental Health Support trailblazer is able to offer 1:1, group and parent led sessions, using a range of research based/CBT interventions. Planning and support meetings are held with the Head of School to plan provision and support on a half termly basis.

8. Pupil expectations

8.1. Pupils will be expected to follow our school's Code of Conduct which requires pupils to:

- Be ready
- Be respectful
- Be safe

8.2. All teachers will ensure that through daily teaching, assemblies and opportunities for modelling that children understand how they can demonstrate the school Code of Conduct through their everyday actions and interactions with others, to ensure the school community work together and are united in achieving the same goal of being **ready, respectful and safe**.

8.3. Teachers should not assume that a child is aware of how to behave in a situation and therefore should demonstrate for the pupil through modelling of expectations and restoring of relationships. The federation behaviour curriculum should be used to support the teaching of behaviour for our pupils.

8.4. The school will ensure that pupils follow our Code of Conduct by teaching them how to conduct themselves in a range of situations, such as how to:

- Restore relationships after a period of conflict
- Engage in work tasks
- Develop a growth mindset
- Line up in groups when entering or leaving the classroom or school premises.
- Sit appropriately on school chairs, carpets, hall floors, etc.
- Use appropriate voice levels and language, including manners.
- Model positive behaviour to other pupils.
- Develop friendship skills
- Work as a team and respect others' views, beliefs and faiths when engaging in tasks.
- Follow instructions and ask for help

9. Rewarding positive behaviour

9.1. The school recognises that pupils should be rewarded for their display of positive behaviour. It is widely recognised within school that pupils may make small or large steps in displaying positive behaviour, it is essential that teachers pay attention to and praise all steps forward.

'What you pay attention to, you get more of.'

9.2. The school will use the following rewards for displaying positive behaviour:

- Certificates
- Phone calls home/speaking to parents and carers at the end of the school day
- Verbal and non-verbal praise
- Sharing work with SLT and/or whole groups in assembly
- Stickers can be used to support positive choices

10. Unacceptable behaviour

Unacceptable behaviour as identified in section 3 and 3.2 will be dealt with following the mental health and behaviour policy. Should a situation require further investigation the Head of School will take the lead in ensuring that all parties involved are safe and dignity is maintained.

11.   Steps to relational repair

11.1. There is no corporal punishment throughout the school.

11.2. Throughout Lynnfield Primary School, teachers are expected to follow the positive behaviour plan which focusses on acknowledging there is a difficulty/problem and managing it sensitively using relational interactions and what they already know of the child.

- In the first instance, the teacher will give the pupil a reminder that the behaviour is not showing that they are **ready/or being respectful/ or keeping themselves and others safe** and how to improve. i.e.' X you may fall off your chair, I need you to put it on all four legs to keep you safe.'
- The teacher will wait for a period of time for the pupil to self-correct/modify their actions before issuing a second reminder. The teacher will offer the pupil the opportunity to access the calm space and/or calm object depending on what behaviours the child is displaying. 'X I can see you are very red in the face and your clenching your teeth, I wonder if you are feeling angry. You could go and access the calm space.'
- If the pupil continues, the teacher will give a third reminder, advising that if they continue, the pupil will be supported to undertake a period of reflection in the calm space.
- If the pupil continues the behaviour following the third reminder, the teacher will instruct the pupil that they are to take some reflection time in the calm area. 'X, I can see that you still red in the face and need some support to find calm, I need you to go to the calm space and have some reflection time.'
- A restorative conversation using questions highlighted in 7.6 will take place between the teacher and the pupil, either following the completion of reflection time or for a short period of time at break/lunch. This is known as 'time in' where the teacher can support the pupil to understand the triggers for their actions and offer support on how they could respond in the future. Using the micro script in Appendix D.

11.3. Throughout Lynnfield Primary School, we recognise that pupils may not understand why their behaviour is inappropriate, and therefore, it may be unintentional. It is therefore the responsibility of the teacher to use the opportunity as a learning experience.

