Relational Inclusion







Leading Learning through Action-led Research and Innovation





Change



Change will not come if we wait for some other person or some other time.

We are the ones we've been waiting for.

We are the change that we seek.

Barack Obama



Agenda













What do we want?



Do we to obey right they se



1.16 MB PNG

The shopping cart is the ultimate litmus test for whether a person is capable of self-governing.

To return the shopping cart is an easy, convenient task and one which we all recognize as the correct, appropriate thing to do.

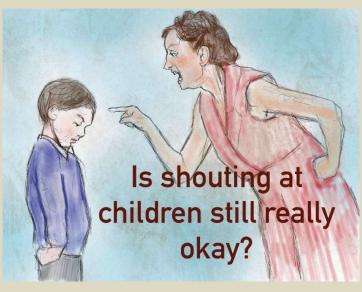
To return the shopping cart is objectively right. There are no situations other than dire emergencies in which a person is not able to return their cart. Simultaneously, it is not illegal to abandon your shopping cart. Therefore the shopping cart presents itself as the apex example of whether a person will do what is right without being forced to do it. No one will punish you for not returning the shopping cart, no one will fine you or kill you for not returning the shopping cart, you gain nothing by returning the shopping cart. You must return the shopping cart out of the goodness of your own heart. You must return the shopping cart because it is the right thing to do. Because it is correct.

A person who is unable to do this is no better than an animal, an absolute savage who can only be made to do what is right by threatening them with a law and the force that stands behind it.

The Shopping Cart is what determines whether a person is a good or bad member of society.

stioningly, or do we want them now and understand it is the oid punishment, but because hemselves?

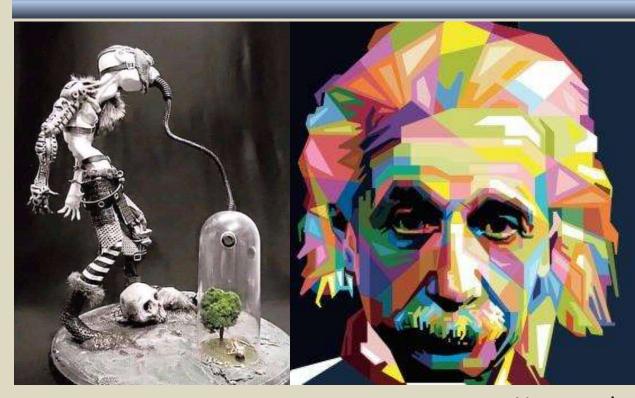






Why?





"The definition of insanity is doing the same thing over and over again-but expecting different results."

Autumn 2019 – Just before the pandemic: 60 202 pupils 'severely absent*'

*more time out of the classroom than in

2022:

140 000 children = 'severely absent' Rise of 134% Equivalent of around 140 schools New analysis has shown that suspensions across England hit a record high in autumn term 2022, with nearly a quarter of a million suspensions involving some 135,000 pupils. Exclusion rates were nearly back to prepandemic highs, with 3,104 pupils permanently excluded from school that term, according to analysis of DfE data by the Centre for Social Justice (CSJ) Guardian 16/12/23



Logic Model



Target

Who is the intervention for?

Pupils (primary schools; KS2)

School staff (at multiple levels, e.g. teaching assistants, SLT, whole-school, teachers)

Intervention

What is the intervention for?

Audit and Implementation Plan

Resources/training: Staff-level training (multiple levels); Relational inclusion champion (1 hour per week)

Ongoing support for the RIC (e.g. consultation, regualr check-ins, support)

Pupil facing materials (Year 4 upwards):-created by RIC underpinned by 5 core competencies

school policy change (behaviour and ethos)

Pupil profiling

Change Mechanisms

How and why does your intervention work?

Relationships will be improved between staff and students (trusting, empathetic)

Mindset shift (staff)

Changing how staff approach situations in school (check-in)

Emotional intelligence (emotional understanding, recognition and regulation), emotional communication

Outcomes

What difference will it make?

Change in staff language and behaviour

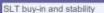
Improved school belonging/connectedness

Academic improvements

Reduced behaviour incidents, suspensions and length of them (short term) and exclusion (long-term)

Improved staff wellbeing (burnout) and student wellbeing.

Child autonomy



driver (RIC)

School capacity (timing, planning, funding)

staff buy-in (willingness to engage, motivation), staff ability

Staff time to meaningfully embed training, learn and unlearn behaviours; to be reflective in the work space; staff implementing behaviour change

Quality/characteristics of Sonia, RIc and the delivery supportive team Peer support

Parent support

Moderators

What factors will influence the change process?



