



# Pilgrim PRU Behaviour Policy

---



## Context

The Pilgrim PRU is a medical needs alternative provision which encompasses four unique hospital schools. These are the Darwin Centre, an adolescent psychiatric unit, the Phoenix Centre, an eating disorder unit, the Croft, a child and family assessment unit and Addenbrooke's Hospital school. As these settings vary due to the nature of the children and young people in each setting both the Darwin and the Croft adhere to the Pilgrim PRU Policy and their own behaviour policy. The Darwin Centre's behaviour for learning policy is individual and based on the principles of the Nurture group and the Rights Respecting Schools approach. The Croft manages children who sometimes present with challenging behaviour and therefore follows a behaviour programme called 1, 2, 3 Magic.

Being a UNICEF Rights Respecting School underpins this whole school policy and we believe that this will promote positive behaviour.

The vision and mission statement and the **Rights Respecting School Agenda** adopted by the Pilgrim PRU state clearly our priorities. Therefore we aim to:

- enable all our pupils to enjoy their time at school and to achieve their potential;
- set high expectations of them and give them the confidence to succeed;
- develop an ethos of mutual respect and co-operation;
- create an environment in which children feel included, secured and valued;
- encourage all members of the school community to contribute to building and sustaining success;
- celebrate the achievements of all children.

We act in the best interest of the child whatever the circumstance and the details of how we do this are outlined in the following policy.

## **Behaviour as a means of communication**

Behaviour is a means of communication, and all behaviour has a functional element. 'Challenging' behaviour is often described as communicating unmet needs. Children and Young People at the Pilgrim PRU have complex and unmet needs and often find it difficult to express their needs. At the Pilgrim PRU when children and young people behave in a way that challenges staff. Staff will consider the origins of the behaviour and what the message behind the behaviour might be. The way that educators respond to a child who demonstrates



challenging behaviour plays a critical role in determining the trajectory of that's child's behaviour.

1.1 It is our aim for everyone within the Pilgrim PRU to feel safe and secure in their learning environment. Each unit has high expectations for social and personal behaviour, positive attitudes and academic standards. The Pilgrim PRU's behaviour policy is therefore designed to support the way in which all members of the Pilgrim PRU teach and learn together in a supportive way.

1.2 The Pilgrim PRU applies a positive Behaviour approach, rewarding appropriate behaviours, celebrating success and achievement and promoting high expectations so that children and young people will take responsibility for managing their own behaviour. (in accordance with their age). We emphasise the importance of self discipline and taking responsibility for our actions. We believe that this approach promotes an ethos of kindness and cooperation which contributes to creating an effective learning environment.

See Darwin Behaviour for Learning Policy Appendix 2

1.3 Each centre is responsible for establishing a classroom code of conduct that the children and young people within that setting have participated in. The Code of conduct should be given to the child or young person when they are first arrive at the school. The teacher should discuss the implications for the Code of Conduct and outline expectations. The classroom code of conduct should be displayed on the wall

The Pilgrim PRU expects every member to behave in a considerate way towards others. We emphasise the importance of good manners, of courtesy and respect.

1.4 We treat all children and young people and adults fairly and apply this behaviour policy in a consistent way.

1.5 This policy aims to help the children and young people in the care of the Pilgrim PRU grow in a safe and secure environment and become positive, responsible and independent members of the community.

### **Behaviour strategies**

2.1 The Croft uses 1.2.3 magic as an effective behaviour management strategy. This is used to enforce high expectations of classroom rules, and to ensure a safe and positive learning environment. 1.2.3 Magic is used by the wider Multi-disciplinary team to ensure a consistent behaviour strategy throughout the unit. 1= Reminder 2=Warning 3=Consequence (sanction)

See appendix 1.

2.2 The safety of the children and young people is paramount in all situations. If a child or young person's behaviour endangers the safety of others, the class teacher will stop the activity and call the nursing team to help remove the child or young person or remove the rest of the class to a place of safety while the perpetrator is helped to calm down using de-escalation strategies.