11.4. If a pupil is required to leave the classroom as their actions have moved from the 'low level unacceptable behaviour' to 'serious unacceptable behaviour' it is essential that a teacher who has been working within the classroom carries this out for consistency. The pupil should be taken to the 'Hub' for additional support and further exploration of the incident using the restorative conversation approach. Depending on the physical emotional presentation of the pupil, it may be necessary for the pupil to remain within the hub or a quite safe space, as it can take the body time to reduce in cortisol levels and further probing at this point may result in an escalation of behaviours. Once the pupil is emotionally ready to take part in a restorative discussion this should take place initially with an SLT member and a further follow up between the teacher involved, the pupil and any other pupils affected.

11.5. When taking a pupil to the 'Hub' it is essential that teachers remain positive about the pupil and give facts from the incident as it occurs and not imply meaning for the pupil's actions or give personal feelings.

11.6. If a pupil is taken to the 'Hub' it is the responsibility of the teacher after the incident and restorative conversation has taken place to contact parents/carers to inform them of the incident and the resolution.

11.7. In cases of 'serious unacceptable behaviour' whereby de-escalation has been utilised and deemed unsuccessful and the pupil is putting themselves and/or others at risk, damaging property or causing disorder, then positive handling may be employed. Teachers who are trained in Team Teach will take the lead, however the recording of the incident on CPOMS will be carried out by the teacher who initially began the de-escalation and the bound book form completed by the Team Teach teacher who took the lead.

11.8. If a pupil engages in low level or serious unacceptable behaviour on the playground, the same process will be followed, whoever is on duty will inform class teacher but will have dealt with the situation and completed the restorative conversation with the pupil before handover.

11.9. All incidents should be dealt with and then the child should be given the opportunity to move on without fear of a further discussion at a later stage, if it is deemed necessary to inform parents they should be contacted via a phone call. To remove the threat of humiliation for the child and the parents.

11.10. At all times, teachers will have a restorative conversation using the questions (1-6) with the pupil to ensure the pupil has an understanding of the impact actions can have on others.

Restorative Questions

1. What happened?
2. What were you thinking about at the time?
3. Who has been affected by what you did?
4. What impact has this had on you?
5. What should we do to put things right?
6. How might we deal with this in the future?

11.11. The school will support pupils who are struggling to maintain their behaviour, it is recognised that a relational approach is far more effective in supporting and modifying behaviour than a punitive approach and therefore the following supportive measures will be put in place:

- Providing verbal reminders

- Reflection time

- Calm boxes/objects

- Buddy system

- Supportive discussion with the pupil at an appropriate time (time in)

- Appropriate practical support on behaviour modification i.e. modelling

- Restorative conversations

- In school community support

- Time with adults with whom the pupil has an established relationship

- Use of a quite calm space away from peers for pupils to have 1:1 discussions with a trusted adult

11.12. The Inclusion/behaviour Lead will keep a record of all reported serious incidents and those requiring positive handling. A record of low-level behaviour will be recorded on CPOMS by the teacher involved.

11.13. Where pupils display serious aggressive and/or threatening behaviour, or illegal activity is discovered, the school will not hesitate to take appropriate action using the KCSIE (2024) and other relevant policies.

11.14. The school does not take serious unacceptable behaviour lightly. We will not hesitate to act in the best interest of the pupils within the school.

11.15. Following an allegation of serious unacceptable behaviour, the pupil will be taken to the 'hub' or an alternative teaching space (depending on the severity of the allegation) whilst an investigation by a strategic senior leader takes place.

11.16. If, following an investigation, the allegation is found to be true, the Head of School will ensure the appropriate next steps are actioned and multi-agency services were appropriate are part of the risk assessment process.

11.17. For a child who is CIOC when escalation in behaviour occurs school will work closely with Emma Rutherford (Virtual Schools Head), other agencies and parents/carers in order to support the child to receive the appropriate level of support and intervention, through a multi-agency approach.

12.   Behaviour and exclusions

12.1 When exclusion is a possibility, the school will consider contributing factors which could include mental health difficulties.

12.2 Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

12.3 To assess underlying issues, the school uses an SDQ, Boxall and observations to triangulate evidence.

12.4 Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the

disruptive behaviour, rather than issue an exclusion. If a pupil has a SEND need or is a looked-after child, permanent exclusion will only be used as a last resort.

12.5 In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

13. Working with parents/carers

13.1 Throughout Lynnfield Primary School an important element of the work we do to support pupil's mental health and behaviour is the work we carry out with our parents/carers. We have an open-door policy whereby parents/carers can approach teachers to make an appointment to discuss concerns they have regarding their child with either the class teacher, Inclusion Assistant or a member of the SLT.