Guiding Principles



1. We believe that if a child could do better, they would

Many children and young people don't know why they behave the way they do. As a result of early negative experiences, their autonomic* nervous system is convinced that adults cannot be trusted and all environments contain hidden threats. We understand that we all play a role in supporting a child to do better.

*involuntary or unconscious

There are no bad children.

There are bad choices.

There are bad moments.

There are bad days.

There are bad situations.

But there are **no bad children**.



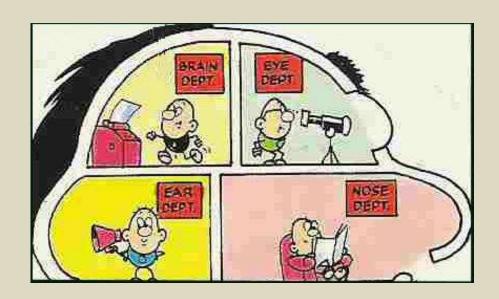


- They frequently live in a persistent state of fear
- They are seeking a predictable response from the world they are more comfortable when chaotic than calm
- What is adaptive for children living in chaotic, violent, traumapermeated environments becomes maladaptive in other environments – especially school.
- The hypervigilance of the Alert state is mistaken for ADHD, the resistance and defiance of ALARM and FEAR get labelled as oppositional defiant disorder



Neuroception







Neuroception is an automatic neural process of evaluating risk in the environment and adjusting our physiological response to deal with potential risks subconsciously.



Perception



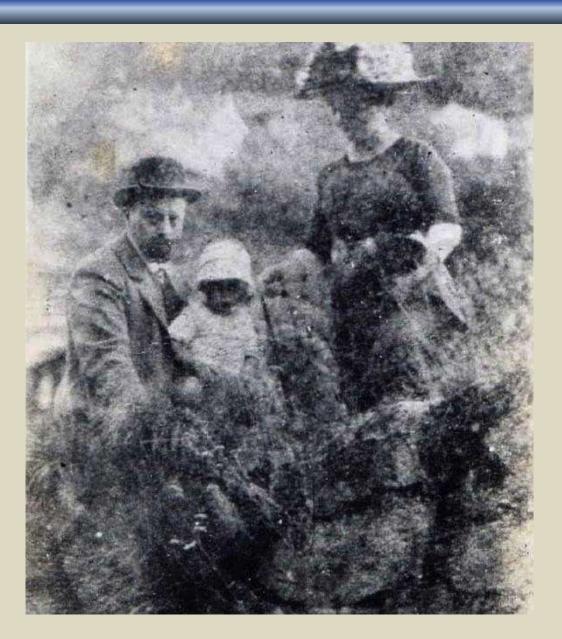


We don't respond to what happens, we respond to our perception of what happens.



Perception





We don't respond to what happens, we respond to our perception of what happens.



Guiding Principles



2. Relationships, Relationships

By relationships we mean:

- RELATIONSHIP from the student perspective
- RELATIONSHIP from the staff perspective
- The priority given to RELATIONSHIP formation and maintenance from school leadership' (Riley 2011)
- The RELATIONSHIP we have with ourselves and our own well-being.

We understand that positive staff—student relationships have been shown to contribute to students' attendance, academic grades, psychological engagement and reduced disruptive behaviours. We know that supportive staff—student relationships can also help in overcoming family education disadvantage. We know we must recognise blocked care* and our risk of slipping from our social engagement system.

^{*}when it becomes difficult to remain open and engaged



Guiding Principles



3. We accept all emotions but not all behaviours

We see all behaviours as an opportunity to learn. We believe in the unconditional acceptance of the emotional experience that lies behind behaviour, while communicating that the behaviour is indeed unacceptable for the child's life as it gets in the way of healthy relationship development or learning.

We believe that discipline is based on the needs of the young person not our adult wants.

We develop strategies aimed to work with a student's biology instead of against it.

We understand that co-regulation must occur before self-regulation can be learnt.

We know that a child must 'feel safe' and not be told they are safe.



Accept Emotions Not Behaviours



We are not excusing these negative, volatile, or shut-down behaviors, but we need to understand not only the neurobiology of trauma and adversity, but also how our schools have traditionally created climates that unintentionally add secondary pain on top of primary pain. Most importantly, we need to understand how this has occurred--and is still occurring--through traditional discipline protocols.

Lori L. Desautels

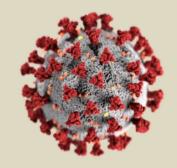
Our repertoire of words for calling people names is often larger than our vocabulary of words to clearly describe our emotional states.

Marshall B. Rosenberg

Without words the child is vulnerable to behaving their feelings.

"We expect compliance"

While framed in "positive language" [schools] remain based on this underlying principle: Do as you are told or we will need to punish you. If that continues not to work, we will banish you.







