Trauma Informed Behaviour Policy

Purpose

It is our goal to deliver an inclusive behaviour policy based on a model that can really work in practice. We have taken insights from research into educational neuroscience in order to develop The TRUST Programme, whose principles are embedded in the behaviour policy and vice versa. This policy is informed by research into the effects of trauma, and it’s prime aim is to reduce anxiety for those it serves, this includes children, staff and parents/carers. This is particularly important because the children that access our services have often experienced trauma, adverse childhood experiences (ACEs), or may have a special educational need which has lead them to feel worried or anxious much of the time.

Furthermore, the evidence base on school exclusion helps to remind us that whilst exclusions may be considered the only option at times, it rarely leads to better outcomes for the child or young person. A key intended outcome of this guidance is therefore to see a reduction in school exclusions, in addition to an increase in positive behaviour regulation skills through trauma informed approaches in educational settings.

Research suggests that:

“when schools place a strong emphasis upon the emotional health and well-being of all members of the school community, and this ethos is driven by the school’s senior leadership team and is evident in practice, this leads to better outcomes for all – e.g. staff retention, pupil attendance and attainment, positive home-school relationships”

(Banerjee, Weare & Farr, 2014)

Furthermore “secure teacher–student relationships predict greater knowledge, higher test scores, greater academic motivation, and fewer retentions or special education referrals than insecure teacher–student relationships”

(Bergin & Bergin, 2009).

The purpose is to provide guidance to staff and learners that can be:

* Accessible and applicable at all levels within NLL ✓
* Used to create and embed a nurturing, inclusive ethos that reflects the aims of the policy and NLL ✓
* Monitored and evaluated as part of a plan-do-review cycle ✓

Pupil Expectations:

We are empathic and kind

We keep ourselves and others safe

We are ready to engage in all aspects of NLL

Staff Expectations:

We value our relationships with children and their families

We strive to understand the function behind a child’s behaviour

We consistently model the behaviour we wish to see

We always give children a fresh start as required

We ensure that we support and implement the agreed trauma informed approaches (e.g. Those embedded in The TRUST Programme)

We use trauma informed language in our daily routine

Trauma and Education

10 ACES:

1. Physical abuse
2. Sexual abuse
3. Psychological abuse
4. Physical neglect
5. Psychological neglect
6. Witnessing domestic violence
7. Having a close family member who misused drugs or alcohol
8. Having a close family member with mental health problems
9. Having a close family member who served time in prison
10. Parental separation or divorce on account of relationship breakdown

**Early Intervention Foundation, 2020**

However, we cannot assume that if an individual experiences ACEs as a child, negative health outcomes are inevitable. The likelihood of ACEs impacting future health is different in every individual and depends on a variety of factors, most particularly, levels of resilience. Research has also explored what the mitigatory benefits may be if interventions are implemented for those people who have experienced adverse childhood experiences – how might we build greater resilience? Protective and Compensatory Experiences (PACEs) are experiences which buffer trauma and stress. A number of protective and compensatory experiences have been identified through research that can reduce the harmful impact of ACEs.

These are:

• Unconditional love

• Connectedness

• Community engagement

• Security: order and predictability

• Mastery/self-efficacy

**Early Intervention Foundation, 2020**

It is important to note that the wider community, school staff members, extended family and friends all play a part in the creating opportunities for compensatory experiences; they are vital in buffering the damaging effects of adversity and stress. As the human brain does not reach maturity until a person is 25-30 years of age, and throughout life, undergoes changes due to plasticity, there is time to create new networks of synapses based on positive experiences. These can change the brain and can increase resilience, the most important protective factor to adverse experience. It is also important to acknowledge the physical, neurological and behavioural impact of trauma.

Trauma may be defined as

‘repeated cycles of stressful events and the inefficient turning on or off of stress responses.’

Bath and Somerset Council, 2022

When the human brain experiences a stressor, there is a decrease in blood flow to the pre-frontal cortex (PFC), the part of the brain responsible for decision making, planning, impulse control, moral reasoning and sense of self. Instead, the automatic fight or flight response takes over. Activating this state of heightened stress response is a survival strategy but for those who have experienced long-term or multiple trauma, it may become their way of being. This can clearly impact on behavioural functioning in academic settings. Children and young people who have experienced trauma are also much more likely than others to experience ‘toxic shame’.

Toxic shame can be defined as:

‘an overwhelming and relentless sense of unworthiness, inadequacy, and self-disgust’

(Bomber, 2007; Taransaud, 2011).

Children and young people who experience toxic shame are likely to find any form of discipline challenging, and may:

• Misinterpret well-intentioned or constructive feedback as being a personal attack against them

• Ruminate over/find it difficult to move on from discipline

• Find public discipline or praise difficult to tolerate (and demonstrate this through behaviour that challenges)

• Appear to ‘hold a grudge’ quickly • Recreate the chaos they have experienced in their early life • Need more time to calm down following an episode of distress, compared to children who do not experience toxic shame.