13.2 The school Inclusion Assistant and/or a member of the SLT will support parents to access appropriate levels of support and will endeavour to signpost parents to agencies that can offer a more specialist approach to their needs. In some instances, it may be necessary to complete and Early Help referral for more targeted support in the home.

13.3 If school have a concern regarding a pupil we will discuss our concerns with the parents/carers as they know their child best and may be able to offer an insight into the current presentation of the pupil, allowing us to support and plan appropriate levels of intervention and support.

14. External agencies

14.1 The designated Senior Mental Health and Inclusion Lead will liaise with professionals from other agencies to ensure the highest possible level of support for our pupils in terms of their mental health, well-being and behaviour in order to achieve the best possible outcomes. These agencies include, but are not limited to:

- CAMHS
- Social Care – individual social workers
- Family support workers
- Educational Psychologists and specialist SEMH Educational Psychologists
- Paediatricians
- Clinical Psychologists
- Refuge workers
- Nurture UK
- Play Therapist
- Attachment Lead network
- Mental Health Support team

15. Working with other schools

As a school, it is important that we share good practice with other schools. It is the intention to share further expertise with other schools in the cluster in terms of developing Attachment Aware and Trauma Informed practice in order to support children's mental health and well-being.

16. Smoking and drug policy

16.1 In accordance with part 1 of the Health Act 2006, our school is a smoke free environment. This includes all buildings, out-buildings, playgrounds, playing fields and sheltered areas.

16.2 Parents/carers, visitors and teachers must not smoke on school grounds and should avoid smoking in front of pupils and/or encouraging pupils to smoke.

16.3 Pupils are not permitted to bring smoking materials or nicotine products to school. This includes, but is not limited to, cigarettes, e-cigarettes, vapes, lighters, matches or pipes.

16.4 In the interest of health and hygiene, we request that people refrain from smoking outside the school gates.

17. Items banned from school premises

Fire lighting equipment:

- Matches
- Lighters etc.

Drugs and smoking equipment:

- Cigarettes
- Tobacco
- Cigarette papers
- Electronic cigarettes (e-cigs)
- Vapes
- Alcohol
- Solvents
- Any form of illegal drugs
- Any other drugs, except medicines covered by the prescribed medicines procedure

Weapons and other dangerous implements or substances:

- Knives
- Razors
- Catapults
- Guns (including replicas and BB guns)
- Laser pens
- Knuckle dusters and studded arm bands
- Whips or similar items
- Pepper sprays and gas canisters
- Fireworks
- Dangerous chemicals

Other items:

- Liquid correction fluid
- Chewing gum
- Caffeinated energy drinks
- Offensive materials (i.e. pornographic, homophobic, racist, etc.)
- Aerosols including deodorant and hair spray
- Mobile phones
- Any other toys which are deemed hazardous.

18.   Searching

18.1 Teachers may use common law to search pupils, with their consent, for any item, including their pockets, backpacks, lockers and classroom trays.

18.2 Under part 2, section 2 of the Education Act 2011, teachers are authorised by the headteacher to search for any prohibited item including, but not limited to, tobacco and cigarette papers, illegal drugs, and alcohol, without the consent of the pupil, provided that they have reasonable grounds for suspecting that the pupil is in possession of a prohibited item.

18.3 Searches will be conducted by a same-sex member of staff, with another same-sex teacher as a witness, unless there is a risk that serious harm will be caused to any person(s) if the search is not done immediately, and it is not practicable to summon another member of staff.

18.4 Teachers may instruct a pupil to remove outer clothing, including hats, scarves, boots and coats.

18.5 A pupil's possessions will only be searched in the presence of the pupil and another member of staff, unless there is a risk that serious harm will be caused to any person(s) if the search is not done immediately, and it is not practicable to summon another member of staff.

18.6 Teachers may use reasonable force, given the circumstances, when conducting a search for alcohol, illegal drugs or tobacco products.

18.7 Any teacher may refuse to conduct a search.

18.8 Following a search, the Head of School will contact the parents/carers to advise them of the procedures which were undertaken.

19.   Confiscation

19.1 A teacher carrying out a search can confiscate anything they have reasonable grounds to suspect is a prohibited item.

