

**FEDERATION OF ST ANNE'S AND ST MARTIN'S
CATHOLIC PRIMARY SCHOOLS**

St Martin's Catholic Primary School



Learning to live by faith and to be known by love

**Behaviour for Learning
Policy and Procedures**

Policy Management

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Introduction

Mission Statement

Learning to live by faith and be known by love.

Vision Statement

We are all unique, but one in Christ. Therefore, we aim for our children to know their faith and value themselves and one another as unique children of God. As a community, we strive to reflect Christ's love as we learn together.

We foster a safe, vibrant and stimulating learning environment where all feel welcome, and we promote independence and responsibility by caring for our school, the wider community and all of God's creation.

St. Martin's staff bring the world to the children and the children to the world through a wide range of engaging and inspiring learning experiences. We aim to ignite children's curiosity and passion for life-long learning and create an environment where everyone feels valued and their voices can be heard. Children are encouraged to develop the personal skills they need to be effective learners.

All members of the community work to create a culture of excellence where everyone is inspired to be the best that they can be, the whole child is nurtured and all achievements are celebrated. We encourage each child to recognise and respond to God's purpose for them.

Our Aims

- Establish a positive learning environment where all children feel safe and ready to learn.
- Give all pupils positive experiences, including being valued members of a community, so that they have positive feelings and build self-esteem.
- Enable pupils to develop their self-regulation, so that their experiences of difficulty, making mistakes, trauma, disability or neuro-type do not negatively impact on their future goals, things that are important to them and/or other pupils' experiences of school.
- Give pupils the tools to allow them to develop internal motivation in order to repeat pro social behaviours and default to these when controls are not in place.

Pro-Social Behaviour

How do we define pro-social behaviour?

Pro-social behaviours are any actions which benefit the individual and others around them. Prosocial behaviour is characterised by a concern for the rights, feelings and welfare of others as well as self.

For example:

- Positive interactions and relationships with peers and adults (appropriate tone of voice and body language).
- Identification and understanding of mistakes as learning opportunities.
- Trying one's hardest and feeling proud of own achievements and developments.
- Being able to listen and to contribute in lessons.
- Being able to work in a group to a learning agenda.
- Being able to learn from others.
- Respecting the right of self and others to learn.
- Identifying, reflecting upon and repairing any anti-social behaviour.

We explicitly teach pro-social behaviours in our Relationships and Sex Education lessons using the 'Journey in Love' materials. We also follow the Diocesan virtues and values; each half term, there is a weekly assembly focusing on two virtues, and links are made to Gospel values and examples of the characteristics of pro-social behaviour.

How do we respond to pro-social behaviour?

- Non-verbal response – a smile, a nod, a thumbs up
- Specific verbal praise – I really liked the way that you.... In Reception and Key Stage One, this can be accompanied by a 'ask me why I got this sticker'.
- Specific written praise. This could take the form of a 'Virtues' postcard or a general postcard, handed into the office to be posted. Although teachers will want to keep records of who has been sent a postcard when, there is no requirement that a certain number are sent each week, or that postcards are sent on a specific day. Some children will want to bring their postcard in to show the class where as others will prefer to keep their praise private. Copies of Virtues postcards should be stuck in the class 'Prayer and Celebration' book and kept on the class prayer table.
- Staff should be aware that some children do not like public praise.
- Staff must not do anything that could shame, humiliate or give a negative experience to anyone.

Unsocial behaviour

How do we define unsocial behaviour?

These are behaviours that are not pro-social but do not negatively impact on other people. Children displaying these behaviours are exercising self-regulation and are accommodating the needs of others but are not enjoying or making an effort to behave socially in the company of others.

For example:

- A child sitting quietly and choosing not to engage with their Maths problem solving.
- Someone choosing not to answer a teacher's question in a verbal debate.
- Someone sitting out of a PE game, but not drawing any attention to him/herself.

How do we respond to unsocial behaviour?

Staff must:

- Give a smile and a reminder to engage. Provide private verbal encouragement quietly to the child.
- Put themselves in the child's shoes; would they want to engage? Can the child actually access the task/learning? How can the learning be adapted for him/her? Does s/he need any further resources? Does s/he just need some adult help? Staff should consider and address these issues.
- Consider whether there is anything else that may be worrying/upsetting the child. Does s/he need a walk and a talk with someone? staff to talk to TAs/ SLT/ELSA to see if they are aware of any family issues that have occurred today/recently.
- Give the child a job to allow them some space.
- Ensure someone helps the child catch up with any learning points later, so s/he is not starting at a point behind peers with any further learning.

Staff must not:

- Raise voices.
- Insist on work completion and state/threaten 'punishments' for not doing something.
- Insist that all of the work is completed later (only the learning needs to be caught up, so that the child is not 'behind' for the next lesson- an adult might scribe etc.)

When and where do we record this behaviour?