Guiding Principles



4. We identify and address the cause not the symptoms

Beneath every behaviour there is a feeling. And beneath each feeling is a need. And when we meet that need rather than focus on the behaviour, we begin to deal with the cause not the symptoms. We understand that complicated behaviour deserves a more complex response which involves a 'state dependent' intervention rather than a one size fits all.



Cause not Symptoms



Cause I Ain't Got a Pencil

by Joshua T. Dickerson

I woke myself up Because we ain't got an alarm clock Dug in the dirty clothes basket, Cause ain't nobody washed my uniform Brushed my hair and teeth in the dark, Cause the lights ain't on Even got my baby sister ready, Cause my mama wasn't home. Got us both to school on time, To eat us a good breakfast. Then when I got to class the teacher fussed Cause I ain't got a pencil.



Trauma Informed Practice



- •Know that in order to survive, our students must suppress curiosity. They, therefore, have little knowledge about why they do what they do or why adults behave in the way they do. We must help our students come to know about themselves and others, not to expect that they know but are not telling us.
- •Understand that in order to survive, our students must suppress empathy. When they feel safe, they will take the risk to feel their own pain and by extension that of others. Empathy will become unblocked.
- •Look after our own brains. Our students' relentless attempts to control us and the lack of reciprocity make us vulnerable to slipping into blocked care. As our caregiving systems break down, we become less hopeful for change. In blocked care, we might keep trying, but it is much harder for us to stay in our social engagement system that is so crucial for signalling safety signs to our students.



Guiding Principles



5. We foster a culture of compassion and repair

Compassion to accept the individual experience: why people are suffering and what has happened to them.

Compassion of understanding: every function is an adaptation and everyone is doing the best they can with the resources they have inside them and around them.

Compassion of possibility in the here and now: every interaction is an opportunity for repair, reattunement and growth for a positive vision of the future and self.

Compassion for the importance of voice, choice and empowerment: we give voice and offer choice within our relationships with children, families, staff and are inclusive in the process of transformation.



Compassion and Repair







Guiding Principles







Guiding Principles: Relational Inclusion

We believe that if a child could
 do better then they would

Many children and young people don't know why they behave the way they do.

As a result of early negative experiences, their autonomic* nervous system is convinced that adults cannot be trusted and all environments contain hidden threats. We understand that we all play a role in supporting a child to do better. *Involuntary or unconscious

2. Relationships, Relationships, Relationships

By relationships we mean:

- RELATIONSHIP from the student's perspective
- RELATIONSHIP from the staff's perspective
- The priority given to RELATIONSHIP formation and maintenance from school leadership' (Riley 2011)
- \bullet The RELATIONSHIP we have with ourselves and our own well-being.

We understand that positive staff-student relationships have been shown to contribute to students' attendance, academic grades, psychological engagement and reduced disruptive behaviours.

We know that supportive staff-student relationships can also help in overcoming family education disadvantage.

We know we must recognise blocked care* and our risk of slipping from our social engagement system.

*When it becomes difficult to remain open and engaged

We accept all emotions but not all behaviours

We see all behaviours as an opportunity to learn.

We believe in the unconditional acceptance of the emotional experience that lies behind behaviour, while communicating that the behaviour is indeed unacceptable for the child's life as it gets in the way of healthy relationship development or learning.

- We believe that discipline is based on the needs of the young person not our adult wants.
- We develop strategies aimed to work with a student's biology instead of against it.
- We understand that co-regulation must occur before self-regulation can be learnt.
- · We know that a child must 'feel safe' and not be told they are safe.

We identify and address the cause not the symptoms

Beneath every behaviour there is a feeling. And beneath each feeling is a need. And when we meet that need rather than focus on the behaviour, we begin to deal with the cause not the symptoms. (Ashleigh Warner)

We understand that complicated behaviour deserves a more complex response which involves a 'state dependent' intervention rather than a one size fits all.

We foster a culture of compassion and repair

We repeat what we don't repair.

- Compassion to accept the individual experience: why people are suffering and what has happened to them.
- Compassion of understanding: every function is an adaptation and everyone is doing the best they can with the resources they have inside them and around them.
- Compassion of possibility in the here and now: every interaction is an opportunity for repair, reattunement and growth for a positive vision of the future and self.
- Compassion for the importance of voice, choice and empowerment: we give voice and offer choice within our relationships with children, families, staff and are inclusive in the process of transformation.