- 2.3 If a child or a young person threatens, hurts or bullies another child, the class teacher follows the anti-bullying strategy. If a child or young person acts in a way that disrupts or upsets others, the incident will be recorded in the Pilgrim PRU incident file and the medical RIO notes and appropriate support will be provided.
- 2.4 PSHE lessons are used to discuss anti-social behaviour and social and emotional well-being.
- 2.5 The Pilgrim PRU does not tolerate bullying of any kind. If a teacher discovers that an act of bullying or intimidation has taken place, they should act immediately to stop further occurrences of such behaviour. Teachers should talk individually to those concerned and report this behaviour to nursing staff, the parent of those concerned and the head teacher.
- 2.6 All members of staff are aware of the regulations regarding the use of force by teachers, as set out in the DfES circular 10/98, relating to section 550A of the Education act 1996: *The use of Force to Control and Restrain pupils*. If a child or a young person needs to be restrained trained staff from the nursing team will be called at the Darwin Centre. At the Croft and the Darwin Centre the teacher in charge and teaching assistants are trained in restraint. Such incidents are recorded on the medical RIO records and in the Pilgrim PRU behaviour file.

### **The role of teaching staff.**

3.1 Teachers and teaching assistants model positive behaviour, they listen to and show respect for pupils' views and opinions; they avoid put downs and sarcasm; they give clear reasons for use of sanctions; they avoid use of 'blanket' sanctions for the whole class when only individuals have misbehaved.

3.2 It is the responsibility of the teachers in each unit to ensure that the Pilgrim PRU behaviour Policy is adhered to in the classroom and that children or young people in their care behave in a responsible manner during lesson times.

3.3 All teachers and teaching assistants have high expectations of the children and young people with regard to behaviour, and they strive to ensure that all children and young people work to the best of their ability.

3.4 All teachers and teaching assistants treat each child and young person fairly, and enforce unit classroom rules consistently. The teachers and teaching assistants treat all children in their classes with respect and understanding.

3.5 If a child misbehaves in class, the class/subject teacher deals with the behaviour and reports this to the Teacher in Charge. If the behaviour is repeated it may be reported to the head teacher who records the behaviour and discusses appropriate actions with the teacher in charge and nursing staff.

3.6 The Teacher in Charge liaise with the medical team, mainstream schools and external agencies as necessary, to support and guide the progress of each child. The teacher in Charge may contact a parent if there are concerns about the behaviour of a child or young person.

### **The role of the Headteacher**



4.1 It is the role of the Headteacher, under the School Standards and Framework Act 1998, to implement the behaviour policy consistently throughout the school and to report to the management committee, when requested, on the effectiveness of the policy. It is also the responsibility of the Headteacher to ensure the health, safety and welfare of all the children in the Pilgrim Pru.

4.2 The Headteacher supports the staff by implementing the policy, by setting standards of behaviour, and by supporting staff in their implementation of the policy.

4.3 The Headteacher keeps records of all reported serious incidents of misbehaviour.

4.4 Permanent exclusions are not appropriate within the Pilgrim PRU as we work to engage and motivate children who have had difficult experiences of school in the past.

#### **The role of the management committee.**

5.1 The management committee has the responsibility of developing, monitoring and reviewing Behaviour policy and Practice. The management committee support the Headteacher in adhering of the policy.

#### **Drug and alcohol - related incidents**

6.1 If there is any suspicion that a child or young person has been in contact with recreational/ illegal drugs or alcohol, they will be withdrawn from the class and taken back to the ward. Medical staff and parents will be informed and the necessary sanctions put in place. Sanctions may include the removal of privileges or being sent home. These will be agreed by the medical team.

6.2 The Pilgrim Pru will take very seriously misuse of any substances such as glue, other solvents. Medical staff and parents or guardians will be informed and necessary sanctions put in place. (As above)

6.3 Cigarettes should not be brought on to school premises with in the Pilgrim PRU. If a young person has a care plan that allows them to leave the site for a cigarette break this should take place out of school timetable times. E.g. before school or at lunchtime. In exceptional circumstances nursing staff should be responsible for managing a young person's cigarette break.

#### **Monitoring and review**

7.1 The Headteacher monitors the effectiveness of this policy on a regular basis. He /she reports to the management committee on the effectiveness of the policy and, if necessary, makes recommendations for further improvements.