19.2 If the pupil has possession of illegal items, the police will be called for the removal of the item(s).

19.3 Parents/carers will be informed of any confiscated item and may be required to collect the item (unless the item relates to alcohol, illegal drugs or tobacco), from the school office.
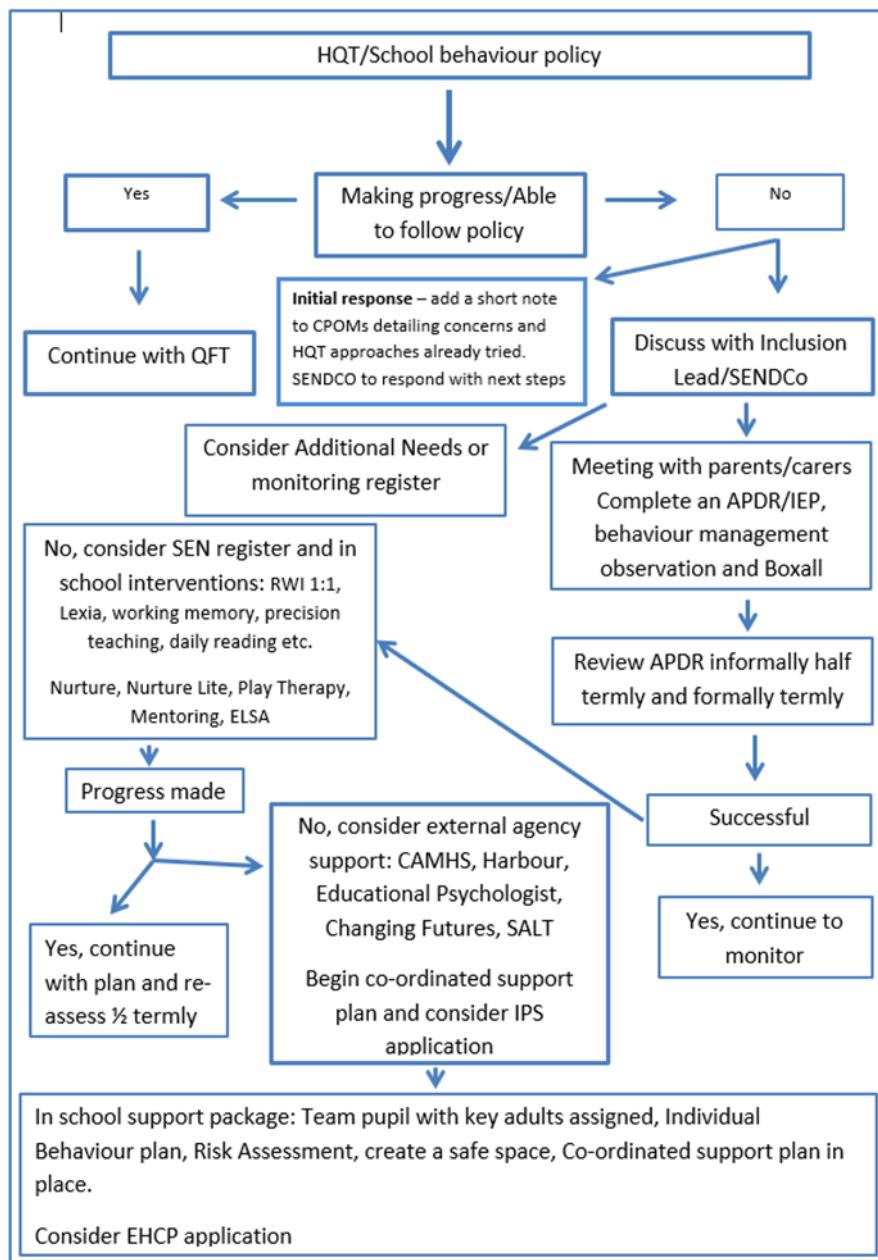
20. Outside school and the wider community

20.1 Pupils at the school must agree to represent the school in a positive manner.

20.2 The guidance laid out in the Code of Conduct applies both inside school and out in the wider community, particularly if the pupil is dressed in school uniform.

20.3 Complaints from members of the public about inappropriate behaviour by pupils at the school, are taken very seriously and will be dealt with in accordance with the Complaints Policy.