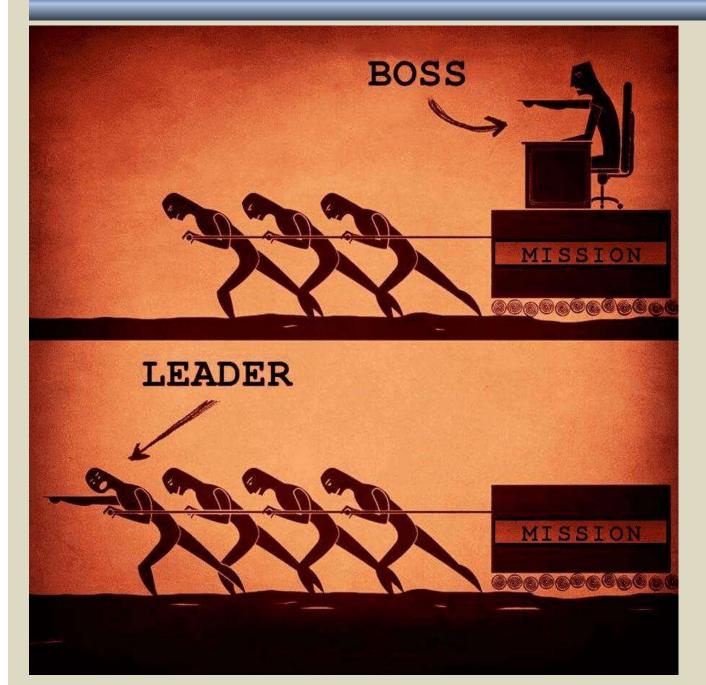


Ambitioncommunity.uk



Leadership 'Buy In'





The Headteacher and leadership team are trained, understand and are committed to the core principles of relational inclusion.

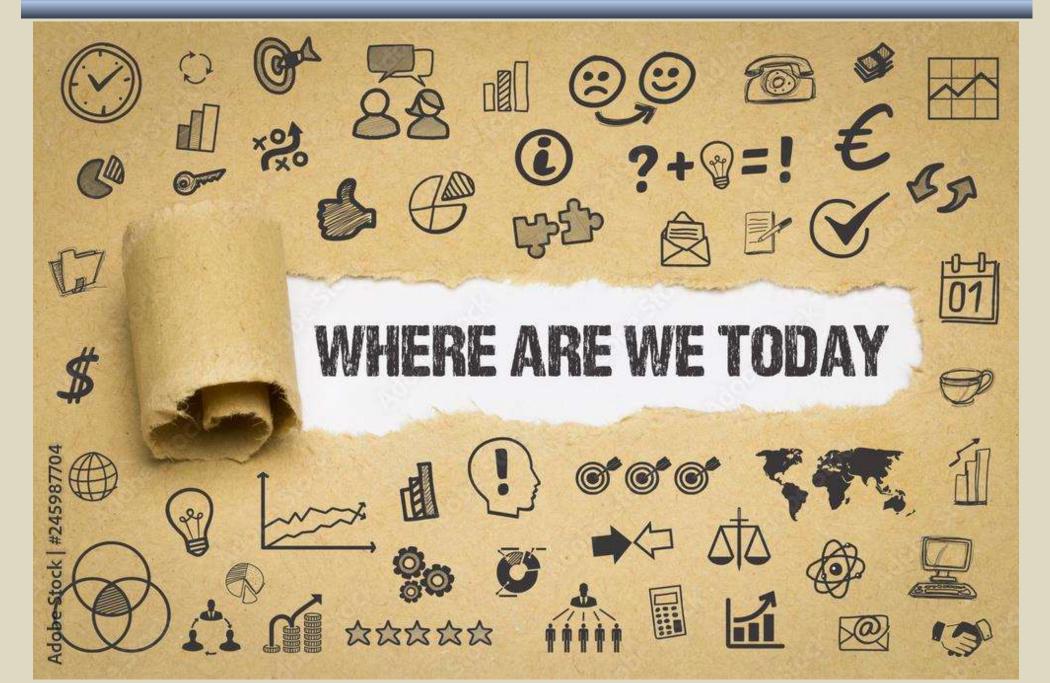
The headteacher and their leadership team have a good understanding of the role of a relational inclusion champion. The headteacher and their leadership team have identified staff who would make effective relational inclusion champions.

The headteacher and their leadership team understand the time commitment needed to develop relational inclusion champions and can support this process.

The headteacher and their leadership team understand the two tiers of the trauma champion training package.____ The headteacher and their leadership team understand the five modules of the tier 2 training package (selfawareness; self-management; social awareness; relationship skills; responsible decision making)

















During the interview process, the school/academy assesses trauma-related needs, knowledge, understanding and attitudes of prospective staff.

The academy ensures all staff, prior to beginning work, receive training and education on relational inclusion and the impact that adversity, trauma and attachment has on children, young people and families so they can recognise the symptoms of trauma, recognise the range of stress responses, identify trauma reminders, support emotional regulation, and promote safety in their role.