7.2 The Headteacher keeps records of incidents of misbehaviour.

7.3 It is the responsibility of the management committee to ensure the behaviour policy is administered fairly and consistently. The management committee will pay particular attention to matters of racial equality; it will seek to ensure that the school abides by the non-statutory guidance *The Duty to Promote Race Equality: A Guide for Schools*, and that no child is

Policy No. 002  
Reviewed November 2017



treated unfairly because of race or ethnic background. Racist incidents are recorded by the Headteacher. The Head teacher reports on racist incidents in the HT report to the management committee.

7.4 The management committee reviews this policy on a regular basis.

Signed Amanda Morris-Drake

Date: September 2016

Update due: September 2018



## Appendix 1

# The Croft

## Behaviour approach – Croft School

### Introduction:

The Croft School's behaviour management approach is aligned to the ward's behaviour management based around the 1, 2, 3 Magic strategy. This approach consists of a firm and positive approach to behaviour management: use of frequent praise and positive behaviour management strategy (sticker/badge system-see below) to promote good behaviour and effort, build self-esteem and a positive working relationship, and 3 warning followed by time out for undesirable behaviour. The Nursing staff and the MDT team all use the key principles of this approach, and educate parents and carers to the approach on their arrival on the unit. More information about his approach can be found online, in the book by Thomas.W. Phelan, *1,2,3 Magic: Effective discipline for children 2-12* (New York, 2010) and on the *1,2,3 Magic* DVD.

The class teacher at the Croft has the overall responsibility for the behaviour management of the class. The class teacher is supported by the two class teaching assistants who work using the same consistent approach. Good communication between the team is essential to ensure consistency and effectiveness of the strategy.

### Positive behaviour management strategy:

The sticker and badge system is explained to the students on their admission to the Croft.

All students have a weekly sticker chart displayed on the wall to celebrate success. The sticker chart is themed weekly and students stick the stickers they receive for each session. They can receive a maximum of three stickers: 1 for arriving on time (when they can control this, not when they are late due to a medical or other appointment on the unit), 2 for doing good work (this rewards putting in effort into their work, not necessarily the end product), 3 for doing what the adults have asked (this covers co-operating to do some work, doing work in the way that they have been asked to do it etc....).

Students also have a 'book mark' which they keep for the length of their admission. This sticker is received by the student at the teacher's desk and is drawn by the teacher. The teacher usually presents the students with a choice of theme which they are asked to choose from. Receiving the sticker from the desk is part of the positive behaviour management system: it enables both the student and the adult to give and receive feedback about the session, reflect on the behaviour and learning and what could be done to support the student further if it has been a difficult session. The positives of the sessions are highlighted, and the class teacher gives feedback on how many stickers the student has gained for the session and if any have been lost asks the student how they think these can be earned in the next session.



Over the course of the week, if the student has not lost more than two stickers overall, they receive either a badge or a branded sticker of their choice from a selection.

A student may gain extra stickers for particularly good work, effort or behaviour. This is often useful to ensure students stay motivated when they have lost stickers.

If a child expresses that they do not want to receive a sticker/stickers, they will still need to come for feedback to the class teacher's desk, and the class teacher will make clear the number of stickers which they would have received if they had chosen to and that these will still be recorded in the Class sticker record book. In some cases, the class teacher may decide to put the stickers on their chart anyway to acknowledge and celebrate the successful parts of their lesson.

### Warning and consequences:

How to use 1, 2, and 3 Magic:

If a child misbehaves (...) calmly say: 'that's a 1', then do not speak. Wait for 5 seconds.

If behaviour continues, say 'that's a 2', then do not speak. Wait for 5 seconds.

If behaviour continues, say 'that's a 3, time out'. Do not talk, argue, get emotional. The consequence for a 3 could also be a time out alternative such as loss of privilege (...).

Counts can also be held: 15-30 minutes for young children, several hours for older children.

Quoted from Thomas.W Phelan, *1, 2, 3 Magic: Effective discipline for children 2-12* (New York, 2010)

The class teacher will usually manage the warnings and consequences for time out supported by the classroom Teaching Assistants. Teaching assistants, when working with children 1:1 may need to give children warning(s). If this occurs, this should be communicated to the class teacher.

If it is safe and the child is calm, timeout will usually occur in the lobby area of the classroom. As indicated in the 1,2,3 Magic approach the length of timeout time is usually based on the child's age, 1 minute per year of the child's chronological age.