Isolated incidents can be recorded on CPOMS under 'behaviour'. However, if this behaviour is repeated over 2 days and the actions above have not been successful, concerns should be recorded on CPOMS and senior leaders should be alerted. SLT will support the teacher to agree further actions if deemed necessary. This may be a request to gather further evidence (such as anxiety mapping or daily notes), a meeting with parents, a therapeutic planning session or it could be a referral to an external agency.

Anti-social behaviour

These are usually behaviours that impact negatively on other people. Children displaying these behaviours are not exercising self-regulation and are not accommodating the needs of others. These behaviours may be difficult to manage and/or, on rare occasions, could be dangerous (dangerous is when there is potential/evidence of significant harm to self or others).

How do we define low level anti-social behaviour?

Examples of **low level** anti-social behaviour include (these are usually isolated incidents):

- Interrupting learning (e.g. calling out, not following instructions, provoking peers).
- Being disrespectful towards peers or staff.
- Swearing.
- Destroying property.
- Racist or homophobic remarks.

How do we respond to low level anti-social behaviour?

- Above all, staff must always ensure that learning is motivating and accessible and that nothing else has happened to cause the child to behave in this way. Learning may need to be adapted or support provided. An upset child may need a walk and a chat with an adult, reassurance through working near the teacher or beside a friend, or a promise that an adult will find time for them at a specified time.
- Verbal or visual reminder given to re-engage in learning.
- A reminder of positive praise that the child received for something specific in the past and how that made him/her feel.
- An invitation to work in a quiet area of the classroom
- An invitation to work in another classroom/space in the school (taking work and in the care of another adult). Explain to the child that because they are disturbing the learning of others as well as themselves, they are invited to learn somewhere else where they may be able to concentrate better and also others won't be interrupted (protective action).
- Use limited choice "Where shall we work, here or in the library? / I'm getting a drink, do you want water?" If this is unsuccessful, staff can rephrase, "That's ok, you can sit there while I read the story, but I will need to make sure you've understood what happened in the story a bit later".
- Use language that disempowers the behaviour, "You can listen from there". If a behaviour is not dangerous, staff can choose to ignore it.

- Discussion of the behaviour may be held quietly away from peers and an appropriate action should be agreed. The action should be restorative to the victim and also provide a learning opportunity (E.g. a private verbal apology could be given / With an adult helping, fix anything that may have been broken / A discussion over what a swear word means (age appropriately) and why is it not a nice word to use / Learning about what racism has led to in the past).
- The above discussion can take the form of a restorative discussion:
 - 1) *What happened (clearly name the incident/action e.g. you snapped a ruler and threw it at James).*
 - 2) *Name who/what has been harmed and in what way.*
 - 3) *Discuss what needs to happen to put things right and to stop it from happening again.*
- Other protective actions may be taken. E.g. if a fight happened at lunchtime, a child may be given a job to do rather than having the freedom of the playground. This should be given as part of the discussion over the behaviour so that it is clear that it is helpful to the child today rather than as a punishment.

Staff must not

- Shame or humiliate the child.
- Become overtly angry or cross.
- Use his/her body size to intimidate or block a child.
- Provide consequences that are not related to restorative justice, a learning opportunity or as a protective action.

Staff may

This is not an exhaustive list and staff may use professional judgement to use any actions that follow therapeutic principles

- Ask other staff to work with him/her to support the child.
- Report to parents/carers as part of normal after-school feedback (in a sensitive manner, taking into account the presence of other parents- it may be necessary to ask the parent to come to a quiet space.)
- Have a discussion with SLT, previous class teacher /TA or ELSA as to how best to prevent anti-social behaviours from happening again. Find out what motivates the child to want to behave pro-socially.

When and where do we record this behaviour?

The incident should be recorded on CPOMS and categorised as 'behaviour'. Unless there is a bullying allegation or if the behaviour was discriminatory, it does not need to be recorded as bullying or discriminatory. If it becomes repetitive, see below.

How do we define anti-social Behaviour that is difficult or dangerous?

Examples of anti-social behaviour that is difficult or dangerous are:

- Repeatedly using low-level anti-social behaviours over a period of 2 days.
- Being dangerous (including using violence) so that there could be serious harm to self or others.

How do we respond to anti-social behaviour that is difficult or dangerous?

- The incident must be recorded on CPOMS and SLT should be alerted. In addition, senior leaders must be informed verbally. Actions will be agreed and a therapeutic planning session will be held (may follow further analysis of the behaviours e.g. behaviour concern form and anxiety mapping)
- Parents/carers will be contacted.
- The support of external agencies may be sought.

- If a dangerous or difficult incident is happening, use the de-escalation script, maintaining calm, open body language and a friendly tone. Staff must only ever intervene physically if there is a risk of significant harm.

Script: Child's name, I can see that something has happened, I am here to help. Talk and I will listen (Ensure the child is safe, but they may wish to have some space to calm - follow at a distance and wait. Remember that after a child has been in a very heightened emotional state, it may take at least 40 minutes for him/her to be calm and ready to talk). Come with me and we can get a drink – water or squash? (When the child is ready to talk, the restorative discussion script can be followed).