Relational inclusion has become the golden thread of everyday practice. The academy ensures all staff receive regular relational inclusion training on the impact that adversity, trauma and attachment has on children, young people and families and on how to engage and empower young people and families. This may include: A relational approach (Protect, Relate, Regulate, Reflect and Repair); Attunement; Emotion Coaching (dismissing, disapproving, laissez-faire, validation) Zones of regulation; (getting back to social engagement etc)

The academy engages experts, including external consultants, to provide consultation and training related to cultural responsiveness, equity, and inclusion.

The academy provides all staff with regular supervision from a supervisor who demonstrates expertise in understanding the impact of trauma on children, young people and families.

The academy's policies, practices, and physical environment demonstrate a commitment to the staff's physical safety and emotional well-being.







2. Relational 1. Core Inclusion **Principles** Champions 3. 4. Enabling Workforce Compassion Development 5. Relational 6. Inclusive Collaboration Inclusion Profile

The academy ensures that staff at all levels understand how secondary traumatic stress can impact the ability to do their job effectively.

The academy ensures that staff members at all levels receive training on managing their reactions and responses to working with children and families who have experienced trauma.

The academy uses the five key vocabularies (dysregulation; co-regulation; self-regulation; window of tolerance; attachment/connection seeking).

The academy facilitates strong peer support among staff to mitigate the impact of secondary traumatic stress.

The academy ensures that staff experiencing secondary traumatic stress symptoms are connected to available, quality treatment.

The academy uses external consultants or agencies to address secondary traumatic stress and make improvements in their organisational practices.

The academy has policies, procedures, and practices that enhance physical safety and actively manage risk to protect all staff.





The academy has clearly identified a cohort of students who would benefit from an intensive relational inclusive approach (where there may be: immediate risk of PEX; Future risk of PEX; high FTE; those under the radar).

The academy is confident and comfortable in using relational inclusion to identify potential cause (e.g. ACEs; stress response; attachment).

The process of developing a child's relational inclusion profile is sensitive to gender/gender identity, culture, language, age differences, and abilities.

The academy ensures that all staff who carry out child relational inclusion profiles demonstrate skills such as how to build safety and trust, how to recognise reminders and warning signs, and how to help regulate feelings.

The academy has developed an extensive relational inclusion PSHE curriculum (including zones of regulation; co and self-regulation; the hand model of the brain).

The academy tailors its physical environment, recognising the traumatising or re-traumatizing impact that environment can have on children, young people and parents/caregivers.

The academy ensures that staff at all levels receive supervision to guide to the relational inclusion profiling process, communication of results, and planning.









The academy actively seeks out and includes young people and families in the evaluation of practices and programs (development, interpretation, action planning).

The academy recruits and partners with young people and families who have various experiences and involvement with the organisation, including those who have not typically been involved in decision-making.

The academy ensures that young people and family partners are representative of the community being served in terms of race, culture, language, income, sexual orientation, sexual identity, and education.

The academy's trainings are co-delivered by providers and young people/families when appropriate.

at convenient times and locations.

The academy creates opportunities for young people and families to engage in peer networking for support and to maintain ongoing connections.

The academy supports young people and family partners by offering opportunities for involvement



Implementation Plan



ž	Relational Inclusion Implementation	n plan 2023-2024	
School/Academy:	Mission Statement (Why?):		
Area of Focus (what?)	Action(s) (How and When?)	Outcomes (How well?) How will you know it's working?	Final Outcomes (and so?)
1.	•		
1.1		9	
1.2			
1.3	•		
2.			
2.1	•0		
2.2			
2.3	(1)		
3.	*(. 		
3.1	•		
3.2	•		
3.3	•	2	
4.	•		
4.1			
4.2			
4.3	•		
5.	•		
5.1	* ● ∪	2	





ACEs	(4)
Sexual Abuse	
Physical Abuse	
Emotional Abuse	
Neglect	
Medical trauma	
Natural or Manmade Disaster	
Witness to Family Violence	
Witness to Community/School Violence	
Victim/Witness to Criminal Activity	
War/Terrorism Affected	
Disruption in Caregiving/Attachment losses	
Parent Criminal Behaviour	

Stress Response	(5)
Late Arrival	- 8
Early Arrival	
Often Dysregulated on Arrival	- 3
Hungry	
Tired	- 33
Inappropriate Clothing	
Complaining of Illness	- 33
Poor Personal Hygiene	
Hyperarousal	(2)
Overactive Responses	
Defensive Talk	- 3
Verbal Outbursts	
Physical Outbursts	- 33
Violence Towards Students	
Violence Towards Adults	- 33
Exiting	
Running Away	- 33
Hiding	
Refusal	- 33
Hypo-Arousal	(4)
Day Dreaming	- 83
Rocking	
Making Odd Sounds	- 33
Using a Different Voice	
Taking on a Different Persona	- 3
Being Floppy	
Not Being with it	- 33
Risk Taking	
Unable to Stand	- 33
Collapsing	