21. Monitoring and review

21.1 This policy will be reviewed by the headteacher and governing body on an annual basis, who will make any necessary changes and communicate this to all members of staff.

21.2 This policy will be made available for inspection and review by the chief inspector, upon request.

21.3 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

21.4 The next scheduled review date for this policy is Autumn 2026.

Appendix A – Graduated Response to behaviour and SEND

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┌─────────────────────────────────────────────────────────────┐
│                                                               │
│              HQT/School behaviour policy                      │
│                         │                                     │
│                         ▼                                     │
│   ┌─────┐      Making progress/Able       ┌─────┐             │
│   │ Yes │ ◄──      to follow policy   ──► │ No  │             │
│   └─────┘                                 └─────┘             │
│      │                                                        │
│      │        Initial response – add a short note             │
│      ▼        to CPOMs detailing concerns and                 │
│  ┌──────────┐ HQT approaches already tried.   Discuss with    │
│  │Continue  │ SENDCO to respond with next steps  Inclusion    │
│  │with QFT  │                                  Lead/SENDCo     │
│  └──────────┘                                                 │
│                                                               │
│         Consider Additional Needs or      Meeting with        │
│           monitoring register             parents/carers      │
│                                           Complete an APDR/IEP,│
│   No, consider SEN register and in        behaviour management│
│   school interventions: RWI 1:1,          observation and     │
│   Lexia, working memory, precision        Boxall              │
│   teaching, daily reading etc.                                │
│                                           Review APDR         │
│   Nurture, Nurture Lite, Play Therapy,    informally half     │
│   Mentoring, ELSA                         termly and formally │
│                                           termly              │
│         Progress made                                         │
│                                           Successful          │
│              No, consider external agency                     │
│   Yes,       support: CAMHS, Harbour,     Yes, continue to    │
│   continue   Educational Psychologist,    monitor             │
│   with plan  Changing Futures, SALT                           │
│   and re-                                                     │
│   assess ½   Begin co-ordinated support                       │
│   termly     plan and consider IPS                            │
│              application                                      │
│                                                               │
│   In school support package: Team pupil with key adults       │
│   assigned, Individual Behaviour plan, Risk Assessment,       │
│   create a safe space, Co-ordinated support plan in place.    │
│                                                               │
│   Consider EHCP application                                   │
└─────────────────────────────────────────────────────────────┘
```

Appendix B – APDR proforma

Use in conjunction with provision map, child should have been identified with additional needs and interventions highlighted.

Name of child:				Date of Entry to APDR:		Today's Date:
Current Assessment:	Reading	Writing	Maths			
Entry to APDR:	Reading	Writing	Maths			
Termly Progress	Reading Autumn Spring Summer	Writing Autumn Spring Summer	Maths Autumn Spring Summer			

Assess:
Clear analysis is made of needs based on:
Pen Portraits. Observations. QFT. Already tried. Parental view/External agencies?
What are the child's strengths and what works well?
What does the child find challenging?

Plan:
How is the child going to be supported / what can we put in place?
What interventions are in place?
Do we need to make any reforms?
Time adjustments / sensory breaks etc.
How are lessons adapted for the child's needs? – Scribing, slides, checklists, repeating instructions, 1:1 or adult talking, longer..., coloured... pre-teaching vocabulary, specific homework sent to build confidence?

Do:
3 SMART Targets relating to the plan section – Use of small steps to break targets down if necessary.
Consider children's individual learning styles.
Consider metacognitive strategies to embed deeper learning e.g. Blooms principles, spacing, dual coding and interleaving practice.
1.
2.
3.

Review:
Has the target been fully met? Partially met? (If so, in what way?) Or not met despite QFT / intervention.

Plan – Do – Review – Assess

Appendix C – Common Risk factors for SEMH