When and where do we record this behaviour?

The incident must be recorded on CPOMS and SLT should be alerted. If physical violence was involved or was discriminatory or racist it should be recorded as such on CPOMS. In addition, senior leaders must be informed verbally and a full recount of any investigation should be recorded on CPOMS. This will need to be supported by SLT. Any follow up will follow therapeutic principles.

Unforeseeable behaviour

How do we define unforeseeable behaviour?

Occasionally, something will happen that is unforeseeable. It is expected that staff will use professional judgement to act in such circumstances, following therapeutic principles.

When and where do we record this behaviour ?

Staff will need to make SLT aware of the incident and s/he may be asked to write a written account of the event on CPOMS. Health and Safety Policy should be followed.

Communication with parents and carers

How do we ensure we communicate with parents about behaviour?

Staff must

Inform parents/carers of any difficult or dangerous anti-social behaviour or repetitive unsocial behaviour (following a conversation with SLT). A meeting with parents/carers may be called.

Report to parents/carers at parents evening and in end of year reports, regarding a child's behaviour. However, any reference to behaviour in a year end report should have been discussed with parents beforehand, and should not be limiting in tone. Teachers should also report on any restorative techniques that have been used and how the child has responded and progressed.

Staff must not

Name or give personal information to a parent/carer regarding a child who is not their own.

Staff may

Report to parents regarding pro-social, unsocial and low level anti-social behaviour after school during usual handover period or at a more sensitive time if necessary.

When do we use exclusion?

When do we use fixed term exclusion?

In a therapeutic framework we may use fixed term exclusion to help us create a better plan to support the child and /or to protect others.

When do we use permanent exclusion?

In a therapeutic framework we may use permanent exclusion when we are unable to use the current resources to keep the child and/or other people in the school safe from significant harm. We will usually have a good idea of what extra resources we would need to keep the child included.

When do we use touch?

Our policy takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, emotional and mental health and the development of social skills. At St Martin's Catholic Primary School, we have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning. Members of staff should not feel they have to touch pupils. It must always remain a personal decision. The rights and needs of the individual pupil and member of staff must be recognised.

Types of Touching

There are seven kinds of touching that might take place:

1. Staff touching pupils when carrying out personal care.
2. Staff touching pupils to provide comfort or support.
3. Staff touching pupils as part of a planned positive handling technique (written into therapeutic plan).
4. Staff touching pupils to prevent significant harm happening to the child, peers or staff (used in very rare circumstances when there is dangerous behaviour and non-physical intervention strategies have not been successful).
5. Staff touching pupils when instructing them in a physical or practical lesson.
6. Pupils touching staff in fun or for reasons of affection/security.
7. Pupils touching each other.

Any touching requires the member of staff to assess a situation, the emotional needs and past experience of the pupil very quickly. This has to be appropriate to the pupil's age, developmental stage, gender and any therapeutic plan regarding that pupil.

How to use touch appropriately

Staff need to be aware of:

- Touch that is appropriate
- Touch that might affect a pupil's privacy, dignity

- Touch that might place the member of staff at risk vis a vis having his/her intentions or motives misunderstood.

When comforting or supporting a pupil, (contingent) touch should be directed to hands, arms, shoulder area and top of the back. Touch will rarely be appropriate if it involves any other parts of the body. If a pupil attempts to embrace you, turn to the sideways position. If a child sits on your lap, encourage them to sit close beside you instead. Some children will have specific needs as to how they prefer to be comforted /touched. This will be written into their therapeutic plan.

Any physical intervention used to prevent harm from dangerous behaviour must be reported to SLT and the staff member who used the physical intervention must complete the 'Bound and Numbered Book', then pass this to SLT for investigation.

Appendix A – is it a therapeutic approach?– crib sheet

Is it Therapeutic response to behaviour?

- Does it promote internal discipline to be pro social and a life-long learner?
- Does it promote positive feelings (even after initial negative ones)?
- Does it teach behaviour rather than control behaviour- (provide an educational consequence for anti-social behaviour and clear feedback for prosocial behaviour – name it!)
- Does it keep everyone safe? Provides a protective consequence.
- Is it victimless?
- Is it free from threat, fear, shame or bribery?
- Does it help to prevent the anti-social behaviour from happening again?

Appendix B – restorative script:

- 1) *What happened (clearly name the incident/action e.g you snapped a ruler and threw it at James).*
- 2) *Name who/what has been harmed and in what way.*
- 3) *Discuss what needs to happen to put things right and to stop it from happening again.*

Appendix C- de-escalation script:

Script: Child's name, I can see that something has happened. I am here to help, talk and I will listen (Ensure the child is safe, but they may wish to have some space to calm - follow at a distance and wait. Remember that after a child has been in a very heightened emotional state, it may take at least 40 minutes for him/her to be calm and ready to talk). Come with me and we can get a drink – water or squash? (When the child is ready to talk, the restorative discussion script can be followed).