Risk Behaviours	13
CSE (at risk of/involved in)	
CCE (at risk of/involved in)	8
County lines (at risk of/involved in)	
Fire Setting	8
Substance Use	
Drug dealing	8
Oppositional	
Overly sexualised behaviour	8
Racism	1
Sexism	8
Carrying of or use of weapons	
Theft	8
Non-violent vandalism	- 8
Anxiety/Depression	
Self-Harm	8
Anger (Lack of Self-Control)	
Bullies or Is Bullied (specify):	80

Ambivalent Attachment (On/Off)	12
Often anxious/overly dependent on staff	
Acts helpless/stuck without adult support	Ž.
Unable to work independently	
Needs constant reassurance	8
Easily distracted	
Continually looking for teacher	8
Easily upset if loses the teacher's attention	Ų.
Engages in strategies to avoid work	8
Verbal skills more advanced than written	2000
Avoidant Attachment (Off)	1
Denies support and help from staff	Į,
Doesn't want staff standing in close provingly	8
Apparent indifference to anxiety in new situation	
May refuse to work with a TA	8
Wants to do tasks independently	Ų.
Frustrated/destroys work rather than ask for help	8
Limited use of verbal communication	Ų.
Limited creativity	8
Reacts badly to direct verbal praise	2000
Disorganised Attachment	19
Changes rapidly - very agitated to switched off	
Gets very frustrated -bang their heads / punch	8
Runs around uncontrollably	J.
Runs out of class unexpectedly	8
Explodes into temper for no apparent reason	Ų.
Can be very abusive to teacher or other children	3

7. Stress Response (tick all that apply) Late Arrival Early Arrival Often Dysregulated on Arrival Hungry Tired Inappropriate Clothing Complaining of Illness Poor Personal Hygiene		
Early Arrival Often Dysregulated on Arrival Hungry Tired Inappropriate Clothing Complaining of Illness Poor Personal Hygiene		*
Often Dysregulated on Arrival Hungry Tired Inappropriate Clothing Complaining of Illness Poor Personal Hygiene	Late Arrival	
Hungry Tired Inappropriate Clothing Complaining of Illness Poor Personal Hygiene	Early Arrival	0
Tired Inappropriate Clothing Complaining of Illness Poor Personal Hygiene	Often Dysregulated on Arrival	
☐ Inappropriate Clothing ☐ Complaining of Illness ☐ Poor Personal Hygiene	Hungry	
Complaining of Illness Poor Personal Hygiene	Tired	
Poor Personal Hygiene	Inappropriate Clothing	
	Complaining of Illness	
there are an extended the second	Poor Personal Hygiene	
	Section Allowed At the Section	
8. Any additional comments 🖫 🔻	8. Any additional comments 🗔	¥





Student Profile Tool (EFS)





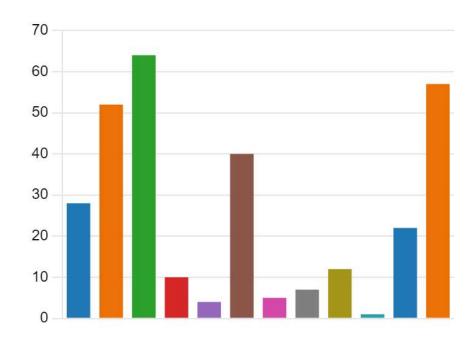


6. ACES (tick all that apply)

More Details

Maglast	20
Neglect	28
1.109.001	

- Witness to family Violence 52
- Disruption in Caregiving / Attac... 64
- Medical Trauma
 10
- Sexual Abuse 4
- Emotional Neglect 40
- Natural or Manmade Disaster
- Physical Abuse
 7
- Witness to Community / School ... 12
- War / Terrorism Affected
- Parental Criminal Behaviour 22
- Parent / Carer Mental Health Iss... 57







Top three Aces:

- disruption in caregiving
- witness to family violence and parent carer
 - mental health.

What does this tell us?