Ways of responding based on the TRUST approach

Behaviour communicates need.

Children and adults will be:

* treated respectfully and kindly at all times
* (adults) taught to share their calm and not join the chaos, using a business-like manner-voices should be Slow, Low volume, Low pitch (SLOW, LOW, LOW)
* (adults) taught that it is important for us to put our ego to one side when positively managing behaviour
* Risk assessed by the visiting school to ensure that they can stay safe, and this risk assessment will be shared with NLL, including contact numbers for the school to collect if necessary.
* PROMPTED, REMINDED AND ENCOURAGED (PRE-taught) to identify times when they may feel that they are becoming dysregulated, and to use their words to explain how they feel
* Taught about Polyvagal Theory (Stephen Porges) which explains how the body responds under threat: Fight, flight, freeze, flop in order to understand
* what dysregulated behaviour can look like, and
* why someone might respond to a trigger in that way
* that every person responds in their own way to triggers, and that some people may be more likely to become dysregulated as a result of either what has happened to them in the past or for biological/chemical reasons
* introduced to the TRUST Programme Behaviour Cycle and Reflect, Repair and Restore documents, in order to identify what strategies are appropriate and at which point in the cycle to intervene. At times of dysregulation the absolute priority will be to reduce anxiety by
* holding space-minimal talk (when dysregulated we don’t process sound rationally) and minimal emotion
* observance (adult to observe from a distance to ensure safety) and
* availability (adult to be available when the child is calm and ready to re-engage with learning) NB: the behaviour will be addressed later once completely calm, (\*Restore, Reflect and Restore -RRR doc) any reminder of the trigger at this point will often result in dysregulation again, remember our priority is to reduce anxiety.
* Encouraged to complete an individual safety plan for children who need it and to share with those that will find it useful in positively managing behaviour
* Invited to consider where and what a safe space looks like to them-it may not be what adults think (eg in schools we often create areas that WE consider to be nurturing, but to the individual it may not feel safe. Mobile options work well eg a blanket that the child can get underneath, or just going outside to nature.

Plans:

* Any child who has been known to become dysregulated to a point where they are unable to follow instruction, will have an individual risk assessment
* If a child becomes dysregulated whilst attending a programme at NLL, NLL staff will make a judgement about whether they are safe, if it is felt that they are not safe, that they could hurt themselves, another child or a member of staff, then the visiting school will be called to collect them immediately. This will be done by a member of staff from the visiting school (without the child being aware since this can be a trigger).
* All staff responsible for the group (NLL and visiting school) will manage behaviour by reducing anxiety until the child is collected. They will refer to the school’s known scheme eg Zones of Regulation/ Emotion Coaching
* School staff will follow up later (when completely calm) by using the RRR doc
* If it is felt that NLL staff and visiting school staff cannot keep the child safe then they may take the following action
* Re-assess the child’s risk assessment and make adjustments such as that an extra member of staff needs to attend future sessions to support the child
* An extra car comes from the visiting school, so that the child can leave if needed (they must NOT get into a car dysregulated as this puts staff at risk
* No lake or fire (higher risk activity). This information will not be used as a weapon, but in the context of the ability to keep them safe ‘I cannot take you to the lake or light a fire because I cannot keep you safe, instead we will…-do something equally awe inspiring but less risky!). If the incident of dysregulation has happened during week 1 or week 2, there may be an option to offer the child the opportunity to demonstrate that they follow instructions first time every time, both on the course and back at school, and therefore that the adults can keep them safe.
* Wherever possible the above methods will be used, however, if absolutely necessary in order to keep the child, other children, staff, or other people safe, then reasonable physical methods will be used in order to provide a barrier or prevent injury. Some NLL staff are Team Teach trained and will use these methods wherever possible.
* A written report will be completed by NLL staff and shared with visiting school staff. If necessary this will be accompanied with a phonecall to the school’s DSL.
* Any other necessary reporting will be shared with NLL Lead Teacher (DSL) and passed on promptly.

Allegations against staff:

The Department for Education (2016) requires that behaviour policies “set out the disciplinary action that will be taken against pupils who are found to have made malicious accusations against school staff”. In line with our trauma informed approach to behaviour management, any malicious and unfounded accusations made against staff would be investigated on an individual basis, with staff, the child or young person and parents/carers working together to understand the possible functions of this behaviour. If appropriate, a Restorative Practice based approach (e.g. a restorative conference) would be used in order to repair relationships between the child or young person and the staff member, whilst aiming to avoid eliciting shame in the child or young person. The member of staff involved would also be provided with access to emotional support from staff on a more private basis, and/or counselling if required. All allegations will be shared with the Lead Trustee.

Signed: Alex Preston (Lead Teacher) Date: 8.7.2023

Signed Trustee: Louisa Fowler (trustee) Date: 10.7.23