The table below displays common risk factors (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	- Genetic influences - Low IQ and learning disabilities - Specific development delay or neuro-diversity - Communication difficulties - Difficult temperament - Physical illness - Academic failure - Low self-esteem	- Secure attachment experience - Outgoing temperament as an infant - Good communication skills and sociability - Being a planner and having a belief in control - Humour - A positive attitude - Experiences of success and achievement - Faith or spirituality - Capacity to reflect
In the pupil's family	- Overt parental conflict including domestic violence - Family breakdown (including where children are taken into care or adopted) - Inconsistent or unclear discipline - Hostile and rejecting relationships - Failure to adapt to a child's changing needs - Physical, sexual, emotional abuse, or neglect - Parental psychiatric illness - Parental criminality, alcoholism or personality disorder - Death and loss – including loss of friendship	- At least one good parent-child relationship (or one supportive adult) - Affection - Clear, consistent discipline - Support for education - Supportive long-term relationships or the absence of severe discord
In the school	- Bullying including online (cyber bullying) - Discrimination - Breakdown in or lack of positive friendships - Deviant peer influences - Peer pressure - Peer-on-peer abuse - Poor pupil to teacher/school staff relationships	- Clear policies on behaviour and bullying - Staff behaviour policy (also known as code of conduct) 'Open door' policy for children to raise problems - A whole-school approach to promoting good mental health - Good pupil to teacher/school staff relationships - Positive classroom management - A sense of belonging - Positive peer influences - Positive friendships

		• Effective safeguarding and child protection policies.
		• An effective early help process
		• Understand their role in and are part of effective multi-agency working
		• Appropriate procedures in place to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix D – Behaviour blue print

Positive Behaviour Plan

Adult Behaviour (Regulate)
- Be Calm
- Be Friendly
- Be Empathetic

School Rules
- Be Ready
- Be Respectful
- Be Safe

Central to our work is the principle of nurture. We endeavour to build a learning community which at its core promotes respect, tolerance and empathy for others.

'Positive relationships are the key to success.'

Steps:
1. Reminder
2. 2nd reminder
3. 3rd reminder
4. Reflection time
5. Repair

Micro script (Relate)
I can see that ...
I need you to...
I know you can...
 I am here to listen...
We can solve ... together

Restorative Questions (Reason)
1. What happened?
2. What were you thinking about at the time?
3. Who has been affected by what you did?
4. What impact has this had on you?
5. What should we do to put things right?
6. How might we deal with this in the future?

Repair - Remember to take the time to repair the relationship.
Relationships are fundamental to a child's progress and recovery.

Appendix E – Trauma informed behaviour plan

Relational Trauma Informed Behaviour Plan

Child:
Individual Behaviour Plan
Date:

Key Adults:

Triggers – of which there are many, these include but are not limited to;	Associated Behaviours of which there are many, these include but are not limited to;	Preventative Measures	Staff response
			Restorative Questions What happened? What were you thinking about at the time? Who is being affected by your behaviour? What impact has this incident had on you? What do you think you need to do to make things right?

Staff response

State Continuum

Working in emotional part of the brain

Unable to self-regulate will be in fight/flight or freeze

Calm	Alert	Alarm	Fear	Terror
Able to think clearly and act on advice.	Talking is appropriate		Limited talk Model calming techniques	No talk

Talk about what you notice and label the feeling – 'I notice that your cheeks are flushed, I wonder if your body is telling us you are feeling angry/cross.

Provision to be available to enable Riley to regulate attachment associated behaviours	De-escalation strategies that work?	What does not work?	Rewards
•	•		•

Appendix F – Risk assessment (example)

Completed by:				
Approved by:				
Date Approved:				
Review Date:				

Risk		Severity and Impact				
	X	1	2	3	4	5
Likelihood 1	1	1	2	3	4	5
Likelihood 2	2	2	4	6	8	10
Likelihood 3	3	3	6	9	12	15
Likelihood 4	4	4	8	12	16	20
Likelihood 5	5	5	10	15	20	25

Risk Calculator

Likelihood		Severity and Impact	
Rating 1	Very unlikely	Rating 1	No Injury
Rating 2	Unlikely	Rating 2	Minor injury - first aid
Rating 3	Likely	Rating 3	injury needing doctor attention
Rating 4	Very Likely	Rating 4	injury needing emergency hospital attention
Rating 5	Amost certain	Rating 5	Life Affecting injury

Manageble Risk

Requires review

High Risk

Brief outline of pupil's needs including SEND:

Known Triggers

Hazard	When	Who	Pre/Post	Likelihood	Severity	Risk Score	General Preventative Actions	Incident Response Actions
			Pre Action					
			Post Action					