- -The pupils will possibly be actively experiencing their trauma, so we can not aim for trauma recovery.
- these pupils will need to feel very safe and will be triggered by minor things personal to their situation
- some things that may help: grounding techniques, including techniques which don't require keeping still. A calm box, a key adult/s whom they feel safe with. These children need predictability, notice of any changes beforehand will help their anxieties.
- some things that won't help: being singled out, raised voices, consequences which are too far away, very busy environments, working with new people





7. Stress Response (tick all that apply)

More Details

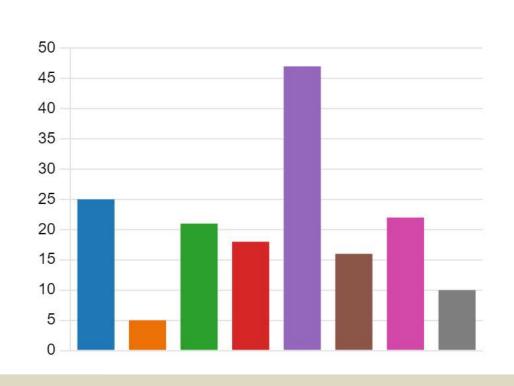
	Late Arrival	25
•	Early Arrival	5
	Often Dysregulated on Arrival	21
•	Hungry	18
	Tired	47
	Inappropriate Clothing	16

22

10

Complaining of Illness

Poor Personal Hygiene







Top stress response – Tired

The stress response of being tired tells us two things. Their sleep routine is either unhealthy, and they probably have trouble getting / staying asleep. Or, the child is experiencing trauma so their body has naturally shut them down, because they have been activated for too long (dorsal vagal)

What may help: Raising awareness offering support to parents around sleep routine, raising awareness around the impact of diet etc

If a child is experiencing trauma, it is important school is a safe, calm space.



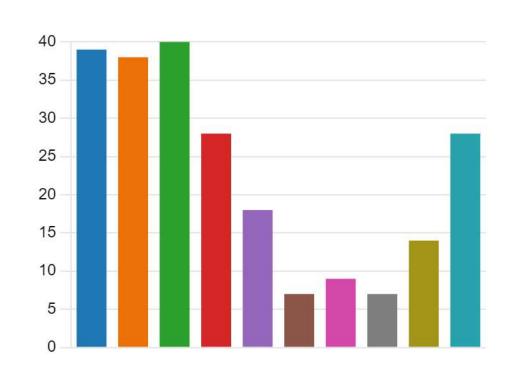


8. Hyperarousal (tick all that apply)

More Details

Overactive Responses	39
o veractive responses	00

- Defensive Talk
 38
- Verbal Outbursts 40
- Physical Outbursts
 28
- Violence Towards Pupils 18
- Violence towards Adults
- Exiting 9
- Running Away
 7
- Hiding 14
- Refusal 28







Top Three Hyperarousal symptoms:

Overactive Responses, Defensive Talk, Verbal Outbursts

It is not surprising there are three at the top as a dysregulated child will use lots of their skills which have worked in the past to get to safety (i.e. out of the classroom or situation that is anxiety inducing)

These children will need regulating before they engage academically or socially

Grounding for these children may need to include movement as silence or stillness may be too triggering for them





9. Hypo-Arousal (tick all that apply)

More Details

Day Dreaming	38
Day Dreaming	5

Rocking 7

Making Odd Sounds 14

Using a Different Persona
8

Being Floppy 8

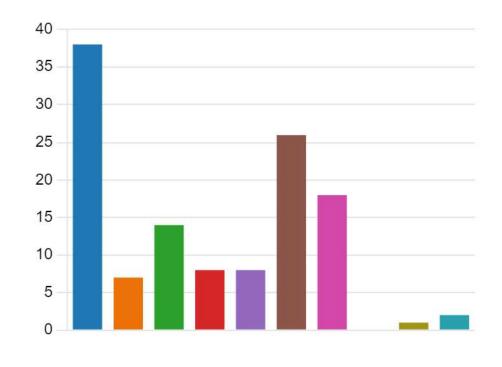
Not Being With It 26

Risk Taking 18

Unable to Stand 0

Collapsing 1

Catatonic 2







Top Hypoarousal response: Daydreaming (remember hyper is above W.O.T, hypo is below W.O.T)

Parents and staff can quickly and easily make the assumption that these type of symptoms are linked to SEN or Neurodiversity. Don't rule out that this may also very likely be a stress response. Our nervous taking us out of the here and now to keep us safe and to rest.