If it is unsafe for a child to do time out in the class lobby or they refuse to exit the classroom, a member of the class team will usually ask the Nursing team for support. This can take the form of the child being removed from the classroom by the Nursing team.

In cases when time out overruns the allocated time, or for repeated time-out during one session, the student may need to catch up work at the end of the session during break or at the start of lunchtime. This decision is usually taken following discussion with the nursing team on the child's return to class.



## Appendix 2



# Darwin Learning Centre Behaviour for Learning Policy

## Context

The Darwin Centre accepts referrals for young people aged from 13-18 who are suffering from mental health illness that cannot be managed by CAMH community services such as:

- complex developmental or psychiatric disorders
- a severe psychiatric disturbance, severe emotional and/or mental difficulties
- a risk of suicide or serious deliberate self-harm or harm to others

The Darwin Centre's treatment programme focusses on the use of AMBIT.

AMBIT is designed for young people who have a very fragile Relationship to help (they are Hard to reach). In general the target client group for AMBIT-influenced work is characterised as being either hostile, distrustful, ambivalent or passive towards receiving help about some of their life problems. This presents particular challenges for outreach workers who may experience the young people as unpredictable, constantly changing their minds, altering the problem from day to day, etc

### Foreword by Sorcha Morrell, Clinical Nurse Specialist

*The learning centre is an integral part of the therapeutic programme at the Darwin centre for young people.*

*The specialist teachers at the learning centre work closely with clinical staff on the unit to implement each young persons individualised therapeutic care plan. This involves engaging them in learning within a safe and supportive environment and empowering them to set and achieve their goals.*

*There is an emphasis on maximising on young people's strengths, aspirations and talents. Positives are enthusiastically acknowledged and encouraged, whilst any difficulties are sensitively and collaboratively explored and worked upon.*

*Young people at the Darwin Centre often have negative experiences of mainstream schooling, the Darwin learning centre re connects young people with all that is wonderful about learning and in doing so often has a positive impact on their mental health, self esteem, hope and as a result their academic performance. This sends a clear message to the young people we work with that they are valued and have much to contribute, not just in the classroom but in the wider community.*



## Rationale

Our nurture school is a teacher-led psychosocial intervention of groups of less than 15 students that effectively replaces missing or distorted early nurturing experiences for both children and young adults; we achieve this by immersing students in an accepting and warm environment which helps develop positive relationships with both teachers and peers.

This approach is evidence based and both supports and contributes to the Darwin Centre's multi-disciplinary team shared approach called **AMBIT (Adolescent Mentalization-Based Integrative Treatment)**. Attendance to the Learning Centre is part of the inpatient ward programme and our team are part of the multi-disciplinary team we have therefore developed our pedagogy of nurture to fit comfortably within the AMBIT remit.

Our nurture school approach is preventative as we apply behaviourally informed teaching practices driven by AMBIT and the principles of nurture.

### **As a nurture group school we adhere to the six principles of nurture:**

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of self-esteem
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

Ref: Lucas,S., Insley,K. and Buckland,G. (2006) *Nurture Group Principles and Curriculum Guidelines Helping Children to Achieve*, The Nurture Group Network.

### **Additionally secondary nurture groups require that practitioners focus on young people's need to:**

- Feel competent
- Be socially connected
- Feel valued and respected
- Make a difference in one's social group
- And feel that one has some control over one's own behaviours and experiences.

*(The National Research Council and Institute of Medicine, 2002)*

#### **1. Children's learning is understood developmentally**

The MDT synthesise an initial formulation to inform the bespoke treatment programme for each young person. This is shared with the whole team and includes an educational profile. Each young person has an individual education plan which is developed with the young person, the medical team, their parent/carer and the school at which they are on roll at admission. Educational targets appropriate to the needs of the young person are agreed and the plan runs over a six week period, reviewed weekly by the MDT.

Furthermore as part of the IEP students are asked to identify their learning preferences or needs to us and our approach is based around that document.

#### **2. The classroom offers a safe base**



## Environmental

We aim to have created a safe, noncritical environment. Displays promote self-esteem and focus on student achievement, safety and rights. Young people have a choice of spaces in which to work including a comfy reading area, a dedicated computer suite and a well-stocked art room. There is a small kitchen for use by the young people. There is a sensory tent for young people to use in order to support them to learn to positively manage their own mental health challenges.