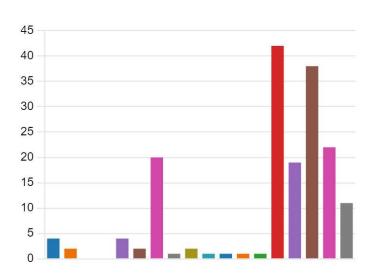
10. Risk Behaviours (tick all that apply)

More Details

- CSE (at risk of / involved in)
- CCE (at risk of / involved in)) 2
- County Lines (at risk of / involve... 0
- Fire Setting 0
- Substance Use
- Drug Dealing 2
- _
- Oppositional 20
- Overly Sexualised Behaviour 1
- Racism 2
- Sexism
- Carrying or use of Weapons
- Theft 1
- Non-Violent Vandalism 1
- Anxiety / Depression 42
- Self Harm 19
- Anger (lack of self control)
 38
- Bullies 22

11

Is Bullied







Top risky behaviour: Anxiety / Depression

Children will need awareness of what anxiety is to help them understand themselves

A space to feel heard and really listened to (not necessarily counselling)

This child's number one priority is to feel safe

Skills to help them manage their anxiety





All of the children will cope better if they feel:

- Safe
- Wanted
- Good enough
- That they belong
- That they matter
- That they are liked

All of the children will respond negatively to:

- Visual measurement of behaviour (red card)
- Being told off publicly
- Raised voices / unexpected noise
- Sudden change to plans already made
- Consequences given when the moment has passed

All of these children will have:

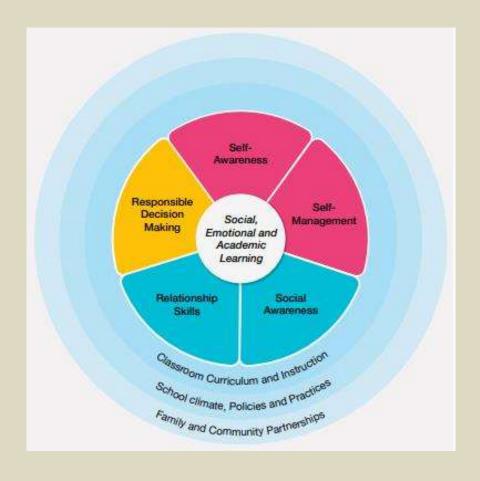
- A very strong awareness of their surroundings
- -Very preceptive to people's persona
- Very in tune with nonverbal Q's from staff (tone of voice / facial expression)



Relational Inclusion Champions



Core competency	Definition	Associated skills
Self- awareness	The ability to accurately recognise one's own emotions, thoughts and values and how they influence behaviour. The ability to accurately assess one's strengths and limitations with a well-grounded sense of confidence and optimism.	Identifying emotions Accurate self-perception Recognising strengths Self-confidence Self-efficacy
Self- management	The ability to successfully regulate one's emotions, thoughts and behaviours in different situations – effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work towards personal and academic goals.	Impulse control Stress management Self-discipline Self-motivation Goal setting Organisational skills
Social awareness	The ability to take the perspective of and empathise with others. The ability to understand social and ethical norms for behaviour and to recognise family, school and community resources and supports.	Understanding emotions Empathy/sympathy Appreciating diversity Respect for others
Relationship skills	The ability to establish and maintain healthy relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively and seek and offer help when needed.	Communication Social engagement Relationship building Teamwork
Responsible decision making	The ability to make constructive choices about personal behaviour and social interactions. The realistic evaluation of consequences of various actions and a consideration of the wellbeing of oneself and others.	Identifying problems Analysing solutions Solving problems Evaluating Reflecting Ethical responsibility





Policy Review





Punishment

misbehave.

Good behavior is based on fear of punishment.

Reflection

when students misbehave.

Good behavior is based on an internal desire to do well.



Vocabulary







Vocabulary



Please focus on consistently using the following language:

Dysregulation

When a student is in crisis and are struggling to manage their emotions

Emotional dysregulation is a poor ability to manage emotional responses or keep
them within an acceptable range of typical emotional reactions.

(e.g. sadness, anger, irritability and frustration.)

Co-regulation

When an adult helps a student to manage their emotions

Warm and responsive interactions that provide the support, coaching and modelling children need to understand, express and modulate their thoughts, feelings and behaviours.

Self-regulation

When a student can manage their own emotional responses

Conscious personal management allowing someone to guide and manage their own thoughts, behaviours and feelings.

Window of tolerance

The zone in which a person can function most effectively

The zone where intense emotional arousal can be processed in a healthy way allowing you to function and react to stress or anxiety effectively.

Attachment Seeking

As opposed to 'attention seeking'

Often anxious students need a secure base as a result of on/off parenting. They use over developed verbal skills to gain reassurance.

Some quick tips to support co-regulation

- 1 Use EMPATHY (I wonder I imagine... I notice...)
- 2 Use MENTAL STATE TALK (helping young people to put words to their feelings)
- 3 Use **ATTUNEMENT** (attune to the pain meet the student at about 1/3 of their emotional state 'meet the energy of the child's distress')
- 4 Use PROSODY how you use your voice (be aware of intonation)
- 5 Use short phrases
- 6 Use gentle repetition

DON'ts

- · Don't ask lots of questions
- · Don't provide lots of facts



Pitfalls







Book Corner