## Relational

*School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.  
(Department for Education 2014)*

Student voice plays a very important part in establishing the classroom as a safe base. Everyone contributes to the shared values charter which is shared with young people on admission and referred to regularly. We encourage young people to talk openly throughout the day about their learning and the wider world to teachers and to their peers. We have shared break times to foster a sense of belonging and cohesion, therefore student voice happens organically and naturally and is embedded in everything we do. Furthermore there are also timetabled student voice sessions, PSHE, news group, health group and SMSC Fridays.

Creating opportunities for student voice has had a very positive impact, as well as informing curriculum change the young people have been able to mentalize each other for example: the young people decided to create a tea list of how all the young people and staff like their tea so that they can care for each other by providing a kind gesture such as making someone else a drink.

### 3. The importance of nurture for the development of self-esteem

*Evidence has shown that an effective approach to promote positive behaviour, social development and self-esteem is to couple positive classroom management techniques with one-to-one or small group sessions to help pupils identify coping strategies. DfE publication 'Mental health and behaviour in schools Departmental advice for school staff March 2015'.*

Small group teaching is at the centre of what we do; this allows us to make learning student-need-driven not task-driven and allows for personalised learning objectives and significant differentiation. This facilitates success which in turn creates more opportunities for success. *Our results data supports this.*

Additionally we are aware of our moral and legal obligation to act 'In loco parentis', the common law duty of care, and in adopting the nurture approach we aim to first and foremost focus on having the student form attachments to loving and caring adults here, unconditional positive regard being the most powerful mechanism for change. This is at the core of what we do as education professionals.



Small groups also allow us to offer an exciting curriculum teaching adults and students together through experiential activities. Our SMSC Fridays create opportunities to practice new skills and to have fun learning by doing.

#### 4. Language is a vital means of communication

The young people at the Darwin have suffered systemic failure and learning to communicate is critical to recovery and personal development. Positive language is utilised by staff at all times in order to reduce conflict, improve communication, boost self-esteem, reduce defensiveness, increase resilience and to portray the teacher as credible and respectable.

We use first names to establish this culture of mutual respect and equality and to remove barriers to communication.

The AMBIT approach suggests that it is important for the AMBIT worker to try to be explicit about his/her OWN intentions in order to enable the young person to have more opportunity to learn to mentalize their own behaviour. We constantly communicate to the young people that learning is our goal and that we see them as successful learners and visualise them as being on a learning journey

Our body language is open and staff are calm, consistent, flexible and trade in respect. This facilitates epistemic trust as well as encouraging good two-way communication. It also curtails problems before they occur.

#### 5. All behaviour is communication

*'The way that educators respond to a child who demonstrates challenging behaviour plays a critical role in determining the trajectory of that child's behaviour.'* Positive behaviour

A core component of AMBIT is Epistemic Trust. This refers to the specific kind of trust required by someone to allow learning to take place by one person from another person. This trust is built on (or triggered by) the knowledge that the teacher has authentically connected and sympathetically understood the crucial things about *me - not about people in general, but about me in particular*: the sense that "you have noticed and understood what it is like to be me, here, now, in THIS predicament." Therefore all behaviours are deemed to be communication and sought to be understood by both teacher and student either in the moment if possible and if not then afterwards but always in a calm and reflective manner.

We focus on always on solutions in addressing problems and personal empowerment to enable young people to feel that they have control and choice over their behaviour.

#### 6. The importance of transition in children's lives

*'Children suffering from mood disorders are in pain, not physically but emotionally.'* Fostering Child and Adolescent Mental Health in the Classroom, Raymond J Waller

The young people at the Darwin Centre are all in a state of transition whether it be at home, at school, in their identity, in their mental health. As adolescents they are all in a state of transitioning from child to adult and support at this time is crucial to young people becoming



successful, contributing members of their community. As a rights respecting school the young people are all taught about their rights and in how their rights can support them in moving forward. Knowledge of – and confidence in – upholding their rights helps the young people in the challenge of transition. We also endeavour to re-establish links with the educational establishments that the young people will be transitioning to on discharge. We are sensitive to the difficult emotions that transition triggers in vulnerable young people.